



COMPLIANCE WITH STATEMENT OF BENEFITS

REAL ESTATE IMPROVEMENTS

State Form 51766 (R3 / 2-13)

Prescribed by the Department of Local Government Finance

CONFIDENTIAL

2019 PAY 2020

FORM CF-1 / Real Property

PRIVACY NOTICE

The cost and any specific individual's salary information is confidential; the balance of the filing is public record per IC 6-1.1-12.1-5.1 (c) and (d).

FILED

MAY 18 2013

INSTRUCTIONS:

- 1. This form does not apply to property located in a residentially distressed area or any deduction for which the Statement of Benefits was approved before July 1, 1991.
2. Property owners must file this form with the county auditor and the designating body for their review regarding the compliance of the project with the Statement of Benefits (Form SB-1/Real Property).
3. This form must accompany the initial deduction application (Form 322/RE) that is filed with the county auditor.
4. This form must also be updated each year in which the deduction is applicable. It is filed with the county auditor and the designating body before May 15, or by the due date of the real property owner's personal property return that is filed in the township where the property is located. (IC 6-1.1-12.1-5.1(b))
5. With the approval of the designating body, compliance information for multiple projects may be consolidated on one (1) compliance form (Form CF-1/Real Property).

SECTION 1 TAXPAYER INFORMATION
Name of taxpayer: Associated Physicians & Surgeons Clinic III, LLC
Address of taxpayer: 1925 Wabash Ave Terre Haute IN 47807
Name of contact person: Jeffrey Jungers
County: CLERK Vigo
DLGF taxing district number: 84002
Telephone number: 812-242-3700

SECTION 2 LOCATION AND DESCRIPTION OF PROPERTY
Name of designating body: Common Council of City of Terre Haute
Resolution number: 04-2011
Estimated start date: 08/01/2011
Location of property: 1429 N. 6th St. Terre Haute IN 47804
Actual start date: 03/01/2012
Description of real property improvements: See Attachment No. 1
Estimated completion date: 10/01/2012
Actual completion date: 03/11/2013

SECTION 3 EMPLOYEES AND SALARIES
Table with columns: EMPLOYEES AND SALARIES, AS ESTIMATED ON SB-1, ACTUAL
Rows: Current number of employees, Salaries, Number of employees retained, Salaries, Number of additional employees, Salaries

SECTION 4 COST AND VALUES
Table with columns: COST AND VALUES, REAL ESTATE IMPROVEMENTS
Sub-columns: AS ESTIMATED ON SB-1, COST, ASSESSED VALUE
Rows: Values before project, Plus: Values of proposed project, Less: Values of any property being replaced, Net values upon completion of project (AS ESTIMATED AND ACTUAL)

SECTION 5 WASTE CONVERTED AND OTHER BENEFITS PROMISED BY THE TAXPAYER
Table with columns: WASTE CONVERTED AND OTHER BENEFITS, AS ESTIMATED ON SB-1, ACTUAL
Rows: Amount of solid waste converted, Amount of hazardous waste converted, Other benefits: See Attachment

SECTION 6 TAXPAYER CERTIFICATION
I hereby certify that the representations in this statement are true.
Signature of authorized representative: Jeffrey Jungers
Title: Chairman
Date signed: 5/19/13





**STATEMENT OF BENEFITS  
REAL ESTATE IMPROVEMENTS**

State Form 51767 (R2 / 1-07)  
Prescribed by the Department of Local Government Finance

**CONFIDENTIAL**

20__ PAY 20__
FORM SB-1 / Real Property

This statement is being completed for real property that qualifies under the following Indiana Code (check one box):  
 Redevelopment or rehabilitation of real estate improvements (IC 6-1.1-12.1-4)  
 Eligible vacant building (IC 6-1.1-12.1-4.8)

**INSTRUCTIONS:**

- This statement must be submitted to the body designating the Economic Revitalization Area prior to the public hearing if the designating body requires information from the applicant in making its decision about whether to designate an Economic Revitalization Area. Otherwise this statement must be submitted to the designating body BEFORE the redevelopment or rehabilitation of real property for which the person wishes to claim a deduction. "Projects" planned or committed to after July 1, 1987, and areas designated after July 1, 1987, require a STATEMENT OF BENEFITS. (IC 6-1.1-12.1)
- Approval of the designating body (City Council, Town Board, County Council, etc.) must be obtained prior to initiation of the redevelopment or rehabilitation, BEFORE a deduction may be approved.
- To obtain a deduction, application Form 322 ERA/VRE or Form 322 ERA/VBD, whichever is applicable, must be filed with the County Auditor by the later of: (1) May 10; or (2) thirty (30) days after the notice of addition to assessed valuation or new assessment is mailed to the property owner at the address shown on the records of the township assessor.
- Property owners whose Statement of Benefits was approved after June 30, 1991, must attach a Form CF-1/Real Property annually to the application to show compliance with the Statement of Benefits. [(IC 6-1.1-12.1-5.1(b) and IC 6-1.1-12.1-5.3(f)]
- The schedules established under IC 6-1.1-12.1-4(d) for rehabilitated property and under IC 6-1.1-12.1-4.8(1) for vacant buildings apply to any statement of benefits approved on or after July 1, 2000. The schedules effective prior to July 1, 2000, shall continue to apply to a statement of benefits filed before July 1, 2000.

**SECTION 1 TAXPAYER INFORMATION**

Name of taxpayer  
**Associated Physicians & Surgeons Clinic III, LLC**

Address of taxpayer (number and street, city, state, and ZIP code)  
**221 S. 6th Street, Terre Haute, IN 47807**

Name of contact person  
**Patrick S. Board**

Telephone number  
**(812) 232-3758**

E-mail address  
**psboard@uapclinic.co**

**SECTION 2 LOCATION AND DESCRIPTION OF PROPOSED PROJECT**

Name of designating body  
**Common Council, City of Terre Haute, IN**

Resolution number  
**04-2011**

Location of property  
**See Exhibit A**

County  
**Vigo**

DLGF taxing district number

Description of real property improvements, redevelopment, or rehabilitation (use additional sheets if necessary)  
**See Attachment No. 1**

Estimated start date (month, day, year)  
**August 2011**

Estimated completion date (month, day, year)  
**October 2012**

**SECTION 3 ESTIMATE OF EMPLOYEES AND SALARIES AS RESULT OF PROPOSED PROJECT**

Current number	Salaries	Number retained	Salaries	Number additional	Salaries
<b>See Attachment No. 2</b>			<b>See Attachment No. 2</b>	<b>2</b>	<b>See Attachment No. 2</b>

**SECTION 4 ESTIMATED TOTAL COST AND VALUE OF PROPOSED PROJECT**

NOTE: Pursuant to IC 6-1.1-12.1-5.1 (d) (2) the COST of the property is confidential.

	REAL ESTATE IMPROVEMENTS	
	COST	ASSESSED VALUE
Current values		0
Plus estimated values of proposed project		\$18,000,000.00
Less values of any property being replaced		0.00
Net estimated values upon completion of project		\$18,000,000.00

**SECTION 5 WASTE CONVERTED AND OTHER BENEFITS PROMISED BY THE TAXPAYER**

Estimated solid waste converted (pounds) **0**

Estimated hazardous waste converted (pounds) **0**

Other benefits  
 AP&S Clinic employees receive pension and comprehensive health benefits. Also, the construction of the real estate improvements would involve utilization of a significant labor force of an estimated 150 union laborers at common construction wages and the use of local suppliers whenever feasible.

**SECTION 6 TAXPAYER CERTIFICATION**

I hereby certify that the representations in this statement are true.

Signature of authorized representative  
*Patrick S. Board*

Title  
**CEO**

Date signed (month, day, year)  
**6/9/2011**

Patrick S. Board

