## FILED



### **COMPLIANCE WITH STATEMENT OF BENEFITS** REAL ESTATE IMPROVEMENTS

MAY 03 2024

CITY CLERK

State Form 51766 (R6 / 4-23)

Prescribed by the Department of Local Government Finance

20 24 **PAY 2025** 

FORM CF-1 / Real Property

#### INSTRUCTIONS:

# 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).

- 2. This form must accompany the initial deduction application (Form 322/RE) that is filed with the county auditor.
- 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 6-1.1-12.1-5.3(j))
- 4. 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).

#### **PRIVACY NOTICE**

The cost and any specific individual's salary information is confidential; the balance of the filing is public record per IC 6-1.1-12.1-5.3 (k) and (l).

# CONFIDENTIAL

SECTION 1	TAXPA	YER INFORMATION			
Name of Taxpayer				County	
Velltower, Inc. previously Element Acquisition Sub. 4, LLC			Vigo		
Address of Taxpayer (number and street, city, state, and ZIP code)			DLGF Taxing District Number		
4500 Dorr Street, Toledo, OH 43615-4	1040			84-00	
Name of Contact Person	a ma milia ma a	Telephone Num		Email A	
Paulie Shively, Vice President - Tax C		(502)213		paulie	e.shively@trilogyhs.com
SECTION 2	LOCATION AND	DESCRIPTION OF PI		Ectimat	ed Start Date (month, day, year)
Name of Designating Body  Common Council of the City of Terre Haute  Resolution  22-2			Dei .		/2013
Location of Property	ilauto	22 2012		1	Start Date (month, day, year)
395 8th Avenue, Terre Haute, IN 4780	)7				/2013
Description of Real Property Improvements				Estimate	ed Completion Date (month, day, yea
Company plans to build new skilled no	ursing and short ter	m rehab facility at	the property site.	02/28	3/2014
See attached legal description.					Completion Date (month, day, year)
				01/21	/2015
SECTION 3	EMPLO'	YEES AND SALARIES			
EMPLOYEES AND SAI	LARIES AS ESTIMATED ON SB-1				ACTUAL
Current Number of Employees		0			115
Salaries		0			3,519,679.37
Number of Employees Retained		0			0
Salaries		0			0
Number of Additional Employees		a 100			115
Salaries		3,370,000			3,519,679.37
SECTION 4	СО	ST AND VALUES			
COST AND VALUES		REAL ES	STATE IMPROVEMENT	s	
AS ESTIMATED ON SB-1	C	COST		ASSE	SSED VALUE
Values Before Project			\$ 0		
Plus: Values of Proposed Project		\$ 9,520,000.00		0	
Less: Values of Any Property Being Replaced		\$ 0			
Net Values Upon Completion of Project			\$ 9,520,000.0	n	
ACTUAL		COST		ASSESSED VALUE	
Values Before Project			\$ 0		
Plus: Values of Proposed Project			\$ 6,117,000.0	).00	
Less: Values of Any Property Being Replaced			\$ 0,117,000.0		
		\$ 6,117,000,00			
Net Values Upon Completion of Project SECTION 5 WASTE 0	CONVERTED AND OTH	IED RENEEITS DOOM	IISED BY THE TAXPAY		
WASTE CONVERTED A			AS ESTIMATED OF		ACTUAL
Amount of Solid Waste Converted	WO OTHER DENERTING		7.0 20111111120 01		1,010,12
Amount of Hazardous Waste Converted					
Other Benefits:					
SECTION 6	TAYP	AYER CERTIFICATION	N		
I hereby certify that the representations in the		TER CERTIFICATIO			
Signature of Authorized Representative	is statement are true.	SUP -TI			Date Signed (month, day, year)



## OPTIONAL: FOR USE BY A DESIGNATING BODY WHO ELECTS TO REVIEW THE COMPLIANCE WITH STATEMENT OF BENEFITS (FORM CF-1),

INSTRUCTIONS: (IC 6-1.1-12.1-5.3 and IC 6-1.1-12.1-5.9)

- Not later than forty-five (45) days after receipt of this form, the designating body <u>may</u> determine whether or not the property owner has substantially complied with the Statement of Benefits (Form SB-1/Real Property).
- If the property owner is found NOT to be in substantial compliance, the designating body shall send the property owner written notice. The notice must include
  the reasons for the determination, including the date, time, and place of a hearing to be conducted by the designating body. The date of this hearing may not
  be more than thirty (30) days after the date this notice is mailed. A copy of the notice may be sent to the county auditor and the county assessor.
- Based on the information presented at the hearing, the designating body shall determine whether or not the property owner has made reasonable efforts
  to substantially comply with the Statement of Benefits (Form SB-1/Real Property), and whether any failure to substantially comply was caused by factors
  beyond the control of the property owner.
- 4. If the designating body determines that the property owner has **NOT** made reasonable efforts to comply, the designating body shall adopt a resolution terminating the property owner's deduction. If the designating body adopts such a resolution, the deduction does not apply to the next installment of property taxes owed by the property owner or to any subsequent installment of property taxes. The designating body shall immediately mail a certified copy of the resolution to: (1) the property owner; (2) the county auditor; and (3) the county assessor.

We have reviewed the CF-1 and find that:						
	The Property Owner IS in Substantial Compliance					
	The Property Owner IS NOT in Substantial Compliance					
	Other (specify)					
Reaso	ns for the Determination (attach additional sheets if necessary)					
Signat	ure of Authorized Member				Date Signed (month, day, year)	
Atteste	Attested By Designating Body Common Council of the City of Terre Haute					
If the property owner is found not to be in substantial compliance, the property owner shall receive the opportunity for a hearing. The following date and time has been set aside for the purpose of considering compliance. (Hearing must be held within thirty (30) days of the date of mailing of this notice.)						
Time o	Time of Hearing AM Date of Hearing (month, day, year) Location of Hearing					
□ РМ						
HEARING RESULTS (to be completed after the hearing)						
Dans	Approved  ns for the Determination (attach additional sheets if necessary)			Denied (see	Instruction 4 above)	
Signat	ure of Authorized Member				Date Signed (month, day, year)	
Atteste	Attested By  Designating Body  Common Council of the City of Terre Haute					
APPEAL RIGHTS [IC 6-1.1-12.1-5.9(e)]						
A property owner whose deduction is denied by the designating body may appeal the designating body's decision by filing a complaint in the office of the clerk of the Circuit or Superior Court together with a bond conditioned to pay the costs of the appeal if the appeal is determined against the property owner.						

# CONFIDENTIAL



### STATEMENT OF BENEFITS **REAL ESTATE IMPROVEMENTS**

State Form 51767 (R2 / 1-07) Prescribed by the Department of Local Government Finance 20 13 PAY 20 14

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)

Approved 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 ERAVRE or Form 322 ERAVBD, Whichever is applicable, must be filed with the County Auditor by the later of: (1) May 10; or (2) Initity (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(j))
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 approved.

Name of taxpayer  MS Torre Haute, LLC Address of taxpayer (number and street, citty, state, and ZIP code)  109 W. Jackson St. — Cicero, IN 46034  Name of contact person Christopher J. Lukaart SECTION 2 LOCATION AND DESCRIPTION OF PROPOSED PROJECT  Name of designating body Common Council of the City of Terre Haute Location of property 1501 N. Third Street, Terre Haute, IN Description of real property improvements, redevelopment, or rehabilitation (use additional sheets if necessary) Company plans to build new skilled nursing & short term rehab facility at property site. See attached legal description.  SECTION 3 ESTIMATE OF EMPLOYEES AND SALARIES AS RESULT OF PROPOSED PROJECT  NOTE: Pursuant to iC S-1.1-12.1-5.1 (d) (2) the COST of the property is confidential.  Current values Pius estimated completed of proposed project Less values of any property being replaced Net Section S SESTIMATE OF COST of the property is confidential.  Current values Estimated solid waste converted (pounds)  Estimated hezardous waste converted (pounds)	SECTION 1	to the state of th	TANDANE	D INCODMATION			Carlotte a St. 195
MS Terre Haute, LLC Address of taxpaper (number and street, city, state, and ZIP code)  109 W. Jackson St. — Cicero, IN 46034  Name of contact person Christopher J. Lukaart SECTION 2 LOCATION AND DESCRIPTION OF PROPOSED PROJECT  Name of designeding body Common Council of the City of Terre Haute Location of property 1501 N. Third Street, Terre Haute, IN Company plans to build new skilled nursing & short term rehab facility at property site. See attached legal description.  SECTION 3 SECTION 3 SESTIMATE OF EMPLOYEES AND SALARIES AS RESULT OF PROPOSED PROJECT  Number relained 0.00 \$0,00 \$0,00 \$0,00 \$0,00 \$0,00 Lest values of property In 100 Location of property County Vigo B44002  02/28/2014  SECTION 3 SESTIMATE OF EMPLOYEES AND SALARIES AS RESULT OF PROPOSED PROJECT Number relained 0.00 \$0,00 \$0,00 \$0,00 \$0,00 \$0.00 SETIMATE OF PROPOSED PROJECT  NOTE: Pursuent to IC 6-1.1-12.1-5.1 (d) (2) the COST of the property is confidential. Current values Current values Current values Current values Set of any property being replaced Net estimated values of proposed project SECTION 5 SESTION 5 SESTION 5 SESTIMATE OF PROPOSED PROJECT SESTIMATE OF PROPOSED PROJECT SECTION 6 SESTIMATE OF PROPOSED PROJECT SESTIMATE OF PROPOSED PROJECT SECTION 6 SESTIMATE OF PROPOSED PROJECT SESTIMATE OF PROPOSED PROJEC		The state of the state of	JAAPATE	RINFURNIATION	No by Marie Co.	THE VALUE OF	THE REAL PROPERTY AND ADDRESS OF THE PARTY AND
Address of laxpayer (number and street, city, state, and ZIP code)  109 W. Jackson St. — Cicero, IN 46034  Name of contact person Christopher J. Lukaart SECTION 2 Location AND DESCRIPTION OF PROPOSED PROJECT  Name of designaling body Common Council of the City of Terre Haute  Location of property 1501 N. Third Street, Terre Haute, IN Description of real property improvements, redevelopment, or rehabilitation (use additional sheets if necessary) Company plans to build new skilled nursing & short term rehab facility at property site. See attached legal description.  SECTION 3 SECTION 3 SECTION 3 SECTION 4 SECTION 4 SECTION 4 SECTION 5 Salates Number retained 0.00 \$0		aute III C					
109 W. Jackson St Cicero, IN 46034   Name of contact person   Christopher J. Lukaart   (317) 420-0205   Clukaart@mainstreetcap.net			and ZIP code)				
Name of contact person Christopher J. Lukaart SECTION 2 LOCATION AND DESCRIPTION OF PROPOSED PROJECT Name of designating body Common Council of the City of Terre Haute Location of property 1501 N. Third Street, Terre Haute, IN County 1501 N. Third Street, Terre Haute, IN Company plans to build new skilled nursing & short term rehab facility at property site. See attached legal description. SECTION 3 SECTION 3 SECTION 3 SESTIMATE OF EMPLOYEES AND SALARIES AS RESULT OF PROPOSED PROJECT Current number 0.00 \$	1		_ '_ '				
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Resolution number  Common Council of the City of Terre Haute  Location of property  1501 N. Third Street, Terre Haute, IN  Description of real property improvements, redevelopment, or rehabilitation (use additional sheets if necessary)  Company plans to build new skilled nursing & short term rehab facility at property site. See attached legal description.  Section 3  Estimate of EMPLOYEES AND SALARIES AS RESULT OF PROPOSED PROJECT  Current number  Salarles  Number relatined  Salarles  Number relatined  Solo  \$0.00  \$0.00  \$0.00  Up to 100  Up to \$3.37 mill  Section 4  Estimated completion date (month, day, year)  0.2/28/2014  Section 4  Estimated to it is in the property site of the property s			LOCATION AND DESCRI		RÓJĖČT		
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	PECTION 2	WASTE CONVER	IED WAD OTHER BENELLIS	PROMISED BY THE TAX	SPATER	THE REAL PROPERTY.	SECURE LA COMPANION DE LA COMP
Oliver bonefils	Eslimated solid v	waste converted (pounds)		Estimated hazardo	us waste conver	ted (pounds	)
Onter berealts	Ollverheadle					-	
	Other perients						
			22-22-22-2				
	SECTION 6		TAXPAYER	R CERTIFICATION			in a property of the second
SECTION 6 TAXPAYER CERTIFICATION	I hereby certify	that the representation	ns in this statement are true				
SECTION 6 TAXPAYER CERTIFICATION I hereby certify that the representations in this statement are true.	Signelure of authorize	d represeptative		Title		Date signe	d (month, day, year)
I hereby certify that the representations in this statement are true.	ful Enl	piel Z		Owner		101	26/20/2
I hereby certify that the representations in this statement are true.	1			4 -40		100	

# CONFIDENTIAL

FOR USE OF THE D	ESIGNATING BODY	THE RESERVE OF THE PARTY OF THE				
We have reviewed our prior actions relating to the designation of this Economadopted in the resolution previously approved by this body. Said resolution,  A. The designated area has been limited to a period of time not to exceed expires is	passed under IC 6-1.1-12.1, provides fo					
B. The type of deduction that is allowed in the designated area is limited     Redevelopment or rehabilitation of real estate improvements     Residentially distressed areas     Occupancy of a vacant building	lo:  DYes   No Yes PNo Yes PNo Yes DW6					
C. The amount of the deduction applicable is limited to \$						
D. Other limitations or conditions (specify)						
E. The deduction is allowed for						
We have also reviewed the information contained in the statement of benefits and find that the estimates and expectations are reasonable and have determined that the totality of benefits is sufficient to justify the deduction described above.						
Approved (Signature and the of authorized member of designating body)	Telephone number 812 232-3375	Date signed (month, day, year) 12-13-2013				
Attested by (signature any title of attester) Hands	Designated body Terre Houte Cil	hy Council				
* If the designating body limits the time period during which an area is an ex- entitled to receive a deduction to a number of years designated under IC 6-1		nit the length of time a taxpayer is				
A. For residentially distressed areas, the deduction period may not exceed to B. For redevelopment and rehabilitation or real estate improvements:     1. If the Economic Revitalization Area was designated prior to July 1, 20 2. If the Economic Revitalization Area was designated after June 20, 20 C. For vacant buildings, the deduction period may not exceed two (2) years.	00, the deduction period is limited to thr					