

## COMPLIANCE WITH STATEMENT OF BENEFITS PERSONAL PROPERTY

Prescribed by the Department of Local Government Finance

MAY 1 2 2017

FORM CF-1/PP

PRIVACY NOTICE This form contains information confidential pursuant to IC 6-1.1-35-9 and IC 6-1.1-12.1-5.6.

INSTRUCTION S:

State Form 51765 (R4 / 11-15)

- 1. Property owners whose Statement of Benefits was approved must file this form with the local Designating Body to show the extent to which there has been compliance with the Statement of Benefits. (IC 6-1.1-12.1-5.6)
- 2. This form must be filed with the Form 103-ERA Schedule of Deduction from Assessed Value between January 1 and May 15 of each year, unless a filing extension under IC 6-1.1-3.7 has been granted. A person who obtains a filing extension must file between January 1 and the extended due date of each year.

3. With the approval of the de	signating bo	dy, compliance ir	nformation f	or multiple proj	ects may be	consolidated on	one (1) con	pliance (CF-1).
SECTION 1		TAXPAYER	NF ORMAT	ICN	THE WAY		R CONTRACTOR	1 B 6 1 B
Name of taxpaye					-	County		
Address of taxpa yer (number and street, city, state, and	IM:		P	MEIDE	MTILL	VIGO		
			T U	JI IDL		DLGF taxing dist	rict number	
330 GRANTST TERRO IN	1012, 11	J 47802						
Name of contact person						Telephone numb	er	
DAVID GRIMES						(8/2)	232.0	22/.
SECTION 2	LOCAT	ION/ANDIDESC	R.PHON6	FPROPERT	L. Company	TO ENGINEER	S. ESTATION	MI LEAST TO SEE
Name of designa-ting body			Resolu	tion number		Estimated start d	ate (month, d	lay, year)
COMMON CONNEIL CITY OF	TERRE.	HAUTE	2	-2015		7/1/15	-	
Location of property						Actual start date	(month, day,	year)
Daniello II						7/1/15	-	
Description of new manufacturing equipment, or new res equipment, or new logistical distribution equipment to be	earch and dey acquired.	e opment equipme	ent, or new in	formation techno	logy	Estimated comple	etion date (m	onth, day, year)
	and distribution of					9/1/15	_	
						Actual completion		o, day, year)
OF STORY		-				2/1/1	6	
SECTION 3	a de la constante	EMPLOYEES	AND SALA	RIES		D Short		PERSONAL PROPERTY.
EMPLOYEE	S AND SAL	ARIES			AS ES	TIMATED ON S	B-1	ACTUAL
Current number of employees						128		105
Salaries					7	500,000	4,	563,156
Number of employees retained Salaries						128		
Number of acidillonal employees					1	500,000	4,	563,156
Salaries					- 117	3		8
SECTION 4	S. J. 5612	COSTAN	~	White State	113	,560	-	U
olono, and a second	20441110		D VALUES		STATE OF THE STATE	ionis de Minte		
	EQU	ACTURING PMENT	R&DE	QUIPMENT	LOG EQU	ST DIST	IT EQ	JIPMENT
AS ESTIMATE D ON SB-1	COST	ASSESSED VALUE	COST	ASSESSED VALUE	COST	ASSESSED VALUE	COST	ASSESSED VALUE
Values before project	*	770,372						
Plus: Values of proposed project		3,750,000						*))
Less: Values of any property being replaced		770,372					-	
Net values upon completion of project		1,979,628						
ACTUAL	COST	ASSESSED VALUE	COST	ASSESSED VALUE	COST	ASSESSED VALUE	COST	ASSESSED VALUE
Values before project		770,312		111202		VALUE		VALUE
Plus: Values of proposed project		3,780,341						
Less: Values of any property being replaced		770,372						
Net values up on completion of project		2,780,341						
NOTE: The COST of the property is confidential	oursuant to I	C 6-1.1-12.1-5.6	i(c).	-1		1		-
		ND OTHER BE		INMISED BY	THE TAYDAY	na Walan	NAME OF TAXABLE PARTY.	DESCRIPTION OF THE PROPERTY OF
WASTE CONVERTED	AND OTHE	DENERITO	Manteral	COMICIEDIEN			TO THE OWNER OF THE OWNER OWNE	
Amount of sol id waste converted	AUD OTHE	CBENEFILS			AS ESTIMA	ATED ON SB-1	AC	TUAL
Amount of hazardous waste converted								
Other benefits:								
								1
SECTION 8 13		TAXPAYER CE	learlie (e.da)	ial		and the second second	19 to 19	POINT PROPERTY AND
I hereby certify that the representations in this st			THEFT	CALDING NAME OF	The second second second	Seminar 14 20	1.00	170
Signature of author jeed representative								
1 A The state of t	. ,9	Till				Date signed (mon	th, day, year)	
0701	O GRIF	765	11-1-11	VANLE.		5/8/17		1

## OPTIONAL: FOR USE BY A DESIGNATING BODY WHO IELECTS TO REVIEW THE COMPLIANCE WITH STATEMENT OF BENEFITS (FORMICF-1) THAT WAS APPROVED AFTER JUNE 30, 1991.

## INSTRUCTION -S: (IC 6-1.1-12.1-5.9)

- This page does not apply to a Statement of Benefits filed before July 1, 1991; that deduction may not be terminated for a failure to comply with the Statement of Benefits.
- Within forty-five (45) days after receipt of this form, the designating body may determine whether or not the property owner has substantially complied with the Statemer's of Benefits.
- 4. Based on the information presented at the hearing, the designating body shall determine whether or not the property owner has made reasonable effort to substantially comply with the Statement of Benefits and whether any failure to substantially comply was caused by factors beyond the control of the property owner.
- 5. If the designating body determines that the property owner has NOT made reasonable effort to comply, then the designating body shall adopt a resolution terminating the deduction. 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	d find that					
			0.0110	IDENTIAL			
the property owner IS in substantial compliance  the property owner IS NOT in substantial compliance			CERT.	CONFIDENTIAL			
other (specify)	31 19 (40)	Till substantial compliance					
Reasons for the d sterminal	tion (attach	h additional sheets if necessary)					
Olas dan of subsect to							
Signature of auth⇔rized me	mber			Date signed (month, day, year)			
Attested by:			Designating body				
If the property owner i time has been set asi	is found r de for the	nut to be in substantial complimes purpose of considering compliar		pportunity for a hearing. The following date an			
Time of hearing	□ AM	Date of hearing (month, day, year)	Transfer to the second	411-111-11-11-11-11-11-11-11-11-11-11-11			
	□ PM		Location of hearing				
			UCCAINON OF hearing  JLTS (to be completed after the hearing	g)			
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Reasons for the de termination of the designature of author fixed men	PM	HEARING RESU	JLTS (to be completed after the hearing				
	PM	HEARING RESU	JLTS (to be completed after the hearing	5 above)			
Signature of author fized men	PM	HEARING RESU Approved additional sheets if necessary)	JLTS (to be completed after the heaving Denled (see instruction	5 above)			