



# COMPLIANCE WITH STATEMENT OF BENEFITS

## PERSONAL PROPERTY

State Form 51765 (R4 / 11-16)

Prescribed by the Department of Local Government Finance

**CONFIDENTIAL**

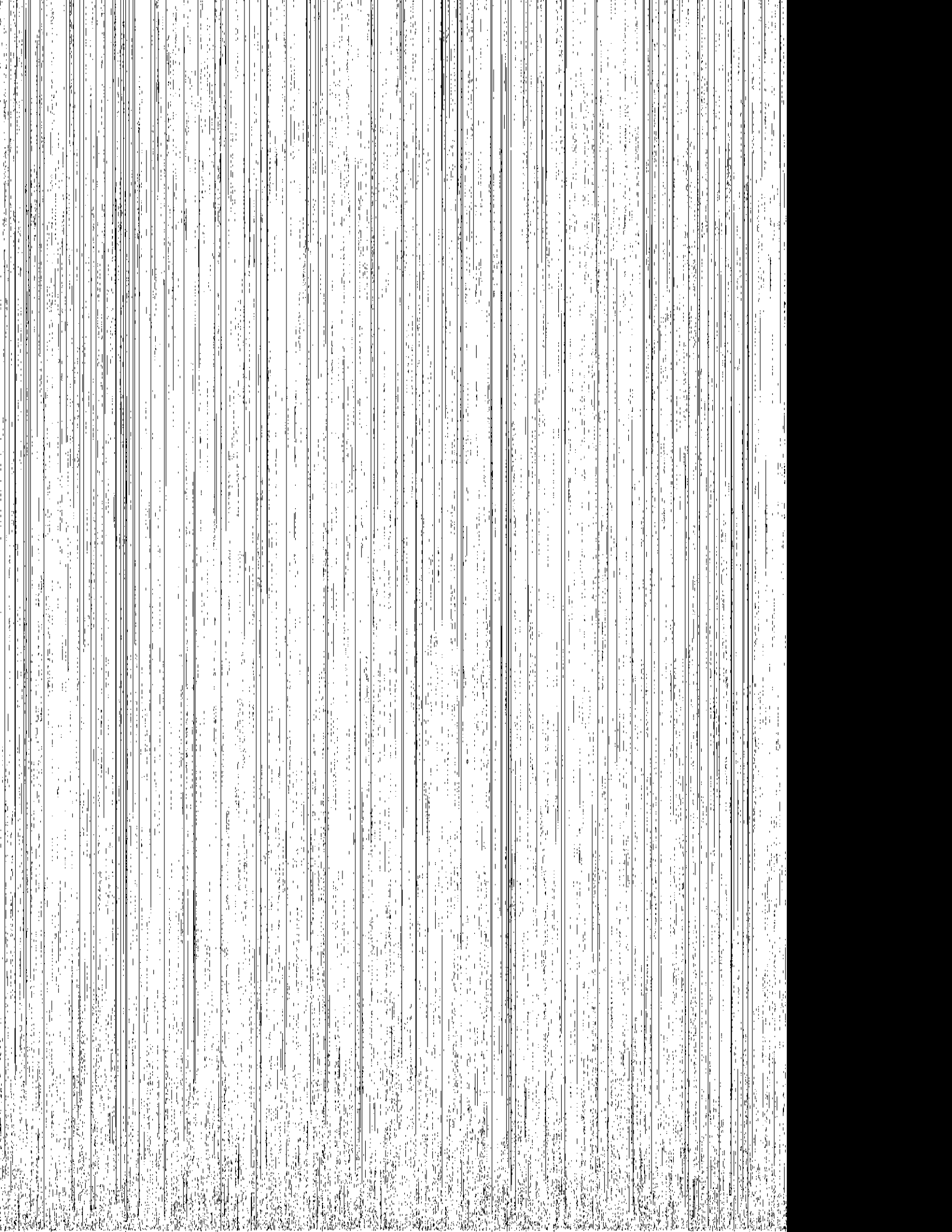
FORM CF-1 / PP

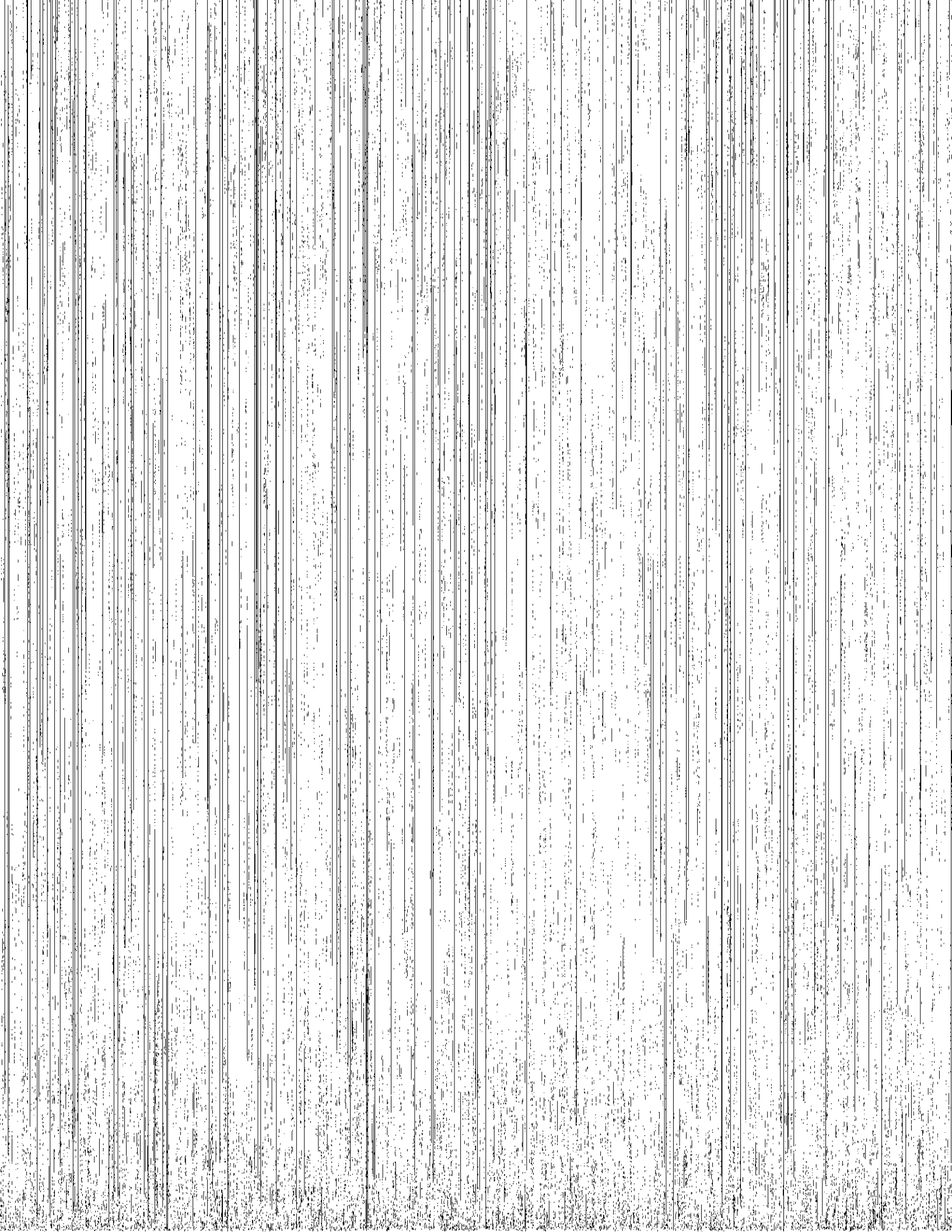
### PRIVACY NOTICE

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

- INSTRUCTIONS:**
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 designating body, compliance information for multiple projects may be consolidated on one (1) compliance (CF-1).

SECTION 1 TAXPAYER INFORMATION								
Name of taxpayer Tri Aerospace, LLC						County Vigo		
Address of taxpayer (street and number, city, state and ZIP code) 1055 S. Hunt Street Terre Haute IN 47803						DLGF taxing district number 84007		
Name of contact person Lindy Price						Telephone number (812) 872-2400		
SECTION 2 LOCATION AND DESCRIPTION OF PROPERTY								
Name of designating body Common Council of the City of Terre Haute,					Resolution number #29, 2012		Estimated start date (month, day, year) 12/01/2012	
Location of property 1055 S. Hunt Street Terre Haute IN 47803						Actual start date (month, day, year) 12/01/2012		
Description of new manufacturing equipment, or new research and development equipment, or new information technology equipment, or new logistical distribution equipment to be acquired. A 5 axis milling machine used in the production of aircraft engines and engine parts						Estimated completion date (month, day, year) 06/01/2013		Actual completion date (month, day, year) 06/01/2013
SECTION 3 EMPLOYEES AND SALARIES								
EMPLOYEES AND SALARIES						AS ESTIMATED ON SB-1		ACTUAL
Current number of employees						33		37
Salaries						61,130		2,420,160
Number of employees retained						33		33
Salaries						61,130		2,158,521
Number of additional employees						3		4
Salaries						61,130		261,639
SECTION 4 COST AND VALUES								
AS ESTIMATED ON SB-1	MANUFACTURING EQUIPMENT		R & D EQUIPMENT		LOGIST DIST EQUIPMENT		IT EQUIPMENT	
	COST	ASSESSED VALUE	COST	ASSESSED VALUE	COST	ASSESSED VALUE	COST	ASSESSED VALUE
Values before project								
Plus: Values of proposed project		280,000						
Less: Values of any property being replaced								
Net values upon completion of project		280,000						
ACTUAL	COST	ASSESSED VALUE	COST	ASSESSED VALUE	COST	ASSESSED VALUE	COST	ASSESSED VALUE
Values before project								
Plus: Values of proposed project		122,311						
Less: Values of any property being replaced								
Net values upon completion of project		122,311						
<b>NOTE:</b> The COST of the property is confidential pursuant to IC 6-1.1-12.1-5.6 (c).								
SECTION 5 WASTE CONVERTED AND OTHER BENEFITS PROMISED BY THE TAXPAYER								
WASTE CONVERTED AND OTHER BENEFITS						AS ESTIMATED ON SB-1		ACTUAL
Amount of solid waste converted								
Amount of hazardous waste converted								
Other benefits: See attached								
SECTION 6 TAXPAYER CERTIFICATION								
I hereby certify that the representations in this statement are true.								
Signature of authorized representative <i>Lindy Price</i>					Title Controller		Date signed (month, day, year) 5/9/19	







STATEMENT OF BENEFITS  
PERSONAL PROPERTY

State Form 51764 (R2) (12-11)  
Prescribed by the Department of Local Government Finance

FORM SB-1 / PP

**PRIVACY NOTICE**  
The cost of 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).

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 a person installs the new manufacturing equipment and/or research and development equipment, and/or logistical distribution equipment and/or information technology equipment 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 installation of the new manufacturing equipment and/or research and development equipment and/or logistical distribution equipment and/or information technology equipment, BEFORE a deduction may be approved.
- To obtain a deduction, a person must file a certified deduction schedule with the person's personal property return on a certified deduction schedule (Form 103-ERA) with the township assessor of the township where the property is situated or with the county assessor if there is no township assessor for the township. The 103-ERA must be filed between March 1 and May 15 of the assessment year in which new manufacturing equipment and/or research and development equipment and/or logistical distribution equipment and/or information technology equipment is installed and fully functional, unless a filing extension has been obtained. A person who obtains a filing extension must file the form between March 1 and the extended due date of that year.
- Property owners whose Statement of Benefits was approved after June 30, 1991, must submit Form CF-1 / PP annually to show compliance with the Statement of Benefits. (IC 6-1.1-12.1-5.6)
- The schedules established under IC 6-1.1-12.1-4.5(d) and (e) apply to equipment installed after March 1, 2001, unless an alternative deduction schedule is adopted by the designating body (IC 6-1.1-12.1-17).

SECTION 1		TAXPAYER INFORMATION									
Name of taxpayer <b>Tri Aerospace, LLC</b>											
Address of taxpayer (number and street, city, state, and ZIP code) <b>1055 South Hunt Street, Terre Haute, IN 47803</b>											
Name of contact person <b>R. Laurence Cross</b>						Telephone number <b>(812) 872-2400</b>					
SECTION 2		LOCATION AND DESIGNATION OF PROPOSED PROJECT									
Name of designating body <b>Common Council of the City of Terre Haute, Indiana</b>						Resolution number (s) <b>29, 2012</b>					
Location of property <b>1055 South Hunt Street, Terre Haute, IN 47803</b>				County <b>Vigo</b>		DLGF taxing district number					
Description of manufacturing equipment and/or research and development equipment and/or logistical distribution equipment and/or information technology equipment. (use additional sheets if necessary)  <b>A 5 axis milling machine used in the production of aircraft engines and engine parts.</b>						ESTIMATED					
						START DATE		COMPLETION DATE			
						Manufacturing Equipment		December 2012		June 2013	
						R & D Equipment					
						Logst Dist Equipment					
IT Equipment											
SECTION 3		ESTIMATE OF EMPLOYEES AND SALARIES AS RESULT OF PROPOSED PROJECT									
Current number <b>33</b>	Salaries <b>\$61,130.00</b>	Number retained <b>33</b>	Salaries <b>\$61,130.00</b>	Number additional <b>3</b>	Salaries <b>\$61,130.00</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.		MANUFACTURING EQUIPMENT		R & D EQUIPMENT		LOGIST DIST EQUIPMENT		IT EQUIPMENT			
		COST		ASSESSED VALUE		COST		ASSESSED VALUE			
		Current values									
		Plus estimated values of proposed project		<b>\$280,000</b>							
		Less values of any property being replaced									
Net estimated values upon completion of project											
SECTION 5		WASTE, HAZARDOUS WASTE, AND OTHER BENEFITS PROVIDED BY THE TAXPAYER									
Estimated solid waste converted (pounds)				Estimated hazardous waste converted (pounds)							
Other benefits: <b>Employees receive retirement benefits of contribution to 401(k) and comprehensive health insurance, vision, dental, and long-term disability insurance.</b>											
SECTION 6		TAXPAYER CERTIFICATION									
I hereby certify that the representations in this statement are true.											
Signature of authorized representative <b>R. Laurence Cross</b>				Title <b>General Manager</b>		Date signed (month, day, year) <b>10/25/12</b>					

R. Laurence Cross

