COMPLIANCE WITH STATEMENT OF BENEFITS PERSONAL PROPERTY

MAY 2 4 2019

FORM CE-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.

State Form 51765 (R4 / 11-16) Prescribed by the Department of Local Government Finance

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.

o. That the approval of the act	iignating body	, compliance info	ormation fo	r multiple projec	ts may be o	consolidated on (one (1) comp	mance (GF-1).	
SECTION 1		TAXPAYER IN	FORMATI	ON				0.00	
Name of taxpayer	of taxpayer						County		
Harrison Manufacturing, Inc	· · · · · · · · · · · · · · · · · · ·								
	of taxpayer (number and street, city, state, and ZIP code) DLGF taxing district number								
	4141 2nd Parkway Terre Haute, IN 47804 84002								
•	ame of contact person						Telephone number		
Jenny Mears						(317)3	76-1298		
SECTION 2 Name of designating body	LOCATIO	N AND DESCR				Gelimated start d	ato (month, de	an nearl	
Council of the City of Terre Haute	Resolution number 31, 2014					Estimated start date (month, day, year) 10/15/2014			
Location of property				01, 2014					
4141 2nd Parkway Terre Haute IN					Actual start date (month, day, year)				
Description of new manufacturing equipment, or new rese equipment, or new logistical distribution equipment to be		opment equipmen	t, or new inf	ormation technolog	ду	Estimated comple	•		
Machine Tools and Equipment Including, but not		ipment to the Ty	ype Descri	bed in Exhibit A			1/15/2014		
						Actual completion	ı date (<i>montn,</i>	day, year)	
SECTION 3		EMPLOYEES A	ND SALA	RIES					
EMPLOYEE	S AND SALA	RIES			AS ES	IMATED ON S	B-1 A	CTUAL	
Current number of employees				1					
Salaries						100,000,00			
Number of employees retained						5			
Salaries						450,000.00			
Number of additional employees									
Salaries		Y	BKOZESZAJSKA KODOVOS				YON TO BE STORE OF THE STORE OF		
SECTION 4		COST AND	VALUES						
SECTION 4		CTURING MENT		QUIPMENT	LOG EQU	IST DIST	IT EQI	JIPMENT	
AS ESTIMATED ON SB-1	MANUFA EQUIP COST				LOG EQU COST	IST DIST IPMENT ASSESSED VALUE	IT EQU	ASSESSED VALUE	
AS ESTIMATED ON SB-1 Values before project		CTURING MENT ASSESSED VALUE 861,687,00	R&DE	QUIPMENT ASSESSED		ASSESSED		ASSESSED	
AS ESTIMATED ON SB-1 Values before project Plus: Values of proposed project		CTURING MENT ASSESSED VALUE	R&DE	QUIPMENT ASSESSED		ASSESSED		ASSESSED	
AS ESTIMATED ON SB-1 Values before project Plus: Values of proposed project Less: Values of any property being replaced		CTURING MENT ASSESSED VALUE 861,687,00 434,151.00	R&DE	QUIPMENT ASSESSED		ASSESSED		ASSESSED	
AS ESTIMATED ON SB-1 Values before project Plus: Values of proposed project	COST	CTURING MENT ASSESSED VALUE 861,687,00 434,151,00 1,295,838,00	R & D EC	ASSESSED VALUE	COST	ASSESSED VALUE	COST	ASSESSED VALUE	
AS ESTIMATED ON SB-1 Values before project Plus: Values of proposed project Less: Values of any property being replaced		CTURING MENT ASSESSED VALUE 861,687,00 434,151.00	R&DE	QUIPMENT ASSESSED		ASSESSED		ASSESSED	
AS ESTIMATED ON SB-1 Values before project Plus: Values of proposed project Less: Values of any property being replaced Net values upon completion of project	COST	CTURING MENT ASSESSED VALUE 861,687,00 434,151,00 1,295,838,00 ASSESSED	R & D EC	ASSESSED ASSESSED	COST	ASSESSED VALUE ASSESSED	COST	ASSESSED VALUE	
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INSTRUCTIONS: (IC 6-1.1-12.1-5.9)

- 1. 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 Statement of Benefits.
- 3. 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 and the date, time and place of a hearing to be conducted by the designating body. If a notice is mailed to a property owner, a copy of the written notice will be sent to the County Assessor and the County Auditor.
- 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.
- 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	I find that:			
the property owner IS in su	ubstantial compliance			
the property owner IS NOT	in substantial compliance			
other (specify)				
Reasons for the determination (attach	addilional sheels if necessary)			1-1501 - 2-2014-10-201-20-20-20-20-20-20-20-20-20-20-20-20-20-
Signature of authorized member				Date signed (month, day, year)
Attested by:			Designating body	
	not to be in substantial compliance purpose of considering complian		ty owner shall receive the opportunit	y for a hearing. The following date and
Time of hearing ☐ AM ☐ PM	Date of hearing (month, day, year)	Location of I	nearing	
	HEARING RESU	LTS (to be o	completed after the hearing)	
	Approved		Denied (see instruction 5 above)
Reasons for the determination (attach	additional sheets if necessary)			
Signature of authorized member				Date signed (month, day, year)
Attested by:			Designating body	
	APPEA	L RIGHTS [C 6-1.1-12.1-5.9(e)]	
				on by filing a complaint in the office of the