RESOLUTION NUMBER 16-110

RESOLUTION OF THE COMMON COUNCIL OF THE CITY OF WESTFIELD, INDIANA FINDING THAT PROPERTY OWNERS ARE IN SUBSTANTIAL COMPLIANCE FOR TAX ABATEMENT PURPOSES

WHEREAS, pursuant to Indiana Code 6-1.1-12.1-1, *et. seq.* (the "Act"), the City of Westfield, Indiana (the "City") by and through its Common Council acting in its capacity as the fiscal body of the City and acting as the designating body identified in the Act (the "Council") has the right and opportunity to abate the payment of real property taxes for real estate located within an area declared by the Council to be an Economic Revitalization Area and to also abate the payment of personal property taxes within the Economic Revitalization Area;

WHEREAS, pursuant to the Act, not later than forty-five (45) days after receipt of the Compliance with Statement of Benefits forms ("Form CF-1"), attached hereto as Exhibit A, the Council may determine whether the property owners have substantially complied with the Statement of Benefits forms ("Form SB-1") previously approved by the Council.

NOW, THEREFORE, BE IT RESOLVED BY THE COMMON COUNCIL OF THE CITY OF WESTFIELD, INDIANA AS FOLLOWS:

SECTION I. The Council has reviewed Exhibit A and has found that the property owners are in substantial compliance with their respective Form SB-1's.

SECTION II. The President of the Council is hereby authorized to certify compliance with the respective Form SB-1's.

SECTION III. The City's administrative staff is hereby directed to file the certified Form CF-1's with the appropriate Hamilton County office on behalf of the Council.

SECTION IV. This Resolution shall be in full force and effect immediately upon its adoption.

ADOPTED AND PASSED THIS ____TH DAY OF _____ 2016, BY THE WESTFIELD COMMON COUNCIL, HAMILTON COUNTY, INDIANA.

WESTFIELD COMMON COUNCIL

Voting For	**Voting Against**	**Abstain**
_____	_____	_____
Jim Ake	Jim Ake	Jim Ake
_____	_____	_____
James J. Edwards	James J. Edwards	James J. Edwards
_____	_____	_____
Steven Hoover	Steven Hoover	Steven Hoover
_____	_____	_____
Robert L. Horkay	Robert L. Horkay	Robert L. Horkay
_____	_____	_____
Mark F. Keen	Mark F. Keen	Mark F. Keen
_____	_____	_____
Charles Lehman	Charles Lehman	Charles Lehman
_____	_____	_____
Cindy L. Spoljaric	Cindy L. Spoljaric	Cindy L. Spoljaric

ATTEST:

_____
Cindy J. Gossard, Clerk-Treasurer

THIS INSTRUMENT PREPARED BY Kevin M. Todd, AICP, City of Westfield

Return Document to: Cindy Gossard, City of Westfield, 130 Penn Street, Westfield, IN 46074

I affirm, under the penalties for perjury, that I have taken reasonable care to redact each and every Social Security number from this document, unless it is required by law. Kevin M. Todd, AICP

I hereby certify that RESOLUTION 16-110 was delivered to the Mayor of Westfield on the _____ day of _____, 2016, at _____.

_____
Cindy J. Gossard, Clerk-Treasurer

I hereby APPROVE Resolution 16-110

this _____ day of _____, 2016.

_____
J. Andrew Cook, Mayor

I hereby VETO Resolution 16-110

this _____ day of _____, 2016.

_____
J. Andrew Cook, Mayor

EXHIBIT A

Automatic Pool Covers, Inc.

Personal Property

COMPLIANCE WITH STATEMENT OF BENEFITS
PERSONAL PROPERTY

State Form 51765 (R3 / 11-15)
Prescribed by the Department of Local Government Finance

FORM CF-1 / PP

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 Automatic Pool Covers, Inc.; Soul Provider, Inc.; Cover Care, LLC	County Hamilton
Address of taxpayer *(number and street, city, state, and ZIP code)* 17397 Oak Ridge Road, Westfield, IN 46074	DLGF taxing district number 29015
Name of contact person Michael Shebek	Telephone number (317) 579-2000

SECTION 2 — LOCATION AND DESCRIPTION OF PROPERTY

Name of designating body Westfield Redevelopment Commission & Westfield City Council	Resolution number 11-01	Estimated start date *(month, day, year)* 1/1/2011
Location of property NE approx. 8.53 acres of Custom Commerce Park, Westfield		Actual start date *(month, day, year)* 1/1/2011
Description of new manufacturing equipment, or new research and development equipment, or new information technology equipment, or new logistical distribution equipment to be acquired. Manufacturing, logistic distribution and IT equipment for Automatic Pool Cover manufacturing facility. See Exhibit B for full description of IT equipment purchases		Estimated completion date *(month, day, year)* 12/31/2013 Actual completion date *(month, day, year)* 12/31/2013

SECTION 3 — EMPLOYEES AND SALARIES

EMPLOYEES AND SALARIES	AS ESTIMATED ON SB-1	ACTUAL
Current number of employees	24.00	46.00
Salaries	1,397,760.00	3,120,110.00
Number of employees retained	24.00	24.00
Salaries	1,397,760.00	1,397,760.00
Number of additional employees	22.00	22.00
Salaries	885,252.00	1,722,350.00

SECTION 4 — COST AND VALUES

	MANUFACTURING EQUIPMENT		R & D EQUIPMENT		LOGIST DIST EQUIPMENT		IT EQUIPMENT	
AS ESTIMATED ON SB-1	COST	ASSESSED VALUE	COST	ASSESSED VALUE	COST	ASSESSED VALUE	COST	ASSESSED VALUE
Values before project								
Plus: Values of proposed project	270,000.00				130,000.00		100,000.00	
Less: Values of any property being replaced								
Net values upon completion of project								
ACTUAL	COST	ASSESSED VALUE	COST	ASSESSED VALUE	COST	ASSESSED VALUE	COST	ASSESSED VALUE
Values before project								
Plus: Values of proposed project	101,649.00				5,106.00		12,166.00	
Less: Values of any property being replaced								
Net values upon completion of project								

NOTE: 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:		

SECTION 6 — TAXPAYER CERTIFICATION

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

Signature of authorized representative	Title	Date signed *(month, day, year)*
Michael Shebek	PRESIDENT	3-4-16

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

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.*

2. *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.*

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 find that:

☐ the property owner **IS** in substantial compliance

☐ the property owner **IS NOT** in substantial compliance

☐ other (*specify*) _____

Reasons for the determination (*attach additional sheets if necessary*)

Signature of authorized member	Date signed (*month, day, year*)

Attested by:	Designating body

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.

Time of hearing	Date of hearing (*month, day, year*)	Location of hearing
☐ AM ☐ PM		

HEARING RESULTS (*to be 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

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 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.

Carrington Mortgage Services, LLC

Personal Property

COMPLIANCE WITH STATEMENT OF BENEFITS
PERSONAL PROPERTY

State Form 51765 (R2 / 5-13)
Prescribed by the Department of Local Government Finance

FORM CF-1 / PP

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 March 1, and May 15, of each year, unless a filing extension under 1C 6-1.1-3.7 has been granted. A person who obtains a filing extension must file between March 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-I).*

SECTION 1 — TAXPAYER INFORMATION

Name of taxpayer
Carrington Mortgage Services, LLC

Address of taxpayer *(street and number, city, state and ZIP code)*
25 Enterprise Drive, Suite 500
Aliso Viejo CA 92656

Name of contact person
Tim Richthammer, VP of Tax, 1700 East Putnam Ave,

Telephone number
203-661-6186

SECTION 2 — LOCATION AND DESCRIPTION OF PROPERTY

Name of designating body
Common Council of the City of Westfield

Resolution number
14-126

Location of property 19845 US 31 North
Westfield IN 46074

County
Hamilton

DLGF taxing district number
29-15

Description of new manufacturing equipment, or new research and development equipment, or new information technology equipment, or new logistical distribution equipment to be acquired.
The company will install new cabling, IT equipment, and office equipment to establish a new regional service center.

Estimated starting date *(month, day, year)*
01/01/2015

Estimated completion date *(month, day, year)*
12/31/2019

SECTION 3 — EMPLOYEES AND SALARIES

EMPLOYEES AND SALARIES	AS ESTIMATED ON SB-1	ACTUAL
Current number of employees	180	540
Salaries	11,232,000	23,166,238
Number of employees retained	180	180
Salaries	11,232,000	10,204,376
Number of additional employees	360	360
Salaries	19,468,800	12,961,862

SECTION 4 — COST AND VALUES

	MANUFACTURING EQUIPMENT		R & D EQUIPMENT		LOGIST DIST EQUIPMENT		IT EQUIPMENT	
AS ESTIMATED ON SB-1	**COST**	**ASSESSED VALUE**	**COST**	**ASSESSED VALUE**	**COST**	**ASSESSED VALUE**	**COST**	**ASSESSED VALUE**
Values before project								
Plus: Values of proposed project							1,128,000	
Less: Values of any property being replaced								
Net values upon completion of project							1,128,000	
ACTUAL	**COST**	**ASSESSED VALUE**	**COST**	**ASSESSED VALUE**	**COST**	**ASSESSED VALUE**	**COST**	**ASSESSED VALUE**
Values before project								
Plus: Values of proposed project							629,049	
Less: Values of any property being replaced								
Net values upon completion of project							629,049	

NOTE: The **COST** of the property is confidential pursuant to IC 6-1.1-12.1-5.6 (d).

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:		

SECTION 6 — TAXPAYER CERTIFICATION

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

Signature of authorized representative

Title
VP of Tax

Date signed *(month, day, year)*
2/16/16

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

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.*

2. *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.*

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 find that:

☐ the property owner **IS** in substantial compliance

☐ the property owner **IS NOT** in substantial compliance

☐ other (*specify*) _____

Reasons for the determination (*attach additional sheets if necessary*)

Signature of authorized member	Date signed (*month, day, year*)

Attested by:	Designating body

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.

Time of hearing	Date of hearing (*month, day, year*)	Location of hearing
☐ AM ☐ PM		

HEARING RESULTS (*to be 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

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 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.

CPS, Inc.

Personal Property

COMPLIANCE WITH STATEMENT OF BENEFITS
PERSONAL PROPERTY

State Form 51765 (R3 / 11-15)
Prescribed by the Department of Local Government Finance

FORM CF-1 / PP

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 CPS, Inc.	County Hamilton
Address of taxpayer *(number and street, city, state, and ZIP code)* 17435 Tiller Court, Westfield, IN 46074	DLGF taxing district number 29-015
Name of contact person Jason Ray	Telephone number (317) 848-0000

SECTION 2 — LOCATION AND DESCRIPTION OF PROPERTY

Name of designating body Westfield City Council	Resolution number 10-07	Estimated start date *(month, day, year)* 6-1-2010
Location of property 17435 Tiller Court, Westfield, IN 46074		Actual start date *(month, day, year)*
Description of new manufacturing equipment, or new research and development equipment, or new information technology equipment, or new logistical distribution equipment to be acquired. Equipment includes several shrink wrap machines, air compressor unit, tape machines, conveyors, cutting tables, inventory system, molds, etc.		Estimated completion date *(month, day, year)* 6-1-2012 Actual completion date *(month, day, year)*

SECTION 3 — EMPLOYEES AND SALARIES

EMPLOYEES AND SALARIES	AS ESTIMATED ON SB-1	ACTUAL
Current number of employees	4.00	55.00
Salaries	208,000.00	963,850.40
Number of employees retained	4.00	4.00
Salaries	208,000.00	208,000.00
Number of additional employees	20.00	51.00
Salaries	500,000.00	755,850.40

SECTION 4 — COST AND VALUES

	MANUFACTURING EQUIPMENT		R & D EQUIPMENT		LOGIST DIST EQUIPMENT		IT EQUIPMENT	
AS ESTIMATED ON SB-1	COST	ASSESSED VALUE	COST	ASSESSED VALUE	COST	ASSESSED VALUE	COST	ASSESSED VALUE
Values before project								
Plus: Values of proposed project	550,000.00							
Less: Values of any property being replaced								
Net values upon completion of project								
ACTUAL	COST	ASSESSED VALUE	COST	ASSESSED VALUE	COST	ASSESSED VALUE	COST	ASSESSED VALUE
Values before project								
Plus: Values of proposed project	267,486.00							
Less: Values of any property being replaced								
Net values upon completion of project								

NOTE: 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:		

SECTION 6 — TAXPAYER CERTIFICATION

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

Signature of authorized representative	Title	Date signed *(month, day, year)*
	President	3-2-16

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

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.*

2. *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.*

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 find that:

☐ the property owner **IS** in substantial compliance

☐ the property owner **IS NOT** in substantial compliance

☐ other (*specify*) _____

Reasons for the determination (*attach additional sheets if necessary*)

Signature of authorized member	Date signed (*month, day, year*)
Attested by:	Designating body

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.

Time of hearing ☐ AM ☐ PM	Date of hearing (*month, day, year*)	Location of hearing

HEARING RESULTS (*to be 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

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 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.

SCHEDULE OF DEDUCTION FROM ASSESSED VALUATION PERSONAL PROPERTY IN ECONOMIC REVITALIZATION AREA

State Form 52503 (R13 / 1-16)
Prescribed by the Department of Local Government Finance

JANUARY 1, 2016
FORM 103-ERA

PRIVACY NOTICE: The records in this series are confidential according to IC 6-1.1-35-9.

INSTRUCTIONS:

1. *In order to receive a deduction, this schedule must be submitted with a timely filed Form 103-Long.*
2. ***A separate schedule must be completed and attached to Form 103-Long for each approved Form SB-1/PP for that abatement.***
3. *Attach a copy of the applicable Form CF-1 to this schedule. First-time filings must also include the SB-1 and the Resolution from the designating body.*
4. ***For any acquisitions included herein since the last assessment date, attach a list of the newly included equipment on Form 103-EL.***

SECTION 1 TAXPAYER INFORMATION

Name of taxpayer		Name of contact person: Jason Ray	
Full address *(number and street, city, state, and ZIP code)*: 17435 Tiller Court, Westfield, IN 46074		E-mail address of contact person: jason@cpsindy.com	Telephone number: (317) 848-0000
County: Hamilton	Township: Washington	Taxing District: 29015	Fax number: ( )

SECTION 2 ECONOMIC REVITALIZATION AREA INFORMATION

Name of body designating the Economic Revitalization Area	Resolution number	Length of abatement *(years)*
Westfield City Council	10-07	10

Date designation approved *(month, day, year)*	Date designation will terminate *(month, day, year)*	Does resolution limit dollar amount of deduction?
5/24/2010	5/24/2020	☐ Yes, and limit is based on equipment ☑ No ☐ Cost and/or ☐ Assessed value

SECTION 3 ABATED EQUIPMENT POOLING SCHEDULE

The total cost of depreciable assets is to be reported on Form 103-Long. **This schedule includes only the values attributable to the new manufacturing, research and development, logistical distribution, and/or information technology equipment under abatement per the resolution and IC 6-1.1-12.1.**

The Minimum Value Ratio applies if Line 53 is greater than Line 52D on page 2 of the Form 103-Long [IC 6-1.1-12.1-4.5(g)]	Box 1 - Enter amount shown on Line 53 of Form 103-Long	Box 2 - Enter amount shown on Line 52D of Form 103-Long	Box 3 - Divide Box 1 by Box 2 (carry ratio 5 decimal places)
	$681,671.00	$593,222.00	1.14910

POOL NUMBER 1 (1 TO 4 YEAR LIFE)

		103 Schedule A, Column C, Adjusted Cost	TTV%	True Tax Value	Minimum Value Ratio *(if applicable) (5 decimal places)*	Year	Year *	Percent	Deduction Claimed
13	3-2-15 to 1-1-16	$	65%	$		1		%	$
14	3-2-14 to 3-1-15		50%			2			
15	3-2-13 to 3-1-14		35%			3			
16A	3-2-12 to 3-1-13		20%			4			
16B	3-2-11 to 3-1-12		20%			5			
16C	3-2-10 to 3-1-11		20%			6			
16D	3-2-09 to 3-1-10		20%			7			
16E	3-2-08 to 3-1-09		20%			8			
16F	3-2-07 to 3-1-08		20%			9			
16G	3-2-06 to 3-1-07		20%			10			
17	TOTAL POOL NUMBER 1	$	--	$	--	--	--	--	$

POOL NUMBER 2 (5 TO 8 YEAR LIFE)

		103 Schedule A, Column C, Adjusted Cost	TTV%	True Tax Value	Minimum Value Ratio *(if applicable) (5 decimal places)*	Year	Year *	Percent	Deduction Claimed
18	3-2-15 to 1-1-16	$	40%	$		1		%	$
19	3-2-14 to 3-1-15		56%			2			
20	3-2-13 to 3-1-14		42%			3			
21	3-2-12 to 3-1-13	14,082.00	32%	4,506.00	1.14910	4		70.0	3,624.00
22	3-2-11 to 3-1-12	112,763.00	24%	27,063.00	1.14910	5		60.0	18,659.00
23	3-2-10 to 3-1-11	140,641.00	18%	25,315.00	1.14910	6		50.0	14,545.00
24A	3-2-09 to 3-1-10		15%			7			
24B	3-2-08 to 3-1-09		15%			8			
24C	3-2-07 to 3-1-08		15%			9			
24D	3-2-06 to 3-1-07		15%			10			
25	TOTAL POOL NUMBER 2	$ 267,486.00	--	$ 56,884.00	--	--	--	--	$ 36,828.00

SUB-TOTAL - POOLS 1 AND 2 *(Total Lines 17 and 25. Enter to the right and on Page 2.)*	$ 36,828.00

SECTION 3 (*continued*)	ABATED EQUIPMENT POOLING SCHEDULE POOL NUMBER 3 (9 TO 12 YEAR LIFE)								
		103 Schedule A, Column C, Adjusted Cost	TTV%	True Tax Value	Minimum Value Ratio *(if applicable) (5 decimal places)*	Year	Year *	Percent	Deduction Claimed
26	3-2-15 to 1-1-16	$	40%	$		1		%	$
27	3-2-14 to 3-1-15		60%			2			
28	3-2-13 to 3-1-14		55%			3			
29	3-2-12 to 3-1-13		45%			4			
30	3-2-11 to 3-1-12		37%			5			
31	3-2-10 to 3-1-11		30%			6			
32	3-2-09 to 3-1-10		25%			7			
33	3-2-08 to 3-1-09		20%			8			
34	3-2-07 to 3-1-08		16%			9			
35	3-2-06 to 3-1-07		12%			10			
37	TOTAL POOL NUMBER 3	$	--	$	--	--	--	--	$
	POOL NUMBER 4 (13 YEAR AND LONGER LIVES)								
		103 Schedule A, Column C, Adjusted Cost	TTV%	True Tax Value	Minimum Value Ratio *(if applicable) (5 decimal places)*	Year	Year *	Percent	Deduction Claimed
38	3-2-15 to 1-1-16	$	40%	$		1		%	$
39	3-2-14 to 3-1-15		60%			2			
40	3-2-13 to 3-1-14		63%			3			
41	3-2-12 to 3-1-13		54%			4			
42	3-2-11 to 3-1-12		46%			5			
43	3-2-10 to 3-1-11		40%			6			
44	3-2-09 to 3-1-10		34%			7			
45	3-2-08 to 3-1-09		29%			8			
46	3-2-07 to 3-1-08		25%			9			
47	3-2-06 to 3-1-07		21%			10			
51	TOTAL POOL NUMBER 4	$	--	$	--	--	--	--	$

SUB-TOTAL - POOLS 3 AND 4 (*Total Lines 37 and 51. Enter to the right and below.*)	$

SPECIAL TOOLING									
Round all figures to the nearest $1. Report only the cost of abated special tools, dies, jigs, etc. (50 IAC 4.2-6-2)			True Tax Value *(Included on Form 103-T)*			Abatement			Deduction Claimed
						Year	Year *	Percent	
S1	3-2-15 to 1-1-16	$	30%		The Minimum Value Ratio Is Not Applicable To Special Tooling	1		%	$
S2	3-2-14 to 3-1-15		3%			2			
S3	3-2-13 to 3-1-14		3%			3			
S4	3-2-12 to 3-1-13		3%			4			
S5	3-2-11 to 3-1-12		3%			5			
S6	3-2-10 to 3-1-11		3%			6			
S7	3-2-09 to 3-1-10		3%			7			
S8	3-2-08 to 3-1-09		3%			8			
S9	3-2-07 to 3-1-08		3%			9			
S10	3-2-06 to 3-1-07		3%			10			
S11	TOTAL SPECIAL TOOLING	$	--		--	--	--	--	$

SUB-TOTAL POOLS 1 AND 2 (from Page 1)		$ 36,828.00
SUB-TOTAL POOLS 3 AND 4 (from above)		
SUB-TOTAL SPECIAL TOOLING (from above - Line S11)		
TOTAL ALL POOLS AND SPECIAL TOOLING		$ 36,828.00
LIMIT ON AMOUNT OF ABATEMENT STATED IN RESOLUTION	Cost $	AV $
AMOUNT OF DEDUCTION CLAIMED - Lesser of resolution limit on abatement or total all pools. (Carry deduction forward to the Summary Section on Page 1 of the Form 103-Long.)		$ 36,828.00

Obsolescence claimed on Form 106? ☐ Yes ☑ No

NOTE: If obsolescence is claimed on depreciable assets, the applicable adjustment must be taken on the Abatement Deduction being claimed. Show calculations on Form 106.

Line numbers on this form match the line numbers on the Form 103-Long. Lines were added to Pools 1 and 2 and deleted from Pools 3 and 4 to reflect the ten (10) year abatement limitation.

* This column may be used when the abatement year does not correlate with the acquisition year within the pool.
An example might be when used equipment is moved into Indiana from out of state and it was granted an abatement.

EQUIPMENT LIST FOR NEW ADDITIONS TO ERA DEDUCTION PERSONAL PROPERTY IN ECONOMIC REVITALIZATION AREA

State Form 52515 (R2 / 11-15)
Prescribed by the Department of Local Government Finance

JANUARY 1, 2016

FORM 103-EL

PRIVACY NOTICE
The records in this series are confidential according to IC 6-1.1-35-9.

INSTRUCTIONS:

1. *This schedule must be filed when any new manufacturing, research and development, logistical distribution and/or information technology equipment that is claimed on the schedule of deduction from assessed valuation (Form 103-ERA) has been installed after the prior year assessment date.*
2. *A separate list must be completed for EACH APPROVED abatement (Form SB-1 / PP). The equipment list is attached to the corresponding Form 103-ERA and made part of the Business Personal Property Return (103 Long) filed with the Assessor not later than May 15 of each year unless an extension of up to thirty (30) days is granted in writing.*
3. *A taxpayer's internal list may be attached to this form. Any data omitted from that taxpayer format must be added here, using the Reference Number Column to cross reference to the taxpayer formatted list.*
4. *The purpose column is to describe the item in sufficient detail to assist the Assessing Official to determine that the item is eligible for abatement as equipment as defined in IC 6-1.1-12.1-1. An entry may be left blank if the item name is self-describing.*

SECTION 1 — TAXPAYER INFORMATION

Name of taxpayer: CPS, Inc.	Name of contact person: Jason Ray
Address of taxpayer *(number and street, city, state and ZIP code)*: 17435 Tiller Court, Westfield, IN 46074	Telephone number: (317) 848-0000

County	Township	DLGF taxing district number
Hamilton	Washington	29015

SECTION 2 — ECONOMIC REVITALIZATION AREA INFORMATION

Name of body designating the Economic Revitalization Area	Resolution number	Length of abatement *(years)*
Westfield City Council	10-07	10

SECTION 3 — ABATED EQUIPMENT LIST

REFRENCE NUMBER[3]	INSTALLATION DATE	ITEM	PURPOSE[4]	COST PER 50 IAC 4.2	POOL LINE NUMBER	ASSESSOR USE ONLY
		See attached list.				

☐ Check if additional Forms 103-EL are attached for this abatement (103-ERA). This is Equipment List ____ of ____.

☒ Check if taxpayer's internal list is attached.

CPS, Inc.
Abated Equipment List

Reference Number	Installation Date	Item	Cost	Line Number
94	03/02/12	L-Clipper Tape Machine	$ 1,680	21
96	03/02/12	Four Cavity Mold	8,634	21
95	03/02/12	XL-24 Cutting Table Modifications	3,768	21
			$ 14,082	
95	02/14/12	XL-24 Sample Cutting Table	$ 92,500	22
93	02/03/12	60" Transportation Conveyor	6,350	22
86	08/24/11	Shrink Tunnel/Wrapper	7,085	22
83	05/24/11	Tables, Mats, Chairs - Plant/Production	6,828	22
			$ 112,763	
72	11/22/10	Dual L Clip Station	$ 1,500	23
68	11/01/10	Warehouse Fan	6,978	23
67	10/07/10	Clip Tape Machine w/Stand	2,500	23
64	09/22/10	L-Clipper Applicator/Head Table Stand	7,101	23
55	08/23/10	Universal 500 Shrink Wrap Machine	77,000	23
53	08/16/10	Computer for Warehouse	3,550	23
52	08/04/10	Electrical Improvements	3,920	23
51	08/01/10	Grainger - Misc Parts for Equipment	3,320	23
49	06/09/10	New Power Hook Up - MEC, Inc.	4,402	23
48	06/04/10	Automatic Taping Machine	5,000	23
47	05/17/10	Tables for Processing Boxes	769	23
46	05/13/10	Transformer	1,050	23
45	05/12/10	Tape Machine	3,500	23
44	05/11/10	Power Panel	3,095	23
43	05/07/10	Conveyor	2,810	23
41	05/06/10	Safety Switch, Transformer & Fuse	2,120	23
39	03/19/10	Computer System Install. - Warehouse	3,001	23
38	03/15/10	Stretch Wrap Machine - Unisource	9,025	23
			$ 140,641	

B. & K. Real Estate Investment, LLC (Custom Cast Stone)

Real Property

COMPLIANCE WITH STATEMENT OF BENEFITS
REAL ESTATE IMPROVEMENTS

State Form 51766 (R3 / 2-13)
Prescribed by the Department of Local Government Finance

20____ PAY 20____
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).

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 B & K. REALESTATE INVESTMENT LLC	County HAMILTON
Address of taxpayer *(number and street, city, state, and ZIP code)* 734 E. 169TH ST. WESTFIELD, IN. 46074	DLGF taxing district number 09
Name of contact person J. KENT GRUBAUGH	Telephone number (317) 896-1700

SECTION 2 — LOCATION AND DESCRIPTION OF PROPERTY

Name of designating body CITY OF WESTFIELD	Resolution number 08-22	Estimated start date *(month, day, year)* 10-15-2008
Location of property 734 E. 169TH ST. WESTFIELD IN. 46074		Actual start date *(month, day, year)*
Description of real property improvements		Estimated completion date *(month, day, year)*
		Actual completion date *(month, day, year)* 5-1-2009

SECTION 3 — EMPLOYEES AND SALARIES

EMPLOYEES AND SALARIES	AS ESTIMATED ON SB-1	ACTUAL
Current number of employees	55	42
Salaries	$2,030,000.00	$1,870,000.00
Number of employees retained		
Salaries		
Number of additional employees		
Salaries		

SECTION 4 — COST AND VALUES

COST AND VALUES	REAL ESTATE IMPROVEMENTS	
AS ESTIMATED ON SB-1	COST	ASSESSED VALUE
Values before project		$2,968,600.00
Plus: Values of proposed project		
Less: Values of any property being replaced		
Net values upon completion of project		
ACTUAL	COST	ASSESSED VALUE
Values before project		$2,968,600.00
Plus: Values of proposed project		$355,019.00
Less: Values of any property being replaced		
Net values upon completion of project		$3,323,619.00

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:		

SECTION 6 — TAXPAYER CERTIFICATION

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

Signature of authorized representative	Title	Date signed *(month, day, year)*
[signature]	MEMBER	2-12-2016

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

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.*

2. *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.*

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 find that:

☐ the property owner **IS** in substantial compliance

☐ the property owner **IS NOT** in substantial compliance

☐ other (*specify*) _____

Reasons for the determination (*attach additional sheets if necessary*)

Signature of authorized member	Date signed (*month, day, year*)

Attested by:	Designating body

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.

Time of hearing	Date of hearing (*month, day, year*)	Location of hearing
☐ AM ☐ PM		

HEARING RESULTS (*to be 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

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 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.

Oak Ridge Real Estate Development, LLC and Custom Concrete Co., Inc.

Real Property

COMPLIANCE WITH STATEMENT OF BENEFITS
REAL ESTATE IMPROVEMENTS

State Form 51766 (R3 / 2-13)
Prescribed by the Department of Local Government Finance

20 16 PAY 20 17

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).

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 Oak Ridge Real Estate Development, LLC and Custom Concrete, Co., Inc.	County Hamilton
Address of taxpayer *(number and street, city, state, and ZIP code)* 17241 Foundation Parkway, Westfield, IN 46074	DLGF taxing district number
Name of contact person Douglas Staebler	Telephone number (317) 399-2299

SECTION 2 — LOCATION AND DESCRIPTION OF PROPERTY

Name of designating body Westfield City Council	Resolution number 03-09; 07-09	Estimated start date *(month, day, year)* 08/01/2003
Location of property 17241 Foundation Parkway, Westfield, IN 46074		Actual start date *(month, day, year)* 08/01/2003
Description of real property improvements New Construction of Commercial Building		Estimated completion date *(month, day, year)* 03/30/2005
		Actual completion date *(month, day, year)* 03/30/2005

SECTION 3 — EMPLOYEES AND SALARIES

EMPLOYEES AND SALARIES	AS ESTIMATED ON SB-1	ACTUAL
Current number of employees	184	192
Salaries	7000000	9649672
Number of employees retained	184	192
Salaries	7000000	9649672
Number of additional employees	55	
Salaries	2035000	

SECTION 4 — COST AND VALUES

COST AND VALUES	REAL ESTATE IMPROVEMENTS	
AS ESTIMATED ON SB-1	COST	ASSESSED VALUE
Values before project		
Plus: Values of proposed project	2500000	
Less: Values of any property being replaced		
Net values upon completion of project	2500000	
ACTUAL	COST	ASSESSED VALUE
Values before project		
Plus: Values of proposed project	4320688	3628900
Less: Values of any property being replaced		
Net values upon completion of project	4320688	3628900

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		362
Amount of hazardous waste converted		
Other benefits:		

SECTION 6 — TAXPAYER CERTIFICATION

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

Signature of authorized representative	Title	Date signed *(month, day, year)*
Douglas W Staebler	CFO	03/10/2016

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

INSTRUCTIONS: (IC 6-1.1-12.1-5.1 and IC 6-1.1-12.1-5.9)

1. *Not later than 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 (Form SB-1/Real Property).*

2. *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. 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.*

3. *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, then 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*) _____

Reasons for the determination (*attach additional sheets if necessary*)

Signature of authorized member	Date signed *(month, day, year)*

Attested by:	Designating body

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 of hearing ☐ AM ☐ PM	Date of hearing *(month, day, year)*	Location of hearing

HEARING RESULTS (*to be completed after the hearing*)

☐ Approved ☐ Denied (*see instruction 4 above*)

Reasons for the determination (*attach additional sheets if necessary*)

Signature of authorized member	Date signed *(month, day, year)*

Attested by:	Designating body

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 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.

EGO Enterprises, LLC

Real Property

COMPLIANCE WITH STATEMENT OF BENEFITS
REAL ESTATE IMPROVEMENTS

State Form 51766 (R3 / 2-13)
Prescribed by the Department of Local Government Finance

20 16 PAY 20 17
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).

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 EGO Enterprises	County Hamilton
Address of taxpayer *(number and street, city, state, and ZIP code)* 17397 Oak Ridge Road, Westfield, IN 46074	DLGF taxing district number 29015
Name of contact person Michael Shebek	Telephone number (317) 579-2000

SECTION 2 — LOCATION AND DESCRIPTION OF PROPERTY

Name of designating body Westfield, Redevelopment Commission/City Council	Resolution number 11-02	Estimated start date *(month, day, year)* 1/1/2011
Location of property NE approx. 8.53 acres of Custom Commerce Park, Westfield		Actual start date *(month, day, year)* 1/1/2011
Description of real property improvements Construct a fifty-thousand foot building		Estimated completion date *(month, day, year)* 12/31/2013
		Actual completion date *(month, day, year)* 12/31/2013

SECTION 3 — EMPLOYEES AND SALARIES

EMPLOYEES AND SALARIES	AS ESTIMATED ON SB-1	ACTUAL
Current number of employees	24	46
Salaries	$1,397,760	$3,120,110
Number of employees retained	24	24
Salaries	$1,397,760	$1,397,760
Number of additional employees	22	22
Salaries	$885,252	$1,722,350

SECTION 4 — COST AND VALUES

COST AND VALUES	REAL ESTATE IMPROVEMENTS	
AS ESTIMATED ON SB-1	COST	ASSESSED VALUE
Values before project		
Plus: Values of proposed project	$2,500,000	
Less: Values of any property being replaced		
Net values upon completion of project		
ACTUAL	COST	ASSESSED VALUE
Values before project		
Plus: Values of proposed project	$3,253,367	
Less: Values of any property being replaced		
Net values upon completion of project		

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:		

SECTION 6 — TAXPAYER CERTIFICATION

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

Signature of authorized representative	Title	Date signed *(month, day, year)*
Michael Shebek	MEMBER	3-4-16

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

INSTRUCTIONS: (IC 6-1.1-12.1-5.1 and IC 6-1.1-12.1-5.9)

1. *Not later than 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 (Form SB-1/Real Property).*

2. *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. 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.*

3. *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, then 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*) _____

Reasons for the determination (*attach additional sheets if necessary*)

Signature of authorized member	Date signed *(month, day, year)*

Attested by:	Designating body

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 of hearing	☐ AM ☐ PM	Date of hearing *(month, day, year)*	Location of hearing

HEARING RESULTS (*to be completed after the hearing*)

☐ Approved ☐ Denied (*see instruction 4 above*)

Reasons for the determination (*attach additional sheets if necessary*)

Signature of authorized member	Date signed *(month, day, year)*

Attested by:	Designating body

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 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.

HADAH II, LLC

Real Property

COMPLIANCE WITH STATEMENT OF BENEFITS
REAL ESTATE IMPROVEMENTS

State Form 51766 (R3 / 2-13)
Prescribed by the Department of Local Government Finance

20 16 PAY 20 17
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).

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 HADAH II LLC	County Hamilton
Address of taxpayer *(number and street, city, state, and ZIP code)* 4848 Deer Ridge Dr N, Carmel, IN 46033	DLGF taxing district number 29015
Name of contact person Andy Weas	Telephone number (317) 867-4477

SECTION 2 — LOCATION AND DESCRIPTION OF PROPERTY

Name of designating body Westfield Common Council	Resolution number 13-107	Estimated start date *(month, day, year)*
Location of property 17297 Oakridge Road, Westfield, IN 46074		Actual start date *(month, day, year)*
Description of real property improvements Construct a 35,000 SF building		Estimated completion date *(month, day, year)*
		Actual completion date *(month, day, year)*

SECTION 3 — EMPLOYEES AND SALARIES

EMPLOYEES AND SALARIES	AS ESTIMATED ON SB-1	ACTUAL
Current number of employees	25	36
Salaries	$1,300,000	$2,592,388
Number of employees retained	25	25
Salaries	$1,300,000	$1,300,000
Number of additional employees	20	11
Salaries	$915,200	$1,292,388

SECTION 4 — COST AND VALUES

COST AND VALUES	REAL ESTATE IMPROVEMENTS	
AS ESTIMATED ON SB-1	COST	ASSESSED VALUE
Values before project		
Plus: Values of proposed project	$2,800,000	
Less: Values of any property being replaced		
Net values upon completion of project		
ACTUAL	COST	ASSESSED VALUE
Values before project		
Plus: Values of proposed project	$3,468,451	
Less: Values of any property being replaced		
Net values upon completion of project		

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:		

SECTION 6 — TAXPAYER CERTIFICATION

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

Signature of authorized representative	Title	Date signed *(month, day, year)*
	MANAGER	3/17/16

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

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.*

2. *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.*

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 find that:

☐ the property owner **IS** in substantial compliance

☐ the property owner **IS NOT** in substantial compliance

☐ other (*specify*) _____

Reasons for the determination (*attach additional sheets if necessary*)

Signature of authorized member	Date signed (*month, day, year*)

Attested by:	Designating body

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.

Time of hearing	Date of hearing (*month, day, year*)	Location of hearing
☐ AM ☐ PM		

HEARING RESULTS (*to be 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

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 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.

Indiana Mills & Manufacturing, Inc

Personal Property

IMMI®

18881 IMMI Way, Westfield, IN 46074, USA
Tel. (317) 896-9531 • FAX (317) 896-2142 • www.imminet.com

February 25, 2016

Mr. Kevin Todd
City of Westfield
Economic and Community Development Department
2728 East 171st Street
Westfield, Indiana 46074

Dear Mr. Todd,

Enclosed is the 2016 Form CF-1/PP for Indiana Mills & Manufacturing, Inc. (IMMI).

Should you have any questions, please contact me on 317-867-8102.

Sincerely,

John G. Pendl
Corporate Tax Manager

cc: Mr. Andrew Murray

COMPLIANCE WITH STATEMENT OF BENEFITS
PERSONAL PROPERTY

State Form 51765 (R3 / 11-15)
Prescribed by the Department of Local Government Finance

FORM CF-1 / PP

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 Indiana Mills & Manufacturing, Inc. d/b/a IMMI	County Hamilton
Address of taxpayer *(number and street, city, state, and ZIP code)* 18881 IMMI Way, Westfield, Indiana 46074	DLGF taxing district number 015
Name of contact person Kevin Boen	Telephone number (317) 896-9531

SECTION 2 — LOCATION AND DESCRIPTION OF PROPERTY

Name of designating body Westfield Common Council	Resolution number 11-06	Estimated start date *(month, day, year)* 2/11/2012
Location of property CAPE Facility, 18881 IMMI Way, Westfield, Indiana 46074		Actual start date *(month, day, year)* 2/11/2012
Description of new manufacturing equipment, or new research and development equipment, or new information technology equipment, or new logistical distribution equipment to be acquired. R&D and support equipment for expansion of research and testing facilities		Estimated completion date *(month, day, year)* 12/31/2012
		Actual completion date *(month, day, year)* 12/31/2012

SECTION 3 — EMPLOYEES AND SALARIES

EMPLOYEES AND SALARIES	AS ESTIMATED ON SB-1	ACTUAL
Current number of employees	20.00	29.00
Salaries	1,018,671.00	1,899,796.00
Number of employees retained	20.00	24.00
Salaries	1,018,671.00	1,576,701.00
Number of additional employees	10.00	5.00
Salaries	500,000.00	323,095.00

SECTION 4 — COST AND VALUES

	MANUFACTURING EQUIPMENT		R & D EQUIPMENT		LOGIST DIST EQUIPMENT		IT EQUIPMENT	
AS ESTIMATED ON SB-1	COST	ASSESSED VALUE	COST	ASSESSED VALUE	COST	ASSESSED VALUE	COST	ASSESSED VALUE
Values before project			8,129,249.00	1,478,587.50				
Plus: Values of proposed project			2,800,000.00	1,120,000.00				
Less: Values of any property being replaced			0.00	0.00				
Net values upon completion of project			10,929,249.00	2,598,587.50				
ACTUAL	COST	ASSESSED VALUE	COST	ASSESSED VALUE	COST	ASSESSED VALUE	COST	ASSESSED VALUE
Values before project			8,129,249.00	1,478,587.50				
Plus: Values of proposed project			3,968,984.00	1,587,593.60				
Less: Values of any property being replaced			0.00	0.00				
Net values upon completion of project			12,098,233.00	3,066,181.10				

NOTE: 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:		

SECTION 6 — TAXPAYER CERTIFICATION

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

Signature of authorized representative	Title	Date signed *(month, day, year)*
	CFO	2/25/16

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

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.*

2. *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.*

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 find that:

☐ the property owner **IS** in substantial compliance

☐ the property owner **IS NOT** in substantial compliance

☐ other (*specify*) _____

Reasons for the determination (*attach additional sheets if necessary*)

Signature of authorized member	Date signed (*month, day, year*)

Attested by:	Designating body

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.

Time of hearing ☐ AM ☐ PM	Date of hearing (*month, day, year*)	Location of hearing

HEARING RESULTS (*to be 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

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 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.

Indiana Mills & Manufacturing, Inc.
Attachment to Form CF-1/PP
March 2016

CAPE Salaries

To date, IMMI CAPE has increased its total employee headcount to 29, which is less than the target of 30. In general, these are technical and/or professional positions and their average base pay is notably higher than IMMI's overall average base pay. As a result, as of February 2016 base pay for the 29 positions totals $1,899,796, which exceeds the entire base pay commitment for the targeted 30 positions by $381,125.

CAPE R&D Equipment

To date, IMMI CAPE has acquired R&D equipment costing $1,168,984 more than its original commitment.

Additional Relevant Information

In addition to the total number of employees reported on this Form CF-1/PP, IMMI's CAPE unit has three open positions that it will fill once economic conditions and IMMI CAPE business levels warrant doing so.

IMMI's CAPE revenue increased by 9% from 2014 to 2015 and by 192% from 2011 through 2015. IMMI management foresees continued growth in its existing and new CAPE business lines. In the last year, IMMI CAPE has experienced the following positive developments:

1. IMMI CAPE achieved its highest annual external customer testing revenue ($2,025,746) since inception while maintaining its historical level of IMMI internal research & testing services.
2. IMMI CAPE facility and staff supported retrofit of six Westfield Washington Schools buses equipping them with IMMI SafeGuard 3-point restraint seats for buses used for travel outside the Westfield Washington Schools district.
3. IMMI CAPE was awarded several new military and ambulance testing contracts by US government agencies and private defense contractors and developed series of tests being adopted as standard requirements.
4. IMMI CAPE performed testing services for more than a dozen new customers from the following business sectors: military, child restraints, truck, recreational vehicles, racing, bus and defense litigation.
5. IMMI CAPE continued its investment in Westfield-based technical infrastructure, including:

    - Added three new onboard high speed cameras increasing our capacity by 25%
    - Added 56 channels of programmable crash data acquisition yielding a 20% increase in capability
    - Purchased 16' x 20' T-Plate base for new test center to support heavy truck and motorsports testing.
    - Added a new 7,000 pound capacity fork truck for test material handling and a Bobcat 185 for UTV track construction

6. IMMI CAPE performed crash demonstrations for school bus industry, emergency vehicle and truck industry events dramatically increasing awareness of IMMI and IMMI CAPE in those industries.
7. In January 2015, the ABC television network aired on its Good Morning America and Nightline programs a segment addressing school bus seatbelt safety issues that included substantial footage videotaped at the IMMI CAPE facility in Westfield. The coverage included interviews with IMMI senior management and scenes of school bus crash tests performed by IMMI CAPE. These segments provided national exposure to the IMMI and IMMI CAPE Westfield facilities. Much of these efforts led to a November 2015 announcement by NHTSA advocating the use of 3-point seat belts on school buses.
   http://www.nhtsa.gov/About+NHTSA/Speeches,+Press+Events+&+Testimonies/mr-napt-11082015

Finally, although many of IMMI CAPE's activities do not result in increased IMMI CAPE revenues they do lead to increased business for IMMI's other operations. This results in increased employment levels in IMMI's other engineering and technical departments. Most of these positions are at an average base pay that is notably higher than IMMI's overall average base pay. While it is difficult to quantify exactly how many of these additional employees are attributable to IMMI CAPE activities, it is certainly a significant portion.

Thieneman Construction

Real Property

COMPLIANCE WITH STATEMENT OF BENEFITS
REAL ESTATE IMPROVEMENTS

State Form 51766 (R3 / 2-13)
Prescribed by the Department of Local Government Finance

20 16 PAY 20 17
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).

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 Thieneman Properties, LLC	County Hamilton
Address of taxpayer *(number and street, city, state, and ZIP code)* 17219 Foundation Parkway Westfield, IN 46074	DLGF taxing district number 015-0007
Name of contact person Kenneth D. Thieneman	Telephone number (317) 867-3462

SECTION 2 — LOCATION AND DESCRIPTION OF PROPERTY

Name of designating body Westfield City Council	Resolution number 14-129	Estimated start date *(month, day, year)* 10/15/2014
Location of property Custom Commerce Park, Lot 1 (17219 Foundation Parkway)		Actual start date *(month, day, year)* 7/6/2015
Description of real property improvements 2 story office building, warehouse and storage yard.		Estimated completion date *(month, day, year)* 11/1/2015
		Actual completion date *(month, day, year)* estimated 6/30/2016

SECTION 3 — EMPLOYEES AND SALARIES

EMPLOYEES AND SALARIES	AS ESTIMATED ON SB-1	ACTUAL
Current number of employees	16.00	25.00
Salaries	$1,275,000.00	$1,920,510.00
Number of employees retained	16.00	16.00
Salaries	$1,275,000.00	$1,288,000.00
Number of additional employees	28.00	9.00
Salaries	$2,000,000.00	$632,510.00

SECTION 4 — COST AND VALUES

COST AND VALUES	REAL ESTATE IMPROVEMENTS	
AS ESTIMATED ON SB-1	COST	ASSESSED VALUE
Values before project	363,000.00	9,300.00
Plus: Values of proposed project	2,437,000.00	1,949,600.00
Less: Values of any property being replaced	0.00	0.00
Net values upon completion of project	2,800,000.00	1,958,900.00
ACTUAL	COST	ASSESSED VALUE
Values before project	363,000.00	9,300.00
Plus: Values of proposed project	2,393,010.00	2,564,700.00
Less: Values of any property being replaced	0.00	0.00
Net values upon completion of project	* As of 12/31/2015 2,756,010.00	*As of 12/31/2015 2,574,000.00

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	0.00	0.00
Amount of hazardous waste converted	0.00	0.00
Other benefits:	N/A	N/A

SECTION 6 — TAXPAYER CERTIFICATION

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

Signature of authorized representative	Title	Date signed *(month, day, year)*
Kenneth D. Thieneman	Member, Thieneman Properties	3-11-16

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

INSTRUCTIONS: (IC 6-1.1-12.1-5.1 and IC 6-1.1-12.1-5.9)

1. *Not later than 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 (Form SB-1/Real Property).*

2. *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. 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.*

3. *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, then 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*) _____

Reasons for the determination (*attach additional sheets if necessary*)

Signature of authorized member	Date signed *(month, day, year)*

Attested by:	Designating body

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 of hearing ☐ AM ☐ PM	Date of hearing *(month, day, year)*	Location of hearing

HEARING RESULTS (*to be completed after the hearing*)

☐ Approved ☐ Denied (*see instruction 4 above*)

Reasons for the determination (*attach additional sheets if necessary*)

Signature of authorized member	Date signed *(month, day, year)*

Attested by:	Designating body

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 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.

Weas Engineering, Inc.

Personal Property

COMPLIANCE WITH STATEMENT OF BENEFITS PERSONAL PROPERTY

State Form 51765 (R3 / 11-15)
Prescribed by the Department of Local Government Finance

FORM CF-1 / PP

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 Weas Engineering, Inc.	County Hamilton
Address of taxpayer *(number and street, city, state, and ZIP code)* 17819 Commerce Drive, Westfield, IN 46074	DLGF taxing district number 29015
Name of contact person Andy Weas	Telephone number (317) 867-4477

SECTION 2 — LOCATION AND DESCRIPTION OF PROPERTY

Name of designating body Westfield Common Countil	Resolution number 13-106	Estimated start date *(month, day, year)*
Location of property 17297 Oakridge Road, Westfield, IN 46074		Actual start date *(month, day, year)*
Description of new manufacturing equipment, or new research and development equipment, or new information technology equipment, or new logistical distribution equipment to be acquired. Manufacturing, R&D, logistic distribution and information technology equipment including but not limited to the items listed in Exhibit A		Estimated completion date *(month, day, year)* Actual completion date *(month, day, year)*

SECTION 3 — EMPLOYEES AND SALARIES

EMPLOYEES AND SALARIES	AS ESTIMATED ON SB-1	ACTUAL
Current number of employees	25.00	36.00
Salaries	1,300,000.00	2,592,388.00
Number of employees retained	25.00	25.00
Salaries	1,300,000.00	1,300,000.00
Number of additional employees	20.00	11.00
Salaries	915,200.00	1,292,388.00

SECTION 4 — COST AND VALUES

	MANUFACTURING EQUIPMENT		R & D EQUIPMENT		LOGIST DIST EQUIPMENT		IT EQUIPMENT	
AS ESTIMATED ON SB-1	COST	ASSESSED VALUE	COST	ASSESSED VALUE	COST	ASSESSED VALUE	COST	ASSESSED VALUE
Values before project								
Plus: Values of proposed project	199,000.00						42,000.00	
Less: Values of any property being replaced								
Net values upon completion of project								
ACTUAL	COST	ASSESSED VALUE	COST	ASSESSED VALUE	COST	ASSESSED VALUE	COST	ASSESSED VALUE
Values before project								
Plus: Values of proposed project	197,271.00	104,841.00					51,728.00	23,700.00
Less: Values of any property being replaced								
Net values upon completion of project								

NOTE: 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:		

SECTION 6 — TAXPAYER CERTIFICATION

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

Signature of authorized representative	Title PRESIDENT	Date signed *(month, day, year)* 3/7/16

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

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.*

2. *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.*

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 find that:

☐ the property owner **IS** in substantial compliance

☐ the property owner **IS NOT** in substantial compliance

☐ other (*specify*) _____

Reasons for the determination (*attach additional sheets if necessary*)

Signature of authorized member	Date signed (*month, day, year*)

Attested by:	Designating body

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.

Time of hearing	Date of hearing (*month, day, year*)	Location of hearing
☐ AM ☐ PM		

HEARING RESULTS (*to be 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

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 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.