



*Meeting  
of the  
Vigo County Council  
June 15, 2021*

# VIGO COUNTY COUNCIL MEETING

June 15, 2021

5:00 P.M.

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# VIGO COUNTY COUNCIL MEETING

## Agenda

**Tuesday, June 15, 2021 at 5:00 P.M.**

**Council Chambers, Vigo County Annex**

1. Pledge of Allegiance
2. Calling of the roll
3. Corrections to the journal of the preceding meetings, if needed
  - a. *May 4, 2021 Sunshine Meeting*
  - b. *May 11, 2021*
4. Public comment.
5. Communications from elected officials, other officials, or agencies of the County
6. Reports from committee(s)
7. Annual tax abatement compliance review, ROC 2021-031
  - Steel Dynamics Heartland, LLC (Personal Property)
  - ADVICS Manufacturing Indiana, LLC (Personal Property)
  - Verdeco Recycling Midwest, Inc. (Personal Property-2014)
  - Verdeco Recycling Midwest, Inc. (Personal Property-2019)
  - Casey's Marketing Company (Personal Property)
  - Casey's Marketing Company (Real Property)
  - Futurex Industries, Inc. (Real Property)
  - Futurex Industries, Inc. (Personal Property)
  - Select Genetics, LLC (Personal Property)
  - Select Genetics, LLC (Real Property)
  - Thyssenkrupp Presta North America, LLC (Personal Property)
  - Tyssenkrupp Presta (Real Property)
  - Taghleef Industries, Inc. (Personal Property)
  - Saturn Petcare, Inc. (Real Property)
  - Saturn Petcare, Inc. (Personal Property)
  - D&D Automation, Inc. (Personal Property)
  - Midwest Investments (Real Property)
8. Ordinances relating to appropriations
  - i. Salary Ordinance 2021-13; ROC 2021-26: Vigo County Health Department
  - ii. Additional Appropriation Ordinance 2021-17; ROC 2021-26: Vigo County Health Department
  - iii. Additional Appropriation Ordinance 2021-18; ROC 2021-28: Vigo County Prosecutor
  - iv. Additional Appropriation Ordinance 2021-19; ROC 2021-29: Seized Asset Fund
  - v. Salary Ordinance 2021-14; ROC 2021-30: Vigo County Clerk
9. Honorary resolutions
10. Resolutions relating to fiscal policies of the Council
11. Appointments
12. Adjournment

**NOTICE TO TAXPAYERS OF PROPOSED ADDITIONAL APPROPRIATIONS**

Notice is hereby given the Taxpayers of Vigo County, Indiana, that the Vigo County Council will meet at the Vigo County Government Center, 127 Oak Street, Terre Haute, Indiana at 5:00 p.m. on Tuesday, June 1, 2021 to consider the following appropriations in excess of the budget of the current year. The Vigo County Council will also meet on Tuesday, June 8, 2021, at the same location for a Sunshine Meeting.

**REQUESTED**

**COUNTY GENERAL FUND/1000**

**Prosecutor/0009**

1000.32360.000.0009 Return of Fugitives	\$ 15,000
<b>Total County General Fund</b>	<b>\$ 15,000</b>

**SEIZED ASSETS/4967**

4967.36700.000.0000 Operating Expenses	\$ 30,000
4967.35900.000.0000 Confidential Funds	20,000
<b>Total Seized Assets Fund</b>	<b>\$ 50,000</b>

**VIGO COUNTY HEALTH DEPARTMENT/1159**

1159.10010.000.0000 Salaries	\$ 6,910
1159.15210.000.0000 FICA/SSN	\$ 529
1159.15220.000.0000 PERF	\$ 982
<b>Total Health Fund</b>	<b>\$ 8,421</b>

Pursuant to State of Indiana Executive Order 20-09 (the "Order"), the meeting will be made available by electronic means. Any votes conducted will be by roll call vote. In accordance with the Indiana Open Door Law and the Order, media and members of the public are encouraged to observe the meeting at <https://www.vigocounty.in.gov/departments/division.php?structureid=71>. Members of the public may submit comments prior to the meeting to [county.council@vigocounty.in.gov](mailto:county.council@vigocounty.in.gov)

**JAMES W. BRAMBLE**

**VIGO COUNTY AUDITOR**

**TO BE PUBLISHED: Friday, May 21, 2021.**



# COMPLIANCE WITH STATEMENT OF BENEFITS PERSONAL PROPERTY

State Form 51765 (R5 / 1-21)

Prescribed by the Department of Local Government Finance

## PRIVACY NOTICE

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

FORM CF-1 / PP

JANUARY 1, 2021

- 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 17, 2021, 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 Steel Dynamics Heartland, LLC						County Vigo			
Address of taxpayer (street and number, city, state and ZIP code) 455 W Industrial Drive Terre Haute IN 47802						DLGF taxing district number 84024			
Name of contact person Matthew Peters						Telephone number 260-969-3500			
SECTION 2 LOCATION AND DESCRIPTION OF PROPERTY									
Name of designating body Vigo County Council					Resolution number 2009-06		Estimated start date (month, day, year)		
Location of property 455 West Industrial Drive Terre Haute IN 47802					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. See attachment for equipment listing					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						207		226	
Salaries						10,800,000		25,378,469	
Number of employees retained						207		207	
Salaries						10,800,000		10,800,000	
Number of additional employees									
Salaries									
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	65,403,858	10,937,190							
Plus: Values of proposed project	8,750,000	3,124,490							
Less: Values of any property being replaced	3,485,000	1,045,649							
Net values upon completion of project	70,668,858	21,016,031							
ACTUAL	COST	ASSESSED VALUE	COST	ASSESSED VALUE	COST	ASSESSED VALUE	COST	ASSESSED VALUE	
Values before project	61,325,075	15,628,777							
Plus: Values of proposed project	6,931,651	1,770,302							
Less: Values of any property being replaced									
Net values upon completion of project	68,256,726	17,399,079							
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: \$8,750,000 of abatable equipment									
SECTION 6 TAXPAYER CERTIFICATION									
I hereby certify that the representations in this statement are true.									
Signature of authorized representative <i>Matthew Peters</i>					Title Ass't Secretary		Date signed (month, day, year) 12 May 2021		

**INSTRUCTIONS: (IC 6-1.1-12-5.9)**

1. 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.
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. 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.
3. 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.
4. 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:		
<input type="checkbox"/> the property owner <b>IS</b> in substantial compliance <input type="checkbox"/> the property owner <b>IS NOT</b> in substantial compliance <input type="checkbox"/> 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 <input type="checkbox"/> AM <input type="checkbox"/> PM	Date of hearing (month, day, year)	Location of hearing
<b>HEARING RESULTS (to be completed after the hearing)</b>		
<input type="checkbox"/> Approved <input type="checkbox"/> Denied (see instruction 5 above)		
Reasons for determination (attach additional sheets if necessary)		
Signature of authorized member		Date signed (month, day, year)
Attested by:	Designating body	
<b>APPEAL RIGHTS [IC 6-1.1-12.1-5.9(e)]</b>		
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.		



# COMPLIANCE WITH STATEMENT OF BENEFITS PERSONAL PROPERTY

State Form 51765 (R5 / 1-21)

Prescribed by the Department of Local Government Finance

**PRIVACY NOTICE**  
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information pursuant to  
IC 6-1.1-35-9 and IC 6-1.1-12.1-5.6.

**FORM CF-1 / PP**

**January 1, 2021**

- 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 12, 2021, 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	ADVICS Manufacturing Indiana, LLC	
Address of taxpayer (number and street, city, state, and ZIP code)	10550 James Adams Street, Terre Haute, IN 47802	
Name of contact person	Ronda Clarke	
County	Vigo	
DLGF taxing district number	84003	
Telephone number	( 812 ) 298-1617	
SECTION 2 LOCATION AND DESCRIPTION OF PROPERTY		
Name of designating body	Resolution number	Estimated start date (month, day, year)
Vigo County Council	2012	3/1/2011
Location of property	Actual start date (month, day, year)	
10550 James Adams Street, Terre Haute, IN 47802		
Description of new manufacturing equipment, or new research and development equipment, or new information technology equipment, or new logistical distribution equipment to be acquired.	Estimated completion date (month, day, year)	
	3/1/2013	
	Actual completion date (month, day, year)	

SECTION 3 EMPLOYEES AND SALARIES			
EMPLOYEES AND SALARIES		AS ESTIMATED ON SB-1	ACTUAL
Current number of employees		415	448
Salaries		14,541,000.00	19,606,429.00
Number of employees retained		415	415
Salaries		14,541,000.00	14,541,000.00
Number of additional employees		36	33
Salaries		1,050,000.00	5,065,429.00

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	9,523,450.00							
Plus: Values of proposed project	15,266,000.00							
Less: Values of any property being replaced								
Net values upon completion of project	24,789,450.00							
ACTUAL	COST	ASSESSED VALUE	COST	ASSESSED VALUE	COST	ASSESSED VALUE	COST	ASSESSED VALUE
Values before project	51,917,805.00	15,575,342.00						
Plus: Values of proposed project	17,380,835.00	5,214,250.00						
Less: Values of any property being replaced								
Net values upon completion of project	69,298,640.00	20,789,592.00						

**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)
<i>[Signature]</i>	Agent	5/1/2021

INSTRUCTIONS: (IC 6-1, 1-12, 1-5, 9)

1. *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.*
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. 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.*
3. *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.*
4. *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:		
<input type="checkbox"/> the property owner <b>IS</b> in substantial compliance		
<input type="checkbox"/> the property owner <b>IS NOT</b> in substantial compliance		
<input type="checkbox"/> other (specify) _____		
Reasons for the determination (attach <i>additional sheets</i> 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 <input type="checkbox"/> AM <input type="checkbox"/> PM	Date of hearing (month, day, year)	Location of hearing

HEARING RESULTS (to be completed after the hearing)	
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied (see instruction 5 above)
Reasons for the determination (attach additional sheets if necessary)	
<div>Signature of authorized member</div> <div>Date signed (month, day, year)</div>	
Attested by:	Designating body
<b>APPEAL RIGHTS [IC 6-1.1-12.1-5.9(e)]</b>	
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.	





# COMPLIANCE WITH STATEMENT OF BENEFITS PERSONAL PROPERTY

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**FORM CF-1 / PP**

**January 1, 2021**

- INSTRUCTIONS:**
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  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 <b>Verdeco Recycling Midwest, Inc.</b>							County <b>Vigo</b>		
Address of taxpayer (number and street, city, state, and ZIP code) <b>10535 James Adams Street, Terre Haute, IN 47802</b>							DLGF taxing district number <b>84-024</b>		
Name of contact person <b>Carmen Chivu</b>							Telephone number <b>(323) 537-4617</b>		
SECTION 2 LOCATION AND DESCRIPTION OF PROPERTY									
Name of designating body <b>Vigo County Council</b>					Resolution number <b>2014-01</b>		Estimated start date (month, day, year) <b>08/13/2014</b>		
Location of property <b>10535 James Adams Street, Terre Haute, IN 47802</b>							Actual start date (month, day, year) <b>08/13/2014</b>		
Description of new manufacturing equipment, or new research and development equipment, or new information technology equipment, or new logistical distribution equipment to be acquired.  <b>See Attached</b>							Estimated completion date (month, day, year) <b>12/31/2014</b>		
							Actual completion date (month, day, year) <b>12/31/2014</b>		
SECTION 3 EMPLOYEES AND SALARIES									
EMPLOYEES AND SALARIES						AS ESTIMATED ON SB-1		ACTUAL	
Current number of employees						0		31	
Salaries						0.00		1,436,584.00	
Number of employees retained						0		0	
Salaries						0.00		0.00	
Number of additional employees						24		31	
Salaries						986,000.00		1,436,584.00	
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		5,701,329.00	1,995,470.00					96,400.00	33,470.00
Less: Values of any property being replaced									
Net values upon completion of project		5,701,329.00	1,995,470.00					96,400.00	33,470.00
ACTUAL		COST	ASSESSED VALUE	COST	ASSESSED VALUE	COST	ASSESSED VALUE	COST	ASSESSED VALUE
Values before project									
Plus: Values of proposed project		6,533,910.00						188,728.00	
Less: Values of any property being replaced									
Net values upon completion of project		6,533,910.00						188,728.00	
<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:									
SECTION 6 TAXPAYER CERTIFICATION									
I hereby certify that the representations in this statement are true.									
Signature of authorized representative <i>Chy</i>					Title <b>Chief Financial Officer</b>		Date signed (month, day, year) <b>04/29/2021</b>		

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

**INSTRUCTIONS:** (IC 6-1.1-12.1-5.9)

1. 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.
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. 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.
3. 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.
4. 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.



# COMPLIANCE WITH STATEMENT OF BENEFITS PERSONAL PROPERTY

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**PRIVACY NOTICE**  
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information pursuant to  
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**FORM CF-1 / PP**

**January 1, 2021**

- 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 17, 2021, 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 <b>Verdeco Recycling Midwest, Inc.</b>						County <b>Vigo</b>			
Address of taxpayer (number and street, city, state, and ZIP code) <b>10535 James Adams Street, Terre Haute, IN 47802</b>						DLGF taxing district number <b>84-024</b>			
Name of contact person <b>Carmen Chivu</b>						Telephone number <b>( 323 ) 537-4617</b>			
SECTION 2 LOCATION AND DESCRIPTION OF PROPERTY									
Name of designating body <b>Vigo County Council</b>					Resolution number <b>2019-08</b>		Estimated start date (month, day, year) <b>06/01/2019</b>		
Location of property <b>10535 James Adams Street, Terre Haute, IN 47802</b>						Actual start date (month, day, year) <b>06/01/2019</b>			
Description of new manufacturing equipment, or new research and development equipment, or new information technology equipment, or new logistical distribution equipment to be acquired.  <b>See Attached</b>						Estimated completion date (month, day, year) <b>09/01/2019</b>			
						Actual completion date (month, day, year) <b>12/31/2019</b>			
SECTION 3 EMPLOYEES AND SALARIES									
EMPLOYEES AND SALARIES						AS ESTIMATED ON SB-1		ACTUAL	
Current number of employees						32		31	
Salaries						1,678,000.00		1,436,584.00	
Number of employees retained						32		31	
Salaries						1,678,000.00		1,436,584.00	
Number of additional employees						1		0	
Salaries						60,000.00		0.00	
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		4,880,000.00	1,708,000.00						
Less: Values of any property being replaced									
Net values upon completion of project		4,880,000.00	1,708,000.00						
ACTUAL		COST	ASSESSED VALUE	COST	ASSESSED VALUE	COST	ASSESSED VALUE	COST	ASSESSED VALUE
Values before project									
Plus: Values of proposed project		4,086,410.00	1,634,564.00						
Less: Values of any property being replaced									
Net values upon completion of project		4,086,410.00	1,634,564.00						
<b>NOTE: The COST of the property is confidential pursuant to IC 6-1.1-12.1-5.6(c).</b>									
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 <i>[Signature]</i>				Title <b>Chief Financial Officer</b>			Date signed (month, day, year) <b>04/29/2021</b>		

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

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

1. 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.
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. 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.
3. 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.
4. 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:			
<input type="checkbox"/> the property owner <b>IS</b> in substantial compliance <input type="checkbox"/> the property owner <b>IS NOT</b> in substantial compliance <input type="checkbox"/> 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	<input type="checkbox"/> AM <input type="checkbox"/> PM	Date of hearing (month, day, year)	Location of hearing

HEARING RESULTS (to be completed after the hearing)			
<input type="checkbox"/> Approved <input type="checkbox"/> 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.			



# COMPLIANCE WITH STATEMENT OF BENEFITS PERSONAL PROPERTY

State Form 51765 (R5 / 1-21)

Prescribed by the Department of Local Government Finance

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

**FORM CF-1 / PP**

**January 1, 2021**

- 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 17, 2021, 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 <b>Casey's Marketing Company</b>							County <b>Vigo</b>		
Address of taxpayer (number and street, city, state, and ZIP code) <b>One SE Convenience Blvd., Ankeny, IA 50021</b>							DLGF taxing district number <b>84-024</b>		
Name of contact person <b>Doug Beech</b>							Telephone number <b>(515 ) 965-6284</b>		
SECTION 2 LOCATION AND DESCRIPTION OF PROPERTY									
Name of designating body <b>Common Council of Vigo County</b>					Resolution number <b>2014-12</b>		Estimated start date (month, day, year) <b>01/01/2015</b>		
Location of property <b>One SE Convenience Blvd., Ankeny, IA 50021</b>							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.							Estimated completion date (month, day, year) <b>12/31/2019</b>		
							Actual completion date (month, day, year)		
SECTION 3 EMPLOYEES AND SALARIES									
EMPLOYEES AND SALARIES						AS ESTIMATED ON SB-1		ACTUAL	
Current number of employees						0		226	
Salaries						0.00		12,166,773.17	
Number of employees retained						0			
Salaries						0.00			
Number of additional employees						185		226	
Salaries						5,675,800.00		12,166,773.17	
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					4,400,000.00		200,000.00		
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					4,399,885	1,055,972	199,994	47,999	
Less: Values of any property being replaced									
Net values upon completion of project					4,399,885	1,055,972	199,994	47,999	
<b>NOTE:</b> The <b>COST</b> 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 <b>Michelle C. Kimbrell</b> <b>859-269-1649</b> <b>mckimbrell@intax.com</b>				Title <b>VP, PROPERTY TAX</b>			Date signed (month, day, year) <b>5/13/2021</b>		

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

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

1. 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.
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. 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.
3. 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.
4. 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.



# COMPLIANCE WITH STATEMENT OF BENEFITS REAL ESTATE IMPROVEMENTS

State Form 51766 (R4 / 1-21)

Prescribed by the Department of Local Government Finance

20 <sup>21</sup> PAY 20 <sup>22</sup>

FORM CF-1 / Real Property

## 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 17, 2021, or by the due date of the real property owner's personal property return that is filed in the township where the property is located. (IC 6-1.1-12.1-5.3(j))
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).

MAY 17 2021

VIGO COUNTY AUDITOR

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

SECTION 1		TAXPAYER INFORMATION	
Name of taxpayer Casey's Marketing Company		County Vigo	
Address of taxpayer (number and street, city, state, and ZIP code) One S.E. Convenience Blvd., Ankeny, IA 50021		DLGF taxing district number 84-024	
Name of contact person Doug Beech		Telephone number ( 515 ) 965-6284	
SECTION 2		LOCATION AND DESCRIPTION OF PROPERTY	
Name of designating body County Council of Vigo County		Resolution number 2014-03	Estimated start date (month, day, year) 08/01/2014
Location of property Vigo County Industrial Park - 400 W INDUSTRIAL DRIVE		Actual start date (month, day, year)	
Description of real property improvements Construction of an approximate 250,000 to 300,000 square foot warehouse distribution facility.		Estimated completion date (month, day, year) 12/31/2019	
		Actual completion date (month, day, year)	
SECTION 3		EMPLOYEES AND SALARIES	
EMPLOYEES AND SALARIES		AS ESTIMATED ON SB-1	ACTUAL
Current number of employees		0	226
Salaries		0.00	\$12,166,773.17
Number of employees retained		0	
Salaries		0.00	
Number of additional employees		185	226
Salaries		\$5,675,800.00	\$12,166,773.17
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		\$22,000,000.00	
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		29,567,913	
Less: Values of any property being replaced			
Net values upon completion of project		29,567,913	
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	
Signature of authorized representative 		I hereby certify that the representations in this statement are true.	
Michelle C. Kimbrell 859-269-1649 mckimbrell@intax.com		Title VP, PROPERTY TAX	Date signed (month, day, year) 5/13/2021



**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 6-1.1-12.1-5.3 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.





# COMPLIANCE WITH STATEMENT OF BENEFITS REAL ESTATE IMPROVEMENTS

State Form 51766 (R3 / 2-13)

Prescribed by the Department of Local Government Finance

20 21 PAY 20 22

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).

MAY 17 2021

SECTION 1 TAXPAYER INFORMATION			
Name of taxpayer <b>FUTUREX INDUSTRIES, INC.</b>		VIGO COUNTY AUDITOR <b>VIGO</b>	
Address of taxpayer (number and street, city, state, and ZIP code) <b>P.O. BOX 158, BLOOMINGDALE, IN 47832</b>		DLGF taxing district number <b>84024</b>	
Name of contact person <b>DOUG WILSON</b>		Telephone number <b>( 765 ) 498-3900</b>	
SECTION 2 LOCATION AND DESCRIPTION OF PROPERTY			
Name of designating body <b>VIGO COUNTY COUNCIL</b>		Resolution number <b>2019-2</b>	Estimated start date (month, day, year) <b>03/01/2019</b>
Location of property <b>10000 SOUTH CARLISLE STREET, TERRE HAUTE, IN 47802</b>		Actual start date (month, day, year) <b>03/01/2019</b>	
Description of real property improvements <b>24,000 SQ FOOT BUILDING - STEEL - FOR CUSTOM PLASTIC EXTRUSION ADJACENT - SOUTH OF CURRENT BUILDING</b>		Estimated completion date (month, day, year) <b>12/31/2019</b>	
		Actual completion date (month, day, year) <b>12/31/2019</b>	
SECTION 3 EMPLOYEES AND SALARIES			
EMPLOYEES AND SALARIES		AS ESTIMATED ON SB-1	ACTUAL
Current number of employees		29	42
Salaries		15.00	16.54
Number of employees retained		29	29
Salaries		15.00	17.28
Number of additional employees		8	13
Salaries		12.00	12.62
SECTION 4 COST AND VALUES			
COST AND VALUES		REAL ESTATE IMPROVEMENTS	
AS ESTIMATED ON SB-1		COST	ASSESSED VALUE
Values before project		1,800,000.00	1,168,500.00
Plus: Values of proposed project		1,070,000.00	1,370,000.00
Less: Values of any property being replaced		0.00	0.00
Net values upon completion of project		3,170,000.00	2,538,500.00
ACTUAL		COST	ASSESSED VALUE
Values before project		1,800,000.00	1,436,300.00
Plus: Values of proposed project		833,525.00	813,200.00
Less: Values of any property being replaced		0.00	0.00
Net values upon completion of project		2,633,525.00	2,249,500.00
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:		0.00	0.00
SECTION 6 TAXPAYER CERTIFICATION			
I hereby certify that the representations in this statement are true.			
Signature of authorized representative <i>Doug Wilson</i>		Title <i>Director of Finance</i>	Date signed (month, day, year) <i>5-12-2021</i>

84-13-03 100-003,000-024

**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.

# STATEMENT OF BENEFITS LOCAL PROPERTY

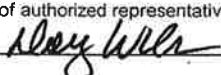
Form 51765 (R5 / 1-21)  
Issued by the Department of Local Government Finance

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

**FORM CF-1 / PP**

**JANUARY 1, 2021**

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 17, 2021, 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 FUTUREX INDUSTRIES, INC.						County VIGO				
Address of taxpayer (street and number, city, state and ZIP code) P.O. BOX 158 BLOOMINGDALE IN 47832						DLGF taxing district number 84024				
Name of contact person DOUG WILSON						Telephone number 765-498-3900				
SECTION 2 LOCATION AND DESCRIPTION OF PROPERTY										
Name of designating body VIGO COUNTY COUNCIL					Resolution number 2019-1		Estimated start date (month, day, year) 03/01/2019			
Location of property 10000 SOUTH CARLISLE TERRE HAUTE IN 47802					Actual start date (month, day, year) 03/01/2019					
Description of new manufacturing equipment, or new research and development equipment, or new information technology equipment, or new logistical distribution equipment to be acquired. (4) PLASTIC EXTRUSION LINES (4) ROLLS					Estimated completion date (month, day, year) 12/31/2019					
					Actual 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						29		42		
Salaries						15		17		
Number of employees retained						29		29		
Salaries						15		17		
Number of additional employees						8		13		
Salaries						12		13		
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			4,570,409	1,371,120						
Plus: Values of proposed project			2,500,000	2,500,000						
Less: Values of any property being replaced										
Net values upon completion of project			7,070,409	3,871,120						
ACTUAL			COST	ASSESSED VALUE	COST	ASSESSED VALUE	COST	ASSESSED VALUE	COST	ASSESSED VALUE
Values before project			4,570,409	1,371,120						
Plus: Values of proposed project			1,429,639	756,707						
Less: Values of any property being replaced										
Net values upon completion of project			6,000,048	2,127,827						
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 DIRECTOR OF FINANCE			Date signed (month, day, year) 5-12-2021		



# COMPLIANCE WITH STATEMENT OF BENEFITS PERSONAL PROPERTY

State Form 51765 (R5 / 1-21)

Prescribed by the Department of Local Government Finance

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

**FORM CF-1 / PP**

**January 1, 2021**

- 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 17, 2021, 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	Select Genetics, LLC	
Address of taxpayer (number and street, city, state, and ZIP code)	1800 Technology Drive NE Willmar, MN 56201-2280	
Name of contact person	Corey Nelson	
County	Vigo	
DLGF taxing district number	024	
Telephone number	(320) 222-9732	

SECTION 2 LOCATION AND DESCRIPTION OF PROPERTY		
Name of designating body	Resolution number	Estimated start date (month, day, year)
Vigo County Council	2017-03	
Location of property	Actual start date (month, day, year)	
Vigo Industrial Park (380 E. Industrial Park, Terre Haute, IN 47802)	09/01/2017	
Description of new manufacturing equipment, or new research and development equipment, or new information technology equipment, or new logistical distribution equipment to be acquired.	Estimated completion date (month, day, year)	
Equipment for Turkey Hatchery	11/01/2018	
	Actual completion date (month, day, year)	
	08/27/18	

SECTION 3 EMPLOYEES AND SALARIES		
Current number of employees	AS ESTIMATED ON SB-1	ACTUAL
Salaries	100	104
Number of employees retained		4,501,480.00
Salaries		
Number of additional employees		
Salaries		

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	10,000,000.00							
Less: Values of any property being replaced								
Net values upon completion of project	10,000,000.00							
ACTUAL	COST	ASSESSED VALUE	COST	ASSESSED VALUE	COST	ASSESSED VALUE	COST	ASSESSED VALUE
Values before project								
Plus: Values of proposed project	11,444,879.27							
Less: Values of any property being replaced								
Net values upon completion of project	11,444,879.27							

**NOTE:** The **COST** of the property is confidential pursuant to IC 6-1.1-12.1-5.8(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)
	CEO	5/3/21



# COMPLIANCE WITH STATEMENT OF BENEFITS REAL ESTATE IMPROVEMENTS

State Form 51766 (R4 / 1-21)

Prescribed by the Department of Local Government Finance

20 20 PAY 20 21

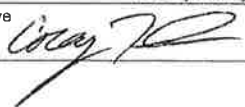
FORM CF-1 / Real Property

## PRIVACY NOTICE

The cost and any specific individual's salary information is confidential; the balance of the filing is public record per IC 6-1.1-12, 1-5.3 (k) and (l).

## 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 17, 2021, or by the due date of the real property owner's personal property return that is filed in the township where the property is located. (IC 6-1.1-12, 1-5.3(j))
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>Select Genetics LLC</b>	County <b>Vigo</b>	
Address of taxpayer (number and street, city, state, and ZIP code) <b>1800 Technology Drive NE, Willmar, MN 56201-2280</b>	DLGF taxing district number <b>024</b>	
Name of contact person <b>Corey Nelson</b>	Telephone number <b>( 320 ) 222-9732</b>	
SECTION 2 LOCATION AND DESCRIPTION OF PROPERTY		
Name of designating body <b>Vigo County Council</b>	Resolution number <b>2017-03</b>	Estimated start date (month, day, year)
Location of property <b>Vigo Industrial Park ( 380 E. Industrial Park, Terre Haute, IN 47802)</b>		Actual start date (month, day, year) <b>09/01/2017</b>
Description of real property improvements <b>75,000 Square Foot Turkey Hatchery</b>		Estimated completion date (month, day, year) <b>11/01/2018</b>
		Actual completion date (month, day, year) <b>08/27/2018</b>
SECTION 3 EMPLOYEES AND SALARIES		
EMPLOYEES AND SALARIES	AS ESTIMATED ON SB-1	ACTUAL
Current number of employees	100	104
Salaries		4,501,480.00
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		
Plus: Values of proposed project	10,000,000.00	
Less: Values of any property being replaced		
Net values upon completion of project	10,000,000.00	
ACTUAL	COST	ASSESSED VALUE
Values before project		
Plus: Values of proposed project	15,595,857.39	8,738,700.00
Less: Values of any property being replaced		
Net values upon completion of project	15,595,857.39	8,738,700.00
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 <b>Controller</b>	Date signed (month, day, year) <b>6-10-21</b>

**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 6-1.1-12.1-5.3 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.





# COMPLIANCE WITH STATEMENT OF BENEFITS PERSONAL PROPERTY

State Form 51765 (R5 / 1-21)


Prescribed by the Department of Local Government Finance

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

**FORM CF-1 / PP**

**January 1, 2021**

- 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 17, 2021, 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 <b>thyssenkrupp Presta North America, LLC</b>						County <b>Vigo</b>			
Address of taxpayer (number and street, city, state, and ZIP code) <b>ThyssenKrupp North America, Inc. Attn: Hector Camacho 111 W. Jackson Blvd, Ste. 2400 Chicago, IL 60604</b>						DLGF taxing district number <b>84 - 6</b>			
Name of contact person <b>Hector Camacho</b>						Telephone number <b>(312) 961-3710</b>			
SECTION 2 LOCATION AND DESCRIPTION OF PROPERTY									
Name of designating body <b>Vigo County</b>					Resolution number		Estimated start date (month, day, year) <b>3.1.12</b>		
Location of property <b>1597 E. Industrial Drive Terre Haute, IN 47802</b>							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.							Estimated completion date (month, day, year) <b>12.31.13</b>		
							Actual completion date (month, day, year)		
SECTION 3 EMPLOYEES AND SALARIES									
EMPLOYEES AND SALARIES						AS ESTIMATED ON SB-1		ACTUAL	
Current number of employees						188		221	
Salaries						2,447,300		10,398,954	
Number of employees retained						188		188	
Salaries						2,447,300		8,846,169	
Number of additional employees						80		33	
Salaries						2,337,438		1,652,785	
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		20,003,093	6,905,960					994,340	
Plus: Values of proposed project		16,700,000	7,080,800						
Less: Values of any property being replaced									
Net values upon completion of project		36,703,093	13,997,451					994,340	345,642
ACTUAL		COST	ASSESSED VALUE	COST	ASSESSED VALUE	COST	ASSESSED VALUE	COST	ASSESSED VALUE
Values before project		6,905,960	6,316,651					994,340	345,642
Plus: Values of proposed project		5,300,000	7,080,800						
Less: Values of any property being replaced									
Net values upon completion of project		12,205,960	13,397,451					994,340	345,642
<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:									
SECTION 6 TAXPAYER CERTIFICATION									
I hereby certify that the representations in this statement are true.									
Signature of authorized representative 				Title <b>Sr. Manager - Property Tax/Incentives</b>			Date signed (month, day, year)		

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

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

1. 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.
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. 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.
3. 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.
4. 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:			
<input type="checkbox"/> the property owner <b>IS</b> in substantial compliance <input type="checkbox"/> the property owner <b>IS NOT</b> in substantial compliance <input type="checkbox"/> 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	<input type="checkbox"/> AM <input type="checkbox"/> PM	Date of hearing (month, day, year)	Location of hearing

HEARING RESULTS (to be completed after the hearing)			
<input type="checkbox"/> Approved <input type="checkbox"/> 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.			





# COMPLIANCE WITH STATEMENT OF BENEFITS REAL ESTATE IMPROVEMENTS

State Form 51766 (R4/ 1-21)

Prescribed by the Department of Local Government Finance

20 21 PAY 20 22

FORM CF-1 / Real Property

## PRIVACY NOTICE

The cost and any specific individual's salary information is confidential; the balance of the filing is public record per IC 6-1.1-12, 1-5.3 (k) and (l).

### 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 17, 2021 or by the due date of the real property owner's personal property return that is filed in the township where the property is located. (IC 6-1.1-12, 1-5.3(j))
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>thyssenkrupp Presta North America, LLC</b>		Account: 84-00-00-009-478.000-024	County <b>Vigo</b>
Address of taxpayer (number and street, city, state, and ZIP code) <b>ThyssenKrupp North America, Inc. Attn: Hector Camacho 111 W. Jackson Blvd, Ste. 2400 Chicago, IL 60604</b>			DLGF taxing district number <b>84 - 6</b>
Name of contact person <b>Hector Camacho</b>			Telephone number <b>(312) 961-3710</b>
SECTION 2 LOCATION AND DESCRIPTION OF PROPERTY			
Name of designating body <b>Vigo County</b>		Resolution number	Estimated start date (month, day, year) <b>3.1.12</b>
Location of property <b>1597 E. Industrial Drive Terre Haute, IN 47802</b>			Actual start date (month, day, year)
Description of real property improvements			Estimated completion date (month, day, year) <b>12.31.13</b>
			Actual completion date (month, day, year)
SECTION 3 EMPLOYEES AND SALARIES			
EMPLOYEES AND SALARIES		AS ESTIMATED ON SB-1	ACTUAL
Current number of employees		188	221
Salaries		2,447,300	10,398,954
Number of employees retained		188	188
Salaries		2,447,300	8,846,169
Number of additional employees		80	33
Salaries		2,337,435	1,552,785
SECTION 4 COST AND VALUES			
COST AND VALUES		REAL ESTATE IMPROVEMENTS	
AS ESTIMATED ON SB-1		COST	ASSESSED VALUE
Values before project		20,003,093	6,905,960
Plus: Values of proposed project		16,700,000	7,080,800
Less: Values of any property being replaced			
Net values upon completion of project		36,703,093	13,997,451
ACTUAL		COST	ASSESSED VALUE
Values before project		6,905,960	6,316,651
Plus: Values of proposed project		5,300,000	7,080,800
Less: Values of any property being replaced			
Net values upon completion of project		12,205,960	13,397,451
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 <b>Sr. Manager - Property Tax/Incentives</b>	Date signed (month, day, year) <b>05/12/2021</b>

**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 6-1.1-12.1-5.3 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.



# COMPLIANCE WITH STATEMENT OF BENEFITS PERSONAL PROPERTY

State Form 51765 (R5 / 1-21)

Prescribed by the Department of Local Government Finance

## PRIVACY NOTICE

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

FORM CF-1 / PP

JANUARY 1, 2021

### 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 17, 2021, 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 <b>TAGHLEEF INDUSTRIES INC (copy)</b>	County <b>Vigo</b>
Address of taxpayer (street and number, city, state and ZIP code) <b>3600 EAST HEAD AVENUE ROSEDALE IN 47874</b>	DLGF taxing district number <b>84012</b>
Name of contact person <b>DESSI KARBANOVA</b>	Telephone number <b>(812) 462-5005</b>

### SECTION 2

#### LOCATION AND DESCRIPTION OF PROPERTY

Name of designating body	Resolution number <b>2012-10</b>	Estimated start date (month, day, year)
Location of property <b>3600 EAST HEAD AVENUE ROSEDALE IN 47874</b>		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.		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		450	400
Salaries		28,000,000	30,000,000
Number of employees retained		450	400
Salaries		28,000,000	30,000,000
Number of additional employees		13	
Salaries		545,000	

### 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								
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								
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) <b>05/14/2021</b>
--	-------	---



saturn petcare inc  
170 Beaver Brook Road  
Lincoln Park, NJ 07035  
Phone: (973) 628-7330  
Fax: (973) 628-2919

Date: June 10, 2021

To: Vigo County Council

From: Kevin McManus  
saturn petcare Inc.

Re: CF-1

Just wanted to include a little note that saturn petcare Inc., began producing sellable product in March 2021. Considering the pandemic this was not so far later than the original completion date. The additional time was due to construction delays and delays with machinery & equipment. Our SB-1 included 200 employees with a payroll of \$7,737,600. This was the expected number after year 5. As of December 2020, we had 65 employees with an annual payroll of \$2,054,264. As of June 2021 we now have a total of 117 employees. We expect to achieve the goal of 200 employees by year 5.

Thank you for your consideration.



# COMPLIANCE WITH STATEMENT OF BENEFITS REAL ESTATE IMPROVEMENTS

State Form 51766 (R4 / 1-21)

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, 1-5.3 (k) and (l).

### 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 17, 2021, or by the due date of the real property owner's personal property return that is filed in the township where the property is located. (IC 6-1, 1-12, 1-5.3(j))
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>saturn petcare inc</b>		County <b>Vigo</b>	
Address of taxpayer (number and street, city, state, and ZIP code) <b>170 Beaver Brook Road Lincoln Park, NJ 07035</b>		DLGF taxing district number <b>84-003</b>	
Name of contact person <b>Kevin McManus</b>		Telephone number <b>( 973 ) 628-7330</b>	
SECTION 2 LOCATION AND DESCRIPTION OF PROPERTY			
Name of designating body <b>Vigo County</b>		Resolution number <b>2018-02</b>	Estimated start date (month, day, year) <b>7/22/2019</b>
Location of property <b>100 E. Pfizer Drive Terre Haute, IN 47802</b>		Actual start date (month, day, year) <b>6/1/2019</b>	
Description of real property improvements <b>Infrastructure improvements and upgrades to facility for production of wet pet food for consumer sale. Site improvements include structure modifications, upgrades to floors, roofs, ceilings and infrastructure improvements related to waste water management.</b>		Estimated completion date (month, day, year) <b>10/1/2020</b>	
		Actual completion date (month, day, year) <b>12/31/2020</b>	
SECTION 3 EMPLOYEES AND SALARIES			
EMPLOYEES AND SALARIES		AS ESTIMATED ON SB-1	ACTUAL
Current number of employees			65
Salaries			2,054,264.11
Number of employees retained			
Salaries			
Number of additional employees		200	65
Salaries		7,737,600.00	2,054,264.11
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		13,800,000.00	13,800,000.00
Less: Values of any property being replaced			
Net values upon completion of project		13,800,000.00	13,800,000.00
ACTUAL		COST	ASSESSED VALUE
Values before project			0.00
Plus: Values of proposed project		20,438,264.00	20,438,264.00
Less: Values of any property being replaced			
Net values upon completion of project		20,438,264.00	20,438,264.00
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:		0.00	0.00
SECTION 6 TAXPAYER CERTIFICATION			
I hereby certify that the representations in this statement are true.			
Signature of authorized representative <i>Kevin McManus</i>		Title <b>CFO</b>	Date signed (month, day, year) <b>6/10/21</b>

**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, 1-5.3 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.



# COMPLIANCE WITH STATEMENT OF BENEFITS PERSONAL PROPERTY

State Form 51765 (R5 / 1-21)

Prescribed by the Department of Local Government Finance

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

**FORM CF-1 / PP**

**January 1, 2021**

- 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 17, 2021, 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 saturn petcare inc						County Vigo		
Address of taxpayer (number and street, city, state, and ZIP code) 170 Beaver Brook Road Lincoln Park , NJ 07035						DLGF taxing district number 84-003		
Name of contact person Kevin McManus						Telephone number ( 973 ) 628-7330		
SECTION 2 LOCATION AND DESCRIPTION OF PROPERTY								
Name of designating body Vigo County Council				Resolution number 2018-03		Estimated start date (month, day, year) 7/22/2019		
Location of property 100 E. Pfizer Drive Terre Haute, IN 47802						Actual start date (month, day, year) 6/1/2019		
Description of new manufacturing equipment, or new research and development equipment, or new information technology equipment, or new logistical distribution equipment to be acquired. Machinery & Equipment used in the production and manufacturing of wet pet food products for consumer sale. Equipment will include mixers, fillers, retorts and sterilization, labeling, packaging, floor scales, laboratory equipment						Estimated completion date (month, day, year) 10/1/2020		
						Actual completion date (month, day, year) 3/30/2021		
SECTION 3 EMPLOYEES AND SALARIES								
EMPLOYEES AND SALARIES					AS ESTIMATED ON SB-1		ACTUAL	
Current number of employees							65	
Salaries							2,054,264.11	
Number of employees retained								
Salaries								
Number of additional employees					200		65	
Salaries					7,737,600.00		2,054,264.11	
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	0.00	0.00						
Plus: Values of proposed project	25,000,000.00	25,000,000.00						
Less: Values of any property being replaced								
Net values upon completion of project	25,000,000.00	25,000,000.00						
ACTUAL	COST	ASSESSED VALUE	COST	ASSESSED VALUE	COST	ASSESSED VALUE	COST	ASSESSED VALUE
Values before project								
Plus: Values of proposed project	26,285,533.00	26,285,533.00						
Less: Values of any property being replaced								
Net values upon completion of project	26,285,533.00	26,285,533.00						
<b>NOTE:</b> The <b>COST</b> 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					0.00		0.00	
Amount of hazardous waste converted					0.00		0.00	
Other benefits:								
SECTION 6 TAXPAYER CERTIFICATION								
I hereby certify that the representations in this statement are true.								
Signature of authorized representative Kevin McManus				Title CFO		Date signed (month, day, year) 6/11/21		

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

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

1. 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.
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. 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.
3. 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.
4. 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:			
<input type="checkbox"/> the property owner <b>IS</b> in substantial compliance			
<input type="checkbox"/> the property owner <b>IS NOT</b> in substantial compliance			
<input type="checkbox"/> 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	<input type="checkbox"/> AM <input type="checkbox"/> PM	Date of hearing (month, day, year)	Location of hearing

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

<input type="checkbox"/> Approved	<input type="checkbox"/> 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.





# COMPLIANCE WITH STATEMENT OF BENEFITS PERSONAL PROPERTY

State Form 51765 (R5 / 1-21)

Prescribed by the Department of Local Government Finance

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

**FORM CF-1 / PP**

**January 1, 2021**

- 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 17, 2021, 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 <b>D &amp; D AUTOMATION, INC</b>		County <b>VIGO</b>
Address of taxpayer (number and street, city, state, and ZIP code) <b>1207 E DALLAS DR</b>		DLGF taxing district number <b>840000004690000003</b>
Name of contact person <b>DAVID DECKER</b>		Telephone number <b>( 812 ) 299-1045</b>

SECTION 2 LOCATION AND DESCRIPTION OF PROPERTY		
Name of designating body <b>VIGO COUNTY COUNCIL</b>	Resolution number <b>2019-17</b>	Estimated start date (month, day, year) <b>11/1/2019</b>
Location of property <b>1207 E DALLAS DR, TERRE HAUTE, IN 47802</b>		Actual start date (month, day, year) <b>8/29/2019</b>
Description of new manufacturing equipment, or new research and development equipment, or new information technology equipment, or new logistical distribution equipment to be acquired. <b>\$178,200 in new, or new to Indiana, personal property being \$8,500 in computer equipment, \$4,500 in phone systems, \$10,500 in furniture and fixtures and \$154,700 in manufacturing equipment.</b>		Estimated completion date (month, day, year) <b>3/1/2020</b>
		Actual completion date (month, day, year) <b>12/20/2021</b>

SECTION 3 EMPLOYEES AND SALARIES		
EMPLOYEES AND SALARIES	AS ESTIMATED ON SB-1	ACTUAL
Current number of employees	10	11
Salaries	358,000.00	313,464.00
Number of employees retained	10	11
Salaries	358,000.00	313,464.00
Number of additional employees	3	0
Salaries	120,000.00	0.00

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	803,508.00	243,736.00					28,766.00	5,946.00
Plus: Values of proposed project	154,700.00	154,700.00	8,500.00	8,500.00			4,500.00	4,500.00
Less: Values of any property being replaced								
Net values upon completion of project	958,208.00	154,700.00	8,500.00	8,500.00			33,266.00	10,446.00
ACTUAL	COST	ASSESSED VALUE	COST	ASSESSED VALUE	COST	ASSESSED VALUE	COST	ASSESSED VALUE
Values before project	803,508.00	243,736.00					27,766.00	5,946.00
Plus: Values of proposed project	158,000.00	88,480.00	8,500.00	4,760.00			4,500.00	2,520.00
Less: Values of any property being replaced								
Net values upon completion of project	961,508.00	332,216.00	8,500.00	4,760.00			32,266.00	8,466.00

**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 <b>OWNER</b>	Date signed (month, day, year) <b>6/9/2021</b>

**OPTIONAL: FOR USE BY A DESIGNATING BODY WHO ELECTS TO REVIEW THE COMPLIANCE WITH STATEMENT OF BENEFITS (FORM CF-1)****INSTRUCTIONS:** (IC 6-1.1-12.1-5.9)

1. 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.
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. 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.
3. 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.
4. 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.



# COMPLIANCE WITH STATEMENT OF BENEFITS REAL ESTATE IMPROVEMENTS

State Form 51766 (R4 / 1-21)

Prescribed by the Department of Local Government Finance

20 21 PAY 20 22

FORM CF-1 / Real Property

## PRIVACY NOTICE

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

### 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 17, 2021, or by the due date of the real property owner's personal property return that is filed in the township where the property is located. (IC 6-1.1-12.1-5.3(j))
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>MIDWEST INVESTMENTS, LLC</b>		County <b>VIGO</b>
Address of taxpayer (number and street, city, state, and ZIP code) <b>1207 E DALLAS DR, TERRE HAUTE, IN 47802</b>		DLGF taxing district number
Name of contact person <b>DAVID DECKER</b>		Telephone number <b>( 812 ) 877-9500</b>
SECTION 2 LOCATION AND DESCRIPTION OF PROPERTY		
Name of designating body <b>VIGO COUNTY COUNCIL</b>	Resolution number <b>2019-16</b>	Estimated start date (month, day, year) <b>11/1/2019</b>
Location of property <b>1207 E DALLAS DR, TERRE HAUTE, IN 47802</b>		Actual start date (month, day, year) <b>8/29/2019</b>
Description of real property improvements \$178,200 in new, or new to Indiana, personal property being \$8,500 in computer equipment, \$4,500 in phone systems, \$10,500 in furniture and fixtures and \$154,700 in manufacturing equipment.		Estimated completion date (month, day, year) <b>3/1/2020</b>
		Actual completion date (month, day, year) <b>12/20/2021</b>
SECTION 3 EMPLOYEES AND SALARIES		
EMPLOYEES AND SALARIES	AS ESTIMATED ON SB-1	ACTUAL
Current number of employees	10	11
Salaries	358,000.00	313,464.00
Number of employees retained	10	11
Salaries	358,000.00	313,464.00
Number of additional employees	3	0
Salaries	120,000.00	0.00
SECTION 4 COST AND VALUES		
COST AND VALUES	REAL ESTATE IMPROVEMENTS	
AS ESTIMATED ON SB-1	COST	ASSESSED VALUE
Values before project	185,000.00	52,000.00
Plus: Values of proposed project	547,000.00	547,000.00
Less: Values of any property being replaced		
Net values upon completion of project	732,000.00	732,000.00
ACTUAL	COST	ASSESSED VALUE
Values before project	185,000.00	185,000.00
Plus: Values of proposed project	285,000.00	285,000.00
Less: Values of any property being replaced		
Net values upon completion of project	470,000.00	470,000.00
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		
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 <b>OWNER</b>	Date signed (month, day, year) <b>6/9/2021</b>

**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 6-1.1-12.1-5.3 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.

## **SALARY ORDINANCE 2021-13**

SECTION 1. Be it ordained by the County Council of Vigo County, Indiana, that for the salaries of Vigo County Indiana, that for the salaries of the County Government Office Holders and the employees for the year ending December 31, 2021, the following sums of money are hereby appropriated and ordered set apart for the purposes specified, subject to the laws governing the same. Such sums herein appropriated shall be otherwise expressly stipulated for by law provided, however, that disbursements from each appropriated are further limited to the amounts listed for the detailed accounts making up such appropriation unless said accounts are increased or decreased in another ordinance or resolution by the County Council.

SECTION 2. That for the said fiscal year, there is appropriated out of the Health Department Fund the following:

REQUESTED

APPROVED

### **HEALTH DEPARTMENT FUND/1159**

#### Environmental Health Supervisor

- a. Amend compensation from \$44,090/yr to \$48,900/yr

SECTION 3. Effective June 16, 2021.

*Approved on this 15th day of June, 2021.*

Aye <input type="checkbox"/>	Absent <input type="checkbox"/>	
Nay <input type="checkbox"/>	Abstain <input type="checkbox"/>	Travis Norris _____
Aye <input type="checkbox"/>	Absent <input type="checkbox"/>	
Nay <input type="checkbox"/>	Abstain <input type="checkbox"/>	Marie Theisz _____
Aye <input type="checkbox"/>	Absent <input type="checkbox"/>	
Nay <input type="checkbox"/>	Abstain <input type="checkbox"/>	_____
Aye <input type="checkbox"/>	Absent <input type="checkbox"/>	
Nay <input type="checkbox"/>	Abstain <input type="checkbox"/>	Vicki Weger _____
Aye <input type="checkbox"/>	Absent <input type="checkbox"/>	
Nay <input type="checkbox"/>	Abstain <input type="checkbox"/>	Brenda Wilson _____
Aye <input type="checkbox"/>	Absent <input type="checkbox"/>	
Nay <input type="checkbox"/>	Abstain <input type="checkbox"/>	David Thompson _____
Aye <input type="checkbox"/>	Absent <input type="checkbox"/>	
Nay <input type="checkbox"/>	Abstain <input type="checkbox"/>	Aaron Loudermilk, President _____

*Attest:*

\_\_\_\_\_  
James W. Bramble  
Vigo County Auditor

## ADDITIONAL APPROPRIATION ORDINANCE 2021-17

WHEREAS, it has been determined that it is now necessary to appropriate more money than was appropriated in the annual budget. Now, therefore:

SEC. 1. Be it ordained by the County Council of Vigo County, Indiana, that for the expenses of the Health Department Fund, the following additional sums of money are hereby appropriated out of the funds named and for the purposes specified, subject to the laws governing the same.

	<u>ADVERTISED</u>	<u>APPROPRIATED</u>
<b><u>HEALTH DEPARTMENT FUND/1159</u></b>		
Payroll	\$6,910	
FICA/SS	\$529	
PERF	<u>\$982</u>	
<b>Total Health Department Fund</b>	<b>\$8,421</b>	

*Approved on this 15th day of June, 2021 .*

<b>Aye</b> <input type="checkbox"/>	<b>Absent</b> <input type="checkbox"/>	
<b>Nay</b> <input type="checkbox"/>	<b>Abstain</b> <input type="checkbox"/>	Travis Norris _____
<b>Aye</b> <input type="checkbox"/>	<b>Absent</b> <input type="checkbox"/>	
<b>Nay</b> <input type="checkbox"/>	<b>Abstain</b> <input type="checkbox"/>	Marie Theisz _____
<b>Aye</b> <input type="checkbox"/>	<b>Absent</b> <input type="checkbox"/>	
<b>Nay</b> <input type="checkbox"/>	<b>Abstain</b> <input type="checkbox"/>	
<b>Aye</b> <input type="checkbox"/>	<b>Absent</b> <input type="checkbox"/>	
<b>Nay</b> <input type="checkbox"/>	<b>Abstain</b> <input type="checkbox"/>	Vicki Weger _____
<b>Aye</b> <input type="checkbox"/>	<b>Absent</b> <input type="checkbox"/>	
<b>Nay</b> <input type="checkbox"/>	<b>Abstain</b> <input type="checkbox"/>	Brenda Wilson _____
<b>Aye</b> <input type="checkbox"/>	<b>Absent</b> <input type="checkbox"/>	
<b>Nay</b> <input type="checkbox"/>	<b>Abstain</b> <input type="checkbox"/>	David Thompson _____
<b>Aye</b> <input type="checkbox"/>	<b>Absent</b> <input type="checkbox"/>	Aaron Loudermilk,
<b>Nay</b> <input type="checkbox"/>	<b>Abstain</b> <input type="checkbox"/>	President _____

*Attest:*

\_\_\_\_\_  
James W. Bramble  
Vigo County Auditor

## ADDITIONAL APPROPRIATION ORDINANCE 2021-18

WHEREAS, it has been determined that it is now necessary to appropriate more money than was appropriated in the annual budget. Now, therefore:

SEC. 1. Be it ordained by the County Council of Vigo County, Indiana, that for the expenses of the County General Fund, the following additional sums of money are hereby appropriated out of the funds named and for the purposes specified, subject to the laws governing the same.

	<u>ADVERTISED</u>	<u>APPROPRIATED</u>
<u>COUNTY GENERAL FUND/1000</u>		
<u>Prosecutor/0009</u>		
1000.32360.000.0009 Return of Fugitives		<u>\$15,000</u>
<b>Total County General Fund</b>		<b>\$15,000</b>

*Approved on this 15th day of June, 2021 .*

Aye <input type="checkbox"/>	Absent <input type="checkbox"/>	
Nay <input type="checkbox"/>	Abstain <input type="checkbox"/>	Brenda Wilson _____
Aye <input type="checkbox"/>	Absent <input type="checkbox"/>	
Nay <input type="checkbox"/>	Abstain <input type="checkbox"/>	Travis Norris _____
Aye <input type="checkbox"/>	Absent <input type="checkbox"/>	
Nay <input type="checkbox"/>	Abstain <input type="checkbox"/>	Marie Theisz _____
Aye <input type="checkbox"/>	Absent <input type="checkbox"/>	
Nay <input type="checkbox"/>	Abstain <input type="checkbox"/>	_____
Aye <input type="checkbox"/>	Absent <input type="checkbox"/>	
Nay <input type="checkbox"/>	Abstain <input type="checkbox"/>	Vicki Weger _____
Aye <input type="checkbox"/>	Absent <input type="checkbox"/>	
Nay <input type="checkbox"/>	Abstain <input type="checkbox"/>	David Thompson _____
Aye <input type="checkbox"/>	Absent <input type="checkbox"/>	
Nay <input type="checkbox"/>	Abstain <input type="checkbox"/>	Aaron Loudermilk, President _____

*Attest:*

\_\_\_\_\_  
James W. Bramble  
Vigo County Auditor

## ADDITIONAL APPROPRIATION ORDINANCE 2021-19

WHEREAS, it has been determined that it is now necessary to appropriate more money than was appropriated in the annual budget. Now, therefore:

SEC. 1. Be it ordained by the County Council of Vigo County, Indiana, that for the expenses of the Seized Assets Fund, the following additional sums of money are hereby appropriated out of the funds named and for the purposes specified, subject to the laws governing the same.

	<u>ADVERTISED</u>	<u>APPROPRIATED</u>
<b><u>Seized Assets/4967</u></b>		
4967.36700.000.0000 Operating Expenses	\$30,000	
4967.35900.000.0000 Confidential Funds	<u>\$20,000</u>	
<b>Total Seized Assets Fund</b>	<b>\$50,000</b>	

*Approved on this 15th day of June, 2021 .*

Aye <input type="checkbox"/>	Absent <input type="checkbox"/>	
Nay <input type="checkbox"/>	Abstain <input type="checkbox"/>	Brenda Wilson _____
Aye <input type="checkbox"/>	Absent <input type="checkbox"/>	
Nay <input type="checkbox"/>	Abstain <input type="checkbox"/>	Travis Norris _____
Aye <input type="checkbox"/>	Absent <input type="checkbox"/>	
Nay <input type="checkbox"/>	Abstain <input type="checkbox"/>	Marie Theisz _____
Aye <input type="checkbox"/>	Absent <input type="checkbox"/>	
Nay <input type="checkbox"/>	Abstain <input type="checkbox"/>	_____
Aye <input type="checkbox"/>	Absent <input type="checkbox"/>	
Nay <input type="checkbox"/>	Abstain <input type="checkbox"/>	Vicki Weger _____
Aye <input type="checkbox"/>	Absent <input type="checkbox"/>	
Nay <input type="checkbox"/>	Abstain <input type="checkbox"/>	David Thompson _____
Aye <input type="checkbox"/>	Absent <input type="checkbox"/>	Aaron Loudermilk,
Nay <input type="checkbox"/>	Abstain <input type="checkbox"/>	President _____

*Attest:*

\_\_\_\_\_  
James W. Bramble  
Vigo County Auditor



## **SALARY ORDINANCE 2021-14**

SECTION 1. Be it ordained by the County Council of Vigo County, Indiana, that for the salaries of Vigo County Indiana, that for the salaries of the County Government Office Holders and the employees for the year ending December 31, 2021, the following sums of money are hereby appropriated and ordered set apart for the purposes specified, subject to the laws governing the same. Such sums herein appropriated shall be otherwise expressly stipulated for by law provided, however, that disbursements from each appropriated are further limited to the amounts listed for the detailed accounts making up such appropriation unless said accounts are increased or decreased in another ordinance or resolution by the County Council.

SECTION 2. That for the said fiscal year, there is appropriated out of the Vigo County General Fund the following:

REQUESTED      APPROVED

### **COUNTY GENERAL FUND**

#### **Clerk/0001**

##### Deputy Clerks

- |                           |         |
|---------------------------|---------|
| a. Revise job description |         |
| b. Amend classification   | COMOT C |
| c. Salary                 | \$20.65 |

##### Deputy Clerk Assistant Supervisor

- |                           |         |
|---------------------------|---------|
| a. Revise job description |         |
| b. Amend classification   | COMOT C |
| c. Salary                 | \$21.34 |

##### Deputy Clerk Supervisor

- |                           |         |
|---------------------------|---------|
| a. Revise job description |         |
| b. Amend classification   | COMOT D |
| c. Salary                 | \$22.02 |

SECTION 3. Effective June 9, 2021.

*Approved on this 15th day of June, 2021.*

Aye <input type="checkbox"/>	Absent <input type="checkbox"/>	
Nay <input type="checkbox"/>	Abstain <input type="checkbox"/>	Travis Norris _____
Aye <input type="checkbox"/>	Absent <input type="checkbox"/>	
Nay <input type="checkbox"/>	Abstain <input type="checkbox"/>	Marie Theisz _____
Aye <input type="checkbox"/>	Absent <input type="checkbox"/>	
Nay <input type="checkbox"/>	Abstain <input type="checkbox"/>	
Aye <input type="checkbox"/>	Absent <input type="checkbox"/>	
Nay <input type="checkbox"/>	Abstain <input type="checkbox"/>	Vicki Weger _____
Aye <input type="checkbox"/>	Absent <input type="checkbox"/>	
Nay <input type="checkbox"/>	Abstain <input type="checkbox"/>	Brenda Wilson _____
Aye <input type="checkbox"/>	Absent <input type="checkbox"/>	
Nay <input type="checkbox"/>	Abstain <input type="checkbox"/>	David Thompson _____

Aye <input type="checkbox"/>	Absent <input type="checkbox"/>	
Nay <input type="checkbox"/>	Abstain <input type="checkbox"/>	Aaron Loudermilk, President _____

*ATTEST:*

\_\_\_\_\_  
James W. Bramble  
Vigo County Auditor