

MAY 1 6 2016

FORM CF-1 / PP

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

SECTION 1		TAXPAYER II	VFORMATI	ON	A NE		3 10		
Name of taxpayer									
Unison Engine Components Inc 84-00-03-		00-002		di.					
Address of taxpayer (number and street, city, state, and Z	•								
c/o Ryan LLC P.O. Box 4900 Dept 201 Sc	ottsdale Az	Z 85261-4900							
Name of contact person						Telephone num			
Maria L. Kay	I I A Description of the	W. 50 - 70 M TO 1 TO	Orani orani mara	m. word of the control of the contro		623-208-	5983		
SECTION 2	LOCATI	ON AND DESCR	RIPTION O	FPROPERTY	V 200				
Name of designating body Common Council of the City of Terre Haute						Resolution number 39-2008			
Location of property			Count	у	DLGF taxing district number				
3390 Locust Street, Terre Haute, IN 478			Vigo			84-002			
Description of new manufacturing equipment, or new rese equipment, or new logistical distribution equipment to be	arch and deve acquired.	elopment equipmen	it, or new info	ormation technolog	gy	Estimated starting date (month, day, year) 11/01/2008			
CNC grinder to be used in support of aircraft applications. See Exhibit A for Legal Descrip		repair, both co	mmercial a	and industrial		Estimated completion date (month, day. ) 05/31/2008			
SECTION 3	The same	EMPLOYEES A	ND SALA	RIES	- 2		- SINISI	Se Charles	
EMPLOYEE	S AND SAL		III O'ALLA		AS EST	IMATED ON S	B-1	ACTUAL	
Current number of employees						08		8	
Salaries						\$4,493,460		\$400,856	
Number of employees retained						98		8	
Salaries						\$4,493,4	60	\$400,856	
Number of additional employees							5		
Salaries		26				\$142,0	00	-\$4,092,604	
SECTION 4	March 1991	COST AN	D VALUES		A CONTRACTOR	Safety Co.	Aluka iki	LA PIES	
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AS ESTIMATED ON SB-1	EQUI	ACTURING PMENT ASSESSED VALUE	R&DE	QUIPMENT	EQUI	PMENT ASSESSED		ASSESSED	
AS ESTIMATED ON SB-1 Values before project	EQUI	ACTURING PMENT ASSESSED VALUE 3,033,830	R&DE	QUIPMENT	EQUI	PMENT ASSESSED		ASSESSED	
AS ESTIMATED ON SB-1  Values before project  Plus: Values of proposed project	EQUI	ACTURING PMENT  ASSESSED VALUE  3,033,830  500,000	R&DE	QUIPMENT	EQUI	PMENT ASSESSED		ASSESSED	
AS ESTIMATED ON SB-1  Values before project  Plus: Values of proposed project  Less: Values of any property being replaced	EQUI	ACTURING PMENT  ASSESSED VALUE  3,033,630  500,000  0	R&DE	QUIPMENT	EQUI	PMENT ASSESSED		ASSESSED	
AS ESTIMATED ON SB-1  Values before project  Plus: Values of proposed project  Less: Values of any property being replaced  Net values upon completion of project	COST	ACTURING IPMENT  ASSESSED VALUE  3,033,830  500,000  0  3,533,830  ASSESSED	R & D EC	ASSESSED VALUE	COST	PMENT ASSESSED VALUE  ASSESSED	COST	ASSESSED VALUE  ASSESSED	
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AS ESTIMATED ON SB-1  Values before project  Plus: Values of proposed project  Less: Values of any property being replaced  Net values upon completion of project  ACTUAL  Values before project	COST	ACTURING IPMENT  ASSESSED VALUE  3,033,830  500,000  0  3,533,830  ASSESSED VALUE  1,060,799	R & D EC	ASSESSED VALUE	COST	PMENT ASSESSED VALUE  ASSESSED	COST	ASSESSED VALUE  ASSESSED	
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AS ESTIMATED ON SB-1  Values before project  Plus: Values of proposed project  Less: Values of any property being replaced  Net values upon completion of project  ACTUAL  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  SECTION 5  WASTE CONVERTED  Amount of solid waste converted	COST  COST  COST  DURSUANT TO I	ACTURING IPMENT  ASSESSED VALUE  3,033,830  500,000  0  3,533,830  ASSESSED VALUE  1,060,799  208,874  1,269,673  C 6-1,1-12,1-5.6  ND OTHER BEI	R & D ECCOST  COST  (d).	ASSESSED VALUE  ASSESSED VALUE  OMISED BY THE	COST  COST	ASSESSED VALUE  ASSESSED VALUE  ASSESSED VALUE	COST	ASSESSED VALUE  ASSESSED VALUE	
AS ESTIMATED ON SB-1  Values before project  Plus: Values of proposed project  Less: Values of any property being replaced  Net values upon completion of project  ACTUAL  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  SECTION 5  WASTE CONVERTED  Amount of solid waste converted  Amount of hazardous waste converted	COST  COST  COST  DURSUANT TO I	ACTURING IPMENT  ASSESSED VALUE  3,033,830  500,000  0  3,533,830  ASSESSED VALUE  1,060,799  208,874  1,269,673  C 6-1,1-12,1-5.6  ND OTHER BEI	COST  COST  (d).  NEFITS PR	ASSESSED VALUE  ASSESSED VALUE  ASSESSED VALUE	COST  COST	ASSESSED VALUE  ASSESSED VALUE  ASSESSED VALUE	COST	ASSESSED VALUE  ASSESSED VALUE	
AS ESTIMATED ON SB-1  Values before project  Plus: Values of proposed project  Less: Values of any property being replaced  Net values upon completion of project  ACTUAL  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  SECTION 5  WASTE CONVERTED  Amount of solid waste converted  Amount of hazardous waste converted  Other benefits:	COST  COST  COST  DURSUANT TO I	ACTURING PMENT  ASSESSED VALUE  3,033,830  500,000  0  3,533,830  ASSESSED VALUE  1,060,799  208,874  1,269,673  C 6-1.1-12.1-5.6  ND OTHER BENEFITS  TAXPAYER CS	COST  COST  (d).  NEFITS PR	ASSESSED VALUE  ASSESSED VALUE  ASSESSED VALUE	COST  COST	ASSESSED VALUE  ASSESSED VALUE  ASSESSED VALUE	COST	ASSESSED VALUE ASSESSED VALUE	

## 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 6-1.1-12-5.9)

- 1. This page does not apply to a Statement of Benefits filed before July 1, 1991; that deduction may not be terminated for a failure to comply with the Statement of Benefits.
- 2. Within forty-five (45) days after receipt of this form, the designating body may determine whether or not the property owner has substantially complied with the Statement of Benefits.
- 3. If the property owner is found **NOT** to be in substantial compliance, the designating body shall send the property owner written notice. The notice must include the reasons for the determination and the date, time and place of a hearing to be conducted by the designating body. If a notice is mailed to a property owner, a copy of the written notice will be sent to the Township Assessor and the County Auditor.
- 4. Based on the information presented at the hearing, the designating body shall determine whether or not the property owner has made reasonable effort to substantially comply with the Statement of Benefits.
- 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 Township 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)	
Section 3, Employees	
Signature of authorized member	Date signed (month), day, year)
Attaster Oby	Designating body Terre Hante City Council
If the property owner is found not to be in substantial comp time has been set aside for the purpose of considering con	liance, the property owner shall receive the opportunity for a hearing. The following date and ipliance.
Time of hearing AM Date of hearing (month, day, ye 5:00 PM 6-30-16	CITY HALLCOURTR DOM RESULTS (to be completed after the hearing)
Approved	Denied (see instruction 5 above)
Reasons for the determination (attach additional sheets if necessary)	<del></del>
Signature of authorized member	Date signed (month, day, year)
Attested by:	Designating body
AF	PEAL RIGHTS [IC 6-1.1-12.1-5.9(e)]
	110000000000000000000000000000000000000

# STATEMENT OF BENEFITS PERSONAL PROPERTY

CONFIDENTIAL

FORM SB-1 / PP

## 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).

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

#### INSTRUCTIONS:

- 1. This statement must be submitted to the body designating the Economic Revitalization Area prior to the public hearing if the designating body requires information from the applicant in making its decision about whether to designate an Economic Revitalization Area. Otherwise this statement must be submitted to the designating body BEFORE a person installs the new manufacturing equipment and/or research and development equipment, and/or logistical distribution equipment and/or information technology equipment for which the person wishes to claim a deduction. "Projects" planned or committed to after July 1, 1987, and areas designated after July 1, 1987, require a STATEMENT OF BENEFITS. (IC 6-1.1-12.1)
- Approval of the designating body (City Council, Town Board, County Council, etc.) must be obtained prior to installation of the new manufacturing equipment and/or research and development equipment and/or logistical distribution equipment and/or information technology equipment, BEFORE a deduction may be approved
- 3. To obtain a deduction, a person must file a certified deduction schedule with the person's personal property return on a certified deduction schedule (Form 103-ERA) with the township assessor of the township where the property is situated or with the county assessor if there is no township assessor for the township. The 103-ERA must be filed between March 1 and May 15 of the assessment year in which new manufacturing equipment and/or research and development equipment and/or logistical distribution equipment and/or information technology equipment is installed and fully functional, unless a filing extension must file the form between March 1 and the extended due date of that year.
- 4, Property owners whose Statement of Benefits was approved after June 30, 1991, must submit Form CF-1 / PP annually to show compliance with the Statement of Benefits. (IC 6-1.1-12.1-5.6)
- 5. The schedules established under IC 6-1.1-12.1-4.5(d) and (e) apply to equipment installed after March 1, 2001, unless an alternative deduction schedule is adopted by the designating body (IC 6-1.1-12.1-17).

adopted by the designat	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	er mare from	TAXPAYER	NECEMATI	ON					
Name of taxpayer		THE RESERVE	IAXPATER	INFURMALI	ON		MAN THE SELECT			
Unison Engine Com	poponte Inc									
Address of taxpayer (number a		D								
c/o Ryan, LLC P.O. Bo			05261 4000							
Name of contact person	0X 4900 Dept 201 Scc	ALSUBIE AZ	65201-4900				Telephone num	bor		
10										
Maria L.Kay	10	CATION AN	ID DESCRIPTI	ION OF PRO	DOCED DOO	COT	(623) 208-5	1963		
SECTION 2	140	ICATION AN	ND DESCRIPT	ON OF PRO	POSED PROJ	201	ID	h = 1 (=)		
Name of designating body	0% IT II I						Resolution num 39-2008	per (s)		
Common Council of the	City of Terre Haute			To.						
Location of property	T 11 1 11 170			County			DLGF taxing district number			
3390 Locust Street,	Terre Haute IN 478			Vigo			84-002			
Description of manufacturing and/or logistical distribution	ng equipment and/or res n equipment and/or infor	earch and d mation techr	evelopment eq nology equipme	juipment ent.				ESTIMATED		
(use additional sheets if ne	cessary)		nonegy equip.iii				START DAT	re con	IPLETION DATE	
CNIC Crimder to	ممريم ما امممي	مال عوامل	andl acus		Manufacturing Equipmer		11/01/2008	11/01/2008 05/01		
CNC Grinder to										
repair, both com		ustrial ap	plications	. See	K & D Equipi	IICH				
Exhibit A for lega	al description.				Logist Dist Ed	quipment				
					IT Equipment					
SECTION 3	ESTIMATE OF	EMPLOYEE	S VND GVI V	DIES AS DE	SULT OF PROP	OSED PPA	JECT	FI 161	The same of	
Current number	Salaries		r retained	Salaries	SULT OF THE	Number a		Salaries		
98	4,493,469.00	98			460.00 5		aconto tar		142,000.00	
SECTION 4		-	AL COST AND		PROPOSED P	THE RESERVE OF THE PERSON NAMED IN COLUMN TWO		1 123,00	A STANKING	
SECTION 4	ESIII	WEIGHT TO STATE	ACTURING	The same of the sa		CONTRACTOR OF THE PARTY OF THE	T DIST			
NOTE; Pursuant to IC 6-1	.1-12.1-5,1 (d) (2) the		PMENT	RADE			MENT	II EQ	IT EQUIPMENT	
COST of the property is co	onfidential.	COST	ASSESSED VALUE	COST	ASSESSED VALUE	COST	ASSESSED VALUE	COST	ASSESSED VALUE	
Current values			3,033,830.00							
Plus estimated values of p	proposed project		500,000.00							
Less values of any property being replaced 0.00		0.00								
Net estimated values upor	n completion of project		3,533,830.00							
SECTION 5	WASTE CO	NVERTED A	ND OTHER B	ENEFITS PF	ROMISED BY T	HE TAXPAY	ER	S. Carlo	Revision of	
Estimated solid waste con	nverted (pounds)			Estimated	hazardous wast	te converted	(pounds)			
Other benefits:										
SECTION 6		Carle to the	TAXPAYER	CERTIFICAT	ION	(4) P. (6)		SKEEN	AS OFFICE	
SECTION 6	_ I hereby	certify that			TION statement are tri	Je.		SEE	Appentant.	
SECTION 6 Signature of authorized repres		certify that				Je.	Date signed (m	onth, day, ye	ar)	

### FOR USE OF THE DESIGNATING BODY We have reviewed our prior actions relating to the designation of this economic revitalization area and find that the applicant meets the general standards adopted in the resolution previously approved by this body. Said resolution, passed under IC 6-1.1-12.1-2.5, provides for the following limitations as authorized under IC 6-1.1-12.1-2. A . The designated area has been limited to a period of time not to exceed calendar years \* (see below). The date this designation expires B. The type of deduction that is allowed in the designated area is limited to: ☐ Yes ☐ No 1. Installation of new manufacturing equipment; ☐ Yes ☐ No 2. Installation of new research and development equipment; ☐ Yes ☐ No 3. Installation of new logistical distribution equipment. ☐ Yes ☐ No 4. Installation of new information technology equipment; C. The amount of deduction applicable to new manufacturing equipment is limited to \$\_\_\_\_ D. The amount of deduction applicable to new research and development equipment is limited to \$\_\_\_\_\_\_ cost with an assessed value of E . The amount of deduction applicable to new logistical distribution equipment is limited to \$ \_\_\_\_\_\_cost with an assessed value of F. The amount of deduction applicable to new information technology equipment is limited to \$\_\_\_\_\_\_ cost with an assessed value of G. Other limitations or conditions (specify) H. The deduction for new manufacturing equipment and/or new research and development equipment and/or new logistical distribution equipment and/or new information technology equipment installed and first claimed eligible for deduction on or after July 1, 2000, is allowed for: ☐ 1 year 6 years \*\* For ERA's established prior to July 1, 2000, only a ☐ 2 years ☐ 7 years 5 or 10 year schedule may be deducted. ☐ 3 years ☐ 8 years 4 years ☐ 9 years ☐ 5 years \*\* ☐ 10 years \*\* □No Did the designating body adopt an alternative deduction schedule per IC 6-1.1-12.1-17? If yes, attach a copy of the alternative deduction schedule to this form.

\* If the designating body limits the time period during which an area is an economic revitalization area, it does not limit the length of time a taxpayer is entitled to receive a deduction to a number of years designated under IC 6-1.1-12.1-4.5

Also we have reviewed the information contained in the statement of benefits and find that the estimates and expectations are reasonable and have

Telephone number

Designated body

Date signed (month, day, year)

determined that the totality of benefits is sufficient to justify the deduction described above.

Approved: (signature and title of authorized member)

Attested by: