RECEIVED			
By LKPontius	at 9:50 a	am. Mav O6	. 2024

2024 PAY 20 25

FORM SB-1 / Real Property
PRIVACY NOTICE

Any information concerning the cost of the property and specific salaries paid to individual employees by the

property owner is confidential per IC 6-1,1-12,1-5,1.

Prescribed by the Department of Local Government Finance

Thi	s s	tate	ement	is being	com	pleted	for	real	prop	erty	/ that	qualifies	unc	ler	the	following	Indiana	Code	(check	one bo	ox):
	-	-											10.00								

Redevelopment or rehabilitation of real estate improvements (IC 6-1.1-12.1-4)

REAL ESTATE IMPROVEMENTS

STATEMENT OF BENEFITS

Residentially distressed area (IC 6-1.1-12.1-4.1)

State Form 51767 (R7 / 1-21)

INSTRUCTIONS:

- This statement must be submitted to the body designating the Economic Revitalization Area prior to the public hearing if the designating body requires information from the applicant in making its decision about whether to designate an Economic Revitalization Area. Otherwise, this statement must be submitted to the designating body BEFORE the redevelopment or rehabilitation of real property for which the person wishes to claim a deduction.
- The statement of benefits form must be submitted to the designating body and the area designated an economic revitalization area before the initiation of the redevelopment or rehabilitation for which the person desires to claim a deduction.
- 3. To obtain a deduction, a Form 322/RE must be filed with the county auditor before May 10 in the year in which the addition to assessed valuation is made or not later than thirty (30) days after the assessment notice is mailed to the property owner if it was mailed after April 10. A property owner who failed to file a deduction application within the prescribed deadline may file an application between January 1 and May 10 of a subsequent year.
- 4. A property owner who files for the deduction must provide the county auditor and designating body with a Form CF-1/Real Property. The Form CF-1/Real Property should be attached to the Form 322/RE when the deduction is first claimed and then updated annually for each year the deduction is applicable. IC 6-1.1-12.1-5.1(b)
- 5. For a Form SB-1/Real Property that is approved after June 30, 2013, the designating body is required to establish an abatement schedule for each deduction allowed. For a Form SB-1/Real Property that is approved prior to July 1, 2013, the abatement schedule approved by the designating body remains in effect. IC 6-1.1-12.1-17

SECTION 1		TAXPAYER	INFORMATI	ON				
Name of taxpayer 617 Holdings, LLC								
Address of taxpaver (number 4	_L℃ and street, city, state, and ZIP coo					_		
PO Box 70, Au								
Name of contact person			Telephone nu	mber		E-mail address		
Matt Morris			(260)9	25-1820 e	xt. <u>114</u>	mmorris@	dekalbmetal.com	
SECTION 2								
Name of designating body	Resolution num	iber						
Location of property	Common Council		County			DLGF taxing di	strict number	
1	staff Dr., Auburn,	IN 46706		b County		025	succhamber	
Description of real property im	provements, redevelopment, or r	ehabilitation (use additional	I sheets if nece	issary)			date (month, day, year)	
	complete rehabilitation of an a rovements, new truck docks,					04/30/2		
and electrical system upg		a new wastewater syst	em, an enure	ny new productio	in nue,		Netion date (month, day, year)	
						01/31/2	025	
SECTION 3 Current Number	ESTIMATE OF EI	MPLOYEES AND SALA	RIES AS RE Salaries	SULT OF PROP	OSED PRO		Salaries	
67.00*	\$4,108,332.80	67.00)8,332.80			\$3,519,963.20	
SECTION 4		ATED TOTAL COST AN					\$0,010,000.20	
SECTION 4	Lotin					MPROVEMEN	TS	
				COST		ASS	ESSED VALUE	
Current values			7,400,000.00					
Plus estimated values of	of proposed project			12,20	8,069.00			
Less values of any prop			ļ		0.00			
	pon completion of project				8,069.00		IBD	
SECTION 5	WASTE CO	NVERTED AND OTHER	1					
Estimated solid waste of	converted (<i>pounds</i>) 0.00		Estimated hazardous waste converted (pounds) 0.00					
Other benefits								
N/A								
						-14		
SECTION 6		TAXPAYER C	ERTIFICATI	ON				
	he representations in this	statement are true.						
Signature of authorized repre-	sentative						nonth, day, year)	
Una 3						04/18/2024		
Printed name of authorized re		m (Title				
To I / Holaings, L	LC by: Dennis F	iy		Manager				

Page 1 of 2

* Employment based on numbers for the taxpayer's tenant, DeKalb Metal Finishing, Inc.

** Additional jobs projected by end of 2028

FOR USE	OF THE	DESIGN	ATING	RODY

	nd that the applicant meets the IC 6-1.1-12.1, provides for the			pted or to be adopt	ted by this body. Said	resolution, passed or to be passed			
A.	A. The designated area has been limited to a period of time not to exceed calendar years* (see below). The date this designation expires is NOTE: This question addresses whether the resolution contains an expiration date for the designated area.								
В.	 B. The type of deduction that is allowed in the designated area is limited to: 1. Redevelopment or rehabilitation of real estate improvements 2. Residentially distressed areas Yes No 								
C.	C. The amount of the deduction applicable is limited to \$								
D.	Other limitations or conditions	s (specify)							
E.	Number of years allowed:	Year 1 Year 6	Year 2 Year 7	Vear 3 Year 8	Year 4	Year 5 (* see below) Year 10			
F.	For a statement of benefits a	pproved after June	30, 2013, did this de	signating body ado	pt an abatement sche	dule per IC 6-1.1-12.1-17?			
	If yes, attach a copy of the at If no, the designating body is			edule before the de	eduction can be deterr	nined.			
	ave also reviewed the informal mined that the totality of benef				estimates and expect	ations are reasonable and have			
Approved	signature and title of authorized	member of designating	(body)	Telephone number (260)925	1.450	Date signed (month, day, year)			
Printed n	ame of authorized memory of desi	ignating body		All and the state of the		07/02/2024			
	Kevin Web			Cityof	Anburn Con	IMON COUNCIL			
Attested	by (signature and title of attester)	1-		Printed name of att	ester				
	Horneklon	tus		Lorne	< Pontius				
	e designating body limits the ti yer is entitled to receive a ded					does not limit the length of time a der IC 6-1.1-12.1-17.			
 A. For residentially distressed areas where the Form SB-1/Real Property was approved prior to July 1, 2013, the deductions established in IC 6-1.1-12.1-4.1 remain in effect. The deduction period may not exceed five (5) years. For a Form SB-1/Real Property that is approved after June 30, 2013, the designating body is required to establish an abatement schedule for each deduction allowed. Except as provided in IC 6-1.1-12.1-18, the deduction period may not exceed ten (10) years. (See IC 6-1.1-12.1-17 below.) B. For the redevelopment or rehabilitation of real property where the Form SB-1/Real Property was approved prior to July 1, 2013, the abatement schedule approved by the designating body remains in effect. For a Form SB-1/Real Property that is approved after June 30, 2013, the designating body is required to establish an abatement schedule for each deduction allowed. (See IC 6-1.1-12.1-17 below.) 									
IC 6-1.1-12.1-17 Abatement schedules Sec. 17. (a) A designating body may provide to a business that is established in or relocated to a revitalization area and that receives a deduction under section 4 or 4.5 of this chapter an abatement schedule based on the following factors: (1) The total amount of the taxpayer's investment in real and personal property. (2) The number of new full-time equivalent jobs created. (3) The average wage of the new employees compared to the state minimum wage.									
 (4) The infrastructure requirements for the taxpayer's investment. (b) This subsection applies to a statement of benefits approved after June 30, 2013. A designating body shall establish an abatement schedule for each deduction allowed under this chapter. An abatement schedule must specify the percentage amount of the deduction for each year of the deduction. Except as provided in IC 6-1.1-12.1-18, an abatement schedule may not exceed ten (10) years. (c) An abatement schedule approved for a particular taxpayer before July 1, 2013, remains in effect until the abatement schedule expires under the terms of the resolution approving the taxpayer's statement of benefits. 									



CITY OF AUBURN, INDIANA

MICHAEL D. LEY, MAYOR

210 E Ninth St Auburn, IN 46706

mayor@ci.auburn.in.us

TAX PHASE-IN CHAIR COUNCELMEN MR. KEVIN WEBB

210 E Ninth St Auburn, IN 46706

Webb-District2@ewebb.com

TAX PHASE-IN COMMITTEE QUESTIONNAIRE

The following questions are not on the SB-1 form but will help provide information to the Committee. The Committee will then review the responses herein when considering a request for a tax phase-in on Real Property or Personal Property. Please fill out and submit this form to the City of Auburn, Clerks Office, before the next Committee meeting. Please answer, to the best of your knowledge, the following questions:

1. Will new employees be Part-time or Full-time?

ANSWER: We anticipate all new employees identified on SB-1 form will be Full-time

2. Will they have a benefit package? Please list details.

ANSWER: Yes, benefit package will include the following

Medical Insurance (EE- \$27 | EE+Sp - \$64 | EE+Child (1-2) - \$58 | EE+Child 3 or more - \$70 | Fam - \$92)

- FREE same day/ next day Doctors appointments at Parkview Clinic
- FREE medically necessary outpatient surgeries performed at Wellbridge Surgical

- FREE blood work at Parkview Clinic, LabCorp, and Quest Diagnostics
- FREE Preventive Care
- FREE Metal Health Counseling (8 visits per year)
- Primary Care Visit & Specialist Visit \$50 copay
- Prescriptions \$20/ \$50/ \$50/ 25% Copay
- Deductible EPO \$1,000 Single/\$2,000 Family PPO \$2,000 Single/\$4,000 Family
- Out-of-Pocket EPO \$3,000 Single/\$6,000 Family PPO \$6,000 Single/\$12,000 Family
- Coinsurance EPO 20% PPO 40% Vision Insurance

Dental Insurance (EE- \$5.96 | EE+Spouse - \$11.92 | EE+Children - \$15.60 | Family - \$23.76

- Two exams included per calendar year
- Two cleanings included per calendar year
- One bitewing X-rays included per calendar year

Vision Insurance (EE- \$2.16 | EE + Spouse - \$4.11 | EE+Children - \$4.32 | Family - \$6.36)

- Exam \$20 copay
- Frame Allowance \$150 + 20% off amount over allowance every other calendar year

Life/ AD&D

- FREE LIFE/ AD&D \$40,000 through OneAmerica & \$10,000 through Guardian
- Supplemental Life/ AD&D available for employee, spouse, and children

Disability

• Short-Term Disability benefit of 100% of base weekly pay up to \$500 for up to 12 weeks

401(k)

- 6% Dollar for Dollar Match after 1 year of employment (no vesting schedule)
- Profit Sharing after 1 year of employment (subject to vesting schedule)

3. What does your company produce or what services do you provide?

ANSWER: We apply coatings to prevent/delay corrosion on customer owned products. (e.g. electroplating for the automotive industry)

4. Do you have other locations and where is your headquarters located?

ANSWER: We are located exclusively in Auburn, Indiana

5. Do you have a Research & Development Department?

ANSWER: We have a laboratory that researches which chemistry to apply to our customers products, but we do not develop any new chemicals or formulations.

6. Where is your warehousing/distribution system?

ANSWER: Currently at 625 W 15th Street, Auburn, IN 46706 but plan is to transition warehousing/distribution to 1201 S. Grandstaff Drive property once rehabilitation project is complete.

7. What are your information tech needs?

ANSWER: We currently purchase 1GB upload / 1GB download from AES

8. What are your future plans after this improvement plan is complete?

ANSWER: Plan is to consolidate into 1201 S. Grandstaff and continue growing into that space. We anticipate 125-200 employees within 7-10 years.

9. Do you partner with community groups? Please list.

ANSWER: We sponsor the Auburn Fire and Police Department and help fund other community projects (e.g. sidewalks and park renovations).

10. How will your company effect air and water pollution?

ANSWER: We do not anticipate air pollution however, any future processes that impact air quality would go through a scrubber.

11. Will there be noise or odors emitted from your company?

ANSWER: We do not anticipate odors or noise (other than truck traffic)

12. Please list your name, address, email/phone of company contact

ANSWER: Matt Morris, mmorris@dekalbmetal.com, 260-925-1820 ext. 114

13. Please add any pertinent information below: