

# Airgas Safety, Inc.

2501 Green Lane, Levittown, PA 19057

Bill Donahue, Associate Vice President, Indirect Tax

**Date:** March 17, 2022

## Application Facts:

Industry	<b>Transportation, Warehousing &amp; Utilities</b>
NAICS	<b>424600</b>
Type of App	<b>New</b>
Location	<b>Clark County</b>
RDA	LVGEA, Chris Zunis

## Company Profile

Airgas Safety, Inc (Airgas) is considering relocating its west region distribution facility in Whittier, California to Henderson. The new distribution facility would be approximately 220,000 sq. ft. The new state-of-the-art distribution facility will serve the Company's retail centers and customers in the west and northwest regions of the U.S, with California being the largest market. Airgas is a leading national supplier of industrial, medical and specialty gases, as well as welding hardgoods, related products and consumables. The company is committed to reducing its environmental impact of operations. Nationally, Airgas has digitized its invoices and delivery receipts, leading to annual savings of up to \$5 million and the elimination of 10 million pieces of paper. Additionally, the company continues to increase its usage of renewable energy at its facilities, and transitioning to LED lighting at its branches and plant facilities. Additionally, Airgas strives to reduce its overall emissions by developing and offering cleaner manufacturing technologies and partnering with manufacturers to capture and recycle by-products emitted from its production facilities. The company is also considering California, and North Las Vegas, as potential locations for the project. Source: Airgas Safety, Inc.

## Tax Abatement Requirements:

	<u>Statutory</u>	<u>Company Application</u>	<u>Meeting Requirements</u>
Job Creation	50	<b>55</b>	<b>Yes</b>
Average Wage	\$26.67	<b>\$23.10</b>	<b>Yes</b> <small>(For the purposes of receiving full abatements if county unemployment is over 7%)</small>
Equipment Capex (SU & MBT)			
Equipment Capex (PP)	\$1,000,000	<b>\$3,650,000</b>	<b>Yes</b>

## Additional Requirements:

Health Insurance	65%	<b>81%</b>	<b>Yes</b>
Revenues generated outside NV	51%	<b>95%</b>	<b>Yes</b>
Business License	<input checked="" type="checkbox"/> Current	<input type="checkbox"/> Pending	<input type="checkbox"/> Will comply

## Total Tax Liability (without tax abatements)

### Direct (company)

**\$566,076**

### Total

**\$4,318,940**

## Tax Abatements

### Contract Terms

### Estimated Tax Abatement

Sales Tax Abmt.	2% for 2 years	\$232,688
Modified Business Tax Abmt.	50% for 4 years	\$59,421
Personal Property Tax Abmt.	50% for 10 years	\$70,773

## Total Estimated Tax Abatement over 10 yrs.

**\$362,882**

## Net New Tax Revenues

### Direct

### Indirect

### Taxes after Abatements

## Local Taxes

Property	\$116,058	\$1,825,877	\$1,941,935
Sales	\$20,719	\$889,000	\$909,719
Lodging	\$0	\$45,468	\$45,468

## State Taxes

Property	\$6,348	\$106,239	\$112,587
Sales	\$79,500	\$296,704	\$376,204
Modified Business	\$301,150	\$254,387	\$555,537
Lodging	\$0	\$14,608	\$14,608

## Total Estimated New Tax Revenue over 10 yrs.

**\$523,775**

**\$3,432,283**

**\$3,956,058**

## Economic Impact over 10 yrs.

### Direct

### Construction

### Total

Total Jobs Supported	104	5	109
Total Payroll Supported	\$47,855,514	\$267,213	\$48,122,727
Total Economic Value	\$156,758,205	\$705,722	\$157,463,927

## IMPORTANT TERMS & INFORMATION

**Tax Abatements are reduction or discount of tax liability and companies do not receive any form of payment.**

**Total Estimated Tax Abatement** is a tax reduction estimate. This estimated amount will be discounted from total tax liability.

**Estimated New Tax Revenue** is amount of tax revenues local and state government will collect after the abatement was given to applying company.

**Economic Impact** is economic effect or benefits that this company and it's operations will have on the community and state economy measured by total number of jobs, payroll and created output.



January 17, 2022

Mr. Michael Brown  
Executive Director  
Nevada Governor's Office of Economic Development  
555 E. Washington Avenue, Suite 5400  
Las Vegas, Nevada 89101

Dear Mr. Brown,

Airgas Safety, Inc. is applying to the State of Nevada for the Sales & Use Tax Abatement, the Modified Business Tax Abatement, and the Personal Property Tax Abatement. We request that Airgas Safety, Inc. be placed on the agenda for the March 17, 2022 GOED Board meeting.

Airgas Safety, Inc. will create 55 new positions in the first 24 months of operations, with an average hourly wage of \$23.10. The company will make a capital investment of \$3,650,00.00.

Airgas Safety, Inc. meets and exceeds the three requirements for tax abatements. This application has the full support of the Las Vegas Global Economic Alliance.

Sincerely,

A handwritten signature in black ink that reads "Chris Zunis". The signature is written in a cursive, slightly slanted style.

Chris Zunis  
VP Economic Development  
Las Vegas Global Economic Alliance



an Air Liquide company

Scott Knight  
Controller  
Airgas Safety, Inc.  
2501 Green Ln  
Levittown, PA 19057  
(215) 949-5760  
[scott.knight@airgas.com](mailto:scott.knight@airgas.com)

January 17, 2022

*Business Confidential*

**- REDACTED**

Michael Brown  
Executive Director  
Nevada Governor's Office of Economic Development  
555 E. Washington Avenue, Suite 5400  
Las Vegas, NV 89101

Re: **Request for Incentives**

Dear Mr. Brown:

This letter is to serve as Airgas Safety, Inc.'s ("Airgas Safety") official request to the Governor's Office of Economic Development for incentives.

### **Company Background**

Airgas Safety is a wholly owned subsidiary of Airgas, Inc. (combined "Airgas" or the "Company"). Founded in 1982 and headquartered in Radnor, Pennsylvania, Airgas is a leading national supplier of industrial, medical and specialty gases, as well as welding hardgoods, related products and consumables. This includes argon, oxygen, acetylene, nitrogen, carbon dioxide, welding machines for MIG, TIG and stick welding applications, gas regulators, plasma cutting equipment and consumables, abrasive discs, cut-off and grinding wheels, welding and cutting tips, welding wire, filler metal, MIG guns, TIG torches, hearing protection, safety glasses, welding helmets, safety gloves, respirators, confined-space monitoring equipment, fall protection and hardhats. Airgas Safety, more specifically, is one of the largest U.S. suppliers of safety products via its Hardgoods product line. In 2016, the Company was acquired by Air Liquide—a €20 billion French multinational company—and together have become a world leader in gas services for industry and health.

Airgas has more than 900 retail branch locations in 50 states across the nation employing over 18,000 national employees. To distribute its Hardgoods, the Company operates 6 distribution centers across the U.S. which are responsible for shipping more than \$500 million of products sold annually and employing approximately 500 workers.

Airgas Safety, Inc.  
Nevada Governor's Office of Economic Development  
Application for Incentives – *Request for Incentives*

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### Community Engagement

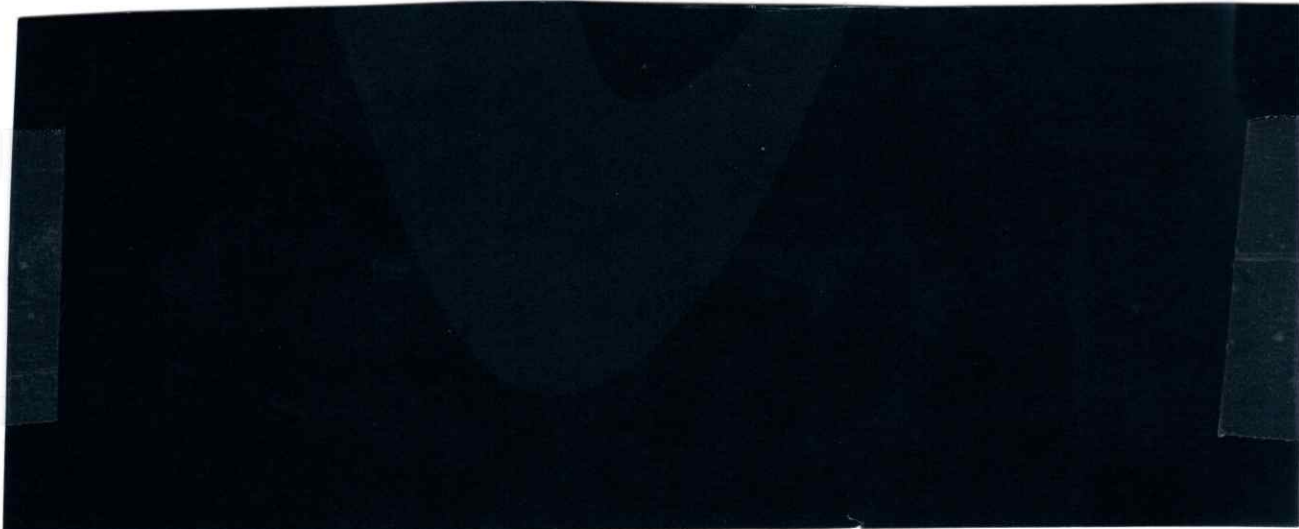
Airgas prides itself in being a responsible corporate citizen and contributing member of local communities. The Company has provided financial aid to its employees who have suffered personal losses due to a disaster by creating the Airgas Natural Disaster Relief Fund. Additionally, the Company has been a longtime supporter of various charitable organizations, including its long-time corporate partnership with and more than \$1 million in donations to Operation Homefront, a national nonprofit organization dedicated to supporting military families. In addition, thousands of Airgas associates across the country have been involved in local activities and fundraisers to support the organization, including donation drives, golf and bowling tournaments, 5K walks, and raffles.

In 2012, Airgas began partnering with local high schools by creating the High School Welding Education Initiative (the "Initiative"). The Initiative supports underserved high school welding programs across the country by partnering with local welding training programs to provide safety equipment, welding materials, and training. In 2021, the Initiative partnered with 23 new schools and 6 returning schools across 13 regions, with more than 335 participating students and 67 teachers and administrators, as well as more than 58 Airgas associates spending more than 800 hours on the project. Additionally, 15 partners in the advanced fabrication industry have joined in to support donations of welding machines and cutting tables, safety equipment, and consumables to schools in the program.

### Environmental Impact

Airgas is committed to reducing its environmental impact of operations. Nationally, Airgas has digitized its invoices and delivery receipts, leading to annual savings of up to \$5 million and the elimination of 10 million pieces of paper. Airgas continues to increase its usage of renewable energy at its facilities, upgrading its tractor and trailer fleet to the most efficient models available, and transitioning to LED lighting at its branches and plant facilities. Additionally, Airgas strives to reduce its overall emissions by developing and offering cleaner manufacturing technologies and products to its consumers, as well as partnering with manufacturers to capture and recycle by-products emitted from its production facilities.

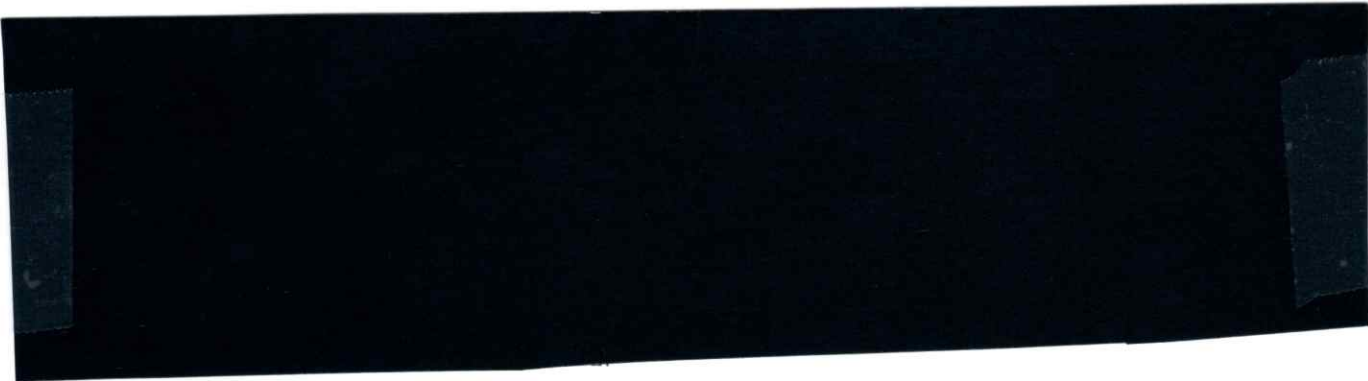
### **Project Summary**





Airgas Safety, Inc.  
Nevada Governor's Office of Economic Development  
Application for Incentives – *Request for Incentives*

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### Request for Assistance

The proposed Project is competing against more than 1,300 locations within Air Liquide's combined U.S. divisions for approvals and prioritization. As part of the evaluation, Air Liquide and Airgas consider many factors including workforce, project rate of return, cost of utilities, state and local tax impact, and the strategic vision of the Company. To be successful in competition for these dollars, it is imperative that the Airgas Safety management team develops a strong economic argument which demonstrates sufficient return to the organization. Partnerships with state and local economic development agencies are a critical component of the Company's evaluation process as such partnerships directly contribute to the operating costs of the business.

This is a large investment project for Airgas and reducing ongoing operating costs is essential to their decision to relocate the west region distribution facility. In addition to the more than \$6 million of capital investment and relocation costs, the Company expects to lose an estimated \$2 million annually of local facility sales given that the local Nevada market is smaller than the existing California market. Finally, given the strategic nature of the proposed Project, the return of investment is a longer period than traditional projects at the Company. In an effort to make the proposed project more competitive, the Company is requesting assistance from the Governor's Office of Economic Development to financially support this Project through sales and use tax, modified business tax, and personal property tax abatements.

If you have any questions regarding the project or company, please contact Laura Gourley at (415) 354-4765 or [laura.gourley@us.gt.com](mailto:laura.gourley@us.gt.com). Thank you for your consideration.

Best regards,

DocuSigned by:  
*Scott Knight*  
8304E6AA5753466...

Scott Knight  
Controller  
Airgas Safety, Inc.

cc: Laura Gourley, Grant Thornton LLP

**ECONOMIC DEVELOPMENT**

**Incentive Application**

Company is an / a: (check one)

New location in Nevada

Expansion of a Nevada company

Company Name: Airgas Safety, Inc.

Date of Application: January 17, 2022

**Section 1 - Type of Incentives**

Please check all that the company is applying for on this application:

Sales & Use Tax Abatement

Sales & Use Tax Deferral

Modified Business Tax Abatement

Recycling Real Property Tax Abatement

Personal Property Tax Abatement

Other: \_\_\_\_\_

**Section 2 - Corporate Information**

COMPANY NAME (Legal name under which business will be transacted in Nevada) <u>Airgas Safety, Inc.</u>			FEDERAL TAX ID # <u>23-2840701</u>
CORPORATE ADDRESS <u>2501 Green Lane</u>	CITY / TOWN <u>Levittown</u>	STATE / PROVINCE <u>PA</u>	ZIP <u>19057</u>
MAILING ADDRESS TO RECEIVE DOCUMENTS (If different from above) <u>259 N. Radnor-Chester Rd, Suite 100 Attn: Corporate Tax</u>	CITY / TOWN <u>Radnor</u>	STATE / PROVINCE <u>PA</u>	ZIP <u>19087</u>
TELEPHONE NUMBER <u>(215) 949-5760</u>	WEBSITE <u><a href="http://www.airgas.com">www.airgas.com</a></u>		
COMPANY CONTACT NAME <u>Bill Donohue</u>	COMPANY CONTACT TITLE <u>Associate Vice President - Indirect Tax</u>		
E-MAIL ADDRESS <u><a href="mailto:bill.donohue@airgas.com">bill.donohue@airgas.com</a></u>	PREFERRED PHONE NUMBER <u>610-902-6019</u>		

Has your company ever applied and been approved for incentives available by the Governor's Office of Economic Development?  Yes  No

If Yes, list the program awarded, date of approval, and status of the accounts (attach separate sheet if necessary):

**Section 3 - Program Requirements**

Please check two of the boxes below; the company must meet at least two of the three program requirements:

- A capital investment of \$1,000,000 in eligible equipment in urban areas or \$250,000 in eligible equipment in rural areas are required. This criteria is businesses. In cases of expanding businesses, the capital investment must equal at least 20% of the value of the tangible property owned by the business.
- New businesses locating in urban areas require fifty (50) or more permanent, full-time employees on its payroll by the eighth calendar quarter following quarter in which the abatement becomes effective. In rural areas, the requirement is ten (10) or more. For an expansion, the business must increase employees on its payroll by 10% more than its existing employees prior to expansion, or by 25 (urban) or 6 (rural) employees, whichever is greater.
- In both urban and rural areas, the average hourly wage that will be paid by the business to its new employees is at least 100% of the average statewide hourly wage.

Note: Criteria is different depending on whether the business is in a county where the population is 100,000 or more or a city where the population is 60,000 or more "urban" area), or if the business is in a county where the population is less than 100,000 or a city where the population is less than 60,000 (i.e., "rural" area).

**Section 4 - Nevada Facility**

Type of Facility:

Headquarters

Service Provider

Technology

Distribution / Fulfillment

Back Office Operations

Manufacturing

Research & Development / Intellectual Property

Other: \_\_\_\_\_

PERCENTAGE OF REVENUE GENERATED BY THE NEW JOBS CONTAINED IN THIS APPLICATION FROM OUTSIDE NEVADA <u>95%</u>	EXPECTED DATE OF NEW / EXPANDED OPERATIONS (MONTH / YEAR) <u>Nov-2022</u>		
NAICS CODE / SIC <u>424600</u>	INDUSTRY TYPE <u>DISTRIBUTION - SAFETY EQUIPMENT</u>		
DESCRIPTION OF COMPANY'S NEVADA OPERATIONS <u>Distribution center to process and fulfill orders for safety and industrial related hardgoods.</u>			
PROPOSED / ACTUAL NEVADA FACILITY ADDRESS <u>TBD</u>	CITY / TOWN <u>Henderson</u>	COUNTY <u>Clark County</u>	ZIP <u>TBD</u>
WHAT OTHER STATES / REGIONS / CITIES ARE BEING CONSIDERED FOR YOUR COMPANY'S RELOCATION / EXPANSION / STARTUP? <u>Inland Empire Region CA, Whittier CA, North Las Vegas NV</u>			

**Section 5 - Complete Forms (see additional tabs at the bottom of this sheet for each form listed below)**

Check the applicable box when form has been completed.

- 5 (A)  Equipment List
- 5 (B)  Employment Schedule
- 5 (C)  Evaluation of Health Plan, with supporting documents to show the employer paid portion of plan meets the minimum of 65%.
- 5 (D)  Company Information Form

**Section 6 - Real Estate & Construction (Fill in either New Operations/Startup or Expansion, not both.)**

New Operations / Start Up - Plans Over the Next <u>Ten</u> Years	Expansions - Plans Over the Next <u>10</u> Years
<p>Part 1. Are you currently/planning on leasing space in Nevada? <u>Yes</u></p> <p><b>If No, skip to Part 2. If Yes, continue below:</b></p> <p style="padding-left: 40px;">What year(s)? _____</p> <p style="padding-left: 40px;">How much space (sq. ft.)? _____</p> <p style="padding-left: 40px;">Annual lease cost of space: _____</p> <p>Do you plan on making building tenant improvements? <u>Yes</u></p> <p><b>If No, skip to Part 2. If Yes *, continue below:</b></p> <p style="padding-left: 40px;">When to make improvements (month, year)? _____</p> <hr style="border-top: 1px dashed black;"/> <p>Part 2. Are you currently/planning on buying an owner occupied facility in Nevada? <u>No</u></p> <p><b>If No, skip to Part 3. If Yes *, continue below:</b></p> <p style="padding-left: 40px;">Purchase date, if buying (month, year): _____</p> <p style="padding-left: 40px;">How much space (sq. ft.)? _____</p> <p>Do you plan on making building improvements? _____</p> <p><b>If No, skip to Part 3. If Yes *, continue below:</b></p> <p style="padding-left: 40px;">When to make improvements (month, year)? _____</p> <hr style="border-top: 1px dashed black;"/> <p>Part 3. Are you currently/planning on building a build-to-suit facility in Nevada? <u>No</u></p> <p><b>If Yes *, continue below:</b></p> <p style="padding-left: 40px;">When to break ground, if building (month, year)? _____</p> <p style="padding-left: 40px;">Estimated completion date, if building (month, year): _____</p> <p style="padding-left: 40px;">How much space (sq. ft.)? _____</p>	<p>Part 1. Are you currently leasing space in Nevada? _____</p> <p><b>If No, skip to Part 2. If Yes, continue below:</b></p> <p style="padding-left: 40px;">What year(s)? _____</p> <p style="padding-left: 40px;">How much space (sq. ft.)? _____</p> <p style="padding-left: 40px;">Annual lease cost at current space: _____</p> <p>Due to expansion, will you lease additional space? _____</p> <p><b>If No, skip to Part 3. If Yes, continue below:</b></p> <p style="padding-left: 40px;">Expanding at the current facility or a new facility? _____</p> <p style="padding-left: 40px;">What year(s)? _____</p> <p style="padding-left: 40px;">How much expanded space (sq. ft.)? _____</p> <p style="padding-left: 40px;">Annual lease cost of expanded space: _____</p> <p>Do you plan on making building tenant improvements? _____</p> <p><b>If No, skip to Part 3. If Yes *, continue below:</b></p> <p style="padding-left: 40px;">When to make improvements (month, year)? _____</p> <hr style="border-top: 1px dashed black;"/> <p>Part 2. Are you currently operating at an owner occupied building in Nevada? _____</p> <p><b>If No, skip to Part 3. If Yes, continue below:</b></p> <p style="padding-left: 40px;">How much space (sq. ft.)? _____</p> <p style="padding-left: 40px;">Current assessed value of real property? _____</p> <p>Due to expansion, will you be making building improvements? _____</p> <p><b>If No, skip to Part 3. If Yes *, continue below:</b></p> <p style="padding-left: 40px;">When to make improvements (month, year)? _____</p> <hr style="border-top: 1px dashed black;"/> <p>Part 3. Do you plan on building or buying a new facility in Nevada? _____</p> <p><b>If Yes *, continue below:</b></p> <p style="padding-left: 40px;">Purchase date, if buying (month, year): _____</p> <p style="padding-left: 40px;">When to break ground, if building (month, year)? _____</p> <p style="padding-left: 40px;">Estimated completion date, if building (month, year): _____</p> <p style="padding-left: 40px;">How much space (sq. ft.)? _____</p>
* Please complete Section 7 - Capital Investment for New Operations / Startup.	* Please complete Section 7 - Capital Investment for Expansions below.

BRIEF DESCRIPTION OF CONSTRUCTION PROJECT AND ITS PROJECTED IMPACT ON THE LOCAL ECONOMY (Attach a separate sheet if necessary):

Buildout of an existing leased facility to comprise infrastructure to support a Distribution Center and Call Center to include racking systems, conveyors, electrical, communication/data lines, interior buildout, lighting and walls, etc. Local skilled manpower required to support buildout as capable.

**Section 7 - Capital Investment (Fill in either New Operations/Startup or Expansion, not both.)**

New Operations / Start Up	Expansions
How much capital investment is planned? (Breakout below):	How much capital investment is planned? (Breakout below):
Building Purchase (if buying): _____	Building Purchase (if buying): _____
Building Costs (if building / making improvements): <u>\$500,000</u>	Building Costs (if building / making improvements): _____
Land: _____	Land: _____
Equipment Cost: <u>\$3,650,000</u>	Equipment Cost: _____
<b>Total: <u>\$4,150,000</u></b>	<b>Total: <u>\$0</u></b>
	Is the equipment purchase for replacement of existing equipment? _____
	Current assessed value of personal property in NV: _____
	(Must <b>attach</b> the most recent assessment from the County Assessor's Office.)

**Section 8 - Employment (Fill in either New Operations/Startup or Expansion, not both.)**

New Operations / Start Up	Expansions
How many full-time equivalent (FTE*) employees will be created by the end of the first eighth quarter of new operations?: <u>55</u>	How many full-time equivalent (FTE*) employees will be created by the end of the first eighth quarter of expanded operations?: _____
Average hourly wage of these <u>new</u> employees: <u>\$23.10</u>	Average hourly wage of these <u>new</u> employees: _____
	How many FTE employees prior to expansion?: _____
	Average hourly wage of these <u>existing</u> employees: _____
	Total number of employees after expansion: _____

\* FTE represents a permanent employee who works an average of 30 hours per week or more, is eligible for health care coverage, and whose position is a "primary job" as set forth in NAC 360.474.

OTHER COMPENSATION (Check all that apply):

- Overtime     
  Merit increases     
  Tuition assistance     
  Bonus  
 PTO / Sick / Vacation     
  COLA adjustments     
  Retirement Plan / Profit Sharing / 401(k)     
  Other: \_\_\_\_\_

BRIEF DESCRIPTION OF ADDITIONAL COMPENSATION PROGRAMS AND ELIGIBILITY REQUIREMENTS (Attach a separate sheet if necessary):

**Section 9 - Employee Health Insurance Benefit Program**

Is health insurance for employees and is an option for dependents offered?  Yes (attach health plan and quote or invoice)  No

Package includes (check all that apply):

- Medical     
  Vision     
  Dental     
  Other: \_\_\_\_\_

Qualified after (check one):

- Upon employment     
  Three months after hire date     
  Six months after hire date     
  Other: 30 days

Health Insurance Costs:	Percentage of health insurance premium by (min 65%):
Plan Type: <u>Comprehensive Welfare Benefits Plan</u>	
Employer Contribution (annual premium per employee): <u>\$ 5,860.20</u>	Company: <u>81%</u>
Employee Contribution (annual premium per employee): <u>\$ 1,409.98</u>	Employee: <u>19%</u>
<b>Total Annual Premium: <u>\$ 7,270.18</u></b>	

[SIGNATURE PAGE FOLLOWS]



**Section 10 - Certification**

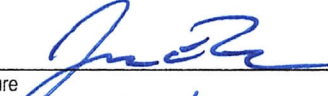
I, the undersigned, hereby grant to the Governor's Office of Economic Development access to all pertinent and relevant records and documents of the aforementioned company. I understand this requirement is necessary to qualify and to monitor for compliance of all statutory and regulatory provisions pertaining to this application.

Being owner, member, partner, officer or employee with signatory authorization for the company, I do hereby declare that the facts herein stated are true and that all licensing and permitting requirements will be met prior to the commencement of operations. In addition, I and /or the company's legal counsel have reviewed the terms of the GOED Tax Abatement and Incentives Agreement, the company recognizes this agreement is generally not subject to change, and any material revisions have been discussed with GOED in advance of board approval.

\_\_\_\_\_  
Name of person authorized for signature

JAMES E COOK

\_\_\_\_\_  
Signature

  
1/17/2022

\_\_\_\_\_  
Title

VICE PRESIDENT-TAX

\_\_\_\_\_  
Date

**Nevada Governor's Office of Economic Development**  
555 E. Washington Ave., Ste 5400 • Las Vegas, Nevada 89101 • 702.486.2700 • (Fax) 702.486.2701 • [www.diversifynevada.com](http://www.diversifynevada.com)

## Site Selection Factors

Company Name: Airgas Safety, Inc.

County: Clark

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### Section I - Site Selection Ratings

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Directions: Please rate the select factors by importance to the company's business (1 = very low; 5 = very high). Attach this form to the Incentives Application.

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Availability of qualified workforce:	<u>4</u>	Transportation infrastructure:	<u>4</u>
Labor costs:	<u>3</u>	Transportation costs:	<u>3</u>
Real estate availability:	<u>4</u>	State and local tax structure:	<u>4</u>
Real estate costs:	<u>5</u>	State and local incentives:	<u>5</u>
Utility infrastructure:	<u>5</u>	Business permitting & regulatory structure:	<u>4</u>
Utility costs:	<u>4</u>	Access to higher education resources:	<u>1</u>

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**Please summarize the importance of the abatement program to your decision (please include at least a paragraph summary):**

The Project is competing internally for use of capital funds and must demonstrate sufficient return to the organization. In addition to the \$4.15MM of investment needed to prepare a new facility for operations, the Company will also incur an additional \$2MM of upfront costs to shutdown, move and start up a new facility. Relocating the existing facility is also expected to result in a loss of \$2MM annually of local facility sales due to the smaller local Nevada market compared to the California local market. Due to the substantial upfront costs, estimated loss of sales, and longer rate of return on investment than other traditional projects, the Company is seeking approval for the abatement program in an effort to increase the Project's overall competitiveness.



## 5(B) Employment Schedule

Company Name: Airgas Safety, Inc.

County: Clark

### Section 1 - Full-Time Equivalent (FTE) Employees

Directions: Please provide an estimated list of full time employees [columns (a) through (d)] that will be hired and employed by the company by the end of the first eighth quarter of new / expanded operations. For example, if the effective date of new / expanded operations is April 1, 2015, the date would fall in Q2, 2015. The end of the first eighth quarter would be the last day of Q2, 2017 (i.e., June 30, 2017). Attach this form to the Incentives Application. A qualified employee must be employed at the site of a qualified project, scheduled to work an average minimum of 30 per week, if offered coverage under a plan of health insurance provided by his or her employer, is eligible for health care coverage, and whose position of a "primary job" as set forth in NAC 360.474.

Please use the Bureau of Labor Statistics Standard Occupational Classification System (SOC) link to populate section (b): [https://www.bls.gov/soc/2018/major\\_groups.htm#11-0000](https://www.bls.gov/soc/2018/major_groups.htm#11-0000)

(a) New Hire Position Title/Description	(b) Position SOC Code	(c) Number of Positions	(d) Average Hourly Wage	(e) US Bureau of Labor Statistics Average Hourly Wage	(f) Average Weekly Hours	(g) Annual Wage per Position	(h) Total Annual Wages
General and Operations Managers	11-1021	1	\$52.00	\$61.83	40	\$108,160.00	\$108,160.00
Personal Service Managers, All Other;	11-9198	3	\$38.50	\$43.93	40	\$80,080.00	\$240,240.00
Sales and Related Workers, All Other	41-9099	13	\$31.00	\$21.96	40	\$64,480.00	\$838,240.00
Office and Administrative Support Workers, All Other	43-9199	1	\$32.00	\$12.13	40	\$66,560.00	\$66,560.00
First-Line Supervisors of Non-Retail Sales Workers	41-1012	3	\$30.00	\$31.43	40	\$62,400.00	\$187,200.00
Shipping, Receiving, and Inventory Clerks	43-5071	10	\$17.00	\$16.43	40	\$35,360.00	\$353,600.00
Stockers and Order Fillers	53-7065	24	\$17.00	\$14.20	40	\$35,360.00	\$848,640.00
<b>TOTAL</b>		<b>55</b>	<b>\$23.10</b>	<b>\$19.83</b>			<b>\$2,642,640.00</b>

### Section 2 - Employment Projections

Directions: Please estimate full-time job growth in Section 2, complete columns (b) and (c). These estimates are used for state economic impact and net tax revenue analysis that this agency is required to report. The company will not be required to reach these estimated levels of employment. **Please enter the estimated new full time employees on a year by year basis (not cumulative)**

(a) Year	(b) Number of New FTE(s)	(c) Average Hourly Wage	(d) Payroll
3-Year	3	\$23.87	\$148,948.80
4-Year	3	\$24.67	\$153,940.80
5-Year	5	\$25.50	\$265,200.00

\* Column (e) determines if wage is commensurate to current wage ranges in the region the company plans to locate/is located. For these purposes the mean average hourly wage for the location has been used.

U = Unknown / data set for region is not currently available.

**Source: US Bureau of Labor Statistics**

# 5(C) Evaluation of Health Plans Offered by Companies

Company Name: Airgas Safety, Inc. County: CLARK

Total Number of Full-Time Employees: 55  
 Average Hourly Wage per Employee \$23.10  
 Average Annual Wage per Employee (implied) \$48,048.00

### COST OF HELATH INSURANCE

Annual Health Insurance Premium Cost: \$7,272.00  
 Percentage of Premium Covered by:  
 Company 81%  
 Employee 19%

### HEALTH INSURANCE PLANS:

Base Health Insurance Plan*:	PPO (self-insured)
Deductible - per employee	\$ 1,000
Coinsurance	80% (plan)/ 20% (employee)
Out-of-Pocket Maximum per employee	\$ 3,500

Additional Health Insurance Plan*:	N/A
Deductible - per employee	\$ -
Coinsurance	0% / 0%
Out-of-Pocket Maximum per employee	\$ -

Additional Health Insurance Plan*:	N/A
Deductible - per employee	\$ -
Coinsurance	0% / 0%
Out-of-Pocket Maximum per employee	\$ -

\*Note: **Please list only "In Network" for deducatable and out of the pocket amounts .**

### Generalized Criteria for Essential Health Benefits (EHB)

[following requirements outlined in the Affordable Care Act and US Code, including 42 USC Section 18022]

Covered employee's premium not to exceed 9.5% of annual wage	3.6%	MMQ
Annual Out-of-Pocket Maximum not to exceed \$8,150 (2020)	\$3,500	MMQ

Minimum essential health benefits covered (Company offers PPO):

- (A) Ambulatory patient services
- (B) Emergency services
- (C) Hospitalization
- (D) Maternity and newborn care
- (E) Mental health/substance use disorder/behavioral health treatment
- (F) Prescription drugs
- (G) Rehabilitative and habilitative services and devices
- (H) Laboratory services
- (I) Preventive and wellness services and chronic disease management
- (J) Pediatric services, including oral and vision care

No Annual Limits on Essential Health Benefits

I, the undersigned, hereby declare to the Governor's Office of Economic Development that the facts herein stated are true, and that I have attached a qualified plan with information highlighting where our plan reflects meeting the 65% minimum threshold for the employee paid portion of the plan for GOED to independently confirm the same.

DocuSigned by:  
James E. Cook  
 Signature  
 B2DA42E...  
 2/8/2022 | 2:04 PM CST  
 Date

James E Cook  
 Name of person authorized for signature  
Vice President - Tax  
 Title



## 5(D) Company Information

Company Name: Airgas Safety, Inc

County: Clark

### Section 1 - Company Interest List

Directions: Please provide a detailed list of owners and/or members of the company. *The Governor's Office of Economic Development strives to maintain the highest standards of integrity, and it is vital that the public be confident of our commitment. Accordingly, any conflict or appearance of a conflict must be avoided. To maintain our integrity and credibility, the applicant is required to provide a detailed list of owners, members, equity holders and Board members of the company.*

(a) Name	(b) Title
Kerrie Sodano	President
Frederic Bergeret	Vice President
Phillip Scott Knight	Controller
Michael Dailey	Secretary
James E Cook	Assistant Secretary
Sales and Related Workers, All Other	

### Section 2 - Company Affiliates and/or Subsidiaries

Are there any subsidiary or affiliate companies sharing tax liability with the applicant company? No  Yes

**If Yes, continue below:**

Directions: In order to include affiliates/subsidiaries, under the exemption letter, they must to be added to the Contract. Per standard practice GOED requires a corporate schematic to understand the exact relationships between the companies. Please populate the below table to show the exact relationships between the companies and include:

1. The names as they would read on the tax exemption letter.
2. Which entity(ies) will do the hiring?
3. Which entity(ies) will be purchasing the equipment?

Name of Subsidiary or Affiliate Entity, Role and Legal Control Relationship

Please include any additional details below:

## ENTITY INFORMATION

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AIRGAS SAFETY, INC.	<b>Entity Name:</b>
E0213142019-8	<b>Entity Number:</b>
Foreign Corporation (80)	<b>Entity Type:</b>
Active	<b>Entity Status:</b>
04/30/2019	<b>Formation Date:</b>
NV20191347743	<b>NV Business ID:</b>
Perpetual	<b>Termination Date:</b>
4/30/2022	<b>Annual Report Due Date:</b>
Delaware	<b>Domicile Name:</b>
	<b>Jurisdiction:</b>