COMPLIANCE WITH STATEMENT OF BENEFITS REAL ESTATE IMPROVEMENTS

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

MAY 1 1 2016

CLERK

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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))

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)

	Thypayen IV	CORMATION	TO ENDOWN	W. Carlotte, (b)	
SECTION 1	TAXPAYER IN	FORMATION		County	1 (Comm. 1 - 2 (Co. 2) (Co. 3)
Name of taxpayer Hulman & Company				Vigo	
Address of taxpayer (number and street, city, state, and ZIP of	code)			DLGF taxing distri	ct number
900 Wabash Ave., Terre Haute, IN 47					84009
Name of contact person			-	Telephone numbe	r
jeff hurley				(812)23	2-9446
	LOCATION AND DESCRI	PTION OF PROPERT	Y		FIRST ON A ST. AND
Name of designating body		Resolution number			te (month, day, year)
Common Council for the City of Terre	Haute	25-20	09		/16/2009
Location of property				Actual start date (
4780 E. Margaret Ave., Terre Haute, I	N 47803				/16/2009
Description of real property improvements					tion date (month, day, ye ar) (01/2010
153,600 Sq. Ft. Distribution Center					date (month, day, year)
100,000					5/01/2010
and an Armania and a second and	THE AVERALL	S AND RATE	New York Co.	ALENIAL ALE	TO THE OTHER
SECTION 3	EMPLOYEES A	ID SALANIES	AC FOTIMA	TED ON SD 4	ACTUAL
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	AND SALARIES		1200	TED ON SB-1	167
Current number of employees				000.00	7,737,724.00
Salaries				41	167
Number of employees retained				000.00	7,737,724.00
Sataries Number of additional employees				3	26
Salaries				00.00	1,204,676.00
SECTION 4	COST AND	VALUES		W S S S	
COST AND VALUES		REAL ESTATI	IMPROVEME	NTS	
AS ESTIMATED ON SB-1	COST	•		ASSESSEI	O VALUE
Values before project					165,520.00
Plus: Values of proposed project					4,990,280.00
Less: Values of any property being replaced					0.00
Net values upon completion of project					5,155,800.00
ACTUAL	COST			ASSESSEI	
Values before project					165,520.00
Plus: Values of proposed project					4,990,280.00
Less: Values of any property being replaced		<u> </u>			0.00 5,155,800.00
Net values upon completion of project	FORED AND OTHER DENI	FEITE BROWIEER P	THE TAYON		5,153,800.00
SECTION 5 WASTE GONVI WASTE CONVERTED AND	ERTED AND OTHER BENI	EFITS PROMISED S		ED ON SB-1	ACTUAL
Amount of solid waste converted	D OTHER DENERTIO				
Amount of hazardous waste converted					
Other benefits:					
SECTION 6	TAXPAYER CE	RTIFICATION	DATE OF THE PARTY.		HEXT TO THE STATE OF
	by certify that the representa		nt are true.		
Signature of a thorized representative	Til		1 ~ ~	Date signed (m	
200 fulcy		Acctg. N	ıgr.	5/10/1	le

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)

- Not later than forty-five (45) days after receipt of this form, the designating body <u>may</u> 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.

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)
easons for the determination (attach additional sheets if necessary)
ignature of authorized member AM Los Date signed (month, day, year) 5-12-16
tested by: Haute City Council
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.)
me of hearing AM Date of hearing (month, day, year) PM Location of hearing
HEARING RESULTS (to be completed after the hearing)
☐ Approved ☐ Denied (see instruction 4 above)
easons for the determination (attach additional sheets if necessary)
ignature of authorized member Date signed (month, day, year)
ttested 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 REAL ESTATE IMPROVEMENTS State Form 51767 (R2 / 1-07) Prescribed by the Department of Local Government Finance

20	_ PAY 20	
FORM SR	1 / Real Property	

	iablitation of real estate imp		owing Indiana Code (check o -4)	ne box):		
information from the a submitted to the designeds" planned or 2. Approval of the designed for a deduction of: (1) May 10; or (2) the shown on the records 4. Property owners who show compliance with 5. The schedules estable of benefits approved of July 1, 2000.	pplicant in making its decisinating body BEFORE the recommitted to after July 1, 1: betting body (City Council, To may be approved. application Form 322 ERAL hirty (30) days after the notion of the township assessor. See Statement of Benefits wat the Statement of Benefits shad under IC 6-1.1-12.1-4.	ion about whether to designedevelopment or rehabilite 987, and areas designated with Board, County Council, IRE or Form 322 ERAMBLICE of addition to assessed as approved after June 30 [IC 6-1.1-12.1-5.1(b) and (d) for rehabilitated proper a schedules effective prior	ty and under IC 6-1.1-12.1-4 to July 1, 2000, shall continu	ation Area. Ch the person A STATEMEN To initiation const be filed the Int is mailed the CF-1/Real Po	Ilhervise this a wishes to clai IT OF BENEF! If the redevelor with the Count to the property roperty annual ant buildings ap	statement must be m a deduction. TS. (IC 6-1.1-12.1) oment or rehabilitation, y Auditor by the later owner at the address by to the application to apply to any statement
SECTION 1	THE RESERVE THE PARTY OF THE PA	TAXPAYER I	NEORMATION	and the second	新发生。新兴	MINISTER STATE
Name of taxpayer	Company					
Hulman &	r and street, city, state, and ZIP	ands)				
	sh Ave., Terre H	·	7			
Name of contact person			Talephone number		E-mail address	
Linda Fors	ythe, Controlle	r	812-232-9446			
SECTION 2	LO	CATION AND DESCRIPTI	ON OF PROPOSED PROJE	СТ		
Name of designating body					Resolution num	
	il for the City	of Terre Haute				2009
Location of property		TI. 6. TXI / 70	County		DLGF taxing di 84009	strict number
	aret Ave., Terr					date (month, day, year)
Description of real property (пргочениенть, геоечегорителя, ч	or remachitation pase accurache	or structs in necessary)		11-16	
153,600 Sq.H	t. Distribution	Center				detion date (month, day, year)
		2			6-01	
SECTION 3	ESTIMATE OF E	MPLOYEES AND SALAR	IES AS RESULT OF PROP	OSED PROJ		Mary Constitution
Current number	Salaries	Number retained	Selaries	Number add		Salaries
141	\$5,900,000	141	\$5,900,000	3		\$105,000
SECTION 4	ESTIMA	TED TOTAL COST AND	VALUE OF PROPOSED PR	DIECT	建筑地域	
	6-1.1-12.1-5.1 (d) (2) the C	OST of the property		L ESTATE I	MPROVEMEN	
is confidential.			COST			ESSED VALUE
Current values	Caracana Caracana (Caracana)		_			68,900 00,000
Plus estimated values Less values of any pro					4,4	00,000
	upon completion of project			and the second	4. 4.	68,900
SECTION 5	WASTE CONVERTED AN	DOMER BENEFITS FR	OMISED BY THE TAXPAY	R		101.900
Estimated solid waste	converted (pounds)		Estimated hazardous wa	aste converte	d (pounds)	
Other benefits						
		16				
CHENION B		TAXONVER O	ERTIFICATION			
I hereby certify that	the representations in th	is statement are true.				
Signatere Lanthorized repre	esentative , J		Title		Data signed (m	
N X L	1		Controller		9-4-0	9

Controller

And the Party of t		
omic Revitaliza n, passed und	ation Area and find der IC 6-1.1-12.1, p	that the applicant meets the general standards provides for the following limitations:
eed	calendar ye	ars * (see below). The date this designation
☐ Yes ☐ Yes ☐ Yes	☐ No ☐ No ☐ No	
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