

**CONFIDENTIAL**

**FILED**

APR 27 2016



**COMPLIANCE WITH STATEMENT OF BENEFITS  
REAL ESTATE IMPROVEMENTS**

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

20 16 PAY 20 17

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).

**CITY CLERK**

**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).

SECTION 1 TAXPAYER INFORMATION			
Name of taxpayer Sycamore Hotel Partners, LLC		County Vigo	
Address of taxpayer (number and street, city, state, and ZIP code) 10734 Sky Prairie Street, Fishers, IN 46038		DLGF taxing district number 84009	
Name of contact person Timothy J. Dora		Telephone number ( 317 ) 863-5700	
SECTION 2 LOCATION AND DESCRIPTION OF PROPERTY			
Name of designating body Terre Haute City Council		Resolution number 3, 2010	Estimated start date (month, day, year) 03/01/2010
Location of property 2645 S. Joe Fox St., Terre Haute, IN 47803		Actual start date (month, day, year) 03/01/2010	
Description of real property improvements The project would consist of a new 4 story 53,652 square foot Holiday Inn Express hotel which will include 83 rooms consisting of 60 standard size hotel rooms 23 larger suite rooms. The facility will include 144 parking places.		Estimated completion date (month, day, year) 12/1/2010	
		Actual completion date (month, day, year) 12/1/2010	
SECTION 3 EMPLOYEES AND SALARIES			
EMPLOYEES AND SALARIES		AS ESTIMATED ON SB-1	ACTUAL
Current number of employees		0	28
Salaries		0	\$415,000
Number of employees retained		0	0
Salaries		0	0
Number of additional employees		24	28
Salaries		\$353,250	\$415,000
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			
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			
Less: Values of any property being replaced			
Net values upon completion of project			
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 Contractor	Date signed (month, day, year) 4-25-16

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

[X] the property owner IS NOT in substantial compliance

[ ] other (specify) \_\_\_\_\_

Reasons for the determination (attach additional sheets if necessary)

Questions concerning SECTION 3 AND missing data Section 4

Signature of authorized member

[Handwritten Signature]

Date signed (month, day, year)

5-12-16

Attested by:

[Handwritten Signature]

Designating body

Terre 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.)

Time of hearing

5:00

[ ] AM [X] PM

Date of hearing (month, day, year)

6-9-16

Location of hearing

Terre Haute Courtroom CITY HALL

HEARING RESULTS (to be completed after the hearing)

[X] Approved

[ ] Denied (see instruction 4 above)

Reasons for the determination (attach additional sheets if necessary)

Signature of authorized member

[Handwritten Signature]

Date signed (month, day, year)

6-9-16

Attested by:

[Handwritten Signature]

Designating body

Terre Haute CITY COUNCIL

APPEAL RIGHTS [C 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 (12/1/07)  
Prescribed by the Department of Local Government Finance

20 <u>    </u> PAY 20 <u>    </u>
FORM 51767 / Real Property

This statement is being completed for real property that qualifies under the following Indiana Code (check one box):

- Redevelopment or rehabilitation of real estate improvements (IC 6-1.1-12.1-4)  
 Eligible vacant building (IC 6-1.1-12.1-4.6)

**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 the redevelopment or rehabilitation of real property for which the person wishes to claim a deduction. "Projects" planned or committed to after July 1, 1997, and areas designated after July 1, 1997, require a STATEMENT OF BENEFITS. (IC 6-1.1-12.1)
2. Approval of the designating body (City Council, Town Board, County Council, etc.) must be obtained prior to initiation of the redevelopment or rehabilitation. BEFORE a deduction may be approved.
3. To obtain a deduction, application Form 322 ERA/RE or Form 322 ERANED, whichever is applicable, must be filed with the County Auditor by the later of (1) May 10; or (2) thirty (30) days after the notice of addition to assessed valuation or new assessment is mailed to the property owner at the address shown on the records of the township assessor.
4. Property owners whose Statement of Benefits was approved after June 30, 1997, must attach a Form OF-1/Real Property annually to the application to show compliance with the Statement of Benefits. (IC 6-1.1-12.1-5.1(b) and IC 6-1.1-12.1-5.3(f))
5. The schedules established under IC 6-1.1-12.1-4(d) for rehabilitated property and under IC 6-1.1-12.1-4.6(i) for vacant buildings apply to any statement of benefits approved on or after July 1, 2000. The schedules effective prior to July 1, 2000, shall continue to apply to a statement of benefits filed before July 1, 2000.

SECTION 1 TAXPAYER INFORMATION					
Name of taxpayer <b>Syoandra Hotel Partners, LLC</b>					
Address of taxpayer (street and street type, city, state, and ZIP code) <b>9804 North By Northwest Boulevard, Fishers, IN 46037</b>					
Name of principal person <b>Timothy J. Dora</b>		Telephone number <b>(317) 677-8888</b>		E-mail address <b>TDora@dora-hotels.com</b>	
SECTION 2 LOCATION AND DESCRIPTION OF PROPOSED PROJECT					
Name of designating body <b>Terre Haute City Council</b>				Resolution number	
Location of property <b>Outlet #3 Syoandra Crossing Replat of Lot 8</b>		County <b>Vigo</b>		DUG listing case number	
Description of project (property type, extent, development, or rehabilitation) (use additional sheets if necessary) <b>See attached.</b>				Estimated start date (month, day, year) <b>03/01/2010</b>	
				Estimated completion date (month, day, year) <b>12/01/2009</b>	
SECTION 3 ESTIMATE OF EMPLOYEES AND SALARIES AS RESULT OF PROPOSED PROJECT					
Original number <b>0.00</b>	Gain/loss	Number reduced <b>0.00</b>	Gain/loss	Number added <b>24.00</b>	Total <b>\$358,250.00</b>
SECTION 4 ESTIMATED TOTAL COST AND VALUE OF PROPOSED PROJECT					
NOTE: Pursuant to IC 6-1.1-12.1-5.1 (d) (2) the COST of the property is confidential.			REAL ESTATE IMPROVEMENTS		
Current Value			COST		
Plus estimated value of proposed project			ASSESSED VALUE		
Less value of any property being revalued			<b>(est) 6,460,000.00</b>		
Net estimated value upon completion of project			<b>0.00</b>		
			<b>6,460,000.00</b>		
SECTION 5 WASTE CONVERTED AND OTHER BENEFITS PROMISED BY THE TAXPAYER					
Estimated total waste converted (pounds) <b>0.00</b>			Estimated hazardous waste converted (pounds) <b>0.00</b>		
Other benefits					
SECTION 6 TAXPAYER CERTIFICATION					
I, the undersigned, certify that the information furnished in this statement is true.					
Signature of authorized representative 				Date signed (month, day, year) <b>11/24/09</b>	


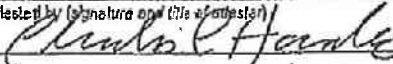
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## FOR USE OF THE DESIGNATING BODY

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 6-1-12-1, provides for the following limitations:

- 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 \_\_\_\_\_.
- B. The type of deduction that is allowed in the designated area is limited to:
1. Redevelopment or rehabilitation of real estate improvements  Yes  No
  2. Residentially distressed areas  Yes  No
  3. Occupancy of a vacant building  Yes  No
- C. The amount of the deduction applicable is limited to \$ \_\_\_\_\_.
- D. Other limitations or conditions (specify) \_\_\_\_\_.
- E. The deduction is allowed for \_\_\_\_\_ years\* (see below).

We have also reviewed the information contained in the statement of benefits and find that the estimates and expectations are reasonable and have determined that the totality of benefits is sufficient to justify the deduction described above.

Approved (signature and title of authorized member of designating body) 	Telephone number 812 232 3375	Date signed (month, day, year) 2-12-10
Attested by (signature and title of attester) 	Designated body CITY COUNCIL	

\* 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 6-1-12-1-4.

- A. For residentially distressed areas, the deduction period may not exceed five (5) years.
- B. For redevelopment and rehabilitation or real estate improvements:
1. If the Economic Revitalization Area was designated prior to July 1, 2000, the deduction period is limited to three (3), six (6), or ten (10) years.
  2. If the Economic Revitalization Area was designated after June 20, 2000, the deduction period may not exceed ten (10) years.
- C. For vacant buildings, the deduction period may not exceed two (2) years.

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**STATEMENT OF BENEFITS REAL ESTATE IMPROVEMENTS**

**SECTION 2 - Description of Property Improvements**

The project would consist of a new 4 story 53,652 square foot Holiday Inn Express hotel which will include 83 rooms consisting of 60 standard size hotel rooms 23 larger suite rooms. The facility will include 144 parking places.

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**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
 Timothy Dora  
 Sycamore Hotel Partners  
 10734 Sky Prairie Street  
 Fishers, IN 46038

2. Article Number  
 (Transfer from service label)

7007 1490 0004 8336 4154

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 *Dora*  Agent

B. Received by (Printed Name)  Addressee

C. Date of Delivery  
 5/26/16

D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.  
 4. Restricted Delivery (Extra Fee)  Yes

7007 1490 0004 8336 4154

**U.S. Postal Service  
 CERTIFIED MAIL RECEIPT  
 (Domestic Mail Only, No Insurance Coverage Provided)**

FOR DELIVERY WITH INFORMATION VISIT OUR WEBSITE AT WWW.USPS.COM

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Sent to  
 Timothy Dora  
 Street, Apt. No.: Sycamore Hotel Partners  
 or PO Box No. 10734 Sky Prairie St. Fishers, IN 46038

OFFICE OF THE CLERK  
City Hall, Room 102  
17 Harding Avenue  
Terre Haute, Indiana 47807  
812-232-3375

Charles P. Hanley, City Clerk

Timothy Dora  
Sycamore Hotel Partners, LLC  
10734 Sky Prairie Street  
Fishers, IN 46038

May 19, 2016

To Whom It May Concern:

This letter is in reference to the status of your company's tax abatement compliance with the Terre Haute City Common Council for Resolution RS 3, 2010. A meeting was held by the Common Council on May 12, 2016 to discuss tax abatement compliance matters. During this meeting it was determined your company was Not In Substantial Compliance. This determination was based on the review of the information contained in Section 3 for Employee and Salaries as listed on the submitted CF-1 form.

A hearing has been scheduled for June 9, 2016 at 5:00pm (EST) in the City Hall Courtroom. The Courtroom is located at 17 Harding Avenue, City Hall, Terre Haute, Indiana 47807. A representative of your company must appear to answer questions concerning the data provided on the CF-1 form.

If a representative fails to attend the hearing scheduled for June 9, 2016, the Council may consider such as the property owner's failure to make reasonable efforts to comply with the statement of benefits and may vote to terminate the abatement thereby eliminating the deduction, pursuant to I.C. 6-1.1-12.1-5.9(c). Please make sure a representative is available for questions at the hearing.

If you have any questions, please feel free to contact me at 812-244-2131 or [Michelle.Edwards@Terrehaute.In.Gov](mailto:Michelle.Edwards@Terrehaute.In.Gov)

Sincerely,



Michelle Edwards  
Chief Deputy City Clerk/  
Administrative Assistant to City Council

city of terre haute