COMPLIANCE WITH STATEMENT OF BENEFITS REAL ESTATE IMPROVEMENTS

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

INSTRUCTIONS:

1. This form does not apply to property located in a residentially distressed area or any deduction for which the

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.
 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).
 This form must accompany the Initial deduction application (Form 322/RE) that is filed with the county auditor.
 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).

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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 8-1,1-12,1-5,1 (c) and (d).

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APR 03 2017

Annual design and the Control of the		DI DOMENIO DE NA	(J.J.Y.	CLERK		
SECTION 1	TAXPAYER INF	ORMATION	1194			
Varne of taxpayer	11/15 / 110		County	VIII		
Fox Hotel Partners, LLC previously Sycamore				Vigo		
ddress of laxpayer (number and street, city, state, and Zi	P code)		DLGF taxing distr	DLGF taxing district number		
10734 Sky Pralrie St., Fishers, IN 46037			84-009			
Varne of contact person			Telephone number			
Imothy Dora			(317) 86	(317) 863-5700		
SECTION 2	LOCATION AND DESCRIP	and the second s				
Name of designating body Residution number				ale (month, day, year)		
Common Council of the City of Terre Haute, I	ndlana	12,2015		5/1/2016		
ocation of property			Actual start date (month, day, year)			
mmediately West of 2645 South Joe Fox St						
Description of real property improvements				otion date (month, day, year)		
The project would consist of a new 4-story, 56	3,000 square foot "Home2 S	Suites" Hotel near State Road				
16 and 1-70. The hotel will be 4 stories and co			Actual completion	date (month, day, year)		
notel rooms and 21 larger suite rooms, and w	ili include 144 parking piace	95	1			
SECTION 3	EMPLOYEES AND	DISALARIES				
EMPLOYEE:	S AND SALARIES	AS ESTIMA	ATED ON 8B-1	ACTUAL		
Current number of employees			30	32 *see attached		
Salaries			59,023	\$472,027		
Number of employees retained			30 -	30		
Salaries			9,023	\$459,023		
Number of additional employees			30	2		
Salgries			0,000	\$13,004		
SECTION 4	COST AND V	ALUES				
COST AND VALUES		REAL ESTATE IMPROVEM	MENTS			
AS ESTIMATED ON SB-1	COST		ASSESSED VALUE			
Values before project	1.430.					
Plus: Values of proposed project		U	9,660,0			
Less: Values of any property being replaced			3730312			
Net values upon completion of project		00	9,660,000			
ACTUAL	COST		ASSESSED VALUE			
Values before project						
Plus: Values of proposed project			**TBD - not assessed			
Less: Values of any property being replaced	11 11					
Net values upon completion of project						
100 2000	VERTED AND OTHER BENEF	FIT'S PROMISED BY THE TAXPA	YER			
WASTE CONVERTED A			TED ON SB-1	ACTUAL		
Amount of solid waste converted						
Amount of hazardous waste converted	(0) (0) (0)					
Other benefits:	****	300-07				
SECTION 6	TAXPAYER CER	TIFICATION	100			
	eby certify that the representat					
gnature of authorized representative	Tike		Date signed (m	onth, day, year)		

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 compiled 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 designaling 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 mall 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 coun	ry 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)	
Reasons for the determination (attach edifitional sheets if necessary)	
	. Adental multiple and a second a second and
Signature of annotized metroe	Dale signed (month, day, year)
Allested Mall OHearly	Terre Haute CITY Council
If the property owner is found not to be in substantial compliance, the prope time has been set aside for the purpose of considering compliance. (Hearing	erty owner shall receive the opportunity for a hearing. The following date and ng must be held within thirty (30) days of the date of mailing of this notice.)
Time of hearing AM Date of hearing (month, day, year) Location of	hearing
HEARING RESULTS (to be	completed after the hearing)
Approved	Denied (see instruction 4 above)
Reasons for the determination (attach additional sheets if necessary)	***
·	•
·	
Signature of authorized member	Date signed (month, day, year)
Attested by:	Designating body
APPEAL RIGHTS	[IC 6-1.1-12.1-5.9(e)]
	appeal the designating body's decision by filing a complaint in the office of the osts of the appeal if the appeal is determined against the property owner.

Attachment to Return:

Construction has not begun on this property and will begin in 2017 with an expected completion date of 1/1/2018. Form 322 will be filed once the property is assessed and form CF-1/Real Property will be filed for 2018 pay 2019. There are currently no additional employees or payroll at this location. However this property is affiliated with Sycamore Hotel Partners, LLC ownership which also own Holiday Inn. Since the employees could work at either location, the Holiday Inn employees are being reported on this return.

STATEMENT OF BENEFITS **REAL ESTATE IMPROVEMENTS**

CORPORINA

State Form 51767 (R6 / 10-14)

Prescribed by the Department of Local Government Finance

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)

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

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FORM SB-1 / Real Property

PAY 20

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.

INSTRUCTIONS	INS	TRI	ICT	ONS
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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 radevelopment or rehabilitation of real property for which the person wishes to claim a deduction.

2. The statement of benefits form must be submitted to the designating body and the area designated an aconomic revitalization area before the initiation of the redevelopment or charge the submitted to the designation of the redevelopment or charge to this interest designs to date a deduction.

In esteement of benefits form must be submitted to the designating poor and the area designated an economic revisation area before the indebted of the redevelopment or rehabilitation for which the person desires to claim a deduction.
 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 malled to the property owner if it was mailed after April 10. A property owner who falled to file a deduction application within the prescribed deadline may file an application between March 1 and May 10 of a subsequent year.
 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.

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 elfact. IC 6	-1.1-12.1-17		•	·		,	
SECTION 1		TAXPAYER	INFORMATI	ON.			
Name of taxpayer							
Sycamore Hotel F				· · · · · · · · · · · · · · · · · · ·	·		
Address of laxpayer (number	and street city, state, and ZIP coo	le) 7					
10/34 SKY Prairie	St, Fishers, IN 4603	<i>[</i>	Total bank or	mhar		E-mail address	
1			Telephone number (317) 863-5700			tdora@dorahotelco.com	
Timothy Dora		ATION AND DESCRIPT				TOOTEGE	STATION CONTRACTOR
SECTION 2 Reme of designating body	LOC	ATION AND DESCRIPT	ION OF PR	JPOSE JPROJ	EVI ENERGY	Resolution nun	upet
	of the City of Terre H	aute. Indiana					
Location of property			County			DLGF laxing of	istrict number
Immediately West	of 2645 South Joe F	ox St	Vigo			84-009	
Description of real property in	provements, redevelopment, or r	ehabakation (use additional	sheets if nece	ssary)			dale (month, day, year)
The project would consist	t of a new 4-story, 56,000 sq	uare foot "Home2 Suites"	"Holel near	State Road 46 (and 1-70.	May 1, 2016	
	s and contain 91 guest rooms	consisting of 70 standar	rd size holei	rooms and 21 fe	irger suite		pletion date (month, day, year)
rooms, and will include 1						July 1, 20	J1/
SECTION 3	ESTIMATE OF E			SULT OF PRO	OSED PRO	DJECT	
Current number	Salaries	Number retained	Salaries		Numberak	tional	Salaries \$410,000.00
30.00	\$459,023.00	30.00		023,00	30.00	va patura de de de de	\$410,000.00
SECTION 4	ESTIM	ATED TOTAL COST AN	D VALUE O				
					L ESTATE I	MPROVEMEN	
				COST		A S	SESSED VALUE 0.00
Current values	_						9,680,000,00
Plus estimated values			<u></u>			 -	9,660,000,00
Less values of any properly being replaced						9,680,000,00	
	pon completion of project	NVERTED AND OTHER	रतम् । वस्ति	DDOMSEG BY	MHE TAXE	AVER	
SECTION 5	AVASTE GO	MARKIED WARD OUTER					
Estimated solid waste	converted (pounds) 0.00		Estimate	d hazerdous wa	ele converte	ed (pounds) 🧘	1,00
Other benefits							
ļ							
							Managara (Maria Maria Mari
SECTION 6		TAXPAYER C	ERTHICALL				
, , , ,	he representations in this	statement are true.		· · · · · · · · · · · · · · · · · · ·		I to	and day mad
Signature of authorized septe	sentative ///					Luate signed (n	nonth, day, year) 2015
				***		14140	בוטי
Printed name of authorized re	e o la sentativa			Title	Sugamor	a Matal Da	offnare LLC
Timothy Dora	()			wanager, 8	oycamul	e noter Pa	rtners, LLC