



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

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

CONFIDENTIAL

20 18 PAY 20 19

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).

FILED

MAR 07 2018

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
Location of property 2645 S. Joe Fox St., Terre Haute, IN 47803	Estimated 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.	Actual start date (month, day, year) 03/01/2010
	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
Current number of employees	0
Salaries	\$482,304
Number of employees retained	0
Salaries	0
Number of additional employees	24
Salaries	\$353,250
	\$482,304
SECTION 4 COST AND VALUES	
COST AND VALUES	REAL ESTATE IMPROVEMENTS
AS ESTIMATED ON SB-1	COST
Values before project	
Plus: Values of proposed project	
Less: Values of any property being replaced	
Net values upon completion of project	
ACTUAL	COST
Values before project	
Plus: Values of proposed project	
Less: Values of any property being replaced	
Net values upon completion of project	
	* \$4,341,600
SECTION 5 WASTE CONVERTED AND OTHER BENEFITS PROMISED BY THE TAXPAYER	
WASTE CONVERTED AND OTHER BENEFITS	AS ESTIMATED ON SB-1
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 Controller
	Date signed (month, day, year) 3-5-18

CONFIDENTIAL



STATEMENT OF BENEFITS
REAL ESTATE IMPROVEMENTS

State Form 61767 (R2/1-07)
Prescribed by the Department of Local Government Finance

20 PAY 20
FORM 68-1 / 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 6-1.1-12.1-8)

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. Other than 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, 1987, and areas designated after July 1, 1987, require a STATEMENT OF BENEFITS, (IC 6-1.1-12.1) 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.
- To obtain a deduction, application Form 322 ER/RE or Form 322 ER/ABD, whichever is applicable, must be filed with the County Auditor by the later of (1) May 30; 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 receipt of the township assessor.
- Property owners whose Statement of Benefits was approved after June 30, 1991, must attach a Form 68-1/Real Property annually to the application to show compliance with the Statement of Benefits, (IC 6-1.1-12.1-5.1(a) and IC 6-1.1-12.1-5.2(b)).
- The benefits established under IC 6-1.1-12.1-4 for rehabilitated property and under IC 6-1.1-12.1-4.6(1) for vacant buildings apply to any statement of benefits approved on or after July 1, 2009. The previous rules effective prior to July 1, 2009, shall continue to apply to a statement of benefits filed before July 1, 2009.

SECTION 1 TAXPAYER INFORMATION		
Name of taxpayer Sycamore Hotel Partners, LLC		
Address of taxpayer (include apt. and street, city, state, and ZIP code) 9904 North By Northeast Boulevard, Fishers, IN 46037		
Name of contact person Timothy J. Dora	Telephone number (317) 677-8688	E-mail address TDora@dorahotelco.com
SECTION 2 LOCATION AND DESCRIPTION OF PROPOSED PROJECT		
Name of designating body Terre Haute City Council		Reference number
Location of property Outlot #3 Sycamore Crossing Replat of Lot 8		County Vigo
Description of real property improvements, redevelopment, or rehabilitation (use additional sheets if necessary) See attached.		Estimated start date (month, day, year) 03/01/2010 Estimated completion date (month, day, year) 12/01/2009
SECTION 3 ESTIMATE OF EMPLOYEES AND SALARIES AS RESULT OF PROPOSED PROJECT		
Current number 0.00	Beneficial 0.00	Number of employees 24.00
Estimated total cost and value of proposed project		Estimated value \$359,260.00
SECTION 4 ESTIMATED TOTAL COST AND VALUE OF PROPOSED PROJECT		
Noting pursuant to IC 6-1.1-12.1-6.1(d) of the cost of the property to be rehabilitated		REAL ESTATE IMPROVEMENTS
Current value		COST
Value ascribed value of proposed project		ASSESSED VALUE
Less value of any property being replaced		(net) 6,460,000.00
Net ascribed value upon completion of project		0.00
		6,460,000.00
SECTION 5 WASTE CONVERTED AND OTHER BENEFITS PROVIDED BY		
Estimated total waste converted (pounds) 0.00		Estimated hazardous waste converted (pounds) 0.00
SECTION 6 TAXPAYER CERTIFICATION		
I hereby certify that the representations in this statement are true.		
Signature of authorized representative 		Title Manager of Loss Allocation

