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## COMPLIANCE WITH STATEMENT OF BENEFITS REAL ESTATE IMPROVEMENTS

State Form 51766 (R6 / 4-23) Prescribed by the Department of Local Government Finance

INSTRUCTIONS:

- 1. 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).
- 2. This form must accompany the initial deduction application (Form 322/RE) that is filed with the county auditor.
- 3. 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 6-1.1-12.1-5.3(j))
- 4. 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).

**20**24 **PAY 20**25

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 6-1.1-12.1-5.3 (k) and (l).

| SECTION 1   | TAXPAYER                   | NFORMATION                       |                |   |   |  |  |
|---|----------------------------|----------------------------------|----------------|---|---|--|--|
| Name of Taxpayer  |                            |                                  |                |   | County  |  |  |
| COMMERCE WHITESTOWN LLC & CONGAREE-COMMERCE WHITESTOWN LLC & COMMERCE WHITESTOWN LLC    |                            |                                  |                |   | Boone   |  |  |
| Address of Taxpayer (number and street, city, state, and ZIP code)                      |                            |                                  |                |   | DLGF Taxing District Number                     |  |  |
| 53 W. Jackson Blvd. Suite 530 Chicago, IL 60604 Name of Contact Person Telephone Number |                            |                                  |                |   | )20   | ddraaa                                       |  |
| Katherine Hay   |                            | Telephone Number<br>(224)9446421 |                |   | Email Address<br>katie@congaree.com             |  |  |
| SECTION 2   | LOCATION AND DESC          |                                  |                |   | ance  | soongaree.com                                |  |
| Name of Designating Body  |                            |                                  |                | ed Start Date (month, day, year)                                |   |  |  |
| Whitestown Town Council   |                            | 2018-13                          |                |   | May, 2018                                       |  |  |
| Location of Property  | L                          |                                  |                | Actual Start Date (month, day, year)                            |   |  |  |
| 5828 Commerce Drive, Whitestown IN 46075 - Lot 2  |                            |                                  |                |   | July 31, 2018                                   |  |  |
| Description of Real Property Improvements   |                            |                                  |                |   |   | Estimated Completion Date (month, day, year) |  |
| Approx. 356,000 sq ft "flex" style building with office and warehouse compoments        |                            |                                  |                |   | April, 2019                                     |  |  |
|   |                            |                                  |                | Actual Completion Date (month, day, year)<br>September 24, 2019 |   |  |  |
|   |                            |                                  |                |   | septe   | 111DEI 24, 2019                              |  |
| SECTION 3   |                            | AND SALARIES                     | OTIMA          | TED ON SR 4   |   | ACTUAL                                       |  |
| EMPLOYEES AND SALARIES  |                            | AS ESTIMATED ON SB-1             |                |   |   | 0  |  |
| Current Number of Employees   |                            | 0                                |                |   |   |  |  |
| Salaries  |                            | 0                                |                |   |   | 0  |  |
| Number of Employees Retained  |                            | -                                | 0              |   |   | 0  |  |
| Salaries  |                            | 0                                |                |   |   | 0  |  |
| Number of Additional Employees  |                            | See SB-1 file combined           |                |   | 17 employees (Jan 1, 2024)                      |  |  |
| Salaries  | 0007 1                     |                                  |                |   |   | 768,808                                      |  |
| SECTION 4   | COSTAN                     | ID VALUES                        |                |   |   |  |  |
| COST AND VALUES   | REAL ESTATE IMPROVEMEN     |                                  |                |   |   |  |  |
| AS ESTIMATED ON SB-1  | COST                       |                                  |                | ASSESSED VALUE  |   |  |  |
| Values Before Project   | \$                         |                                  |                | \$  |   |  |  |
| Plus: Values of Proposed Project  | \$ See SB -1 file combined |                                  |                | \$  |   |  |  |
| Less: Values of Any Property Being Replaced   | \$                         |                                  |                | \$  |   |  |  |
| Net Values Upon Completion of Project   | \$ See SB - file combined  |                                  |                | \$  |   |  |  |
| ACTUAL  | COST                       |                                  |                | ASSESSED VALUE  |   |  |  |
| Values Before Project   | \$                         |                                  |                | \$  |   |  |  |
| Plus: Values of Proposed Project  | \$ 12,321,835              |                                  |                | \$ 17,768,700   |   |  |  |
| Less: Values of Any Property Being Replaced   | \$                         |                                  |                | \$  |   |  |  |
| Net Values Upon Completion of Project   | \$ 12,321,835 \$ 17        |                                  |                | \$ 17,768,700   | 17,768,700                                      |  |  |
| SECTION 5 WAST  | E CONVERTED AND OTHER BE   | ENEFITS PROMI                    | SED B          | Y THE TAXPAYER  | ł   |  |  |
| WASTE CONVERTE  |                            | AS                               | ESTIMATED ON S | B-1   | ACTUAL  |  |  |
| Amount of Solid Waste Converted   |                            | 0                                |                |   | 0   |  |  |
| Amount of Hazardous Waste Converted   |                            | 0                                |                |   | 0   |  |  |
| Other Benefits:   |                            | n/a                              |                |   | n/a   |  |  |
| SECTION 6 TAXPAYER CERTIFICATION  |                            |                                  |                |   |   |  |  |
| I hereby certify that the representations in this statement are true.                   |                            |                                  |                |   |   |  |  |
| Signature of Authorized Representative  | Title<br>Project Manager   |                                  |                |   | Date Signed <i>(month, day, year)</i> 5/21/2024 |  |  |
| Δ.7D/   | MDE01644427                |                                  |                |   |   |  |  |

## OPTIONAL: FOR USE BY A DESIGNATING BODY WHO ELECTS TO REVIEW THE COMPLIANCE WITH STATEMENT OF BENEFITS (FORM CF-1)

## INSTRUCTIONS: (IC 6-1.1-12.1-5.3 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 <u>may</u> determine whether or not the property owner has substantially complied with the Statement of Benefits (Form SB-1/Real Property).
- 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, including 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, 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   |   |  |  |  |  |  |  |
| The Property Owner IS NOT in Substantial Compliance   |   |  |  |  |  |  |  |
| Other (specify)   |   |  |  |  |  |  |  |
| Reasons for the Determination (attach additional sheets if necessary)   |   |  |  |  |  |  |  |
|   |   |  |  |  |  |  |  |
|   |   |  |  |  |  |  |  |
|   |   |  |  |  |  |  |  |
|   |   |  |  |  |  |  |  |
| Signature of Authorized Member  | Date Signed (month, day, year)              |  |  |  |  |  |  |
|   | 5/21/2024                                   |  |  |  |  |  |  |
| Attested By   | Designating Body<br>Whitestown Town 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 AM Date of Hearing (month, day, yea   |   |  |  |  |  |  |  |
| PM  |   |  |  |  |  |  |  |
| 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)              |  |  |  |  |  |  |
| Signature of Authorized Member  | 5/21/2024                                   |  |  |  |  |  |  |
| tested By Designating Body  |   |  |  |  |  |  |  |
| Whitestown Town Council 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 clerk 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.  |   |  |  |  |  |  |  |