



**COMPLIANCE WITH STATEMENT OF BENEFITS
PERSONAL PROPERTY**

State Form 51765 (R3 / 11-15)

Prescribed by the Department of Local Government Finance

FILED

MAY 16 2016

FORM CF-1 / PP

INSTRUCTIONS:

1. Property owners whose Statement of Benefits was approved must file this form with the local Designating Body to the extent to which there has been compliance with the Statement of Benefits. (IC 6-1-1-12.1-5.6)
2. This form must be filed with the Form 103-ERA Schedule of Deduction from Assessed Value between January 1, and May 15, of each year, unless a filing extension under IC 6-1.1-3.7 has been granted. A person who obtains a filing extension must file between January 1, and the extended due date of each year.
3. With the approval of the designating body, compliance information for multiple projects may be consolidated on one (1) compliance (CF-1).

CITY CLERK

SECTION 1 TAXPAYER INFORMATION	
Name of taxpayer BEMIS COMPANY, INC.	County VIGO
Address of taxpayer (street and number, city, state and ZIP code) P.O. BOX 905 TERRE HAUTE IN 47804	DLGF taxing district number 002
Name of contact person SAM WEATHERFORD	Telephone number (812) 460-6421

SECTION 2 LOCATION AND DESCRIPTION OF PROPERTY		
Name of designating body COMMON COUNCIL OF THE CITY OF TERRE HAUTE	Resolution number 18, 2005	Estimated start date (month, day, year) 10/01/2005
Location of property 1350 NORTH FRUITRIDGE AVENUE TERRE HAUTE IN 47804		Actual start date (month, day, year) 10/01/2005
Description of new manufacturing equipment, or new research and development equipment, or new information technology equipment, or new logistical distribution equipment to be acquired. See attached		Estimated completion date (month, day, year) 12/31/2006
		Actual completion date (month, day, year) 12/31/2006

SECTION 3 EMPLOYEES AND SALARIES			
EMPLOYEES AND SALARIES	AS ESTIMATED ON SB-1	ACTUAL	
Current number of employees	1,014	730	
Salaries	38,974,000	36,945,802	
Number of employees retained	1,014	730	
Salaries	38,974,000	36,945,802	
Number of additional employees	16		
Salaries	495,000		

SECTION 4 COST AND VALUES								
AS ESTIMATED ON SB-1	MANUFACTURING EQUIPMENT		R & D EQUIPMENT		LOGIST DIST EQUIPMENT		IT EQUIPMENT	
	COST	ASSESSED VALUE	COST	ASSESSED VALUE	COST	ASSESSED VALUE	COST	ASSESSED VALUE
Values before project		45,704,393						
Plus: Values of proposed project		8,900,000						
Less: Values of any property being replaced								
Net values upon completion of project		53,704,393						
ACTUAL	COST	ASSESSED VALUE	COST	ASSESSED VALUE	COST	ASSESSED VALUE	COST	ASSESSED VALUE
Values before project		47,293,761						
Plus: Values of proposed project		4,576,696						
Less: Values of any property being replaced								
Net values upon completion of project		51,870,457						

NOTE: The COST of the property is confidential pursuant to IC 6-1-1-12.1-5.6 (c).

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 <i>Thomas Shaker</i>	Title <i>Finance Mgr</i>	Date signed (month, day, year) <i>5-11-16</i>

ATTACHMENT TO FORM CF-1, page 1, Section 2

Name of taxpayer

BEMIS COMPANY, INC.

SECTION 2

LOCATION AND DESCRIPTION OF PROPERTY

Description of real property improvements and/or new manufacturing equipment to be acquired

\$20,000,000 FOR THE PURCHASE AND INSTALLATION OF TWO NEW 10 COLOR PRESSES AND A NEW COEXTRUSION LINE, OTHER EQUIPMENT, PARTS AND ACCESSORIES.

INSTRUCTIONS: (IC 6-1.1-12-5.9)

1. This page does not apply to a Statement of Benefits filed before July 1, 1991; that deduction may not be terminated for a failure to comply with the Statement of Benefits.
2. Within 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.
3. 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. If a notice is mailed to a property owner, a copy of the written notice will be sent to the Township Assessor and the County Auditor.
4. Based on the information presented at the hearing, the designating body shall determine whether or not the property owner has made reasonable effort to substantially comply with the Statement of Benefits.
5. If the designating body determines that the property owner has **NOT** made reasonable effort to comply, then the designating body shall adopt a resolution terminating the deduction. The designating body shall immediately mail a certified copy of the resolution to: (1) the property owner, (2) the County Auditor, and (3) the Township Assessor.

We have reviewed the CF-1 and find that:			
<input type="checkbox"/> the property owner IS in substantial compliance <input checked="" type="checkbox"/> the property owner IS NOT in substantial compliance <input type="checkbox"/> other (specify) _____			
Reasons for the determination (attach additional sheets if necessary) SECTION 3, Employees			
Signature of authorized member <i>[Signature]</i>			Date signed (month, day, year) 6/9/16
Attested by: <i>[Signature]</i>		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.			
Time of hearing 5:00	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Date of hearing (month, day, year) 6-30-16	Location of hearing CITY HALL COURTROOM
HEARING RESULTS (to be completed after the hearing)			
<input type="checkbox"/> Approved <input type="checkbox"/> Denied (see instruction 5 above)			
Reasons for 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)]			
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.			

CONFIDENTIAL



STATEMENT OF BENEFITS
PERSONAL PROPERTY

State Form 51764 (5-04)
Prescribed by the Department of Local Government Finance

FORM
SB - 1 / PP

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. Otherwise this statement must be submitted to the designating body BEFORE a person installs the new manufacturing equipment and/or research and development equipment, and/or logistical distribution equipment and/or information technology equipment 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 installation of the new manufacturing equipment and/or research and development equipment and/or logistical distribution equipment and/or information technology equipment, BEFORE a deduction may be approved

To obtain a deduction, Form 322 ERA/PPME and/or Form 322 ERA/PP Other, must be filed with the county auditor. Form 322 ERA/PPME and/or Form 322 ERA/PP Other must be filed between March 1 and May 15 of the assessment year in which new manufacturing equipment and/or research and development equipment and/or logistical distribution equipment and/or information technology equipment becomes assessable, unless a filing extension has been obtained. A person who obtains a filing extension must file the form between March 1 and the extended due date of that year. Property owners whose Statement of Benefits was approved after June 30, 1991 must submit Form CF-1 annually to show compliance with the Statement of Benefits. (IC 6-1.1-12.1-5.6)

The schedules established under IC 6-1.1-12.1-4(d) and IC 6-1.1-12.1-4.5(e) effective July 1, 2000 apply to any statement of benefits filed on or after July 1, 2000. The schedules effective prior to July 1, 2000 shall continue to apply to those statement of benefits filed before July 1, 2000.

SECTION 1 TAXPAYER INFORMATION

Name of taxpayer: Bemis Company
Address of taxpayer (street and number, city, state and ZIP code): 1350 North Fruitridge Avenue, Terre Haute, In 47804
Name of contact person: Brian Wells, Plant Manager
Telephone number: (812) 460-6204

SECTION 2 LOCATION AND DESCRIPTION OF PROPOSED PROJECT

Name of designating body: Common Council of the City of Terre Haute
Resolution number: 18,2005
Location of property: 1350 North Fruitridge Avenue
County: Vigo
Taxing district: Harrison
Description of manufacturing equipment and/or research and development equipment and/or logistical distribution equipment and/or information technology equipment (use additional sheets if necessary): \$20,000,000.00 for the purchase and installation of two new 10 color press's and a new coextrusion line, other equipment, parts and accessories.
Table with columns: ESTIMATED, Start Date, Completion Date. Rows: Manufacturing Equipment (10/1/2005, 12/31/2006), R & D Equipment, Logist Dist Equipment *, IT Equipment *

SECTION 3 ESTIMATE OF EMPLOYEES AND SALARIES AS RESULT OF PROPOSED PROJECT

Current number	Salaries	Number retained	Salaries	Number additional	Salaries
1,014	\$ 38,974,000	1,014	\$ 38,974,000	16	\$ 495,000

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.

	Manufacturing Equipment		R & D Equipment		Logist Dist Equipment *		IT Equipment *	
	Cost	Assessed Value	Cost	Assessed Value	Cost	Assessed Value	Cost	Assessed Value
Current values	\$	\$ 45,704,313						
Plus estimated values of proposed project	\$	\$ 8,000,000						
Less values of any property being replaced								
Net estimated values upon completion of project		\$ 3,704,313						

SECTION 5 WASTE CONVERTED AND OTHER BENEFITS PROMISED BY THE TAXPAYER

Estimated solid waste converted (pounds): _____ Estimated hazardous waste converted (pounds): _____
Other benefits: _____

SECTION 6 TAXPAYER CERTIFICATION

I hereby certify that the representations in this statement are true.
Signature of authorized representative: [Signature]
Title: Plant mgr
Date signed (month, day, year): 6-2-2005

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 6-1.1-12.1-2.5, provides for the following limitations as authorized under IC 6-1.1-12.1-2.

A. The designated area has been limited to a period of time not to exceed 10 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. Installation of new manufacturing equipment; | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Installation of new research and development equipment; | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 3. Installation of new logistical distribution equipment. | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 4. Installation of new information technology equipment; | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

The amount of deduction applicable to new manufacturing equipment is limited to \$ _____ cost with an assessed value of \$ 20,000,000.

The amount of deduction applicable to new research and development equipment is limited to \$ _____ cost with an assessed value of \$ _____.

The amount of deduction applicable to new logistical distribution equipment is limited to \$ _____ cost with an assessed value of \$ _____.

The amount of deduction applicable to new information technology equipment is limited to \$ _____ cost with an assessed value of \$ _____.

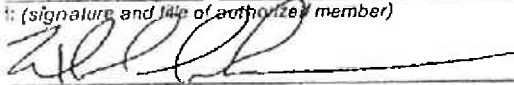
Other limitations or conditions (specify) _____

The deduction for new manufacturing equipment and/or new research and development equipment and/or new logistical distribution equipment and/or new information technology equipment installed and first claimed eligible for deduction after July 1, 2000 is allowed for:

- | | |
|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> 1 year | <input type="checkbox"/> 6 years |
| <input type="checkbox"/> 2 years | <input type="checkbox"/> 7 years |
| <input type="checkbox"/> 3 years | <input type="checkbox"/> 8 years |
| <input type="checkbox"/> 4 years | <input type="checkbox"/> 9 years |
| <input type="checkbox"/> 5 years ** | <input type="checkbox"/> 10 years ** |

** For ERA's established prior to July 1, 2000 only a 5 or 10 year schedule may be deducted.

We have 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.

By: <i>(signature and title of authorized member)</i> 	Telephone number <u>812-232-3375</u>	Date signed (month, day, year) <u>7-14-05</u>
	Designated body <u>City Council</u>	

designating body limits the time period during which an area is an economic revitalization area, it does not limit the length of taxpayer is entitled to receive a deduction to a number of years designated under IC 6-1.1-12.1-4.5