



CONFIDENTIAL

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)
 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		8,000,200						
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		17,293,761						
Plus: Values of proposed project		4,576,496						
Less: Values of any property being replaced								
Net values upon completion of project		21,870,257						
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>Lamar Shalze</i>				Title Finance Manager		Date signed (month, day, year) 5-11-16		

CONFIDENTIAL

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.

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 6-1.1-12-5.9)

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 checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied (see instruction 5 above)			
Reasons for determination (attach additional sheets if necessary)			
Signature of authorized member <i>[Signature]</i>			Date signed (month, day, year) 6-30-16
Attested by <i>[Signature]</i>		Designating body Terre Haute City Council	
APPEAL RIGHTS [IC 6-1.1-12.1-6.9(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

FORM SB - 1 / PP



STATEMENT OF BENEFITS PERSONAL PROPERTY

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

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: 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: \$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.

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

Table with 6 columns: Current number, Salaries, Number retained, Salaries, Number additional, Salaries. Values: 1,014, \$38,974,000, 1,014, \$38,974,000, 16, \$495,000

SECTION 4 ESTIMATED TOTAL COST AND VALUE OF PROPOSED PROJECT

Table with 5 main columns: Manufacturing Equipment, R & D Equipment, Logist Dist Equipment, IT Equipment. Sub-columns: Cost, Assessed Value. Values: Manufacturing Equipment Cost \$15,704,313, Assessed Value \$8,000,000.

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 BY 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.

1. 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 _____.

2. 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 \$ _____.

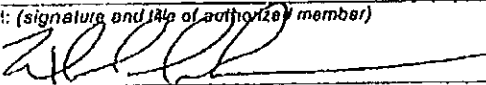
Other limitations or conditions (specify) _____

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

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