COMPLIANCE WITH STATEMENT OF BENEFITS PERSONAL PROPERTY

State Form 51765 (R7 / 12-22)
Prescribed by the Department of Local Government Finance

PRIVACY NOTICE
This form contains confidential information pursuant to IC 6-1.1-35-9 and IC 6-1.1-12.1-5.6.

FORM CF-1 / PP

2026 PAY 2027

INSTRUCTIONS:
1. *Property owners whose Statement of Benefits was approved must file this form with the local Designating Body to show 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, 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 form (CF-I).*

SECTION 1 TAXPAYER INFORMATION

Name of taxpayer Great Lakes Lamination, Inc.		County Elkhart
Address of Taxpayer *(street and number, city, state and ZIP code)* 21861 Protecta Drive Elkhart IN 46516		DLGF Taxing District Number 031 Bristol
Name of Contact Person Joseph Rowan	Telephone Number 574-389-9663	Email Address jrowan@glfp.net

SECTION 2 LOCATION AND DESCRIPTION OF PROPERTY

Name of Designating Body Town of Bristol	Resolution Number 9-4-2025-13	Estimated Start Date *(month, day, year)* 06/01/2025
Location of Property 1103 S. Maple Street Bristol IN 46507		Actual Start Date *(month, day, year)* 06/01/2025
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)* 12/31/2025
		Actual Completion Date *(month, day, year)* / /

SECTION 3 EMPLOYEES AND SALARIES

EMPLOYEES AND SALARIES	AS ESTIMATED ON SB-1	ACTUAL
Current Number of Employees	191	196
Salaries	7,994,300	11,202,979
Number of Employees Retained	191	191
Salaries	7,994,300	10,917,189
Number of Additional Employees	12	5
Salaries	424,320	285,790

SECTION 4 COST AND VALUES

	MANUFACTURING EQUIPMENT		R & D EQUIPMENT		LOGIST DIST EQUIPMENT		IT EQUIPMENT	
AS ESTIMATED ON SB-1	**COST**	**ASSESSED VALUE**	**COST**	**ASSESSED VALUE**	**COST**	**ASSESSED VALUE**	**COST**	**ASSESSED VALUE**
Values Before Project	9,337,839							
Plus: Values of Proposed Project	1,700,000							
Less: Values of Any Property Being Replaced								
Net Values Upon Completion of Project	11,037,839							
ACTUAL	**COST**	**ASSESSED VALUE**	**COST**	**ASSESSED VALUE**	**COST**	**ASSESSED VALUE**	**COST**	**ASSESSED VALUE**
Values Before Project	9,719,174	2,934,746						
Plus: Values of Proposed Project	2,089,315	835,726						
Less: Values of Any Property Being Replaced								
Net Values Upon Completion of Project	11,808,489	3,770,472						

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	Title	Date Signed *(month, day, year)*
Joseph Rowan	CFO	05/27/2026

Prepared by: Krugger Lawton & Co., LLC EIN 35-1307701 • 210 S. Michigan Street Suite 200, South Bend, IN 46601 • 574-289-4011

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

Name of taxpayer

Great Lakes Lamination, Inc.

SECTION 2 — **LOCATION AND DESCRIPTION OF PROPERTY**

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

Operations are expanding and will require the purchase of additional equipment that will ultimately create 15 additional positions

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

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

1. *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.*

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. If a notice is mailed to a property owner, a copy of the written notice will be sent to the county assessor and the county auditor.*

3. *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 and whether any failure to substantially compy 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 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 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)*
Attested By:	Designating Body

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 ☐ AM ☐ PM	Date of Hearing *(month, day, year)*	Location of Hearing

HEARING RESULTS (to be completed after the hearing)

☐ Approved ☐ Denied *(see insruction 5 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)]

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.

SCHEDULE OF DEDUCTION FROM ASSESSED VALUATION PERSONAL PROPERTY IN ECONOMIC REVITALIZATION AREA

State Form 52503 (R23/ 1-26)
Prescribed by the Department of Local Government Finance

FORM 103 – ERA	JANUARY 1, 2026
PRIVACY NOTICE This form contains confidential information pursuant to IC 6-1.1-35-9.	For Assessor's Use Only

INSTRUCTIONS:

1. *In order to receive a deduction, this schedule must be submitted with a timely filed Form 103-Long.*
2. ***A separate schedule must be completed and attached to Form 103-Long for each approved Form SB-1 / PP for that abatement.***
3. *Attach a copy of the applicable approved Form CF-1 to this schedule. First-time filings must also include the SB-1 and the resolution from the designating body.*
4. ***For any acquisitions included herein since the last assessment date, attach a list of the newly included equipment on Form 103-EL.***

SECTION 1 TAXPAYER INFORMATION

Name of Taxpayer	Name of Contact Person	
Great Lakes Lamination, Inc.	Joseph Rowan	
Full Address *(number and street, city, state, and ZIP code)*	Email Address of Contact Person	Telephone Number
21861 Protecta Drive Elkhart IN 46516	jrowan@glfp.net	574-389-9663
County / Township	Taxing District	Fax number
Elkhart / Washington	031 Bristol	574-389-9664

SECTION 2 ECONOMIC REVITALIZATION AREA INFORMATION

Name of Body Designating the Economic Revitalization Area	Resolution Number	Length of Abatement *(years)*
Town of Bristol	9-4-2025-13	3
Date Designation Approved *(month, day, year)*	**Designation Termination Date** *(month, day, year)*	**Does Resolution Limit Dollar Amount of Deduction?**
09/04/2025	12/31/2026	☐ YES - and limit is based on Equipment ☐ Cost ☐ Assessed Value ☒ No

SECTION 3 ABATED EQUIPMENT POOLING SCHEDULE — Schedule A-1

The total cost of depreciable assets is to be reported on Form 103-Long. **This schedule includes only the values attributable to the new manufacturing, research and development, logistical distribution, and/or information technology equipment under abatement per the resolution and IC 6-1.1-12.1.**

The Minimum Value Ratio applies if Line 53 is greater than Line 52D on page 2 of the Form 103-Long [IC 6-1.1-12.1-4.5(g)]	Box 1 — Enter Amount Shown on Line 53 of Form 103-Long
	2,858,771
Box 2 — Enter Amount Shown on Line 52D of Form 103-Long	**Box 3 — Divide Box 1 by Box 2 (Carry Ratio 5 Decimal Places)**
2,341,564	1.22088

POOL NUMBER 1 (1 TO 4 YEAR LIFE)

		Form 103-Long, Schedule A, Column C, Adjusted Cost	TTV %	True Tax Value	Minimum Value Ratio (if applicable) *(5 decimal places)*	Year	Year*	Percent	Deduction Claimed
13*	1-2-25 to 1-1-26	$	65%	$	1.22088	1		%	$
14	1-2-24 to 1-1-25	$	50%	$	1.22088	2		%	$
15	1-2-23 to 1-1-24	$	35%	$	1.22088	3		%	$
16A	1-2-22 to 1-1-23	$	20%	$	1.22088	4		%	$
16B	1-2-21 to 1-1-22	$	20%	$	1.22088	5		%	$
16C	1-2-20 to 1-1-21	$	20%	$	1.22088	6		%	$
16D	1-2-19 to 1-1-20	$	20%	$	1.22088	7		%	$
16E	1-2-18 to 1-1-19	$	20%	$	1.22088	8		%	$
16F	1-2-17 to 1-1-18	$	20%	$	1.22088	9		%	$
16G	1-2-16 to 1-1-17	$	20%	$	1.22088	10		%	$
17	**TOTAL POOL NUMBER 1**	$	--	$	--	--	--	--	$

POOL NUMBER 2 (5 TO 8 YEAR LIFE)

		Form 103-Long, Schedule A, Column C, Adjusted Cost	TTV %	True Tax Value	Minimum Value Ratio (if applicable) *(5 decimal places)*	Year	Year*	Percent	Deduction Claimed
18*	1-2-25 to 1-1-26	$	40%	$	1.22088	1		%	$
19	1-2-24 to 1-1-25	$	56%	$	1.22088	2		%	$
20	1-2-23 to 1-1-24	$	42%	$	1.22088	3		%	$
21	1-2-22 to 1-1-23	$	32%	$	1.22088	4		%	$
22	1-2-21 to 1-1-22	$	24%	$	1.22088	5		%	$
23	1-2-20 to 1-1-21	$	18%	$	1.22088	6		%	$
24A	1-2-19 to 1-1-20	$	15%	$	1.22088	7		%	$
24B	1-2-18 to 1-1-19	$	15%	$	1.22088	8		%	$
24C	1-2-17 to 1-1-18	$	15%	$	1.22088	9		%	$
24D	1-2-16 to 1-1-17	$	15%	$	1.22088	10		%	$
25	**TOTAL POOL NUMBER 2**	$	--	$	--	--	--	--	$

Client/Loc 4500 HJE/KLH

SECTION 3 (continued)	ABATED EQUIPMENT POOLING SCHEDULE								Schedule A-1
		Form 103-Long, Schedule A, Column C, Adjusted Cost	TTV %	True Tax Value	Minimum Value Ratio (if applicable) *(5 decimal places)*	Year	Year*	Percent	Deduction Claimed
POOL NUMBER 3 (9 TO 12 YEAR LIFE)									
26*	1-2-25 to 1-1-26	$	40%	$	1.22088	1		%	$
27	1-2-24 to 1-1-25	$	60%	$	1.22088	2		%	$
28	1-2-23 to 1-1-24	$	55%	$	1.22088	3		%	$
29	1-2-22 to 1-1-23	$	45%	$	1.22088	4		%	$
30	1-2-21 to 1-1-22	$	37%	$	1.22088	5		%	$
31	1-2-20 to 1-1-21	$	30%	$	1.22088	6		%	$
32	1-2-19 to 1-1-20	$	25%	$	1.22088	7		%	$
33	1-2-18 to 1-1-19	$	20%	$	1.22088	8		%	$
34	1-2-17 to 1-1-18	$	16%	$	1.22088	9		%	$
35	1-2-16 to 1-1-17	$	12%	$	1.22088	10		%	$
37	**TOTAL POOL NUMBER 3**	$	--	$	--	--	--	--	$
POOL NUMBER 4 (13 YEAR AND LONGER LIVES)									
		Form 103-Long, Schedule A, Column C, Adjusted Cost	TTV %	True Tax Value	Minimum Value Ratio (if applicable) *(5 decimal places)*	Year	Year*	Percent	Deduction Claimed
38*	1-2-25 to 1-1-26	$	40%	$	1.22088	1		%	$
39	1-2-24 to 1-1-25	$	60%	$	1.22088	2		%	$
40	1-2-23 to 1-1-24	$	63%	$	1.22088	3		%	$
41	1-2-22 to 1-1-23	$	54%	$	1.22088	4		%	$
42	1-2-21 to 1-1-22	$	46%	$	1.22088	5		%	$
43	1-2-20 to 1-1-21	$	40%	$	1.22088	6		%	$
44	1-2-19 to 1-1-20	$	34%	$	1.22088	7		%	$
45	1-2-18 to 1-1-19	$	29%	$	1.22088	8		%	$
46	1-2-17 to 1-1-18	$	25%	$	1.22088	9		%	$
47	1-2-16 to 1-1-17	$	21%	$	1.22088	10		%	$
51	**TOTAL POOL NUMBER 4**	$	--	$	--	--	--	--	$
52	TOTAL ALL POOLS	**TOTAL OF POOLS 1, 2, 3, and 4 (Total Lines 17-A2, 25-A2, 37-A2, and 51-A2 from Schedule A-2)**							$

SECTION 4	ABATED EQUIPMENT POOLING SCHEDULE								Schedule A-2
		Form 103-Long, Schedule A, Column C, Adjusted Cost	TTV %	True Tax Value	Minimum Value Ratio (if applicable) *(5 decimal places)*	Year	Year*	Percent	Deduction Claimed
POOL NUMBER 1: (1 TO 4 YEAR LIFE)									
13-A2	1-2-25 to 1-1-26	$	65%	$	N/A	1		%	$
17-A2	**TOTAL POOL NUMBER 1**	$	--	$	--	--	--	--	$
POOL NUMBER 2: (5 TO 8 YEAR LIFE)									
18-A2	1-2-25 to 1-1-26	$ 2,089,315	40%	$ 835,726	N/A	1	1	100%	$ 835,726
25-A2	**TOTAL POOL NUMBER 2**	$ 2,089,315	--	$ 835,726	--	--	--	--	$ 835,726
POOL NUMBER 3: (9 TO 12 YEAR LIFE)									
26-A2	1-2-25 to 1-1-26	$	40%	$	N/A	1		%	$
37-A2	**TOTAL POOL NUMBER 3**	$	--	$	--	--	--	--	$
POOL NUMBER 4: (13 YEAR AND LONGER LIVES)									
38-A2	1-2-25 to 1-1-26	$	40%	$	N/A	1		%	$
51-A2	**TOTAL POOL NUMBER 4**	$	--	$	--	--	--	--	$
52-A2*	TOTAL ALL POOLS	**TOTAL OF POOLS 1, 2, 3, and 4 (Total Lines 17-A2, 25-A2, 37-A2, and 51-A2 from Schedule A-2)**							$ 835,726

Client/Loc 4500 HJE/KLH

SECTION 5	SPECIAL TOOLING									
Round all figures to the nearest $1. Report only the cost of abated special tools, dies, jigs, etc. (50 IAC 4.2-6-2)			True Tax Value *(Included on Form 103-T)*			Abatement			Deduction Claimed
						Year	Year*	Percent	
S1	1-2-25 to 1-1-26	$	30%	$	The Minimum Value Ratio Is Not Applicable To Special Tooling	1		%	$
S2	1-2-24 to 1-1-25	$	3%	$		2		%	$
S3	1-2-23 to 1-1-24	$	3%	$		3		%	$
S4	1-2-22 to 1-1-23	$	3%	$		4		%	$
S5	1-2-21 to 1-1-22	$	3%	$		5		%	$
S6	1-2-20 to 1-1-21	$	3%	$		6		%	$
S7	1-2-19 to 1-1-20	$	3%	$		7		%	$
S8	1-2-18 to 1-1-19	$	3%	$		8		%	$
S9	1-2-17 to 1-1-18	$	3%	$		9		%	$
S10	1-2-16 to 1-1-17	$	3%	$		10		%	$
S11	**TOTAL SPECIAL TOOLS**	$	--	$	--	--	--	--	$

SECTION 6	TOTAL DEDUCTION	
TOTAL POOLS Line 52 (from Schedule A-1)		$
TOTAL POOLS Line 52-A2* (from Schedule A-2)		$ 835,726
SUB-TOTAL SPECIAL TOOLING (from Above - line S11)		$
TOTAL ALL POOLS AND SPECIAL TOOLING		$ 835,726
LIMIT ON AMOUNT OF ABATEMENT STATED IN RESOLUTION	Cost $	Assessed Value $
AMOUNT OF DEDUCTION CLAIMED — Lesser of Resolution Limit on Abatement or Total All Pools. (Carry deduction forward to the Summary Section on Page 1 of the Form 103-Long)		$ 835,726

Obsolescence Claimed on Form 106? ☐ Yes ☒ No

NOTE: If obsolescence is claimed on depreciable assets, the applicable adjustment must be taken on the Abatement Deduction being claimed. Show calculations on Form 106.

Line numbers on this form match the line number on the Form 103-Long. Lines were added to Pools 1 and 2 and deleted from Pools 3 and 4 to reflect the ten (10) year abatement limitation.

*Lines 13, 18, 26, and 38 of Schedule A-1 are used to report personal property that is placed in service after January 1, 2025, and is located in a tax increment allocation area for which the base assessed value was determined before that date. Schedule A-2 is used to report personal property that is not subject to the 30% minimum valuation limitation under IC 6-1.1-3-29. This includes personal property placed in service after January 1, 2025 that is not located in a tax incremental allocation area for which the base assessed value was determined before that date.

Year* - This column may be used when the abatement year does not correlate with the acquisition year within the pool.
An example might be when used equipment is moved into Indiana from out of state and it was granted an abatement.

EQUIPMENT LIST FOR NEW ADDITIONS TO ERA DEDUCTION PERSONAL PROPERTY IN ECONOMIC REVITALIZATION AREA

State Form 52515 (R5 / 1-23)
Prescribed by the Department of Local Government Finance

JANUARY 1, 2026
FORM 103-EL

PRIVACY NOTICE
The records in this series are confidential according to IC 6-1.1-35-9.

INSTRUCTIONS:

1. *This schedule must be filed when any new manufacturing, research and development, logistical distribution and/or information technology equipment is claimed on the schedule of deduction from assessed valuation (Form 103-ERA) that has been installed after the prior year assessment date.*
2. *A separate list must be completed for EACH APPROVED abatement (Form SB-1 / PP). The equipment list must be attached to the corresponding Form 103-ERA and made part of the Business Personal Property Return (Form 103-Long) filed with the assessor not later than May 15, unless an extension of up to thirty (30) days is granted in writing.*
3. *A taxpayer's internal list may be attached to this form. Any data omitted from that taxpayer format must be added here, using the Reference Number Column to cross reference to the taxpayer formatted list.*
4. *The purpose column is to describe the item in sufficient detail to assist the assessing official to determine that the item is eligible for abatement as equipment (as defined in IC 6 1.1-12.1-1) An entry may be left blank if the item is self describing.*

SECTION 1 TAXPAYER INFORMATION

Name of Taxpayer	Name of Contact Person	
Great Lakes Lamination, Inc.	Joseph Rowan	
Address of Taxpayer *(number and street, city, state and ZIP code)*		**Telephone Number**
21861 Protecta Drive Elkhart IN 46516		574-389-9663
County	**Township**	**DLGF Taxing District Number** / **Email Address**
Elkhart	Washington	031 Bristol / jrowan@glfp.net

SECTION 2 ECONOMIC REVITALIZATION AREA INFORMATION

Name of Body Designating the Economic Revitalization Area	Resolution Number	Length of Abatement *(years)*
Town of Bristol	9-4-2025-13	3

SECTION 3 ABATED EQUIPMENT LIST

REFERENCE NUMBER [3]	INSTALLATION DATE	ITEM	PURPOSE [4]	COST PER 50 IAC 4.2	POOL LINE NUMBER	ASSESSOR USE ONLY
	09/30/2025	Forklift	Manufacturing	160,230	18-A2	
	10/15/2025	Seam Tape	Manufacturing	23,262	18-A2	
	11/30/2025	Interior Doors	Manufacturing	492,656	18-A2	
	12/31/2025	Forklift	Manufacturing	44,008	18-A2	
	12/31/2025	Profile Wrapper	Manufacturing	147,178	18-A2	
	12/31/2025	Laminator	Manufacturing	1,221,981	18-A2	

☐ Check if additional Form 103-EL are attached for this abatement (103-ERA). This is Equipment List _____ of _____.

☐ Check if taxpayer's internal list is attached.