Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2016

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

A This return/report is for:
- ☐ a multiemployer plan
- ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- ☒ a single-employer plan
- ☐ a DFE (specify) ____

B This return/report is:
- ☐ the first return/report
- ☐ the final return/report
- ☐ an amended return/report
- ☐ a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. . . . . ▶ ☐

D Check box if filing under:
- ☒ Form 5558
- ☐ automatic extension
- ☐ the DFVC program
- ☐ special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
THERM, INCORPORATED 401(K) PLAN

1b Three-digit plan number (PN) ▶ 003

1c Effective date of plan 01/01/1997

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
THERM, INCORPORATED

P. O. BOX 220
ITHACA, NY 14851

2b Employer Identification Number (EIN) 15-0468315

2c Plan Sponsor's telephone number 607-272-8500

2d Business code (see instructions) 333610

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	10/03/2017	JOANNE FINLAY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

Preparer's name (including firm name, if applicable) and address (include room or suite number)

Preparer's telephone number

3a Plan administrator's name and address [X] Same as Plan Sponsor	**3b** Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:	**4b** EIN	
a Sponsor's name	**4c** PN	

5 Total number of participants at the beginning of the plan year	**5**	174
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1) Total number of active participants at the beginning of the plan year	**6a(1)**	156
a(2) Total number of active participants at the end of the plan year	**6a(2)**	167
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	23
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	190
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**.	**6f**	190
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	158
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	6
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2E 2F 2G 2J 2K 3D

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply)

- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- **(1)** [X] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] **A** (Insurance Information) ___
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [ ] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2016 Form M-1 annual report. If the plan was not required to file the 2016 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2016** **This Form is Open to Public Inspection.**

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

A Name of plan THERM, INCORPORATED 401(K) PLAN	**B** Three-digit plan number (PN) ▶ 003
C Plan sponsor's name as shown on line 2a of Form 5500 THERM, INCORPORATED	**D** Employer Identification Number (EIN) 15-0468315

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions). . . . . ☐ Yes ☒ No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

QCI MANAGEMENT

40-A GROVE STREET
PITTSFORD, NY 14534

16-1045618

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 27 28	NONE	41700	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

STATE STREET BANK AND TRUST COMPANY

04-1867445

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
25 62 63 99	CUSTODIAN	5172	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

SCHEDULE H (Form 5500)

Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2016

This Form is Open to Public Inspection

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

A Name of plan
THERM, INCORPORATED 401(K) PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
THERM, INCORPORATED

D Employer Identification Number (EIN)
15-0468315

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	175989	260829
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	14403	13769
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	406665	555027
(2) U.S. Government securities	1c(2)	561271	729379
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	1018271	1051705
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	3818302	4588297
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	211873	180706
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	0	0
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	0	0
(15) Other	1c(15)	319385	258537

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)	0	0
	(2) Employer real property	1d(2)	0	0
e	Buildings and other property used in plan operation	1e	0	0
f	Total assets (add all amounts in lines 1a through 1e)	1f	6526159	7638249
	Liabilities			
g	Benefit claims payable	1g	0	0
h	Operating payables	1h	0	0
i	Acquisition indebtedness	1i	0	0
j	Other liabilities	1j	7587	4705
k	Total liabilities (add all amounts in lines 1g through1j)	1k	7587	4705
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	6518572	7633544

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

	Income		(a) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	260829	
	(B) Participants	2a(1)(B)	493117	
	(C) Others (including rollovers)	2a(1)(C)	0	
	(2) Noncash contributions	2a(2)	0	
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		753946
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	622	
	(B) U.S. Government securities	2b(1)(B)	10575	
	(C) Corporate debt instruments	2b(1)(C)	21739	
	(D) Loans (other than to participants)	2b(1)(D)	0	
	(E) Participant loans	2b(1)(E)	9555	
	(F) Other	2b(1)(F)	9375	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		51866
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)	0	
	(B) Common stock	2b(2)(B)	100058	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	0	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		100058
	(3) Rents	2b(3)		0
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	0	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)	0	
	(B) Other	2b(5)(B)	466535	
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		466535

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		0
c Other income	2c		0
d Total income. Add all **income** amounts in column (b) and enter total	2d		1372405
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	202047	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		202047
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		3809
h Interest expense	2h		0
i Administrative expenses: (1) Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)	0	
(3) Investment advisory and management fees	2i(3)	51577	
(4) Other	2i(4)	0	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		51577
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		257433
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		1114972
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		0

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) [ ] Unqualified **(2)** [ ] Qualified **(3)** [X] Disclaimer **(4)** [ ] Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? [X] Yes [ ] No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: FIRLEY MORAN FREER & EASSA CPA, PC **(2)** EIN: 16-1148763

d The opinion of an independent qualified public accountant is **not attached** because:

(1) [ ] This form is filed for a CCT, PSA, or MTIA. **(2)** [ ] It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	

			Yes	No	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		500000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	4n			
o	Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not separated from service?	4o			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?
If "Yes," enter the amount of any plan assets that reverted to the employer this year ☐ **Yes** ☒ **No** **Amount:**

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ..... ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year_____. (See instructions.)

Part V Trust Information

6a Name of trust	**6b** Trust's EIN

6c Name of trustee or custodian	**6d** Trustee's or custodian's telephone number

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2016

This Form is Open to Public Inspection.

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

A Name of plan
THERM, INCORPORATED 401(K) PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
THERM, INCORPORATED

D Employer Identification Number (EIN)
15-0468315

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 04-3371404

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year **3**

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section of 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 **a** Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☐ **No**

Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 **a** Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

14 Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	**14a**	
b The plan year immediately preceding the current plan year	**14b**	
c The second preceding plan year	**14c**	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

19 If the total number of participants is 1,000 or more, complete lines (a) through (c)

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

Part VII IRS Compliance Questions

20a Is the plan a 401(k) plan? If "No," skip b	☐ Yes ☐ No
20b How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply:	☐ Design-based safe harbor ☐ "Prior year" ADP test ☐ "Current year" ADP test ☐ N/A
21a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:	☐ Ratio percentage test ☐ Average benefit test ☐ N/A
21b Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules?	☐ Yes ☐ No

22a If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opinion letter or advisory letter, enter the date of the letter _____/_____/_____ and the serial number _____.

22b If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter the date of the most recent determination letter _____/_____/_____.

Audited Financial Statements

THERM, INCORPORATED
401(k) PLAN

December 31, 2016

Audited Financial Statements

THERM, INCORPORATED 401(k) PLAN

December 31, 2016

Independent Auditor's Report 1
Statements of Net Assets Available for Benefits 3
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Schedule of Assets (Held At End of Year) 14

Firley, Moran, Freer & Eassa, CPA, P.C.
5010 Campuswood Drive · East Syracuse, NY 13057
p: 315.472.7045 f: 315.472.7053 www.fmfecpa.com

INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator and Trustee
Therm, Incorporated 401(k) Plan
Ithaca, New York

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Therm, Incorporated 401(k) Plan, which comprise the statements of net assets available for benefits as of December 31, 2016 and 2015, the related statement of changes in net assets available for benefits for the year ended December 31, 2016, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note C, which was certified or provided by State Street Bank and Trust Company, the custodian of the Plan, except for comparing this information with the related information included in the financial statements. We have been informed by the Plan Administrator that the custodian holds the Plan's assets and executes transactions. The Plan Administrator has obtained certifications from the custodian as of December 31, 2016 and 2015, and for the year ended December 31, 2016, that the information provided to the Plan Administrator by the custodian is complete and accurate.

An Independently Owned Member, RSM US Alliance

RSM US Alliance member firms are separate and independent businesses and legal entities that are responsible for their own acts and omissions, and each are separate and independent from RSM US LLP. RSM US LLP is the U.S. member firm of RSM International, a global network of independent audit, tax, and consulting firms. Members of RSM US Alliance have access to RSM International resources through RSM US LLP but are not member firms of RSM International.

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter

The supplemental schedule of assets held as of December 31, 2016 is required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA and is presented for the purposes of additional analysis and is not a required part of the financial statements. The supplemental schedule is the responsibility of the Plan's management. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule.

Report on Form and Content in Compliance with DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified or provided by the custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Kirley, Moran, Green & Essa, CPA, P.C.

East Syracuse, New York
September 20, 2017

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

THERM, INCORPORATED 401(k) PLAN

	December 31, 2016	2015
ASSETS		
Participant directed investments, at fair value	$7,182,945	$6,123,894
Receivables:		
Employer contributions	260,829	175,989
Notes from participants	180,706	211,873
Accrued interest	13,769	14,403
	455,304	402,265
TOTAL ASSETS	7,638,249	6,526,159
LIABILITIES		
Other liabilities	4,705	7,587
TOTAL LIABILITIES	4,705	7,587
NET ASSETS AVAILABLE FOR BENEFITS	$7,633,544	$6,518,572

See accompanying notes to financial statements.

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

THERM, INCORPORATED 401(k) PLAN

Year ended December 31, 2016

ADDITIONS		
Additions to net assets attributed to:		
Investment income:		
Net appreciation in value of investments		$ 466,535
Interest and dividend income		142,369
	TOTAL INVESTMENT INCOME	608,904
Interest income--receivables--notes from participants		9,555
Contributions:		
Participant elective deferral contributions		493,117
Employer contributions		260,829
		753,946
	TOTAL ADDITIONS	1,372,405
DEDUCTIONS		
Deductions from net assets attributed to:		
Benefits paid to participants		205,856
Administrative expenses		51,577
	TOTAL DEDUCTIONS	257,433
	NET INCREASE	1,114,972
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year		6,518,572
	END OF YEAR	$ 7,633,544

See accompanying notes to financial statements.

NOTES TO FINANCIAL STATEMENTS

THERM, INCORPORATED 401(k) PLAN

December 31, 2016 and 2015

NOTE A--DESCRIPTION OF THE PLAN

The following description of the Therm, Incorporated 401(k) Plan (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General: The Plan is a defined contribution plan covering substantially all employees of Therm, Incorporated (the Company/Plan Sponsor), immediately upon employment, who are age nineteen or older. An employee is eligible to participate in the Plan on the first day of the month following the date the eligibility requirements are met. The Plan is subject to the provisions of ERISA. The Board of Directors is responsible for oversight of the Plan. The Plan trustee determines the appropriateness of the Plan's investment offerings, monitors investment performance and reports to the Board of Directors.

Contributions: Each year, participants may contribute the lesser of 100% of pretax annual compensation (elective deferral contributions), or $18,000 into the Plan for 2016. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions (not to exceed $6,000 in 2016). Participants may also contribute amounts representing distributions from other qualified defined contribution or defined benefit plans (rollovers). Effective January 1, 2016, the Plan was amended to allow for safe harbor employer contributions. In 2016, the Company elected to make employer safe harbor matching contributions based on 100% of the participant's first 3% of eligible compensation deferred and 50% of the next 2% of eligible compensation deferred. Employer safe harbor contributions totaled $260,829 for the Plan year ending December 31, 2016. Total contributions, for the Plan year ending December 31, 2016, cannot exceed the lesser of $53,000 or 100% of a participant's annual compensation. Participants may direct the investment of their contributions into various investment options offered by the Plan and change their investment options quarterly. The Company may also elect to make discretionary matching or profit sharing contributions to the Plan, although no such contributions were made for 2016. Contributions are subject to certain Internal Revenue Service (IRS) limitations.

Participant Accounts: Each participant's account is credited with the participant's contributions and allocations of employer contributions and Plan earnings. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participant earnings, account balances, or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

NOTE A--DESCRIPTION OF THE PLAN--Continued

Vesting: Participants are immediately vested in their contributions (including catch-up contributions and rollover contributions) and Company safe harbor matching contributions plus actual earnings thereon. Vesting in the Company's discretionary contributions portion of their accounts plus actual earnings thereon is as follows:

Years of service	Vesting percentage
Less than 2	0%
2	20%
3	40%
4	60%
5	80%
6	100%

Receivables--Notes From Participants: Participants may borrow from their fund accounts a minimum of $500 up to a maximum equal to the lesser of $50,000 or 50% of their account balance. Terms of the loans generally require repayment over a period not extending beyond five years from the date of the loan. The Plan Administrator may permit a longer repayment term if the loan is for the purchase of the participant's principal residence. Loans are secured by the balance in the participant's account and bear reasonable rates of interest, as determined by the Plan Administrator (currently prime rate plus 2%). Participants are permitted to have only one loan outstanding at a time. Principal and interest are paid ratably through monthly payroll deductions.

Payment of Benefits: Distributions from the Plan are available upon retirement, death, termination of employment, proven hardship, in-service after age 59½, as required through a qualified domestic relations order, or as required under minimum distribution rules after attaining age 70½. Upon termination of a participant's employment for any reason, including death, disability or retirement, the participant will receive a lump-sum amount equal to the value of the participant's account. If the vested account balance exceeds $1,000, the participant must consent to the distribution. The participant may also elect to make a direct rollover distribution to another qualified defined contribution or defined benefit plan. If a participant's vested account balance is $1,000 or less, and they fail to make a distribution election, a lump-sum benefit will be paid to the participant without their consent.

Forfeited Accounts: Forfeitures are permitted to be used to pay Plan administrative expenses or to reduce amounts otherwise required to be contributed to the Plan. If forfeitures are not used to pay Plan expenses then the forfeitures will be added to any employer safe harbor matching and discretionary contributions and allocated to participant accounts in the same manner. Forfeitures totaling $4,705 were used to pay Plan administrative expenses in 2016.

NOTE B--SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting: The financial statements of the Plan are prepared on the accrual basis of accounting.

Use of Estimates: The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities and changes therein, and disclosures of contingent assets and liabilities. Actual results could differ from those estimates.

Investment Valuation and Income Recognition: Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan Trustee determines the Plan's valuation policies utilizing information provided by the Plan's investment advisors and custodian. See Note E for discussion of fair value measurements.

Purchases and sales of investments are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Receivables--Notes from Participants: Receivables--notes from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded at December 31, 2016 or 2015. If a participant ceases to make loan repayments and the Plan Administrator deems the participant loan in default, the participant loan balance is reduced and a benefit payment is recorded.

Payment of Benefits: Benefits are recorded when paid.

Administrative Expenses: Certain expenses of maintaining the Plan, such as recordkeeping and auditing services are paid directly by the Plan Sponsor and are excluded from these financial statements. Fees related to the administration of receivables--notes from participants and certain benefit payments and investment related expenses such as custodial and trustee fees are charged directly to the participant's account and are included in administrative expenses.

Events Occurring After Reporting Date: The Plan Administrator has evaluated events and transactions that occurred between December 31, 2016 and September 20, 2017, which is the date the financial statements were available to be issued, for possible disclosure and recognition in the financial statements. There were no such events or transactions identified by the Plan Administrator.

NOTE C--INFORMATION CERTIFIED BY STATE STREET BANK AND TRUST COMPANY (UNAUDITED)

The following is a summary of the Plan's asset information as of and for the year ended December 31, 2016 and as of December 31 2015, included throughout the Plan's financial statements and supplemental schedule of assets (held at end of year), that was prepared by or derived from information provided by State Street Bank and Trust Company, the custodian of the Plan, and furnished to the Plan Administrator. The Plan Administrator has obtained certifications from the custodian that such information provided to the Plan Administrator by the custodian related to the following assets is complete and accurate to the best of their knowledge. Accordingly, as permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan Administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to information which appears throughout the financial statements and supplemental schedule of assets (held at end of year) relating to the following assets.

	December 31, 2016	December 31, 2015
Investments at fair value, held at State Street Bank and Trust Company:		
Capital preservation fund		
Interest-bearing cash (money market)	$ 102,717	$ 4,018
Corporate bonds	420,432	387,738
Fixed index funds	207,969	215,283
U.S. Government and agency securities	170,476	190,793
	901,594	797,832
Stock/bond blend fund		
Interest-bearing cash (money market)	150,999	92,692
Corporate bonds	390,896	417,327
Fixed index funds	50,568	104,102
Foreign assets	54,395	63,813
Common stock	986,006	807,167
U.S. Government and agency securities	558,903	370,478
	2,191,767	1,855,579
Investments subtotal	$3,093,361	$2,653,411

NOTE C--INFORMATION CERTIFIED BY STATE STREET BANK AND TRUST COMPANY (UNAUDITED)--Continued

	December 31, 2016	December 31, 2015
Investments balance forward	$3,093,361	$2,653,411
Long term growth fund		
Interest-bearing cash (money market)	236,729	282,200
Common stock	2,673,992	2,221,959
Foreign assets	185,982	149,393
	3,096,703	2,653,552
Multi-Cap global fund		
Interest-bearing cash (money market)	64,582	27,755
Common stock	928,299	789,176
	992,881	816,931
TOTAL INVESTMENTS	$7,182,945	$6,123,894

The custodian also certified to the completeness and accuracy of $466,535 of net appreciation in value of investments and $142,369 of interest and dividend income for the Plan year ended December 31, 2016.

NOTE D--RELATED PARTY AND PARTY IN INTEREST TRANSACTIONS

The Plan issues loans to participants, which are secured by the balances in the participants' accounts and issues certain benefit payments to participants that are entitled. Therefore, related transactions qualify as party in interest transactions. All other transactions which may be considered parties in interest transactions relate to normal Plan management and administrative services, and the related payment of fees.

Fees paid by the Plan to the Plan's custodian and investment advisors for investment and advisory services have been separately stated as administrative expenses on the Plan's Statement of Changes in Net Assets Available for Benefits.

Administrative expenses for recordkeeping and auditing services are provided by parties in interest and are paid directly by the Plan Sponsor. The Plan Administrator believes all party in interest transactions qualify for either statutory or administrative exemption from the prohibited transaction rules under ERISA.

NOTE E--FAIR VALUE MEASUREMENTS

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy under FASB Accounting Standards Codification Topic 820, "Fair Value Measurements and Disclosures", are described as follows:

Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability; and
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2016 and 2015:

Interest-bearing cash (money market): The fair value of interest-bearing cash (money market) approximates carrying value due to the nature of the instrument.

Common stocks, fixed index funds, and foreign assets: Valued at the closing price reported on the active market on which the individual securities are traded.

NOTE E--FAIR VALUE MEASUREMENTS--Continued

Corporate bonds and U.S. Government and Agency securities: Valued by discounting the related cash flows based on current yields of similar instruments with comparable durations considering the credit-worthiness of the issuer.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following table sets forth by Level, within the fair value hierarchy, the Plan's investments at fair value:

	Investments at Fair Value as of: December 31, 2016			
	Level 1	Level 2	Level 3	Total
Interest-bearing cash (money market)	$ 555,027	$ -0-	$ -0-	$ 555,027
Corporate bonds	-0-	811,328	-0-	811,328
U.S. Government and agency securities	-0-	729,379	-0-	729,379
Fixed index funds	258,537	-0-	-0-	258,537
Common stock	4,588,297	-0-	-0-	4,588,297
Foreign assets	240,377	-0-	-0-	240,377
Total investments at fair value	$ 5,642,238	$ 1,540,707	$ -0-	$ 7,182,945

	December 31, 2015			
	Level 1	Level 2	Level 3	Total
Interest-bearing cash (money market)	$ 406,665	$ -0-	$ -0-	$ 406,665
Corporate bonds	-0-	805,065	-0-	805,065
U.S. Government and agency securities	-0-	561,271	-0-	561,271
Fixed index funds	319,385	-0-	-0-	319,385
Common stock	3,818,302	-0-	-0-	3,818,302
Foreign assets	213,206	-0-	-0-	213,206
Total investments at fair value	$ 4,757,558	$ 1,366,336	$ -0-	$ 6,123,894

NOTE F--PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants would become 100% vested in their employer contributions.

NOTE G--TAX STATUS

The Plan has adopted the Volume Submitter Profit Sharing Plan sponsored by Rimkus, Marciano & Associates, Inc. The IRS has determined and informed the volume submitter plan sponsor by a letter dated March 31, 2014, that the volume submitter plan qualifies under the applicable sections of the IRC. The Plan Administrator timely adopted the prototype plan. Although the Plan has been amended since adopting the prototype plan, the Plan Administrator believes that the Plan is currently being operated in compliance with the applicable requirements of the IRC and, therefore, believes that the Plan is qualified, and the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan Administrator believes it is no longer subject to income tax examinations for years prior to 2013.

NOTE H--RISKS AND UNCERTAINTIES

The Plan invests in various investments. The investments are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investments, it is at least reasonably possible that changes in the values of the investments will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the Plan's Statements of Net Assets Available for Benefits.

NOTE I--RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following are reconciliations of net assets available for benefits per the accompanying financial statements as of and for the years ended December 31, 2016 and 2015 to the respective Form 5500:

	December 31, 2016	December 31, 2015
Net assets available for benefits per financial statements	$7,633,544	$6,518,572
Differences in:		
Investments	180,706	211,873
Receivables--notes from participants	(180,706)	(211,873)
Net assets available for benefits per Form 5500	$7,633,544	$6,518,572

Form 5500, Schedule H, Part IV, Line 4(i)

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

THERM, INCORPORATED 401(k) PLAN

EIN: 15-0468315 PLAN NO.: 003

December 31, 2016

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value			(d) Cost	(e) Current Value
	Interest-Bearing Cash			Money Market Account	**	$ 555,027
				Interest-Bearing Cash Total		555,027
	Corporate Bonds					
	Anheuser Busch Cos.	50,000	1.38%	7/15/2017	**	50,044
	Anheuser Busch Cos.	5,000	5.60%	3/1/2017	**	5,035
	Apple Inc.	30,000	1.00%	5/3/2018	**	29,888
	Apple Inc.	30,000	2.85%	5/6/2021	**	30,623
	Caterpillar Fin Mtn	35,000	1.63%	6/1/2017	**	35,061
	Caterpillar Finl Se Mtn	10,000	1.00%	3/3/2017	**	9,998
	Caterpillar Inc.	10,000	1.50%	6/26/17	**	10,013
	Cisco Sys Inc.	30,000	1.10%	3/3/2017	**	29,996
	Cisco Sys Inc.	25,000	4.95%	2/15/2019	**	26,725
	Cisco Systems Inc.	5,000	4.45%	1/15/2020	**	5,359
	Comcast Inc.	30,000	3.13%	7/15/2022	**	30,627
	Comcast Inc.	35,000	5.88%	2/15/2018	**	36,698
	CVS Caremark Corp.	30,000	2.25%	12/5/2018	**	30,263
	CVS Caremark Corp.	30,000	2.75%	12/1/2022	**	29,554
	Duke Energy Corp	30,000	1.63%	8/15/2017	**	30,048
	Duke Energy Corp	25,000	2.10%	6/15/2018	**	25,106
	Gen Mls Inc.	45,000	1.40%	10/20/2017	**	45,052
	General Mills	10,000	3.15%	12/15/2021	**	10,214
	General Mills Inc.	5,000	5.70%	2/15/2017	**	5,025
	Georgia Power Co.	15,000	4.25%	12/1/2019	**	15,924
	Georgia Pwr Co.	10,000	5.70%	6/1/2017	**	10,181
	John Deere Cap Corp.	40,000	1.95%	12/13/2018	**	40,211
	John Deere Cap Corp.	20,000	2.05%	3/10/2020	**	19,940
	JPMorgan Chase & Co.	35,000	2.00%	8/15/2017	**	35,130
	Microsoft Corp	30,000	1.00%	5/1/2018	**	29,920
	Microsoft Corp	30,000	2.38%	5/1/2023	**	29,450
	Norfolk Southern Corp.	45,000	5.75%	4/1/2018	**	47,249
	Norfolk Southern Cor	10,000	5.90%	6/15/2019	**	10,910
	Oracle Corp	30,000	5.75%	4/15/2018	**	31,694
	Southern Co	40,000	2.45%	9/1/2018	**	40,411
	Southern Pwr. Co.	5,000	1.50%	6/1/2018	**	4,977
	Walt Disney Co. MTN	20,000	1.13%	2/15/2017	**	20,002
				Corporate Bonds Total		$ 811,328

Form 5500, Schedule H, Part IV, Line 4(i)

SCHEDULE OF ASSETS (HELD AT END OF YEAR)--Continued

THERM, INCORPORATED 401(k) PLAN

EIN: 15-0468315 PLAN NO.: 003

December 31, 2016

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value			(d) Cost	(e) Current Value
	U.S. Government and Agency Securities					
	FFCB (Fed Fm Cr Bk)	40,000	1.10%	6/28/2017	**	$ 40,078
	FHLB (Fed Hm Ln Bk)	30,000	1.15%	1/28/2019	**	29,796
	FHLB (Fed Hm Ln Bk)	75,000	1.75%	12/14/2018	**	75,785
	FHLB (Fed Hm Ln Bk)	75,000	1.88%	3/13/2020	**	75,709
	US Treasury Notes	100,000	1.00%	11/15/2019	**	98,797
	US Treasury Notes	105,000	1.38%	6/30/2018	**	105,492
	US Treasury Notes	100,000	1.63%	1/15/2022	**	97,320
	US Treasury Notes	50,000	1.88%	8/31/2017	**	50,367
	US Treasury Notes	55,000	2.00%	11/30/2020	**	55,570
	US Treasury Notes	100,000	2.38%	8/15/2024	**	100,465
				U.S. Government and Agency Securities Total		729,379
	Fixed Index Funds					
	DC Go Txbl	20,000	5.17%	6/1/2019	**	21,665
	IShares	400	shares	1-3 Yr Credit	**	41,976
	Pimco Short Term Fund	7,011	shares		**	68,709
	Templeton Global Bond Fund	2,132	shares		**	25,493
	Vanguard Short Term Invt Grade-Adm	9,473	shares		**	100,694
				Fixed Index Funds Total		258,537
	Common Stock					
	Abbott Laboratories	1,525	shares		**	58,575
	Abbvie Inc.	1,240	shares		**	77,649
	Alphabet Inc.	135	shares		**	104,196
	Altria Group Inc.	1,300	shares		**	87,906
	Amazon.com Inc.	130	shares		**	97,483
	Amgen Inc.	560	shares		**	81,878
	Apple Inc.	1,190	shares		**	137,826
	Bank of America Corp	5,975	shares		**	132,047
	Berkshire Hathaway Inc.	725	shares		**	118,160
	Bristol Myers Squibb Co.	1,150	shares		**	67,206
	Chevron Corp.	715	shares		**	84,155
	Cisco Systems Inc.	2,425	shares		**	73,284
	Corning Inc.	4,975	shares		**	120,743
	CVS Health Corp	575	shares		**	45,373
	Disney (The Walt) Company Del	800	shares		**	83,376
	Duke Energy Corp.	550	shares		**	42,691
				Common Stock Subtotal		$ 1,412,548

Form 5500, Schedule H, Part IV, Line 4(i)

SCHEDULE OF ASSETS (HELD AT END OF YEAR)--Continued

THERM, INCORPORATED 401(k) PLAN

EIN: 15-0468315 PLAN NO.: 003

December 31, 2016

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value		(d) Cost	(e) Current Value
	Common Stock--Continued				
	Balance Forward				$1,412,548
	Ecolab Inc.	725	shares	**	84,985
	Exxon Mobil Corp.	1,125	shares	**	101,543
	Facebook Inc.	625	shares	**	71,906
	Flir Sys Inc	1,750	shares	**	63,332
	General Dynamics Corp	300	shares	**	51,798
	General Electric Co.	3,100	shares	**	97,960
	Goldman Sachs Group Inc.	385	shares	**	92,188
	Granite Construction Inc.	1,100	shares	**	60,500
	Intel Corp.	2,250	shares	**	81,608
	Ishares Corp S&P SmallCap	875	shares	**	120,330
	Johnson & Johnson	675	shares	**	77,767
	JP Morgan Chase & Co.	950	shares	**	81,975
	Lowes Cos Inc.	925	shares	**	65,786
	Mastercard Inc.	715	shares	**	73,824
	Microsoft Corp.	1,450	shares	**	90,103
	Nucor Corp.	1,410	shares	**	83,923
	Palo Alto Networks Inc.	375	shares	**	46,894
	Parker Hannifin Co.	400	shares	**	56,000
	Pepsi Co. Inc.	600	shares	**	62,778
	PNC Financial Services Group	800	shares	**	93,568
	Procter & Gamble Co.	850	shares	**	71,468
	Schwab Charles Corp	1,400	shares	**	55,258
	Southern Co.	865	shares	**	42,549
	SPDR S&P 500	1,100	shares	**	245,883
	SPDR S&P Mid Cap 400	340	shares	**	102,588
	Spectra Energy Corp	1,375	shares	**	56,499
	Starbucks Corp.	1,230	shares	**	68,290
	TJX Companies Inc.	925	shares	**	69,495
	Under Armor Inc.	1,900	shares	**	55,195
	United Parcel Services Inc.	550	shares	**	63,052
	United Rentals Inc.	675	shares	**	71,267
	Vanguard FTSE Developed Markets	6,700	shares	**	244,818
	Vanguard FTSE Emerging Markets	6,000	shares	**	214,680
	Ventas Incorporated	1,100	shares	**	68,772
	Verizon Communications Inc.	1,175	shares	**	62,722
	Wells Fargo & Co.	1,275	shares	**	70,265
	Zimmer Biomet Holdings Inc.	525	shares	**	54,180
				Common Stock Total	$4,588,297

Form 5500, Schedule H, Part IV, Line 4(i)

SCHEDULE OF ASSETS (HELD AT END OF YEAR)--Continued

THERM, INCORPORATED 401(k) PLAN

EIN: 15-0468315 PLAN NO.: 003

December 31, 2016

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value		(d) Cost	(e) Current Value
	Foreign Assets				
	Check Point Software Tech LTD.	775	shares	**	$ 65,457
	Chubb LTD	625	shares	**	82,575
	Schlumberger LTD	1,100	shares	**	92,345
				Foreign Assets Total	240,377
*	Participant Loans		5.25% - 5.5%		180,706
				GRAND TOTAL	$ 7,363,651

* Represents party in interest

** Cost omitted for participant directed accounts.

Form 5500, Schedule H, Part IV, Line 4(i)

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

THERM, INCORPORATED 401(k) PLAN

EIN: 15-0468315 PLAN NO.: 003

December 31, 2016

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value			(d) Cost	(e) Current Value
	Interest-Bearing Cash		Money Market Account		**	$ 555,027
				Interest-Bearing Cash Total		555,027
	Corporate Bonds					
	Anheuser Busch Cos.	50,000	1.38%	7/15/2017	**	50,044
	Anheuser Busch Cos.	5,000	5.60%	3/1/2017	**	5,035
	Apple Inc.	30,000	1.00%	5/3/2018	**	29,888
	Apple Inc.	30,000	2.85%	5/6/2021	**	30,623
	Caterpillar Fin Mtn	35,000	1.63%	6/1/2017	**	35,061
	Caterpillar Finl Se Mtn	10,000	1.00%	3/3/2017	**	9,998
	Caterpillar Inc.	10,000	1.50%	6/26/17	**	10,013
	Cisco Sys Inc.	30,000	1.10%	3/3/2017	**	29,996
	Cisco Sys Inc.	25,000	4.95%	2/15/2019	**	26,725
	Cisco Systems Inc.	5,000	4.45%	1/15/2020	**	5,359
	Comcast Inc.	30,000	3.13%	7/15/2022	**	30,627
	Comcast Inc.	35,000	5.88%	2/15/2018	**	36,698
	CVS Caremark Corp.	30,000	2.25%	12/5/2018	**	30,263
	CVS Caremark Corp.	30,000	2.75%	12/1/2022	**	29,554
	Duke Energy Corp	30,000	1.63%	8/15/2017	**	30,048
	Duke Energy Corp	25,000	2.10%	6/15/2018	**	25,106
	Gen Mls Inc.	45,000	1.40%	10/20/2017	**	45,052
	General Mills	10,000	3.15%	12/15/2021	**	10,214
	General Mills Inc.	5,000	5.70%	2/15/2017	**	5,025
	Georgia Power Co.	15,000	4.25%	12/1/2019	**	15,924
	Georgia Pwr Co.	10,000	5.70%	6/1/2017	**	10,181
	John Deere Cap Corp.	40,000	1.95%	12/13/2018	**	40,211
	John Deere Cap Corp.	20,000	2.05%	3/10/2020	**	19,940
	JPMorgan Chase & Co.	35,000	2.00%	8/15/2017	**	35,130
	Microsoft Corp	30,000	1.00%	5/1/2018	**	29,920
	Microsoft Corp	30,000	2.38%	5/1/2023	**	29,450
	Norfolk Southern Corp.	45,000	5.75%	4/1/2018	**	47,249
	Norfolk Southern Cor	10,000	5.90%	6/15/2019	**	10,910
	Oracle Corp	30,000	5.75%	4/15/2018	**	31,694
	Southern Co	40,000	2.45%	9/1/2018	**	40,411
	Southern Pwr. Co.	5,000	1.50%	6/1/2018	**	4,977
	Walt Disney Co. MTN	20,000	1.13%	2/15/2017	**	20,002
				Corporate Bonds Total		$ 811,328

Form 5500, Schedule H, Part IV, Line 4(i)

SCHEDULE OF ASSETS (HELD AT END OF YEAR)--Continued

THERM, INCORPORATED 401(k) PLAN

EIN: 15-0468315 PLAN NO.: 003

December 31, 2016

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value			(d) Cost	(e) Current Value
	U.S. Government and Agency Securities					
	FFCB (Fed Fm Cr Bk)	40,000	1.10%	6/28/2017	**	$ 40,078
	FHLB (Fed Hm Ln Bk)	30,000	1.15%	1/28/2019	**	29,796
	FHLB (Fed Hm Ln Bk)	75,000	1.75%	12/14/2018	**	75,785
	FHLB (Fed Hm Ln Bk)	75,000	1.88%	3/13/2020	**	75,709
	US Treasury Notes	100,000	1.00%	11/15/2019	**	98,797
	US Treasury Notes	105,000	1.38%	6/30/2018	**	105,492
	US Treasury Notes	100,000	1.63%	1/15/2022	**	97,320
	US Treasury Notes	50,000	1.88%	8/31/2017	**	50,367
	US Treasury Notes	55,000	2.00%	11/30/2020	**	55,570
	US Treasury Notes	100,000	2.38%	8/15/2024	**	100,465
				U.S. Government and Agency Securities Total		729,379
	Fixed Index Funds					
	DC Go Txbl	20,000	5.17%	6/1/2019	**	21,665
	IShares	400	shares	1-3 Yr Credit	**	41,976
	Pimco Short Term Fund	7,011	shares		**	68,709
	Templeton Global Bond Fund	2,132	shares		**	25,493
	Vanguard Short Term Invt Grade-Adm	9,473	shares		**	100,694
				Fixed Index Funds Total		258,537
	Common Stock					
	Abbott Laboratories	1,525	shares		**	58,575
	Abbvie Inc.	1,240	shares		**	77,649
	Alphabet Inc.	135	shares		**	104,196
	Altria Group Inc.	1,300	shares		**	87,906
	Amazon.com Inc.	130	shares		**	97,483
	Amgen Inc.	560	shares		**	81,878
	Apple Inc.	1,190	shares		**	137,826
	Bank of America Corp	5,975	shares		**	132,047
	Berkshire Hathaway Inc.	725	shares		**	118,160
	Bristol Myers Squibb Co.	1,150	shares		**	67,206
	Chevron Corp.	715	shares		**	84,155
	Cisco Systems Inc.	2,425	shares		**	73,284
	Corning Inc.	4,975	shares		**	120,743
	CVS Health Corp	575	shares		**	45,373
	Disney (The Walt) Company Del	800	shares		**	83,376
	Duke Energy Corp.	550	shares		**	42,691
				Common Stock Subtotal		$ 1,412,548

Form 5500, Schedule H, Part IV, Line 4(i)

SCHEDULE OF ASSETS (HELD AT END OF YEAR)--Continued

THERM, INCORPORATED 401(k) PLAN

EIN: 15-0468315 PLAN NO.: 003

December 31, 2016

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value		(d) Cost	(e) Current Value
	Common Stock--Continued				
	Balance Forward				$1,412,548
	Ecolab Inc.	725	shares	**	84,985
	Exxon Mobil Corp.	1,125	shares	**	101,543
	Facebook Inc.	625	shares	**	71,906
	Flir Sys Inc	1,750	shares	**	63,332
	General Dynamics Corp	300	shares	**	51,798
	General Electric Co.	3,100	shares	**	97,960
	Goldman Sachs Group Inc.	385	shares	**	92,188
	Granite Construction Inc.	1,100	shares	**	60,500
	Intel Corp.	2,250	shares	**	81,608
	Ishares Corp S&P SmallCap	875	shares	**	120,330
	Johnson & Johnson	675	shares	**	77,767
	JP Morgan Chase & Co.	950	shares	**	81,975
	Lowes Cos Inc.	925	shares	**	65,786
	Mastercard Inc.	715	shares	**	73,824
	Microsoft Corp.	1,450	shares	**	90,103
	Nucor Corp.	1,410	shares	**	83,923
	Palo Alto Networks Inc.	375	shares	**	46,894
	Parker Hannifin Co.	400	shares	**	56,000
	Pepsi Co. Inc.	600	shares	**	62,778
	PNC Financial Services Group	800	shares	**	93,568
	Procter & Gamble Co.	850	shares	**	71,468
	Schwab Charles Corp	1,400	shares	**	55,258
	Southern Co.	865	shares	**	42,549
	SPDR S&P 500	1,100	shares	**	245,883
	SPDR S&P Mid Cap 400	340	shares	**	102,588
	Spectra Energy Corp	1,375	shares	**	56,499
	Starbucks Corp.	1,230	shares	**	68,290
	TJX Companies Inc.	925	shares	**	69,495
	Under Armor Inc.	1,900	shares	**	55,195
	United Parcel Services Inc.	550	shares	**	63,052
	United Rentals Inc.	675	shares	**	71,267
	Vanguard FTSE Developed Markets	6,700	shares	**	244,818
	Vanguard FTSE Emerging Markets	6,000	shares	**	214,680
	Ventas Incorporated	1,100	shares	**	68,772
	Verizon Communications Inc.	1,175	shares	**	62,722
	Wells Fargo & Co.	1,275	shares	**	70,265
	Zimmer Biomet Holdings Inc.	525	shares	**	54,180
				Common Stock Total	$4,588,297

Form 5500, Schedule H, Part IV, Line 4(i)

SCHEDULE OF ASSETS (HELD AT END OF YEAR)--Continued

THERM, INCORPORATED 401(k) PLAN

EIN: 15-0468315 PLAN NO.: 003

December 31, 2016

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value		(d) Cost	(e) Current Value
	Foreign Assets				
	Check Point Software Tech LTD.	775	shares	**	$ 65,457
	Chubb LTD	625	shares	**	82,575
	Schlumberger LTD	1,100	shares	**	92,345
				Foreign Assets Total	240,377
*	Participant Loans		5.25% - 5.5%		180,706
				GRAND TOTAL	$ 7,363,651

* Represents party in interest

** Cost omitted for participant directed accounts.