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

2018

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

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.)
- [X] 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:
- [X] 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.	10/01/2019	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

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 or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: **a** Sponsor's name **c** Plan Name	**4b**	EIN
		4d	PN

5	Total number of participants at the beginning of the plan year	**5**	196
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)**	166
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	168
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	33
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	201
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	1
f	Total. Add lines **6d** and **6e**.	**6f**	202
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 who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	2
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 2T 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)		**9b** Plan benefit arrangement (check all that apply)	
(1)	[ ] Insurance	**(1)**	[ ] Insurance
(2)	[ ] Code section 412(e)(3) insurance contracts	**(2)**	[ ] Code section 412(e)(3) insurance contracts
(3)	[X] Trust	**(3)**	[X] Trust
(4)	[ ] General assets of the sponsor	**(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 2018 Form M-1 annual report. If the plan was not required to file the 2018 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.**	**2018** **This Form is Open to Public Inspection.**

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

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

1040 PITTSFORD VICTOR ROAD
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	55599	Yes [ ] No [X]	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	6266	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] 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)

Department of the Treasury
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

2018

This Form is Open to Public Inspection

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

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)	258037	276952
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	18674	20837
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	177540	475766
(2) U.S. Government securities	1c(2)	833941	1030923
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	1153760	1264694
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	5709018	5144881
(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)	216494	212562
(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)	447894	452527

			(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	8815358	8879142
	Liabilities			
g	Benefit claims payable	1g	0	0
h	Operating payables	1h	0	0
i	Acquisition indebtedness	1i	0	0
j	Other liabilities	1j	2967	
k	Total liabilities (add all amounts in lines 1g through1j)	1k	2967	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	8812391	8879142

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)	276952	
	(B) Participants	2a(1)(B)	551470	
	(C) Others (including rollovers)	2a(1)(C)	60665	
	(2) Noncash contributions	2a(2)	0	
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		889087
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	11330	
	(B) U.S. Government securities	2b(1)(B)	17246	
	(C) Corporate debt instruments	2b(1)(C)	26066	
	(D) Loans (other than to participants)	2b(1)(D)	0	
	(E) Participant loans	2b(1)(E)	13163	
	(F) Other	2b(1)(F)	23890	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		91695
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)	0	
	(B) Common stock	2b(2)(B)	111970	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		111970
	(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)	-499581	
	(B) Other	2b(5)(B)	0	
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		-499581

		(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		593171
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	444441	
(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)		444441
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		19539
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)	62440	
(4) Other	2i(4)	0	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		62440
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		526420
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		66751
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			

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

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.)

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

2018

This Form is Open to Public Inspection.

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

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 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):

Audited Financial Statements

THERM, INCORPORATED
401(k) PLAN

December 31, 2018

Audited Financial Statements

THERM, INCORPORATED 401(k) PLAN

December 31, 2018

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Statement of Changes in Net Assets Available for Benefits 4
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Schedule of Assets (Held At End of Year) 14

Firley, Moran, Freer & Eassa, CPA, P.C.
125 East Jefferson Street · Suite 920 · Syracuse, NY 13202
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, 2018 and 2017, the related statement of changes in net assets available for benefits for the year ended December 31, 2018, 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, 2018 and 2017, and for the year ended December 31, 2018, 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, 2018 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.

Syracuse, New York
September 23, 2019

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

THERM, INCORPORATED 401(k) PLAN

	December 31, 2018	December 31, 2017
ASSETS		
Participant directed investments, at fair value	$8,368,791	$8,322,153
Receivables:		
Employer contributions	276,952	258,037
Notes from participants	212,562	216,494
Accrued interest	20,837	18,674
	510,351	493,205
TOTAL ASSETS	8,879,142	8,815,358
LIABILITIES		
Other liabilities	-0-	2,967
TOTAL LIABILITIES	-0-	2,967
NET ASSETS AVAILABLE FOR BENEFITS	$8,879,142	$8,812,391

See accompanying notes to financial statements.

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

THERM, INCORPORATED 401(k) PLAN

Year ended December 31, 2018

ADDITIONS		
Additions to net assets attributed to:		
Investment income:		
Interest and dividend income		$ 190,502
Interest income--receivables--notes from participants		13,163
Contributions:		
Participant elective deferral contributions		551,470
Employer contributions		276,952
Participants' rollover		60,665
		889,087
	TOTAL ADDITIONS	1,092,752
DEDUCTIONS		
Deductions from net assets attributed to:		
Investment loss:		
Net depreciation in value of investments		499,581
Benefits paid to participants		463,980
Administrative expenses		62,440
	TOTAL DEDUCTIONS	1,026,001
	NET INCREASE	66,751
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year		8,812,391
	END OF YEAR	$ 8,879,142

See accompanying notes to financial statements.

NOTES TO FINANCIAL STATEMENTS

THERM, INCORPORATED 401(k) PLAN

December 31, 2018 and 2017

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: Participants may contribute the lesser of 100% of pretax annual compensation (elective deferral contributions), or $18,500 into the Plan for 2018. 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 2018). Participants may also contribute amounts representing distributions from other qualified defined contribution or defined benefit plans (rollovers). In 2018, 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 $276,952 for the Plan year ending December 31, 2018. Total contributions, for the Plan year ending December 31, 2018, cannot exceed the lesser of $55,000 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 2018. 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 $578 were used to pay Plan administrative expenses in 2018.

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 depreciation in value of investments 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, 2018 or 2017. 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, 2018 and September 23, 2019, 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, 2018 and as of December 31 2017, 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, 2018	December 31, 2017
Investments at fair value, held at State Street Bank and Trust Company:		
Capital preservation fund		
Interest-bearing cash (money market)	$ 16,554	$ 18,966
Corporate bonds	270,271	341,155
Fixed index funds	332,318	296,923
U.S. Government and agency securities	296,878	223,727
	916,021	880,771
Stock/bond blend fund		
Interest-bearing cash (money market)	124,404	44,869
Corporate bonds	534,851	436,281
Fixed index funds	120,209	74,233
Foreign assets	116,167	82,002
Common stock	1,107,625	1,191,517
U.S. Government and agency securities	734,045	610,214
	2,737,301	2,439,116
Investments subtotal	$3,653,322	$3,319,887

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

	December 31, 2018	December 31, 2017
Investments balance forward	$3,653,322	$3,319,887
Long term growth fund		
Interest-bearing cash (money market)	230,825	47,704
Common stock	2,831,444	3,334,466
Foreign assets	343,405	294,322
Fixed index funds	-0-	76,738
	3,405,674	3,753,230
Multi-Cap global fund		
Interest-bearing cash (money market)	103,983	66,001
Common stock	1,205,812	1,183,035
	1,309,795	1,249,036
TOTAL INVESTMENTS	$8,368,791	$8,322,153

The custodian also certified to the completeness and accuracy of $499,581 of net depreciation in value of investments and $190,502 of interest and dividend income for the Plan year ended December 31, 2018.

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 Financial Accounting Standards Board 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, 2018 and 2017:

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, 2018			
	Level 1	Level 2	Level 3	Total
Interest-bearing cash (money market)	$ 475,765	$ -0-	$ -0-	$ 475,765
Corporate bonds	-0-	805,123	-0-	805,123
U.S. Government and agency securities	-0-	1,030,922	-0-	1,030,922
Fixed index funds	452,527	-0-	-0-	452,527
Common stock	5,144,882	-0-	-0-	5,144,882
Foreign assets	459,572	-0-	-0-	459,572
Total investments at fair value	$ 6,532,746	$ 1,836,045	$ -0-	$ 8,368,791

	December 31, 2017			
	Level 1	Level 2	Level 3	Total
Interest-bearing cash (money market)	$ 177,540	$ -0-	$ -0-	$ 177,540
Corporate bonds	-0-	777,436	-0-	777,436
U.S. Government and agency securities	-0-	833,941	-0-	833,941
Fixed index funds	447,894	-0-	-0-	447,894
Common stock	5,709,018	-0-	-0-	5,709,018
Foreign assets	376,324	-0-	-0-	376,324
Total investments at fair value	$ 6,710,776	$ 1,611,377	$ -0-	$ 8,322,153

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 2015.

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, 2018 and 2017 to the respective Form 5500:

	December 31, 2018	December 31, 2017
Net assets available for benefits per financial statements	$8,879,142	$8,812,391
Differences in:		
Investments	212,562	216,494
Receivables--notes from participants	(212,562)	(216,494)
Net assets available for benefits per Form 5500	$8,879,142	$8,812,391

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, 2018

(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		**	$ 475,766
				Interest-Bearing Cash Total		475,766
	Corporate Bonds					
	Apple Inc.	30,000	1.550%	8/4/2021	**	29,088
	Apple Inc.	45,000	2.850%	5/6/2021	**	45,055
	Apple Inc.	10,000	Variable	2/9/2022	**	9,995
	Apple Inc.	30,000	Variable	5/11/2022	**	29,905
	Bank of America Corp.	40,000	Variable	10/21/2022	**	40,015
	CVS Caremark Corp.	40,000	2.750%	12/1/2022	**	38,496
	Caterpillar Finl Mtn	30,000	2.100%	1/10/2020	**	29,707
	Caterpillar Inc.	40,000	3.900%	5/27/2021	**	40,724
	Cisco Sys Inc.	30,000	1.400%	9/20/2019	**	29,731
	Gen Mills Inc.	40,000	3.150%	12/15/2021	**	39,678
	IBM Corp.	25,000	8.375%	11/1/2019	**	26,107
	John Deere Cap Corp.	40,000	2.800%	1/27/2023	**	39,171
	JPMorgan Chase & Co.	45,000	4.350%	8/15/2021	**	46,050
	JPMorgan Chase & Co.	30,000	6.300%	4/23/2019	**	30,293
	Microsoft Corp	25,000	1.550%	8/8/2021	**	24,287
	Microsoft Corp	45,000	2.375%	5/1/2023	**	44,037
	Norfolk Southern Corp.	30,000	3.000%	4/1/2022	**	29,798
	Norfolk Southern Corp.	45,000	5.900%	6/15/2019	**	45,480
	Oracle Corp.	40,000	2.400%	9/15/2023	**	38,385
	Oracle Corp.	30,000	3.875%	7/15/2020	**	30,455
	Progress Energy Inc.	40,000	4.875%	12/1/2019	**	40,506
	US Bancorp Mtn	40,000	3.100%	4/27/2026	**	37,876
	Walmart Inc.	40,000	3.125%	6/23/2021	**	40,283
				Corporate Bonds Total		$ 805,122

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, 2018

(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					
	FHLB (Fed Hm Ln Bk)	40,000	4.125%	3/13/2020	**	$ 40,716
	FHLMC (Fed Hm Ln Mtg)	30,000	1.600%	3/30/2021	**	29,381
	FHLMC (Fed Hm Ln Mtg)	30,000	1.625%	11/25/2020	**	29,425
	FHLMC (Fed Hm Ln Mtg)	30,000	1.850%	7/17/2020	**	29,630
	FNMA (Fed Natl Mtg)	70,000	1.875%	9/24/2026	**	65,131
	FNMA (Fed Natl Mtg)	75,000	2.000%	1/5/2022	**	73,890
	FNMA (Fed Natl Mtg)	70,000	2.625%	9/6/2024	**	69,756
	US Treasury Notes	40,000	1.375%	1/31/2021	**	39,083
	US Treasury Notes	50,000	1.625%	6/30/2020	**	49,324
	US Treasury Notes	145,000	1.625%	11/15/2022	**	140,373
	US Treasury Notes	60,000	1.750%	10/31/2020	**	59,180
	US Treasury Notes	80,000	2.000%	11/30/2020	**	79,259
	US Treasury Notes	55,000	2.375%	8/15/2024	**	54,495
	US Treasury Notes	20,000	2.750%	9/15/2021	**	20,139
	US Treasury Notes	110,000	2.750%	6/30/2025	**	111,109
	US Treasury Notes	135,000	3.125%	11/15/2028	**	140,032
				U.S. Government and Agency Securities Total		$ 1,030,923
	Fixed Index Funds					
	DC Go Txbl	20,000	5.170%	6/1/2019	**	20,183
	IShares	1,340	shares		**	69,198
	NY ST Dorm Auth Txbl	40,000	2.700%	2/15/2021	**	39,967
	NY ST Txbl	45,000	3.270%	3/15/2028	**	43,952
	Pimco Short Term Fund	8,895	shares		**	86,813
	UT ST 10C Txbl	30,000	4.340%	7/1/2019	**	30,226
	Vanguard Short Term Invt Grade-Adm	11,540	shares		**	120,481
	Vanguard Mortgage-Backed Secs	810	shares		**	41,707
				Fixed Index Funds Total		$ 452,527
	Common Stock					
	Abbott Laboratories	1,300	shares		**	94,029
	Activision Blizzard Inc.	1,200	shares		**	55,884
	Alphabet Inc.	135	shares		**	139,807
	Altria Group Inc.	1,450	shares		**	71,615
	Amazon.com Inc.	70	shares		**	105,138
	Apple Inc.	910	shares		**	143,543
	Bank of America Corp	4,400	shares		**	108,416
	Berkshire Hathaway Inc.	700	shares		**	142,926
	Bristol Myers Squibb Co.	2,050	shares		**	106,559
				Common Stock Subtotal		$ 967,917

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, 2018

(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				$ 967,917
	Chevron Corp	540	shares	**	58,747
	Cisco Systems Inc.	1,825	shares	**	79,077
	Corning Inc.	2,375	shares	**	71,749
	Disney (The Walt) Company Del	950	shares	**	104,167
	Duke Energy Corp.	1,150	shares	**	99,245
	Ecolab Inc.	575	shares	**	84,726
	Exxon Mobil Corp.	1,250	shares	**	85,237
	Facebook Inc.	525	shares	**	68,822
	Flir Sys Inc	1,125	shares	**	48,982
	General Dynamics Corp	400	shares	**	62,884
	Goldman Sachs Group Inc.	475	shares	**	79,349
	Granite Construction Inc.	1,675	shares	**	67,469
	Home Depot	400	shares	**	68,728
	Incyte Corp	1,100	shares	**	69,949
	Intel Corp.	1,775	shares	**	83,301
	Ishares Corp S&P SmallCap	2,050	shares	**	142,106
	Johnson & Johnson	1,035	shares	**	133,567
	JP Morgan Chase & Co.	850	shares	**	82,977
	Mastercard Inc.	490	shares	**	92,439
	McDonalds Corp	610	shares	**	108,318
	Microsoft Corp.	1,250	shares	**	126,962
	Nextera Energy Inc	600	shares	**	104,292
	Nvidia Corp.	335	shares	**	44,722
	Pepsico. Inc.	650	shares	**	71,812
	PNC Financial Services Group	700	shares	**	81,837
	Procter & Gamble Co.	1,250	shares	**	114,900
	Regeneron	275	shares	**	102,713
	Schwab Charles Corp	1,975	shares	**	82,022
	Schwab Emerging Market	3,900	shares	**	91,767
	Schwab Intl Equity	1,000	shares	**	28,350
	Schwab US Large-Cap	950	shares	**	56,715
	Schwab US Small-Cap	1,000	shares	**	60,680
	Servicenow Inc.	450	shares	**	80,123
	Southern Airlines Co	1,410	shares	**	65,537
	SPDR S&P 500	1,300	shares	**	324,896
	SPDR S&P Mid Cap 400	440	shares	**	133,175
	TJX Companies Inc.	2,050	shares	**	91,717
				Common Stock Subtotal	$ 4,321,976

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, 2018

(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				$ 4,321,976
	United Parcel Services Inc.	750	shares	**	73,148
	Universal Display Corp	650	shares	**	60,821
	Vanguard FTSE Developed Markets	5,600	shares	**	207,760
	Vanguard FTSE Emerging Markets	6,000	shares	**	228,600
	Ventas Incorporated	1,900	shares	**	111,321
	Verizon Communications Inc	1,175	shares	**	66,059
	Zimmer Biomet Holdings Inc	725	shares	**	75,196
				Common Stock Total	$ 5,144,881
	Foreign Assets				
	Canopy Growth Corp	1,750	shares	**	$ 47,022
	Check Point Software Tech LTD.	775	shares	**	79,554
	Chubb LTD	575	shares	**	74,279
	Enbridge Inc.	3,999	shares	**	124,289
	Roche Holdings LTD	2,700	shares	**	83,916
	Schlumberger LTD	1,400	shares	**	50,512
				Foreign Assets Total	$ 459,572
*	Participant Loans		5.25% - 7.25%		212,562
				GRAND TOTAL	$ 8,581,353

* 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, 2018

(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		**	$ 475,766
				Interest-Bearing Cash Total		475,766
	Corporate Bonds					
	Apple Inc.	30,000	1.550%	8/4/2021	**	29,088
	Apple Inc.	45,000	2.850%	5/6/2021	**	45,055
	Apple Inc.	10,000	Variable	2/9/2022	**	9,995
	Apple Inc.	30,000	Variable	5/11/2022	**	29,905
	Bank of America Corp.	40,000	Variable	10/21/2022	**	40,015
	CVS Caremark Corp.	40,000	2.750%	12/1/2022	**	38,496
	Caterpillar Finl Mtn	30,000	2.100%	1/10/2020	**	29,707
	Caterpillar Inc.	40,000	3.900%	5/27/2021	**	40,724
	Cisco Sys Inc.	30,000	1.400%	9/20/2019	**	29,731
	Gen Mills Inc.	40,000	3.150%	12/15/2021	**	39,678
	IBM Corp.	25,000	8.375%	11/1/2019	**	26,107
	John Deere Cap Corp.	40,000	2.800%	1/27/2023	**	39,171
	JPMorgan Chase & Co.	45,000	4.350%	8/15/2021	**	46,050
	JPMorgan Chase & Co.	30,000	6.300%	4/23/2019	**	30,293
	Microsoft Corp	25,000	1.550%	8/8/2021	**	24,287
	Microsoft Corp	45,000	2.375%	5/1/2023	**	44,037
	Norfolk Southern Corp.	30,000	3.000%	4/1/2022	**	29,798
	Norfolk Southern Corp.	45,000	5.900%	6/15/2019	**	45,480
	Oracle Corp.	40,000	2.400%	9/15/2023	**	38,385
	Oracle Corp.	30,000	3.875%	7/15/2020	**	30,455
	Progress Energy Inc.	40,000	4.875%	12/1/2019	**	40,506
	US Bancorp Mtn	40,000	3.100%	4/27/2026	**	37,876
	Walmart Inc.	40,000	3.125%	6/23/2021	**	40,283
				Corporate Bonds Total		$ 805,122

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, 2018

(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					
	FHLB (Fed Hm Ln Bk)	40,000	4.125%	3/13/2020	**	$ 40,716
	FHLMC (Fed Hm Ln Mtg)	30,000	1.600%	3/30/2021	**	29,381
	FHLMC (Fed Hm Ln Mtg)	30,000	1.625%	11/25/2020	**	29,425
	FHLMC (Fed Hm Ln Mtg)	30,000	1.850%	7/17/2020	**	29,630
	FNMA (Fed Natl Mtg)	70,000	1.875%	9/24/2026	**	65,131
	FNMA (Fed Natl Mtg)	75,000	2.000%	1/5/2022	**	73,890
	FNMA (Fed Natl Mtg)	70,000	2.625%	9/6/2024	**	69,756
	US Treasury Notes	40,000	1.375%	1/31/2021	**	39,083
	US Treasury Notes	50,000	1.625%	6/30/2020	**	49,324
	US Treasury Notes	145,000	1.625%	11/15/2022	**	140,373
	US Treasury Notes	60,000	1.750%	10/31/2020	**	59,180
	US Treasury Notes	80,000	2.000%	11/30/2020	**	79,259
	US Treasury Notes	55,000	2.375%	8/15/2024	**	54,495
	US Treasury Notes	20,000	2.750%	9/15/2021	**	20,139
	US Treasury Notes	110,000	2.750%	6/30/2025	**	111,109
	US Treasury Notes	135,000	3.125%	11/15/2028	**	140,032
				U.S. Government and Agency Securities Total		$ 1,030,923
	Fixed Index Funds					
	DC Go Txbl	20,000	5.170%	6/1/2019	**	20,183
	IShares	1,340	shares		**	69,198
	NY ST Dorm Auth Txbl	40,000	2.700%	2/15/2021	**	39,967
	NY ST Txbl	45,000	3.270%	3/15/2028	**	43,952
	Pimco Short Term Fund	8,895	shares		**	86,813
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	Vanguard Short Term Invt Grade-Adm	11,540	shares		**	120,481
	Vanguard Mortgage-Backed Secs	810	shares		**	41,707
				Fixed Index Funds Total		$ 452,527
	Common Stock					
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	Activision Blizzard Inc.	1,200	shares		**	55,884
	Alphabet Inc.	135	shares		**	139,807
	Altria Group Inc.	1,450	shares		**	71,615
	Amazon.com Inc.	70	shares		**	105,138
	Apple Inc.	910	shares		**	143,543
	Bank of America Corp	4,400	shares		**	108,416
	Berkshire Hathaway Inc.	700	shares		**	142,926
	Bristol Myers Squibb Co.	2,050	shares		**	106,559
				Common Stock Subtotal		$ 967,917

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, 2018

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	Balance Forward				$ 967,917
	Chevron Corp	540	shares	**	58,747
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	Corning Inc.	2,375	shares	**	71,749
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	Incyte Corp	1,100	shares	**	69,949
	Intel Corp.	1,775	shares	**	83,301
	Ishares Corp S&P SmallCap	2,050	shares	**	142,106
	Johnson & Johnson	1,035	shares	**	133,567
	JP Morgan Chase & Co.	850	shares	**	82,977
	Mastercard Inc.	490	shares	**	92,439
	McDonalds Corp	610	shares	**	108,318
	Microsoft Corp.	1,250	shares	**	126,962
	Nextera Energy Inc	600	shares	**	104,292
	Nvidia Corp.	335	shares	**	44,722
	Pepsico. Inc.	650	shares	**	71,812
	PNC Financial Services Group	700	shares	**	81,837
	Procter & Gamble Co.	1,250	shares	**	114,900
	Regeneron	275	shares	**	102,713
	Schwab Charles Corp	1,975	shares	**	82,022
	Schwab Emerging Market	3,900	shares	**	91,767
	Schwab Intl Equity	1,000	shares	**	28,350
	Schwab US Large-Cap	950	shares	**	56,715
	Schwab US Small-Cap	1,000	shares	**	60,680
	Servicenow Inc.	450	shares	**	80,123
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	SPDR S&P 500	1,300	shares	**	324,896
	SPDR S&P Mid Cap 400	440	shares	**	133,175
	TJX Companies Inc.	2,050	shares	**	91,717
				Common Stock Subtotal	$ 4,321,976

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, 2018

(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				$ 4,321,976
	United Parcel Services Inc.	750	shares	**	73,148
	Universal Display Corp	650	shares	**	60,821
	Vanguard FTSE Developed Markets	5,600	shares	**	207,760
	Vanguard FTSE Emerging Markets	6,000	shares	**	228,600
	Ventas Incorporated	1,900	shares	**	111,321
	Verizon Communications Inc	1,175	shares	**	66,059
	Zimmer Biomet Holdings Inc	725	shares	**	75,196
				Common Stock Total	$ 5,144,881
	Foreign Assets				
	Canopy Growth Corp	1,750	shares	**	$ 47,022
	Check Point Software Tech LTD.	775	shares	**	79,554
	Chubb LTD	575	shares	**	74,279
	Enbridge Inc.	3,999	shares	**	124,289
	Roche Holdings LTD	2,700	shares	**	83,916
	Schlumberger LTD	1,400	shares	**	50,512
				Foreign Assets Total	$ 459,572
*	Participant Loans		5.25% - 7.25%		212,562
				GRAND TOTAL	$ 8,581,353

* Represents party in interest

** Cost omitted for participant directed accounts.