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

2020

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

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

1000 HUDSON STREET EXTENSION
ITHACA, NY 14850

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.	10/12/2021	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**	195
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)**	153
a(2) Total number of active participants at the end of the plan year	**6a(2)**	134
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	19
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	153
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**	**6f**	153
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	127
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
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)

- **(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 2020 Form M-1 annual report. If the plan was not required to file the 2020 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.**	**2020** **This Form is Open to Public Inspection.**

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

A Name of plan	**B** Three-digit plan number (PN) ▶
THERM, INCORPORATED 401(K) PLAN	003
C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)
THERM, INCORPORATED	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 22 28	NONE	60093	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

STATE STREET BANLK AND TRUST COMPAN

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 56 63 99	CUSTODIAN	6567	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

2020

This Form is Open to Public Inspection

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

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)	240725	231007
(2) Participant contributions	1b(2)	0	7728
(3) Other	1b(3)	19772	17062
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	286544	638228
(2) U.S. Government securities	1c(2)	822221	676602
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	1390470	1312854
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	6349589	7280489
(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)	212574	157204
(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)	570115	517245

			(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**	9892010	10838419
	Liabilities			
g	Benefit claims payable	**1g**	0	0
h	Operating payables	**1h**	0	0
i	Acquisition indebtedness	**1i**	674	0
j	Other liabilities	**1j**	0	0
k	Total liabilities (add all amounts in lines 1g through1j)	**1k**	674	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	**1l**	9891336	10838419

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)**	231007	
	(B) Participants	**2a(1)(B)**	480736	
	(C) Others (including rollovers)	**2a(1)(C)**	128341	
	(2) Noncash contributions	**2a(2)**	0	
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	**2a(3)**		840084
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	**2b(1)(A)**	8041	
	(B) U.S. Government securities	**2b(1)(B)**	15000	
	(C) Corporate debt instruments	**2b(1)(C)**	21540	
	(D) Loans (other than to participants)	**2b(1)(D)**	11422	
	(E) Participant loans	**2b(1)(E)**	0	
	(F) Other	**2b(1)(F)**	18415	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	**2b(1)(G)**		74418
	(2) Dividends: **(A)** Preferred stock	**2b(2)(A)**	0	
	(B) Common stock	**2b(2)(B)**	112925	
	(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)**		112925
	(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)**	1210220	
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	**2b(5)(C)**		1210220

		(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**		2237647
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	**2e(1)**	1209448	
(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)**		1209448
f Corrective distributions (see instructions)	**2f**		0
g Certain deemed distributions of participant loans (see instructions)	**2g**		13986
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)**	67130	
(4) Other	**2i(4)**	0	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	**2i(5)**		67130
j Total expenses. Add all **expense** amounts in column (b) and enter total	**2j**		1290564
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	**2k**		947083
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) [ ] Unmodified **(2)** [ ] Qualified **(3)** [X] Disclaimer **(4)** [ ] Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) [X] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [ ] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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	

			Yes	No	Amount
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	
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 Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

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

2020

This Form is Open to Public Inspection.

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

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 deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment)	**14a**	
b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14b**	
c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**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):

20 **PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation_____

Audited Financial Statements

THERM, INCORPORATED
401(k) PLAN

December 31, 2020

Audited Financial Statements

THERM, INCORPORATED 401(k) PLAN

December 31, 2020

Independent Auditor's Report 1
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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, 2020 and 2019, the related statement of changes in net assets available for benefits for the year ended December 31, 2020, 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, 2020 and 2019, and for the year ended December 31, 2020, 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 at end of year) as of December 31, 2020 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 & Esso, CPA, P.C.

Syracuse, New York
September 27, 2021

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

THERM, INCORPORATED 401(k) PLAN

	December 31, 2020	2019
ASSETS		
Participant directed investments, at fair value	$10,425,418	$9,418,939
Receivables:		
Employer contributions	231,007	240,725
Participant contributions	7,728	-0-
Notes from participants	157,204	212,574
Accrued interest	17,062	19,772
	413,001	473,071
TOTAL ASSETS	10,838,419	9,892,010
LIABILITIES		
Other liabilities	-0-	674
TOTAL LIABILITIES	-0-	674
NET ASSETS AVAILABLE FOR BENEFITS	$10,838,419	$9,891,336

See accompanying notes to financial statements.

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

THERM, INCORPORATED 401(k) PLAN

Year ended December 31, 2020

ADDITIONS		
Additions to net assets attributed to:		
Investment income:		
Net appreciation in value of investments		$ 1,210,220
Interest and dividend income		175,921
	TOTAL INVESTMENT INCOME	1,386,141
Interest income--receivables--notes from participants		11,422
Contributions:		
Participant elective deferral contributions		480,736
Employer contributions		231,007
Participants' rollover		128,341
		840,084
	TOTAL ADDITIONS	2,237,647
DEDUCTIONS		
Deductions from net assets attributed to:		
Benefits paid to participants		1,223,434
Administrative expenses		67,130
	TOTAL DEDUCTIONS	1,290,564
	NET INCREASE	947,083
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year		9,891,336
	END OF YEAR	$ 10,838,419

See accompanying notes to financial statements.

NOTES TO FINANCIAL STATEMENTS

THERM, INCORPORATED 401(k) PLAN

December 31, 2020 and 2019

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 and Subsequent Event: 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.

During June and July of 2021, the Plan's assets, including custodial services, were transferred from State Street Bank and Trust Company to Charles Schwab Trust Bank.

Contributions: Participants may contribute the lesser of 100% of pretax annual compensation (elective deferral contributions), or $19,500 into the Plan for 2020. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions (not to exceed $6,500 in 2020). Participants may also contribute amounts representing distributions from other qualified defined contribution or defined benefit plans (rollovers). In 2020, 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 $231,007 for the Plan year ending December 31, 2020. Total contributions, for the Plan year ending December 31, 2020, cannot exceed the lesser of $57,000 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 2020. 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. The participant may also elect to make a direct rollover distribution to another qualified defined contribution or defined benefit plan. If the vested account balance exceeds $1,000, the participant must consent to the distribution. 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 $470 were used to pay Plan administrative expenses in 2020.

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 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, 2020 or 2019. 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, 2020 and September 27, 2021, which is the date the financial statements were available to be issued, for possible disclosure and recognition in the financial statements. Other than the event described in Note A, 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 December 31, 2020 and 2019, and for the year ended December 31, 2020, 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, 2020	December 31, 2019
Investments at fair value, held at State Street Bank and Trust Company:		
Capital preservation fund:		
Interest-bearing cash (money market)	$ 171,681	$ 72,731
Registered investment companies	194,009	208,505
Corporate bonds	273,147	243,553
Fixed income funds	108,367	90,841
U.S. Government and agency securities	235,961	281,534
	983,165	897,164
Stock/bond blend fund:		
Interest-bearing cash (money market)	272,812	93,628
Registered investment companies	261,414	200,774
Corporate bonds	582,212	513,619
Fixed income funds	50,846	89,327
Foreign assets	128,763	186,604
Common stock	1,688,671	1,440,377
U.S. Government and agency securities	440,640	540,687
	3,425,358	3,065,016
Investments subtotal	$ 4,408,523	$ 3,962,180

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

	December 31, 2020	2019
Investments balance forward	$ 4,408,523	$ 3,962,180
Long term growth fund:		
Interest-bearing cash (money market)	133,944	108,102
Registered investment companies	229,194	49,210
Common stock	3,719,071	3,474,376
Foreign assets	328,733	446,694
	4,410,942	4,078,382
Multi-Cap global fund:		
Interest-bearing cash (money market)	59,791	12,083
Registered investment companies	1,546,162	1,366,294
	1,605,953	1,378,377
TOTAL INVESTMENTS	$ 10,425,418	$ 9,418,939

The custodian also certified to the completeness and accuracy of $1,210,220 of net appreciation in value of investments and $175,921 of interest and dividend income for the Plan year ended December 31, 2020.

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, these 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, 2020 and 2019:

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

Registered investment companies, common stocks, fixed income 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, 2020			
	Level 1	Level 2	Level 3	Total
Interest-bearing cash (money market)	$ 638,228	$ -0-	$ -0-	$ 638,228
Registered investment companies	2,230,779	-0-	-0-	2,230,779
Corporate bonds	-0-	855,359	-0-	855,359
U.S. Government and agency securities	-0-	676,601	-0-	676,601
Fixed income funds	159,213	-0-	-0-	159,213
Common stock	5,407,742	-0-	-0-	5,407,742
Foreign assets	457,496	-0-	-0-	457,496
Total investments at fair value	$ 8,893,458	$ 1,531,960	$ -0-	$ 10,425,418

	December 31, 2019			
	Level 1	Level 2	Level 3	Total
Interest-bearing cash (money market)	$ 286,544	$ -0-	$ -0-	$ 286,544
Registered investment companies	1,824,783	-0-	-0-	1,824,783
Corporate bonds	-0-	757,172	-0-	757,172
U.S. Government and agency securities	-0-	822,221	-0-	822,221
Fixed income funds	180,168	-0-	-0-	180,168
Common stock	4,914,753	-0-	-0-	4,914,753
Foreign assets	633,298	-0-	-0-	633,298
Total investments at fair value	$ 7,839,546	$ 1,579,393	$ -0-	$ 9,418,939

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 Internal Revenue Code (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 2017.

NOTE H--RISKS AND UNCERTAINTIES

The Plan’s investments are exposed to various risks such as interest rate, market, and credit risk. 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.

On March 11, 2020, the World Health Organization declared the outbreak of COVID-19 as a global pandemic. The ongoing impact of COVID-19 on the Plan’s financial statements remains uncertain and will depend on future developments, including the duration of the outbreak, related advisories and restrictions. Plan management is not able at this time to estimate any potential impact on the Plan’s financial statements.

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, 2020 and 2019 to the respective Form 5500:

	December 31, 2020	December 31, 2019
Net assets available for benefits per financial statements	$ 10,838,419	$9,891,336
Differences in:		
Investments	157,204	212,574
Receivables--notes from participants	(157,204)	(212,574)
Net assets available for benefits per Form 5500	$ 10,838,419	$9,891,336

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, 2020

(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		**	$ 638,228
				Interest-Bearing Cash Total		638,228
	Registered Investment Companies					
	Ishares Trust 1-5Yr Invst BD ETF	1,750	shares		**	96,547
	Pimco Short Term Fund	9,915	shares		**	97,462
	Schwab U.S. Tips	1,070	shares		**	66,426
	Vanguard Mortgage-Backed Secs	1,805	shares		**	97,596
	IShares Core S&P Smallcap	1,280	shares		**	117,632
	Schwab Emerging Market	1,445	shares		**	44,289
	Schwab Intl Equity	3,218	shares		**	115,880
	Schwab US Large-Cap	1,100	shares		**	100,045
	Schwab US Mid Cap	175	shares		**	11,932
	Schwab US Small-Cap	1,475	shares		**	131,275
	SPDR Gold Trust	772	shares		**	137,694
	SPDR Gold Trust	295	shares		**	52,616
	SPDR S&P 500	980	shares		**	366,402
	SPDR S&P Mid Cap 400	360	shares		**	151,171
	Vanguard FTSE Developed Markets	5,125	shares		**	241,951
	Vanguard FTSE Emerging Markets	5,300	shares		**	265,583
	Vanguard Small Cap Vipers Fund	470	shares		**	91,501
	Vanguard Small Cap Vipers Fund	230	shares		**	44,777
				Registered Investment Companies Total		$ 2,230,779
	Corporate Bonds					
	Anheuser-Busch Co.	20,000	Variable	02/01/2026	**	$ 22,607
	Apple Inc.	30,000	1.550%	08/04/2021	**	30,214
	Apple Inc.	45,000	2.450%	08/04/2026	**	49,118
	Bank of America Corp	50,000	Variable	10/21/2022	**	50,406
	Bk of Amer Corp	20,000	4.100%	07/24/2023	**	21,888
	Caterpillar Finl MTN	20,000	3.450%	05/15/2023	**	21,439
	Chevron Corp	45,000	2.566%	05/16/2023	**	47,263
	Cisco Sys Inc.	30,000	3.000%	06/15/2022	**	31,199
	Duke Energy Carolina	25,000	3.900%	06/15/2021	**	25,174
	Duke Energy Corp	35,000	2.650%	09/01/2026	**	38,136
				Corporate Bonds Subtotal		$ 337,444

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, 2020

(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
	Corporate Bonds--Continued					
	Balance Forward					$ 337,444
	Exxon Mobil Corp	10,000	2.222%	03/01/2021	**	10,014
	Gen Mills Inc.	45,000	4.200%	04/17/2028	**	53,954
	John Deere Cap Corp	50,000	2.800%	01/27/2023	**	52,530
	JP Morgan Chase & Co.	30,000	4.350%	08/15/2021	**	30,768
	JPMorgan Chase & Co.	45,000	3.900%	07/15/2025	**	51,122
	Lowe's Cos Inc.	25,000	3.375%	09/15/2025	**	27,904
	Microsoft Corp	25,000	1.550%	08/08/2021	**	25,172
	Microsoft Corp	45,000	3.300%	02/06/2027	**	51,348
	Norfolk Southern Corp	30,000	3.000%	04/01/2022	**	30,800
	Norfolk Southn Corp	15,000	3.250%	12/02/2021	**	15,277
	Unitedhealth Group	20,000	2.875%	03/15/2023	**	21,152
	US Bancorp Mtn	35,000	3.600%	09/11/2024	**	38,708
	Verizon	45,000	4.125%	03/16/2027	**	53,041
	Walmart Inc.	30,000	3.125%	06/23/2021	**	30,411
	Wells Fargo & Co.	25,000	3.069%	01/24/2023	**	25,714
				Corporate Bonds Total		$ 855,359
	U.S. Government and Agency Securities					
	FFCB (Fed Fm Cr Bk)	35,000	0.400%	07/27/2023	**	$ 34,993
	FHLB (Fed Hm Ln Bk)	7,778	2.000%	11/29/2022	**	8,047
	FHLMC (Fed Hm Ln Mtg)	80,000	0.250%	06/26/2023	**	80,174
	FHLMC (Fed HM LN MTG)	30,000	0.300%	01/30/2023	**	29,979
	FHLMC (Fed HM LN MTG)	15,000	0.450%	06/05/2023	**	15,005
	FNMA (Fed Natl Mtg)	75,000	1.875%	09/24/2026	**	81,094
	FNMA (Fed Natl Mtg)	55,000	2.000%	01/05/2022	**	56,047
	FNMA (Fed Natl Mtg)	75,000	2.625%	01/11/2022	**	81,571
	FNMA (Fed Natl MTG)	30,000	2.625%	09/06/2024	**	30,769
	US Treasury Notes	10,000	1.250%	03/31/2021	**	10,026
	US Treasury Notes	75,000	1.625%	11/15/2022	**	77,089
	US Treasury Notes	10,000	1.875%	01/31/2022	**	10,189
	US Treasury Notes	20,000	2.000%	05/31/2021	**	20,154
	US Treasury Notes	30,000	2.250%	04/15/2022	**	30,818
	US Treasury Notes	60,000	2.375%	08/15/2024	**	64,666
	US Treasury Notes	25,000	2.500%	01/15/2022	**	25,612
	US Treasury Notes	20,000	2.750%	09/15/2021	**	20,368
				U.S. Government and Agency Securities Total		$ 676,601

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, 2020

(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
	Fixed Income Funds					
	MD ST GO TXBL	20,000	4.400%	03/01/2023	**	$ 21,782
	NY ST Dorm Auth Txbl	40,000	2.700%	02/15/2021	**	40,070
	NY ST Dorm Txbl	25,000	2.950%	03/15/2022	**	25,781
	NY ST Txbl	45,000	3.270%	03/15/2028	**	50,846
	WI ST GEN TXBL	20,000	2.049%	05/01/2023	**	20,734
				Fixed Index Funds Total		$ 159,213
	Common Stock					
	Abbott Laboratories	865	shares		**	$ 94,709
	Abbott Laboratories	355	shares		**	38,869
	Alphabet Inc.	70	shares		**	122,632
	Alphabet Inc.	35	shares		**	61,316
	Amazon.com Inc.	54	shares		**	175,874
	Amazon.com Inc.	24	shares		**	78,166
	Americold Realty Trust	1,620	shares		**	60,474
	Americold Realty Trust	700	shares		**	26,131
	Apple Inc.	1,920	shares		**	254,765
	Apple Inc.	900	shares		**	119,421
	Bank of America Corp	3,475	shares		**	105,327
	Bank of American Corp	1,100	shares		**	33,341
	Berkshire Hathaway Inc.	660	shares		**	153,034
	Berkshire Hathaway Inc.	350	shares		**	81,154
	Biogen Inc.	220	shares		**	53,869
	Biogen Inc.	110	shares		**	26,935
	Boeing Co	570	shares		**	122,014
	Boeing Co	280	shares		**	59,937
	Booking Holding Inc.	36	shares		**	80,182
	Booking Holding Inc.	15	shares		**	33,409
	Caterpillar Inc.	257	shares		**	46,779
	Caterpillar Inc.	111	shares		**	20,204
	Chevron Corp	650	shares		**	54,892
	Chevron Corp	215	shares		**	18,157
	Constellation Brands Inc.	495	shares		**	108,430
	Constellation Brands Inc.	225	shares		**	49,286
	Discovery Inc.	3,670	shares		**	110,430
	Discovery Inc.	1,400	shares		**	42,126
	Disney (The Walt) Company Del	370	shares		**	67,037
				Common Stock Subtotal		$ 2,298,900

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, 2020

(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				$ 2,298,900
	Disney (The Walt) Company Del	200	shares	**	36,236
	Exxon Mobil Corp	895	shares	**	36,892
	Exxon Mobil Corp	475	shares	**	19,579
	Facebook Inc.	280	shares	**	76,485
	Facebook Inc.	125	shares	**	34,145
	General Dynamics Corp	370	shares	**	55,063
	General Dynamics Corp	135	shares	**	20,091
	Goldman Sachs Group Inc.	270	shares	**	71,202
	Goldman Sachs Group Inc.	175	shares	**	46,149
	Home Depot	220	shares	**	58,436
	Home Depot	100	shares	**	26,562
	Humana Inc.	148	shares	**	60,720
	Humana Inc.	65	shares	**	26,667
	Incyte Corp	690	shares	**	60,016
	Incyte Corp	215	shares	**	18,701
	Intel Corp	1,190	shares	**	59,286
	Intel Corp	525	shares	**	26,155
	Johnson & Johnson	825	shares	**	129,839
	Johnson & Johnson	335	shares	**	52,722
	JP Morgan Chase & Co	1,135	shares	**	144,224
	JP Morgan Chase & Co	425	shares	**	54,005
	Mastercard Inc.	235	shares	**	83,881
	Mastercard Inc.	100	shares	**	35,694
	McDonalds Corp	326	shares	**	69,953
	McDonalds Corp	142	shares	**	30,470
	Microsoft Corp	870	shares	**	193,505
	Microsoft Corp	375	shares	**	83,408
	Nextera Energy Inc	1,240	shares	**	95,666
	Nextera Energy Inc	600	shares	**	46,290
	Nextera Energy Inc 6.219% Conv PFD	1,500	shares	**	77,055
	Nvidia Corp	85	shares	**	44,387
	Nvidia Corp	55	shares	**	28,721
	Pepsico Inc	560	shares	**	83,048
	Pepsico Inc	225	shares	**	33,368
	PNC Financial Services Group	592	shares	**	88,208
	PNC Financial Services Group	418	shares	**	62,282
	Procter & Gamble Co	610	shares	**	84,875
				Common Stock Subtotal	$ 4,552,886

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, 2020

(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				$ 4,552,886
	Procter & Gamble Co	300	shares	**	41,742
	Qualcomm Inc.	290	shares	**	44,179
	Qualcomm Inc.	123	shares	**	18,738
	Servicenow Inc.	120	shares	**	66,052
	Servicenow Inc.	50	shares	**	27,522
	Southwest Airlines	865	shares	**	40,318
	Southwest Airplanes Co	1,690	shares	**	78,771
	Starbucks Corp	620	shares	**	66,328
	Starbucks Corp	600	shares	**	64,188
	TJX Companies Inc	1,020	shares	**	69,656
	TJX Companies Inc	500	shares	**	34,145
	United Parcel Service Inc-B	475	shares	**	79,990
	United Parcel Services Inc-B	185	shares	**	31,154
	Universal Display Corp	190	shares	**	43,662
	Universal Display Corp	100	shares	**	22,980
	Verizon Communication Inc	1,485	shares	**	87,244
	Verizon Communications Inc	650	shares	**	38,187
				Common Stock Total	$ 5,407,742
	Foreign Assets				
	Check Point Software Tech Ltd	650	shares	**	$ 86,392
	Check Point Software Tech Ltd	295	shares	**	39,208
	Chubb Ltd	445	shares	**	68,494
	Chubb Ltd	180	shares	**	27,706
	Enbridge Inc	1,885	shares	**	60,301
	Enbridge Inc	700	shares	**	22,393
	Roche Holdings Ltd	2,590	shares	**	113,546
	Roche Holdings Ltd	900	shares	**	39,456
				Foreign Assets Total	$ 457,496
*	Participant Loans		5.25% – 7.50%		157,204
				GRAND TOTAL	$10,582,622

* 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, 2020

(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		**	$ 638,228
				Interest-Bearing Cash Total		638,228
	Registered Investment Companies					
	Ishares Trust 1-5Yr Invst BD ETF	1,750	shares		**	96,547
	Pimco Short Term Fund	9,915	shares		**	97,462
	Schwab U.S. Tips	1,070	shares		**	66,426
	Vanguard Mortgage-Backed Secs	1,805	shares		**	97,596
	IShares Core S&P Smallcap	1,280	shares		**	117,632
	Schwab Emerging Market	1,445	shares		**	44,289
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	Schwab US Mid Cap	175	shares		**	11,932
	Schwab US Small-Cap	1,475	shares		**	131,275
	SPDR Gold Trust	772	shares		**	137,694
	SPDR Gold Trust	295	shares		**	52,616
	SPDR S&P 500	980	shares		**	366,402
	SPDR S&P Mid Cap 400	360	shares		**	151,171
	Vanguard FTSE Developed Markets	5,125	shares		**	241,951
	Vanguard FTSE Emerging Markets	5,300	shares		**	265,583
	Vanguard Small Cap Vipers Fund	470	shares		**	91,501
	Vanguard Small Cap Vipers Fund	230	shares		**	44,777
				Registered Investment Companies Total		$ 2,230,779
	Corporate Bonds					
	Anheuser-Busch Co.	20,000	Variable	02/01/2026	**	$ 22,607
	Apple Inc.	30,000	1.550%	08/04/2021	**	30,214
	Apple Inc.	45,000	2.450%	08/04/2026	**	49,118
	Bank of America Corp	50,000	Variable	10/21/2022	**	50,406
	Bk of Amer Corp	20,000	4.100%	07/24/2023	**	21,888
	Caterpillar Finl MTN	20,000	3.450%	05/15/2023	**	21,439
	Chevron Corp	45,000	2.566%	05/16/2023	**	47,263
	Cisco Sys Inc.	30,000	3.000%	06/15/2022	**	31,199
	Duke Energy Carolina	25,000	3.900%	06/15/2021	**	25,174
	Duke Energy Corp	35,000	2.650%	09/01/2026	**	38,136
				Corporate Bonds Subtotal		$ 337,444

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, 2020

(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
	Corporate Bonds--Continued					
	Balance Forward					$ 337,444
	Exxon Mobil Corp	10,000	2.222%	03/01/2021	**	10,014
	Gen Mills Inc.	45,000	4.200%	04/17/2028	**	53,954
	John Deere Cap Corp	50,000	2.800%	01/27/2023	**	52,530
	JP Morgan Chase & Co.	30,000	4.350%	08/15/2021	**	30,768
	JPMorgan Chase & Co.	45,000	3.900%	07/15/2025	**	51,122
	Lowe's Cos Inc.	25,000	3.375%	09/15/2025	**	27,904
	Microsoft Corp	25,000	1.550%	08/08/2021	**	25,172
	Microsoft Corp	45,000	3.300%	02/06/2027	**	51,348
	Norfolk Southern Corp	30,000	3.000%	04/01/2022	**	30,800
	Norfolk Southn Corp	15,000	3.250%	12/02/2021	**	15,277
	Unitedhealth Group	20,000	2.875%	03/15/2023	**	21,152
	US Bancorp Mtn	35,000	3.600%	09/11/2024	**	38,708
	Verizon	45,000	4.125%	03/16/2027	**	53,041
	Walmart Inc.	30,000	3.125%	06/23/2021	**	30,411
	Wells Fargo & Co.	25,000	3.069%	01/24/2023	**	25,714
				Corporate Bonds Total		$ 855,359
	U.S. Government and Agency Securities					
	FFCB (Fed Fm Cr Bk)	35,000	0.400%	07/27/2023	**	$ 34,993
	FHLB (Fed Hm Ln Bk)	7,778	2.000%	11/29/2022	**	8,047
	FHLMC (Fed Hm Ln Mtg)	80,000	0.250%	06/26/2023	**	80,174
	FHLMC (Fed HM LN MTG)	30,000	0.300%	01/30/2023	**	29,979
	FHLMC (Fed HM LN MTG)	15,000	0.450%	06/05/2023	**	15,005
	FNMA (Fed Natl Mtg)	75,000	1.875%	09/24/2026	**	81,094
	FNMA (Fed Natl Mtg)	55,000	2.000%	01/05/2022	**	56,047
	FNMA (Fed Natl Mtg)	75,000	2.625%	01/11/2022	**	81,571
	FNMA (Fed Natl MTG)	30,000	2.625%	09/06/2024	**	30,769
	US Treasury Notes	10,000	1.250%	03/31/2021	**	10,026
	US Treasury Notes	75,000	1.625%	11/15/2022	**	77,089
	US Treasury Notes	10,000	1.875%	01/31/2022	**	10,189
	US Treasury Notes	20,000	2.000%	05/31/2021	**	20,154
	US Treasury Notes	30,000	2.250%	04/15/2022	**	30,818
	US Treasury Notes	60,000	2.375%	08/15/2024	**	64,666
	US Treasury Notes	25,000	2.500%	01/15/2022	**	25,612
	US Treasury Notes	20,000	2.750%	09/15/2021	**	20,368
				U.S. Government and Agency Securities Total		$ 676,601

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, 2020

(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
	Fixed Income Funds					
	MD ST GO TXBL	20,000	4.400%	03/01/2023	**	$ 21,782
	NY ST Dorm Auth Txbl	40,000	2.700%	02/15/2021	**	40,070
	NY ST Dorm Txbl	25,000	2.950%	03/15/2022	**	25,781
	NY ST Txbl	45,000	3.270%	03/15/2028	**	50,846
	WI ST GEN TXBL	20,000	2.049%	05/01/2023	**	20,734
				Fixed Index Funds Total		$ 159,213
	Common Stock					
	Abbott Laboratories	865	shares		**	$ 94,709
	Abbott Laboratories	355	shares		**	38,869
	Alphabet Inc.	70	shares		**	122,632
	Alphabet Inc.	35	shares		**	61,316
	Amazon.com Inc.	54	shares		**	175,874
	Amazon.com Inc.	24	shares		**	78,166
	Americold Realty Trust	1,620	shares		**	60,474
	Americold Realty Trust	700	shares		**	26,131
	Apple Inc.	1,920	shares		**	254,765
	Apple Inc.	900	shares		**	119,421
	Bank of America Corp	3,475	shares		**	105,327
	Bank of American Corp	1,100	shares		**	33,341
	Berkshire Hathaway Inc.	660	shares		**	153,034
	Berkshire Hathaway Inc.	350	shares		**	81,154
	Biogen Inc.	220	shares		**	53,869
	Biogen Inc.	110	shares		**	26,935
	Boeing Co	570	shares		**	122,014
	Boeing Co	280	shares		**	59,937
	Booking Holding Inc.	36	shares		**	80,182
	Booking Holding Inc.	15	shares		**	33,409
	Caterpillar Inc.	257	shares		**	46,779
	Caterpillar Inc.	111	shares		**	20,204
	Chevron Corp	650	shares		**	54,892
	Chevron Corp	215	shares		**	18,157
	Constellation Brands Inc.	495	shares		**	108,430
	Constellation Brands Inc.	225	shares		**	49,286
	Discovery Inc.	3,670	shares		**	110,430
	Discovery Inc.	1,400	shares		**	42,126
	Disney (The Walt) Company Del	370	shares		**	67,037
				Common Stock Subtotal		$ 2,298,900

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, 2020

(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				$ 2,298,900
	Disney (The Walt) Company Del	200	shares	**	36,236
	Exxon Mobil Corp	895	shares	**	36,892
	Exxon Mobil Corp	475	shares	**	19,579
	Facebook Inc.	280	shares	**	76,485
	Facebook Inc.	125	shares	**	34,145
	General Dynamics Corp	370	shares	**	55,063
	General Dynamics Corp	135	shares	**	20,091
	Goldman Sachs Group Inc.	270	shares	**	71,202
	Goldman Sachs Group Inc.	175	shares	**	46,149
	Home Depot	220	shares	**	58,436
	Home Depot	100	shares	**	26,562
	Humana Inc.	148	shares	**	60,720
	Humana Inc.	65	shares	**	26,667
	Incyte Corp	690	shares	**	60,016
	Incyte Corp	215	shares	**	18,701
	Intel Corp	1,190	shares	**	59,286
	Intel Corp	525	shares	**	26,155
	Johnson & Johnson	825	shares	**	129,839
	Johnson & Johnson	335	shares	**	52,722
	JP Morgan Chase & Co	1,135	shares	**	144,224
	JP Morgan Chase & Co	425	shares	**	54,005
	Mastercard Inc.	235	shares	**	83,881
	Mastercard Inc.	100	shares	**	35,694
	McDonalds Corp	326	shares	**	69,953
	McDonalds Corp	142	shares	**	30,470
	Microsoft Corp	870	shares	**	193,505
	Microsoft Corp	375	shares	**	83,408
	Nextera Energy Inc	1,240	shares	**	95,666
	Nextera Energy Inc	600	shares	**	46,290
	Nextera Energy Inc 6.219% Conv PFD	1,500	shares	**	77,055
	Nvidia Corp	85	shares	**	44,387
	Nvidia Corp	55	shares	**	28,721
	Pepsico Inc	560	shares	**	83,048
	Pepsico Inc	225	shares	**	33,368
	PNC Financial Services Group	592	shares	**	88,208
	PNC Financial Services Group	418	shares	**	62,282
	Procter & Gamble Co	610	shares	**	84,875
				Common Stock Subtotal	$ 4,552,886

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, 2020

(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				$ 4,552,886
	Procter & Gamble Co	300	shares	**	41,742
	Qualcomm Inc.	290	shares	**	44,179
	Qualcomm Inc.	123	shares	**	18,738
	Servicenow Inc.	120	shares	**	66,052
	Servicenow Inc.	50	shares	**	27,522
	Southwest Airlines	865	shares	**	40,318
	Southwest Airplanes Co	1,690	shares	**	78,771
	Starbucks Corp	620	shares	**	66,328
	Starbucks Corp	600	shares	**	64,188
	TJX Companies Inc	1,020	shares	**	69,656
	TJX Companies Inc	500	shares	**	34,145
	United Parcel Service Inc-B	475	shares	**	79,990
	United Parcel Services Inc-B	185	shares	**	31,154
	Universal Display Corp	190	shares	**	43,662
	Universal Display Corp	100	shares	**	22,980
	Verizon Communication Inc	1,485	shares	**	87,244
	Verizon Communications Inc	650	shares	**	38,187
				Common Stock Total	$ 5,407,742
	Foreign Assets				
	Check Point Software Tech Ltd	650	shares	**	$ 86,392
	Check Point Software Tech Ltd	295	shares	**	39,208
	Chubb Ltd	445	shares	**	68,494
	Chubb Ltd	180	shares	**	27,706
	Enbridge Inc	1,885	shares	**	60,301
	Enbridge Inc	700	shares	**	22,393
	Roche Holdings Ltd	2,590	shares	**	113,546
	Roche Holdings Ltd	900	shares	**	39,456
				Foreign Assets Total	$ 457,496
*	Participant Loans	5.25% – 7.50%			157,204
				GRAND TOTAL	$10,582,622

* Represents party in interest

** Cost omitted for participant directed accounts.