

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

- A This return/report is for: a multiemployer plan, a multiple-employer plan, a single-employer plan, a DFE, etc.
B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report, etc.
C If the plan is a collectively-bargained plan, check here.
D Check box if filing under: Form 5558, automatic extension, the DFVC program, special extension, etc.
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.

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, mailing address, city, state, and ZIP: 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.

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for employer/plan sponsor and DFE.

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2024) v. 240311

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> 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: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	165
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	141
	<b>6a(2)</b>	133
	<b>6b</b>	0
	<b>6c</b>	24
	<b>6d</b>	157
	<b>6e</b>	0
	<b>6f</b>	157
	<b>6g(1)</b>	114
<b>6g(2)</b>	108	
<b>6h</b>	0	
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	

**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:

<b>9a</b> Plan funding arrangement (check all that apply)	<b>9b</b> Plan benefit arrangement (check all that apply)
(1) <input type="checkbox"/> Insurance	(1) <input type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> 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)  **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
- (4)  **DCG** (Individual Plan Information) – Number Attached \_\_\_\_\_
- (5)  **MEP** (Multiple-Employer Retirement Plan Information)

**b General Schedules**

- (1)  **H** (Financial Information)
- (2)  **I** (Financial Information – Small Plan)
- (3)  **A** (Insurance Information) – Number Attached \_\_\_\_\_
- (4)  **C** (Service Provider Information)
- (5)  **D** (DFE/Participating Plan Information)
- (6)  **G** (Financial Transaction Schedules)

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

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**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.

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**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 2024 Form M-1 annual report. If the plan was not required to file the 2024 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 \_\_\_\_\_

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<b>SCHEDULE C</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Service Provider Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

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

**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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**(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)

WEALTH ENHCNACEMENT GROUP

1040 PITTSFORD VICTOR ROAD  
PITTSFORD, NY 14534

41-2016508

(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	74099	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

CHARLES SCHWAB TRUST BANK

82-3967259

(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	9280	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

(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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

**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.

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

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

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  ▶ <b>File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>THERM, INCORPORATED 401(K) PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>003</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>THERM, INCORPORATED</b>	<b>D</b> Employer Identification Number (EIN) <b>15-0468315</b>

<b>Part I</b>	<b>Asset and Liability Statement</b>
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**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.

		(a) Beginning of Year	(b) End of Year
<b>Assets</b>			
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	0	0
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	276234	269846
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>	9541	-9434
<b>(3)</b> Other .....	<b>1b(3)</b>	19527	14918
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	699728	717556
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	1053616	1086470
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>	0	0
<b>(B)</b> All other .....	<b>1c(3)(B)</b>	807297	525729
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>	0	0
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	8634393	8365229
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>	0	0
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>	0	0
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>	0	0
<b>(8)</b> Participant loans .....	<b>1c(8)</b>	140636	132366
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	0	0
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>	0	0
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>	0	0
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>	0	0
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	0	0
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>	0	0
<b>(15)</b> Other .....	<b>1c(15)</b>	91535	148237

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>	0	0
(2) Employer real property.....	<b>1d(2)</b>	0	0
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>	0	0
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	11732507	11250917
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>	0	0
<b>h</b> Operating payables.....	<b>1h</b>	0	0
<b>i</b> Acquisition indebtedness.....	<b>1i</b>	0	0
<b>j</b> Other liabilities.....	<b>1j</b>	0	0
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	0	0
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	11732507	11250917

**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.

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>	269846	
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>	539694	
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>	738	
(2) Noncash contributions.....	<b>2a(2)</b>	0	810278
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>	130867	
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>	36985	
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>	29298	
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>	0	
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>	10929	
<b>(F)</b> Other.....	<b>2b(1)(F)</b>	0	
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		208079
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>	0	
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>	26558	
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>	0	
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		26558
<b>(3)</b> Rents.....	<b>2b(3)</b>		1557579
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>		
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>	0	
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>	0	
<b>(B)</b> Other.....	<b>2b(5)(B)</b>	0	
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		0
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		0
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		0
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		0
<b>c</b> Other income .....	<b>2c</b>		0
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		2602494

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>	3000379	
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>	0	
(3) Other .....	<b>2e(3)</b>	0	
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		3000379
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		0
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	<b>2g</b>		326
<b>h</b> Interest expense .....	<b>2h</b>		0
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>	0	
(2) Contract administrator fees .....	<b>2i(2)</b>	0	
(3) Recordkeeping fees .....	<b>2i(3)</b>	0	
(4) IQPA audit fees .....	<b>2i(4)</b>	0	
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	74099	
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>	9280	
(7) Actuarial fees .....	<b>2i(7)</b>	0	
(8) Legal fees .....	<b>2i(8)</b>	0	
(9) Valuation/appraisal fees .....	<b>2i(9)</b>	0	
(10) Other trustee fees and expenses .....	<b>2i(10)</b>	0	
(11) Other expenses .....	<b>2i(11)</b>	0	
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		83379
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		3084084

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		-481590
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		0
(2) From this plan .....	<b>2l(2)</b>		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)  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)  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** as part of Schedule H because:

(1)  This form is filed for a CCT, PSA, DCG 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. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
<b>a</b> 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.)		X	
<b>b</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.)		X	
<b>c</b> 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.)		X	
<b>d</b> 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.)		X	
<b>e</b> Was this plan covered by a fidelity bond?	X		500000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
<b>g</b> 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?		X	
<b>h</b> 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?		X	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
<b>j</b> 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.)		X	
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
<b>n</b> 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.			

**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.)

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> 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 \_\_\_\_\_.

<b>SCHEDULE R</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Retirement Plan Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

<b>Part I</b>	<b>Distributions</b>
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**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): 82-3967259 94-1737782

**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

<b>Part II</b>	<b>Funding Information</b> (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.**

<b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....	<b>6a</b>	
<b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....	<b>6b</b>	
<b>c</b> 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).....	<b>6c</b>	

**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

<b>Part III</b>	<b>Amendments</b>
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**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

<b>Part IV</b>	<b>ESOPs</b> (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 (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (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:

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

**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:

<b>a</b> The corresponding number for the plan year immediately preceding the current plan year .....	<b>15a</b>	
<b>b</b> The corresponding number for the second preceding plan year .....	<b>15b</b>	

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

<b>a</b> Enter the number of employers who withdrew during the preceding plan year .....	<b>16a</b>	
<b>b</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.....	<b>16b</b>	

**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) and (b):

**a** Enter the percentage of plan assets held as:  
 Public Equity: \_\_\_\_\_% Private Equity: \_\_\_\_\_% Investment-Grade Debt and Interest Rate Hedging Assets: \_\_\_\_\_%  
 High-Yield Debt: \_\_\_\_\_% Real Assets: \_\_\_\_\_% Cash or Cash Equivalents: \_\_\_\_\_% Other: \_\_\_\_\_%

**b** Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:  
 0-5 years  5-10 years  10-15 years  15 years or more

**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: \_\_\_\_\_

**Part VII IRS Compliance Questions**

**21a** Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?  Yes  No

**21b** If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).  
 Design-based safe harbor method  
 "Prior year" ADP test  
 "Current year" ADP test  
 N/A

**22** If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 06 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q702751A.

**Audited Financial Statements**

**THERM, INCORPORATED  
401(k) PLAN**

**December 31, 2024**

Audited Financial Statements

THERM, INCORPORATED 401(k) PLAN

December 31, 2024

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**Firley, Moran, Freer & Eassa, CPA, P.C.**

125 East Jefferson Street · Suite 920 · Syracuse, NY 13202  
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**INDEPENDENT AUDITOR'S REPORT**

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

**Scope and Nature of the ERISA Section 103(a)(3)(C) Audit**

We have performed audits of the financial statements of Therm, Incorporated 401(k) Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), as permitted by ERISA Section 103(a)(3)(C) ("ERISA Section 103(a)(3)(C) audit"). The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, the related statement of changes in net assets available for benefits for the year ended December 31, 2024, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the Plan ("investment information") by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA ("qualified institution").

Management has obtained certifications from a qualified institution as of and for the years ended December 31, 2024 and 2023, stating that the certified investment information, as described in Note C to the financial statements, is complete and accurate.

**Opinion**

In our opinion, based on our audits and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the Financial Statements section:

- The amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America ("U.S. GAAP").

- The information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

### **Basis for Opinion**

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (“GAAS”). Our responsibilities under those standards are further described in the Auditor’s Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

### **Responsibilities of Management for the Financial Statements**

Management is responsible for the preparation and fair presentation of the financial statements in accordance with U.S. GAAP, and for 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. Management’s election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan’s ability to continue as a going concern within one year after the date that the financial statements are issued or available to be issued.

Management is also responsible for maintaining a current Plan instrument, including all Plan amendments, administering the Plan, and determining that the Plan’s transactions that are presented and disclosed in the financial statements are in conformity with the Plan’s provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

### **Auditor’s Responsibilities for the Audit of the Financial Statements**

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if, there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of U.S. GAAP.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with U.S. GAAP.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

#### **Other Matter--Supplemental Schedule Required by ERISA**

The supplemental schedule of assets (held at end of year) as of and for the year ended December 31, 2024 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including its form and content, is presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- The form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.
- The information in the supplemental schedule related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

*Xirley, Moran, Green & Esser, CPA, P.C.*

Syracuse, New York  
September 8, 2025

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

THERM, INCORPORATED 401(k) PLAN

	December 31,	
	2024	2023
<b>ASSETS</b>		
Investments:		
Participant directed investments, at fair value	\$ 10,833,787	\$ 11,286,569
Unallocated participant contributions	9,434	-0-
	<u>10,843,221</u>	<u>11,286,569</u>
Receivables:		
Employer contributions	269,846	276,234
Participant contributions	-0-	9,541
Notes from participants	132,366	140,636
Accrued interest	14,918	19,527
	<u>417,130</u>	<u>445,938</u>
TOTAL ASSETS	<u>11,260,351</u>	<u>11,732,507</u>
<b>LIABILITIES</b>	<u>-0-</u>	<u>-0-</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 11,260,351</u>	<u>\$ 11,732,507</u>

See accompanying notes to financial statements.

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

THERM, INCORPORATED 401(k) PLAN

Year ended December 31, 2024

ADDITIONS

Additions to net assets attributed to:

Net appreciation in fair value of investments	\$ 1,557,579
Interest and dividends	<u>223,708</u>
	1,781,287

Interest income on notes receivable from participants	10,929
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Contributions:

Participants' salary deferrals	549,128
Employer contributions	269,846
Participants' rollover	<u>738</u>
	819,712

TOTAL ADDITIONS	<u>2,611,928</u>
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DEDUCTIONS

Deductions from net assets attributed to:

Benefits paid to participants	3,000,705
Administrative expenses	<u>83,379</u>

TOTAL DEDUCTIONS	<u>3,084,084</u>
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NET DECREASE	472,156
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NET ASSETS AVAILABLE FOR BENEFITS

Beginning of year	<u>11,732,507</u>
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END OF YEAR	<u><u>\$ 11,260,351</u></u>
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See accompanying notes to financial statements.

## NOTES TO FINANCIAL STATEMENTS

### THERM, INCORPORATED 401(k) PLAN

December 31, 2024 and 2023

#### NOTE A--DESCRIPTION OF THE PLAN

The following description of the Therm, Incorporated 401(k) 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"), who immediately upon employment, 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 and Employer Contributions Receivable: Participants may contribute the lesser of 100% of pretax annual compensation (elective deferral contributions), or \$23,000 into the Plan for 2024. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions (not to exceed \$7,500 in 2024). Participants may also contribute amounts representing distributions from other qualified defined contribution or defined benefit plans (rollovers). In 2024, 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. 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 2024. Contributions are subject to certain Internal Revenue Service ("IRS") limitations.

Employer contributions receivable represent employer safe harbor matching contributions and are presented in the statement of net assets available for benefits net of allowance for credit losses. The Plan Administrator believes that no allowance is necessary at December 31, 2024 and 2023.

Participant Accounts: Each participant's account is credited with the participant's contributions and allocations of employer contributions and Plan earnings and losses. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participant earnings and losses, 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.

NOTES TO FINANCIAL STATEMENTS--Continued

THERM, INCORPORATED 401(k) PLAN

December 31, 2024 and 2023

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:

<u>Years of service</u>	<u>Vesting percentage</u>
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 weekly 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 73. 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 vested interest in their account balance. 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. There were no forfeitures used to pay Plan administrative expenses in 2024.

NOTES TO FINANCIAL STATEMENTS--Continued

THERM, INCORPORATED 401(k) PLAN

December 31, 2024 and 2023

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 Plan management to make estimates and assumptions that affect the reported amounts of assets, liabilities and changes therein, and disclosure 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: Notes receivable 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. If a participant ceases to make loan repayments and the Plan Administrator deems the participant loan to be 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 notes receivable 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, 2024 and September 8, 2025, 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.

NOTES TO FINANCIAL STATEMENTS--Continued

THERM, INCORPORATED 401(k) PLAN

December 31, 2024 and 2023

NOTE C--INFORMATION CERTIFIED AND PROVIDED BY CHARLES SCHWAB  
TRUST BANK (UNAUDITED)

The following is a summary of the Plan's asset information as of December 31, 2024 and 2023, and for the year ended December 31, 2024, 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 the custodian and furnished to the Plan Administrator. The Plan Administrator has obtained certifications from the custodian that 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,	
	<u>2024</u>	<u>2023</u>
Participant directed investments, at fair value:		
Capital preservation fund:		
Interest-bearing cash (money market)	\$ 25,189	\$ 70,143
Registered investment companies	-0-	39,456
Corporate bonds	252,802	360,737
Fixed income funds	59,621	54,359
U.S. Government and agency securities	<u>306,709</u>	<u>345,381</u>
	644,321	870,076
Stock/bond blend fund:		
Interest-bearing cash (money market)	178,264	178,720
Registered investment companies	35,592	90,680
Corporate bonds	272,927	392,202
Fixed income funds	53,024	52,078
Common stock	1,610,420	1,958,546
U.S. Government and agency securities	<u>779,761</u>	<u>708,235</u>
	<u>2,929,988</u>	<u>3,380,461</u>
Investments subtotal	\$ 3,574,309	\$ 4,250,537

NOTES TO FINANCIAL STATEMENTS--Continued

THERM, INCORPORATED 401(k) PLAN

December 31, 2024 and 2023

NOTE C--INFORMATION CERTIFIED AND PROVIDED BY CHARLES SCHWAB  
TRUST BANK (UNAUDITED)--Continued

	December 31,	
	<u>2024</u>	<u>2023</u>
Investments balance forward	\$ 3,574,309	\$ 4,250,537
Long term growth fund:		
Interest-bearing cash (money market)	498,450	279,562
Common stock	<u>4,788,454</u>	<u>4,871,483</u>
	5,286,904	5,151,045
Multi-Cap global fund:		
Interest-bearing cash (money market)	15,653	171,303
Registered investment companies	<u>1,966,355</u>	<u>1,713,684</u>
	<u>1,982,008</u>	<u>1,884,987</u>
TOTAL INVESTMENTS	<u>\$ 10,843,221</u>	<u>\$ 11,286,569</u>

The custodian also certified to the completeness and accuracy of \$1,557,579 of net appreciation in value of investments and \$223,708 of interest and dividend income for the Plan year ended December 31, 2024.

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.

NOTES TO FINANCIAL STATEMENTS--Continued

THERM, INCORPORATED 401(k) PLAN

December 31, 2024 and 2023

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, 2024 and 2023:

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 and fixed income funds: Valued at the closing price reported on the active market on which the individual securities are traded.

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.

NOTES TO FINANCIAL STATEMENTS--Continued

THERM, INCORPORATED 401(k) PLAN

December 31, 2024 and 2023

NOTE E--FAIR VALUE MEASUREMENTS--Continued

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, 2024			
	Level 1	Level 2	Level 3	Total
Interest-bearing cash (money market)	\$ 717,556	\$ -0-	\$ -0-	\$ 717,556
Registered investment companies	2,001,947	-0-	-0-	2,001,947
Corporate bonds	-0-	525,729	-0-	525,729
U.S. Government and agency securities	116,700	969,770	-0-	1,086,470
Fixed income funds	112,645	-0-	-0-	112,645
Common stock	6,398,874	-0-	-0-	6,398,874
Total investments at fair value	<u>\$ 9,347,722</u>	<u>\$ 1,495,499</u>	<u>\$ -0-</u>	<u>\$10,843,221</u>
	December 31, 2023			
	Level 1	Level 2	Level 3	Total
	Level 1	Level 2	Level 3	Total
Interest-bearing cash (money market)	\$ 699,728	\$ -0-	\$ -0-	\$ 699,728
Registered investment companies	1,843,820	-0-	-0-	1,843,820
Corporate bonds	-0-	752,939	-0-	752,939
U.S. Government and agency securities	225,022	828,594	-0-	1,053,616
Fixed income funds	106,437	-0-	-0-	106,437
Common stock	6,830,029	-0-	-0-	6,830,029
Total investments at fair value	<u>\$ 9,705,036</u>	<u>\$ 1,581,533</u>	<u>\$ -0-</u>	<u>\$11,286,569</u>

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.

## NOTES TO FINANCIAL STATEMENTS--Continued

### THERM, INCORPORATED 401(k) PLAN

December 31, 2024 and 2023

#### NOTE G--TAX STATUS

The Plan uses a non-standardized defined contribution pre-approved plan sponsored by Rimkus, Marciano & Associates, Inc. The IRS has determined and informed the plan sponsor by a letter dated June 30, 2020, that the non-standardized plan qualifies under the applicable sections of the Internal Revenue Code (“IRC”). The Plan Administrator believes the Plan is designed and is being operated in compliance with the applicable provisions of the IRC.

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 2021.

#### 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.

#### 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, 2024 and 2023 to the respective Form 5500:

	December 31,	
	2024	2023
Net assets available for benefits per financial statements	\$ 11,260,351	\$ 11,732,507
Differences in:		
Unallocated participant contributions	(9,434)	-0-
Investments	132,366	140,636
Receivables--notes from participants	<u>(132,366)</u>	<u>(140,636)</u>
Net assets available for benefits per Form 5500	<u>\$ 11,250,917</u>	<u>\$ 11,732,507</u>

NOTES TO FINANCIAL STATEMENTS--Continued

THERM, INCORPORATED 401(k) PLAN

December 31, 2024 and 2023

NOTE I--RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500--Continued

The following are reconciliations of changes in net assets available for benefits per the accompanying financial statements to the respective Form 5500:

	December 31, 2024
Net change in assets available for benefits per financial statements	<u>\$ (472,156)</u>
Differences in:	
Participants' salary deferrals	<u>(9,434)</u>
Net change in assets available for benefits per Form 5500	<u><u>\$ (481,590)</u></u>

SCHEDULE H, LINE 4i--SCHEDULE OF ASSETS (HELD AT END OF YEAR)

THERM, INCORPORATED 401(k) PLAN

EIN: 15-0468315 PLAN NO.: 003

December 31, 2024

(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	**	\$ 717,556	
			Interest-Bearing Cash Total		<u>717,556</u>	
	<u>Registered Investment Companies</u>					
	Charles Schwab US MC	10,684	shares	**	296,054	
	Schwab Emerging Markets	14,450	shares	**	384,804	
	Schwab International	31,232	shares	**	577,792	
	Schwab US Large Cap ETF	17,747	shares	**	411,375	
	Schwab US Small Cap ETF	11,459	shares	**	296,330	
	Vanguard Mortgage Backed	785	shares	**	<u>35,592</u>	
			Registered Investment Companies Total		\$ 2,001,947	
	<u>Corporate Bonds</u>					
	Amazon.com, Inc.	25,000	4.600%	12/25	**	\$ 25,029
	Anheuser Busch Co	15,000	3.650%	02/26	**	14,867
	Apple Inc.	30,000	3.200%	05/27	**	29,153
	Bank of America Corp	20,000	3.248%	10/27	**	19,292
	Duke Energy Corp	30,000	2.650%	09/26	**	29,037
	Georgia Power	30,000	5.004%	02/27	**	30,215
	John Deere Cap.	30,000	5.050%	03/26	**	30,217
	Keurig Dr. Pepper	20,000	2.550%	09/26	**	19,326
	Lowe's Companies	25,000	3.375%	09/25	**	24,742
	Merck & Co., Inc.	25,000	2.750%	02/25	**	24,943
	Meta Platforms	20,000	4.950%	05/33	**	20,015
	Netflix, Inc.	30,000	4.375%	11/26	**	29,899
	Netflix, Inc.	20,000	5.875%	11/28	**	20,644
	Norfolk & Western	25,000	2.300%	05/31	**	21,390
	Pepsico, Inc.	25,000	3.900%	07/32	**	23,359
	The Home Depot	30,000	3.000%	04/26	**	29,455
	The Southern Co.	35,000	3.700%	04/30	**	32,911
	U.S. Bancorp	45,000	1.375%	07/30	**	37,112
	UnitedHealth Gr	20,000	3.100%	03/26	**	19,698
	Verizon Communication	45,000	4.125%	03/27	**	<u>44,425</u>
			Corporate Bonds Total			\$ 525,729

SCHEDULE H, LINE 4i--SCHEDULE OF ASSETS (HELD AT END OF YEAR)--Continued

THERM, INCORPORATED 401(k) PLAN

EIN: 15-0468315 PLAN NO.: 003

December 31, 2024

(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>U.S. Government and Agency Securities</u>						
	FHLB	25,000	2.375%	03/25	**	\$ 24,898
	FFCB	30,000	2.350%	06/25	**	29,724
	US Treasury Notes	45,000	3.500%	09/25	**	44,754
	FHLB	40,000	1.100%	04/26	**	38,363
	US Treasury Notes	50,000	3.750%	04/26	**	49,680
	FFCB	25,000	1.540%	11/26	**	23,715
	US Treasury Notes	90,000	1.875%	02/27	**	85,627
	US Treasury Notes	60,000	0.500%	06/27	**	54,703
	US Treasury Notes	145,000	2.250%	11/27	**	137,093
	US Treasury Notes	150,000	3.125%	11/28	**	143,531
	US Treasury Notes	125,000	3.875%	12/29	**	122,148
	US Treasury Notes	230,000	1.875%	02/32	**	193,559
	US Treasury Notes	45,000	4.250%	11/34	**	43,854
	US Treasury Notes	95,000	4.500%	02/36	**	94,821
	U.S. Government and Agency Securities Total					\$ 1,086,470
<u>Fixed Income Funds</u>						
	NY ST Dorm Auth	25,000	1.062%	03/25	**	\$ 24,826
	Virginia St Pub	35,000	4.000%	08/26	**	34,795
	NY ST URB Dev Co	55,000	3.270%	03/28	**	53,024
	Fixed Income Funds Total					\$ 112,645

SCHEDULE H, LINE 4i--SCHEDULE OF ASSETS (HELD AT END OF YEAR)--Continued

THERM, INCORPORATED 401(k) PLAN

EIN: 15-0468315 PLAN NO.: 003

December 31, 2024

(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>Common Stock</u>				
	Abbott Laboratories	233	shares	**	\$ 26,355
	Abbott Laboratories	589	shares	**	66,622
	Air Prod & Chemicals	106	shares	**	30,744
	Air Prod & Chemicals	421	shares	**	122,107
	Alphabet Inc	407	shares	**	77,509
	Alphabet Inc.	1,083	shares	**	206,247
	Amazon.com Inc	500	shares	**	109,696
	Amazon.com Inc	1,418	shares	**	311,095
	Amgen Inc.	135	shares	**	35,186
	Amgen Inc.	465	shares	**	121,198
	Anglo American PLC	2,799	shares	**	41,285
	Anglo American PLC	6,387	shares	**	94,208
	Apple Inc	394	shares	**	98,665
	Apple Inc	1,233	shares	**	308,768
	Bank of America Corp	563	shares	**	24,744
	Bank of America Corp	1,520	shares	**	66,804
	Berkshire Hathaway Inc	91	shares	**	41,249
	Berkshire Hathaway Inc	274	shares	**	124,199
	Boeing Co	318	shares	**	56,286
	Boeing Co	964	shares	**	170,628
	Chevron Corp	148	shares	**	21,436
	Chevron Corp	266	shares	**	59,095
	Chubb Ltd	79	shares	**	21,828
	Chubb Ltd	355	shares	**	77,364
	Constellation Brand	130	shares	**	28,730
	Constellation Brand	400	shares	**	88,400
	Crowdstrike Hldgs Inc	91	shares	**	31,137
	Crowdstrike Hldgs Inc	234	shares	**	80,065
	Devon Energy Corp	1,222	shares	**	39,996
	Devon Energy Corp	3,958	shares	**	129,545
	Disney Walt Co	393	shares	**	43,761
	Disney Walt Co	1,085	shares	**	120,815
	Eaton Corp	124	shares	**	41,152
	Eaton Corp	394	shares	**	130,757
	Exxon Mobil Corp	173	shares	**	18,611
	Exxon Mobil Corp	635	shares	**	68,307
	General Dynamics Corp	89	shares	**	23,451
	General Dynamics Corp	286	shares	**	75,358
	Goldman Sachs Group	38	shares	**	21,760
	Goldman Sachs Group	117	shares	**	66,997
	Home Depot	57	shares	**	22,172
				Common Stock Subtotal	\$ 3,344,332

SCHEDULE H, LINE 4i--SCHEDULE OF ASSETS (HELD AT END OF YEAR)--Continued

THERM, INCORPORATED 401(k) PLAN

EIN: 15-0468315 PLAN NO.: 003

December 31, 2024

(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>Common Stock--Continued</u>					
	Balance Forward				\$ 3,344,332
	Home Depot	175	shares	**	68,073
	Intuitive Surgical	66	shares	**	34,449
	Intuitive Surgical	201	shares	**	104,914
	Johnson & Johnson	252	shares	**	36,444
	Johnson & Johnson	715	shares	**	103,403
	JPMorgan Chase & Co	95	shares	**	22,772
	JPMorgan Chase & Co	317	shares	**	75,988
	Mastercard Inc	75	shares	**	39,493
	Mastercard Inc	185	shares	**	97,415
	McDonalds Corp	99	shares	**	28,699
	McDonalds Corp	257	shares	**	74,503
	Microsoft Corp	239	shares	**	100,738
	Microsoft Corp	773	shares	**	325,819
	Nextera Energy Inc	441	shares	**	31,615
	Nextera Energy Inc	1,490	shares	**	106,818
	Nvidia Corp	345	shares	**	46,330
	Nvidia Corp	1,120	shares	**	150,401
	Palo Alto Networks	144	shares	**	26,202
	Palo Alto Networks	538	shares	**	97,894
	Pepsico Inc	134	shares	**	20,376
	Pepsico Inc	420	shares	**	63,866
	PNC Finl Services	110	shares	**	21,213
	PNC Finl Services	402	shares	**	77,526
	Procter & Gamble Co	193	shares	**	32,356
	Procter & Gamble Co	515	shares	**	86,340
	Service Now Inc	46	shares	**	48,766
	Service Now Inc	96	shares	**	101,773
	Taiwan Semiconductr	104	shares	**	20,539
	Taiwan Semiconductr	247	shares	**	48,780
	Terex Corp	509	shares	**	23,526
	Terex Corp	1,865	shares	**	86,200
	Tesla Inc	141	shares	**	56,941
	Tesla Inc	346	shares	**	139,729
	TJX Companies Inc	225	shares	**	27,182
	TJX Companies Inc	579	shares	**	69,949
	UnitedHealth Grp Inc	77	shares	**	38,951
	UnitedHealth Grp Inc	233	shares	**	117,865
	Universal Display Co	83	shares	**	12,135
	Universal Display Co	218	shares	**	31,872
	Walmart	358	shares	**	32,345
Common Stock Subtotal					\$ 6,074,532

SCHEDULE H, LINE 4i--SCHEDULE OF ASSETS (HELD AT END OF YEAR)--Continued

THERM, INCORPORATED 401(k) PLAN

EIN: 15-0468315          PLAN NO.: 003

December 31, 2024

(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>Common Stock--Continued</u>					
	Balance Forward				\$ 6,074,532
	Walmart	1,170	shares	**	105,709
	Wells Fargo & Co	429	shares	**	30,133
	Wells Fargo & Co	1,329	shares	**	93,349
	Zoetis Inc	144	shares	**	23,462
	Zoetis Inc	440	shares	**	71,689
			Common Stock Total		<u>\$ 6,398,874</u>
* Participant Loans			5.25% – 10.50%		<u>132,366</u>
			GRAND TOTAL		<u><u>\$ 10,975,587</u></u>

\* Represents party in interest

\*\* Cost omitted for participant directed accounts.

SCHEDULE H, LINE 4i--SCHEDULE OF ASSETS (HELD AT END OF YEAR)

THERM, INCORPORATED 401(k) PLAN

EIN: 15-0468315 PLAN NO.: 003

December 31, 2024

(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	**	\$ 717,556
				Interest-Bearing Cash Total		<u>717,556</u>
	<u>Registered Investment Companies</u>					
	Charles Schwab US MC	10,684	shares		**	296,054
	Schwab Emerging Markets	14,450	shares		**	384,804
	Schwab International	31,232	shares		**	577,792
	Schwab US Large Cap ETF	17,747	shares		**	411,375
	Schwab US Small Cap ETF	11,459	shares		**	296,330
	Vanguard Mortgage Backed	785	shares		**	<u>35,592</u>
				Registered Investment Companies Total		\$ 2,001,947
	<u>Corporate Bonds</u>					
	Amazon.com, Inc.	25,000	4.600%	12/25	**	\$ 25,029
	Anheuser Busch Co	15,000	3.650%	02/26	**	14,867
	Apple Inc.	30,000	3.200%	05/27	**	29,153
	Bank of America Corp	20,000	3.248%	10/27	**	19,292
	Duke Energy Corp	30,000	2.650%	09/26	**	29,037
	Georgia Power	30,000	5.004%	02/27	**	30,215
	John Deere Cap.	30,000	5.050%	03/26	**	30,217
	Keurig Dr. Pepper	20,000	2.550%	09/26	**	19,326
	Lowe's Companies	25,000	3.375%	09/25	**	24,742
	Merck & Co., Inc.	25,000	2.750%	02/25	**	24,943
	Meta Platforms	20,000	4.950%	05/33	**	20,015
	Netflix, Inc.	30,000	4.375%	11/26	**	29,899
	Netflix, Inc.	20,000	5.875%	11/28	**	20,644
	Norfolk & Western	25,000	2.300%	05/31	**	21,390
	Pepsico, Inc.	25,000	3.900%	07/32	**	23,359
	The Home Depot	30,000	3.000%	04/26	**	29,455
	The Southern Co.	35,000	3.700%	04/30	**	32,911
	U.S. Bancorp	45,000	1.375%	07/30	**	37,112
	UnitedHealth Gr	20,000	3.100%	03/26	**	19,698
	Verizon Communication	45,000	4.125%	03/27	**	<u>44,425</u>
				Corporate Bonds Total		\$ 525,729

SCHEDULE H, LINE 4i--SCHEDULE OF ASSETS (HELD AT END OF YEAR)--Continued

THERM, INCORPORATED 401(k) PLAN

EIN: 15-0468315 PLAN NO.: 003

December 31, 2024

(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>U.S. Government and Agency Securities</u>						
	FHLB	25,000	2.375%	03/25	**	\$ 24,898
	FFCB	30,000	2.350%	06/25	**	29,724
	US Treasury Notes	45,000	3.500%	09/25	**	44,754
	FHLB	40,000	1.100%	04/26	**	38,363
	US Treasury Notes	50,000	3.750%	04/26	**	49,680
	FFCB	25,000	1.540%	11/26	**	23,715
	US Treasury Notes	90,000	1.875%	02/27	**	85,627
	US Treasury Notes	60,000	0.500%	06/27	**	54,703
	US Treasury Notes	145,000	2.250%	11/27	**	137,093
	US Treasury Notes	150,000	3.125%	11/28	**	143,531
	US Treasury Notes	125,000	3.875%	12/29	**	122,148
	US Treasury Notes	230,000	1.875%	02/32	**	193,559
	US Treasury Notes	45,000	4.250%	11/34	**	43,854
	US Treasury Notes	95,000	4.500%	02/36	**	94,821
	U.S. Government and Agency Securities Total					\$ 1,086,470
<u>Fixed Income Funds</u>						
	NY ST Dorm Auth	25,000	1.062%	03/25	**	\$ 24,826
	Virginia St Pub	35,000	4.000%	08/26	**	34,795
	NY ST URB Dev Co	55,000	3.270%	03/28	**	53,024
	Fixed Income Funds Total					\$ 112,645

SCHEDULE H, LINE 4i--SCHEDULE OF ASSETS (HELD AT END OF YEAR)--Continued

THERM, INCORPORATED 401(k) PLAN

EIN: 15-0468315      PLAN NO.: 003

December 31, 2024

(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>Common Stock</u>			
	Abbott Laboratories	233 shares	**	\$ 26,355
	Abbott Laboratories	589 shares	**	66,622
	Air Prod & Chemicals	106 shares	**	30,744
	Air Prod & Chemicals	421 shares	**	122,107
	Alphabet Inc	407 shares	**	77,509
	Alphabet Inc.	1,083 shares	**	206,247
	Amazon.com Inc	500 shares	**	109,696
	Amazon.com Inc	1,418 shares	**	311,095
	Amgen Inc.	135 shares	**	35,186
	Amgen Inc.	465 shares	**	121,198
	Anglo American PLC	2,799 shares	**	41,285
	Anglo American PLC	6,387 shares	**	94,208
	Apple Inc	394 shares	**	98,665
	Apple Inc	1,233 shares	**	308,768
	Bank of America Corp	563 shares	**	24,744
	Bank of America Corp	1,520 shares	**	66,804
	Berkshire Hathaway Inc	91 shares	**	41,249
	Berkshire Hathaway Inc	274 shares	**	124,199
	Boeing Co	318 shares	**	56,286
	Boeing Co	964 shares	**	170,628
	Chevron Corp	148 shares	**	21,436
	Chevron Corp	266 shares	**	59,095
	Chubb Ltd	79 shares	**	21,828
	Chubb Ltd	355 shares	**	77,364
	Constellation Brand	130 shares	**	28,730
	Constellation Brand	400 shares	**	88,400
	Crowdstrike Hldgs Inc	91 shares	**	31,137
	Crowdstrike Hldgs Inc	234 shares	**	80,065
	Devon Energy Corp	1,222 shares	**	39,996
	Devon Energy Corp	3,958 shares	**	129,545
	Disney Walt Co	393 shares	**	43,761
	Disney Walt Co	1,085 shares	**	120,815
	Eaton Corp	124 shares	**	41,152
	Eaton Corp	394 shares	**	130,757
	Exxon Mobil Corp	173 shares	**	18,611
	Exxon Mobil Corp	635 shares	**	68,307
	General Dynamics Corp	89 shares	**	23,451
	General Dynamics Corp	286 shares	**	75,358
	Goldman Sachs Group	38 shares	**	21,760
	Goldman Sachs Group	117 shares	**	66,997
	Home Depot	57 shares	**	22,172
				Common Stock Subtotal    \$ 3,344,332

SCHEDULE H, LINE 4i--SCHEDULE OF ASSETS (HELD AT END OF YEAR)--Continued

THERM, INCORPORATED 401(k) PLAN

EIN: 15-0468315 PLAN NO.: 003

December 31, 2024

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<u>Common Stock--Continued</u>					
	Balance Forward				\$ 3,344,332
	Home Depot	175	shares	**	68,073
	Intuitive Surgical	66	shares	**	34,449
	Intuitive Surgical	201	shares	**	104,914
	Johnson & Johnson	252	shares	**	36,444
	Johnson & Johnson	715	shares	**	103,403
	JPMorgan Chase & Co	95	shares	**	22,772
	JPMorgan Chase & Co	317	shares	**	75,988
	Mastercard Inc	75	shares	**	39,493
	Mastercard Inc	185	shares	**	97,415
	McDonalds Corp	99	shares	**	28,699
	McDonalds Corp	257	shares	**	74,503
	Microsoft Corp	239	shares	**	100,738
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Common Stock Subtotal					\$ 6,074,532

SCHEDULE H, LINE 4i--SCHEDULE OF ASSETS (HELD AT END OF YEAR)--Continued

THERM, INCORPORATED 401(k) PLAN

EIN: 15-0468315          PLAN NO.: 003

December 31, 2024

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<u>Common Stock--Continued</u>					
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