

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: GENTHERM AUTOMOTIVE, LLC 401K PLAN
1b Three-digit plan number (PN): 001
1c Effective date of plan: 01/01/1998
2a Plan sponsor's name (employer, if for a single-employer plan): GENTHERM AUTOMOTIVE LLC
2b Employer Identification Number (EIN): 27-2856135
2c Plan Sponsor's telephone number: 864-558-3707
2d Business code (see instructions): 336300

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

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	223
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	148
	6a(2)	0
	6b	95
	6c	0
	6d	95
	6e	0
	6f	95
	6g(1)	212
6g(2)	95	
6h	0	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

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

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

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) <input checked="" type="checkbox"/> Insurance	(1) <input checked="" 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 1
- (4) **C** (Service Provider Information)
- (5) **D** (DFE/Participating Plan Information)
- (6) **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 _____

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p>A Name of plan GENTHERM AUTOMOTIVE, LLC 401K PLAN</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>001</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 GENTHERM AUTOMOTIVE LLC</p>	<p>D Employer Identification Number (EIN) 27-2856135</p>	

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
EMPOWER ANNUITY INSURANCE COMPANY OF AMERICA

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
84-0467907	68322	334699-01	16	01/01/2024	12/31/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

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(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II	Investment and Annuity Contract Information	
	Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.	
4	Current value of plan's interest under this contract in the general account at year end	271440
5	Current value of plan's interest under this contract in separate accounts at year end.....	0
6	Contracts With Allocated Funds:	
a	State the basis of premium rates ▶	
b	Premiums paid to carrier	6b
c	Premiums due but unpaid at the end of the year	6c
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d
e	Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶	
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>	
7	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)	
a	Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment (4) <input checked="" type="checkbox"/> other ▶ GROUP ANNUITY CONTRACT	
b	Balance at the end of the previous year	7b 460101
c	(1) Contributions deposited during the year	7c(1) 19152
	(2) Dividends and credits.....	7c(2) 0
	(3) Interest credited during the year.....	7c(3) 5341
	(4) Transferred from separate account	7c(4) 138645
	(5) Other (specify below)..... ▶ LOAN REPAYMENTS	7c(5) 20154
	(6) Total additions	7c(6) 183292
d	Total of balance and additions (add lines 7b and 7c(6))	7d 643393
e	Deductions:	
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1) 378661
	(2) Administration charge made by carrier.....	7e(2) -16960
	(3) Transferred to separate account	7e(3) 10251
	(4) Other (specify below)..... ▶	7e(4) 0
(5) Total deductions	7e(5) 371952	
f	Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f 271441

Part III Welfare Benefit Contract Information
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** Health (other than dental or vision)
- b** Dental
- c** Vision
- d** Life insurance
- e** Temporary disability (accident and sickness)
- f** Long-term disability
- g** Supplemental unemployment
- h** Prescription drug
- i** Stop loss (large deductible)
- j** HMO contract
- k** PPO contract
- l** Indemnity contract
- m** Other (specify) ▶

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)		
	(2) Increase (decrease) in amount due but unpaid	9a(2)		
	(3) Increase (decrease) in unearned premium reserve	9a(3)		
	(4) Earned ((1) + (2) - (3))		9a(4)	0
b	Benefit charges (1) Claims paid	9b(1)		
	(2) Increase (decrease) in claim reserves	9b(2)		
	(3) Incurred claims (add (1) and (2))		9b(3)	0
	(4) Claims charged		9b(4)	
c	Remainder of premium: (1) Retention charges (on an accrual basis) --			
	(A) Commissions	9c(1)(A)		
	(B) Administrative service or other fees	9c(1)(B)		
	(C) Other specific acquisition costs	9c(1)(C)		
	(D) Other expenses	9c(1)(D)		
	(E) Taxes	9c(1)(E)		
	(F) Charges for risks or other contingencies	9c(1)(F)		
	(G) Other retention charges	9c(1)(G)		
	(H) Total retention		9c(1)(H)	0
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)	
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
	(2) Claim reserves		9d(2)	
	(3) Other reserves		9d(3)	
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? Yes No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

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

A Name of plan GENTHERM AUTOMOTIVE, LLC 401K PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 GENTHERM AUTOMOTIVE LLC	D Employer Identification Number (EIN) 27-2856135	

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

EMPOWER ANNUITY INSURANCE	8515 EAST ORCHARD ROAD GREENWOOD VILLAGE, CO 80111
84-0467907	

(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)

EMPOWER ANNUITY INSURANCE

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(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?
64	RECORDKEEPER	24504	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)

LPL FINANCIAL

PO BOX 502533
SAN DIEGO, CA 92150

(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?
27	INVESTMENT ADVISOR	17742	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

TRINITY PENSION GROUP, LLC

PO BOX 2159
JAMESTOWN, NC 27282

(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?
13	CONTRACT ADMIN	9246	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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)

EMPOWER ADVISORY GROUP, LLC

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(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?
28	INVESTMENT MGMT	2039	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

TD AMERITRADE

200 S 108TH AVENUE
OMAHA, NE 68154

(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?
33	BROKERAGE SERVICES	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" 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.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
TD AMERITRADE	28	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
EMPOWER ANNUITY INSURANCE 8515 EAST ORCHARD ROAD GREENWOOD VILLAGE, CO 80111	OPEN BROKERAGE WINDOW	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan GENTHERM AUTOMOTIVE, LLC 401K PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 GENTHERM AUTOMOTIVE LLC	D Employer Identification Number (EIN) 27-2856135

Part I	Asset and Liability Statement
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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
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	409	110
(2) Participant contributions	1b(2)	1195	110
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	310019	6902
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	12546670	3682724
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	460101	271440
(15) Other.....	1c(15)	0	0

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	13318394	3961286
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	0	0
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	13318394	3961286

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	179840	
(B) Participants.....	2a(1)(B)	294592	
(C) Others (including rollovers).....	2a(1)(C)	232	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2).....	2a(3)		474664
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)	18002	
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		18002
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A), (B), and (C).....	2b(2)(D)		0
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		1324785
c Other income	2c		17293
d Total income. Add all income amounts in column (b) and enter total	2d		1834744

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	11052993	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		11052993
f Corrective distributions (see instructions)	2f		16269
g Certain deemed distributions of participant loans (see instructions)	2g		49891
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	17766	
(3) Recordkeeping fees	2i(3)	41797	
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	2741	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	10395	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		72699
j Total expenses. Add all expense amounts in column (b) and enter total	2j		11191852

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-9357108
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

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: **RODL LANGFORD DE KOCK LLP**

(2) EIN: **58-2594719**

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
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined
 If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>GENTHERM AUTOMOTIVE, LLC 401K PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>GENTHERM AUTOMOTIVE LLC</u>	D Employer Identification Number (EIN) <u>27-2856135</u>	

Part I	Distributions
---------------	----------------------

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

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

1		0
---	--	---

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
 EIN(s): 84-1455663

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

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

3	
---	--

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? Yes No N/A
If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a
b Enter the amount contributed by the employer to the plan for this plan year	6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c

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

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

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

Part III	Amendments
-----------------	-------------------

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (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:

a 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).....	14a	
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).....	14b	
c 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).....	14c	

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

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

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

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

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

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

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

19 If the total number of participants is 1,000 or more, complete lines (a) 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 Q702786A.

Rödl & Partner

**GENTHERM AUTOMOTIVE, LLC
401(k) PLAN**

FINANCIAL STATEMENTS
AND SUPPLEMENTAL SCHEDULES
AS OF DECEMBER 31, 2024 AND 2023
TOGETHER WITH
INDEPENDENT AUDITORS' REPORT

GENTHERM AUTOMOTIVE, LLC 401(k) PLAN
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DECEMBER 31, 2024

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All other schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because they are not applicable.

Rödl & Partner

Rödl Langford de Kock LLP
Certified Public Accountants

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Greenville SC, 29601, USA
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info@roedlusa.com
www.roedl.us

INDEPENDENT AUDITORS' REPORT

To the Trustee and Participants of
Gentherm Automotive, LLC 401(k) Plan:

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

We have performed audits of the financial statements of Gentherm Automotive, LLC 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 statement of net assets in liquidation as of December 31, 2024 and the statement of net assets available for benefits as of December 31, 2023, and the related statement of changes in net assets in liquidation 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 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 Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA ("qualified institution").

Management has obtained certifications from a qualified institution (Empower Annuity Insurance Company of America) as of December 31, 2024 and 2023, and for the year ended December 31, 2024, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audits and the procedures performed as described in the *Auditors' Responsibilities for the Audits 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.

RÖDL & PARTNER IN UNITED STATES OF AMERICA
Atlanta, Birmingham, Charlotte, Cincinnati, Chicago, Denver, Detroit, Greenville, Houston, New York

RÖDL & PARTNER INTERNATIONAL
Austria, Azerbaijan, Belarus, Brazil, Bulgaria, Canada, People's Republic of China, Croatia, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Georgia, Germany, Hong Kong, S.A.R., Hungary, India, Indonesia, Italy, Kazakhstan, Kenya, Latvia, Lithuania, Malaysia, Mexico, Myanmar, Philippines, Poland, Portugal, Romania, Serbia, Singapore, Slovakia, Slovenia, South Africa, Spain, Sweden, Switzerland, Thailand, Turkey, Ukraine, United Arab Emirates, United Kingdom, United States of America, Uzbekistan, Vietnam

Rödl & Partner

- The information in the accompanying financial statements related to assets held by and certified to by a qualified institution (Empower Annuity Insurance Company of America) 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 *Auditors' Responsibilities for the Audits 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 accounting principles generally accepted in the United States of America, 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 for one year after the date the financial statements are 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 conform 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.

Auditors' Responsibilities for the Audits 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 are free from material misstatement, whether due to fraud or error and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance. Therefore, it 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, individually or in the aggregate, they can reasonably be expected to influence the economic decisions of users made on the basis of these 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.

Rödl & Partner

- 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 accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

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.

Emphasis of Matter

As further discussed in Note 1 to the financial statements, Gentherm Automotive, LLC has elected to terminate the Plan as of December 31, 2024. As a result, in accordance with accounting principles generally accepted in the United States of America, the Plan has changed its basis of accounting from the going concern basis used in presenting the 2023 financial statements to the liquidation basis used in presenting the 2024 financial statements. Our opinion is not modified with respect to this matter.

Other Matter — Supplemental Schedules Required by ERISA

The supplemental schedules of *Schedule H, Line 4a – Schedule of Delinquent Participant Contributions* and *Schedule H, Line 4i – Schedule of Assets (Held at Year End)* as of December 31, 2024, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor'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 schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits 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 schedules 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 schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including its form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Rödl & Partner

In our opinion:

- The form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, is presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- The information in the supplemental schedules 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).

Rödl Longford de Kock LLP

Greenville, South Carolina,
September 9, 2025.

GENTHERM AUTOMOTIVE, LLC 401(k) PLAN
 STATEMENT OF NET ASSETS IN LIQUIDATION AS OF DECEMBER 31, 2024
 AND STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS AS OF DECEMBER 31, 2023

	2024 (in liquidation)	2023 (ongoing)
ASSETS		
Investments at fair value:		
Mutual funds	\$ 3,682,724	\$ 12,514,493
Participant-directed brokerage account	-	32,177
Investment in fully benefit-responsive investment contract, at fair value	271,440	-
Total investments at fair value	3,954,164	12,546,670
Investment in fully benefit-responsive investment contract, at contract value	-	460,101
Receivables:		
Participant contributions receivable	110	1,195
Sponsor contributions receivable	110	409
Notes receivable from participants	62,394	329,105
Total receivables	62,614	330,709
Total assets	4,016,778	13,337,480
	\$ 4,016,778	\$ 13,337,480

The accompanying notes are an integral part of these financial statements.

GENTHERM AUTOMOTIVE, LLC 401(k) PLAN
STATEMENT OF CHANGES IN NET ASSETS IN LIQUIDATION
FOR THE YEAR ENDED DECEMBER 31, 2024

	2024 <u>(in liquidation)</u>
ADDITIONS TO NET ASSETS ATTRIBUTED TO:	
Investment income:	
Net appreciation in fair value of investments	\$ 1,049,920
Interest and dividends	<u>274,865</u>
Total investment income	<u>1,324,785</u>
Interest income on notes receivable from participants	<u>18,002</u>
Contributions:	
Participant	294,592
Sponsor	<u>179,840</u>
Total contributions	<u>474,432</u>
Other income	<u>17,525</u>
Total additions to net assets	<u>1,834,744</u>
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:	
Benefits paid to participants	11,082,747
Administrative fees	<u>72,699</u>
Total deductions from net assets	<u>11,155,446</u>
NET DECREASE	(9,320,702)
NET ASSETS AVAILABLE FOR BENEFITS - BEGINNING OF YEAR	<u>13,337,480</u>
NET ASSETS AVAILABLE FOR BENEFITS - END OF YEAR	<u><u>\$ 4,016,778</u></u>

The accompanying notes are an integral part of this financial statement.

GENTHERM AUTOMOTIVE, LLC 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

1. GENERAL DESCRIPTION OF PLAN

The following description of the Gentherm Automotive, LLC 401(k) Plan (the "Plan") provides only general information. Participants should refer to the Plan Adoption Agreement for a more complete description of the Plan's provisions.

General

Prior to termination, the Plan was a defined contribution plan providing retirement benefits for certain full-time employees of Gentherm Automotive, LLC (the "Sponsor") who completed 90 days of service. The Plan became effective on January 1, 1998 and was subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended ("ERISA") and the Internal Revenue Code ("IRC").

As of December 31, 2024, management of the Sponsor approved the termination of the Plan subsequent to the termination of all employees and participants in September 2024. The 2024 Statement of Net Assets and Statement of Changes in Net Assets have been prepared on the liquidation basis.

Contributions

Prior to termination, eligible employees of the Sponsor ("participants") could contribute wages on a pre-tax and after-tax basis as defined by the Plan, subject to IRC limitations which are adjusted annually by the Internal Revenue Service ("IRS"). Participants who did not elect otherwise were automatically enrolled in the Plan with a 2% salary deferral once eligibility requirements were met. Participants could also make rollover contributions to the Plan, which represented distributions from other qualified plans.

The Sponsor provided a safe harbor matching contribution, which was allocated based on each participant's elective deferral, of 100% of salary deferrals that do not exceed 4% of compensation. The Sponsor, at its sole discretion, could also make an additional discretionary matching contribution or a profit-sharing contribution to the Plan on behalf of participants. Discretionary profit-sharing contributions were allocated among participants based upon the ratio that the participant's compensation for the Plan year bore to the total compensation for the Plan year of all participants. There were no discretionary matching or profit-sharing contributions made during the year ended December 31, 2024.

Investment options

The Plan's assets are held by Empower Annuity Insurance Company of America (the "Custodian"), the custodian of the Plan's assets. Under an arrangement with the Custodian and upon enrollment in the Plan, participants can direct their contributions in any whole percentage increments in any of the available funds. Participants may change their allocation to the various investment options at any time via telephone or the internet.

Participant accounts

Each participant's account is credited with (a) the participant's contributions, (b) any Sponsor contributions made on behalf of the participant, and (c) the earnings or losses on the investments chosen by the participant and is charged with any expenses incurred as a result of transactions initiated by the participant. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account balance.

Vesting

Prior to termination, participants were immediately vested in their contributions and Sponsor safe harbor contributions, plus actual earnings thereon. Vesting in the Sponsor's discretionary matching and profit-sharing contributions and earnings thereon was based on years of service according to the following schedule:

<u>Years of service</u>	<u>Vesting percentage</u>
Less than 1	0%
1-2	50%
2 or more	100%

Effective as of the date of Plan termination, participants became 100% vested in any non-vested portion of their accounts.

Forfeitures

Forfeitures of non-vested accounts can be used to pay administrative expenses of the Plan or Sponsor contributions. Total forfeitures available to pay future administrative expenses of the Plan or to reduce future Sponsor contributions were \$7,594 and \$194 as of December 31, 2024 and 2023, respectively. During the year ended December 31, 2024, \$8,635 of Sponsor matching contributions contributed to participants in error were forfeited and \$1,266 was used to reduce Sponsor contributions.

Notes receivable from participants

Participants can borrow from their fund accounts a minimum of \$1,000 up to a maximum amount equal to the lesser of \$50,000 or 50% of their vested account balance, subject to certain limitations as detailed in the Plan document. Participants can have a maximum of one note outstanding at any given time. Note terms ranged from one to five years, unless it was for the purchase of a principal residence, in which case the term may be extended. The notes are secured by the balance in the participant's account and bear interest at a fixed rate as determined by the administrator. Interest rates ranged from 4.25% to 9.50% for the year ended December 31, 2024 and 4.25% to 9.50% for the year ended December 31, 2023. Principal and interest were paid ratably through periodic payroll deductions.

Payment of benefits

Upon termination of service, or for reasons of death, disability, or retirement, a participant can elect to receive either a lump-sum or partial withdrawal of his or her account balance or elect to have his or her account balance transferred to an Individual Retirement Account ("IRA") or to another qualified employer plan. In the event that a participant terminated employment with the Sponsor and has a vested account balance of \$1,000 or less, the participant will receive an automatic distribution of those funds. A participant, whose account balance exceeds \$1,000 but does not exceed \$5,000, will have their balance automatically rolled over into an IRA outside of the Plan assets as soon as administratively feasible following termination. A participant can also request a withdrawal from his or her account balance upon attainment of age 59½ or for reasons of financial hardship as defined by IRC regulations.

Administrative expenses

Administrative expenses charged to the Plan included transaction fees relating to certain participant-initiated transactions as well as recordkeeping fees.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of accounting

The accompanying 2024 financial statements are prepared using the liquidation basis of accounting, and the accompanying 2023 financial statement is prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

Investment valuation and income recognition

Investments held by a defined contribution plan are required to be reported at fair value, except for fully benefit-responsive investment contracts. Contract value is the relevant measure for the portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants normally would receive if they were to initiate permitted transactions under the terms of the Plan.

As of the date of termination, all assets are recorded on liquidation basis 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. See Note 5 for discussion of fair value measurements. Interest income is recorded when earned. Dividends are recorded on the ex-dividend date. Net appreciation/depreciation includes realized and unrealized gains and losses on investments purchased and sold as well as held during the year.

Payment of benefits

Benefits are recorded when paid.

Use of estimates in financial statement preparation

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires the Plan's management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Actual results can differ from those estimates.

Expenses

Certain expenses incurred maintaining the Plan are paid directly by the Sponsor and are excluded from these financial statements. Investment-related expenses are included in net appreciation/depreciation of fair value of investments.

Notes receivable from participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest.

Subsequent events

The Sponsor has evaluated subsequent events through September 9, 2025, the date the financial statements were available to be issued.

3. INFORMATION PREPARED AND CERTIFIED BY THE CUSTODIAN (UNAUDITED)

The plan administrator has elected the method of compliance as permitted by 29 CFR 2520.103-8 of the United States Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the plan administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to the following information certified by the Custodian, except for comparing such information certified by the Custodian to information included in the Plan's financial statements and supplemental schedules.

The following information included in the Plan's financial statements and supplemental schedules was prepared and certified as complete and accurate by the Custodian as of December 31, 2024 and 2023, and for the year ended December 31, 2024:

	<u>2024</u>	<u>2023</u>
Investments at fair value:		
Mutual funds	\$ 3,682,724	\$ 12,514,493
Participant-directed brokerage account	-	32,177
Investment in fully benefit-responsive investment contract, at fair value	<u>271,440</u>	<u>-</u>
	<u>3,954,164</u>	<u>12,546,670</u>
Investment in fully benefit-responsive investment contract, at contract value	<u>-</u>	<u>460,101</u>
	<u>\$ 3,954,164</u>	<u>\$ 13,006,771</u>

	<u>2024</u>
Investment income:	
Net appreciation in fair value of investments	\$ 1,049,920
Interest and dividends	<u>274,865</u>
	<u>\$ 1,324,785</u>

4. INVESTMENT CONTRACT WITH INSURANCE COMPANY

The Plan holds a guaranteed investment contract (the "Contract") with the Custodian which is a fully benefit-responsive investment contract. The Custodian maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The Contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

Because the Contract is fully benefit-responsive, contract value is the relevant measurement attribute for net assets available for benefits attributable to the Contract for the year ended December 31, 2023. Contract value, as reported to the Plan by the Custodian, represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

Certain events may limit the ability of the Plan to transact at contract value with the issuer. Such events include but may not be limited to the following: 1) the complete or partial termination of the Plan, 2) the establishment of, or material change in, any plan investment fund, or 3) an amendment to the Plan or a change in the administration or operation of the Plan.

The Contract may be terminated by the Custodian upon the Plan's establishment, activation, or material change to any plan investment fund that the Custodian determines will prevent its ability to continue to operate the contract under the current terms. Termination of the Contract with the Custodian may result in the settlement of the outstanding balance at an amount that differs from contract value.

The Contract has no guaranteed minimum interest rate. Interest rates are adjusted quarterly. During 2024 the interest rates averaged 1.41%.

As a result of the Plan termination, the contract is reported at fair value at December 31, 2024. No gain or loss was recognized as a result of this conversion.

5. 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 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy 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;
- 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 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 used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodology used for assets measured at fair value. There were no changes in the methodologies used during the year ended December 31, 2024 apart from the reclassification of the fully benefit responsive investment contract to fair value discussed at Note 4.

- Mutual funds: Valued at the net asset value ("NAV") of shares held by the Plan at year-end. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily NAV and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.
- Participant-directed brokerage account: Account primarily consists of common stocks that are valued on the basis of readily determinable market prices.
- Fully benefit-responsive investment contract: Valued based on a discounted cash flow valuation methodology where the interest rate for the contract is reset at least as frequently as annually.

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

The following tables set forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2024 and 2023:

	Investments at fair value as of December 31, 2024			
	Level 1	Level 2	Level 3	Total
Assets in fair value hierarchy:				
Mutual funds	\$ 3,682,724	\$ -	\$ -	\$ 3,682,724
Investment in fully benefit-responsive investment contract	-	-	271,440	271,440
	<u>\$ 3,682,724</u>	<u>\$ -</u>	<u>\$ 271,440</u>	<u>\$ 3,954,164</u>
	Investments at fair value as of December 31, 2023			
	Level 1	Level 2	Level 3	Total
Assets in fair value hierarchy:				
Mutual funds	\$12,514,493	\$ -	\$ -	\$12,514,493
Participant directed brokerage account	32,177	-	-	32,177
	<u>\$12,546,670</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$12,546,670</u>

6. RELATED PARTY TRANSACTIONS

The Sponsor pays most of the administrative costs of the Plan and provides certain administrative services to the Plan at no cost.

Certain Plan investments are managed by the Custodian and, as such, qualify as party-in-interest transactions.

7. RISKS AND UNCERTAINTIES

The Plan invested in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes can materially affect participants' account balances and the amounts reported in the statements of net assets in liquidation as of December 31, 2024 and net assets available for benefits as of December 31, 2023.

8. RECONCILIATION TO FORM 5500

The following is a reconciliation between the Plan's financial statements and Form 5500 as of December 31, 2024 and 2023, and for the year ended December 31, 2024:

	<u>2024</u>	<u>2023</u>
Net assets available for benefits as reported in the accompanying financial statements	\$ 4,016,778	\$ 13,337,480
Deemed distributed loans	<u>(55,492)</u>	<u>(19,086)</u>
Net assets available for benefits as reported on Form 5500	<u>\$ 3,961,286</u>	<u>\$ 13,318,394</u>
	<u>2024</u>	
Net decrease in net assets available for benefits as reported in the accompanying financial statements	\$ (9,320,702)	
Deemed distributed loans	<u>(36,406)</u>	
Net decrease in net assets available for benefits as reported on Form 5500	<u>\$ (9,357,108)</u>	

9. TAX STATUS

The Plan uses a volume submitter plan document sponsored by Trinity Pension Group, LLC, who was informed by the IRS by a letter dated June 30, 2020, that the volume submitter plan is designed in accordance with the applicable sections of the IRC. Though the Plan has not received a determination from the IRS, the Plan administrator believes that the Plan, as amended, is designed and is being operated in accordance with the applicable sections of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Accounting principles generally accepted in the United States of America require the Plan's 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 taxing authorities. The Plan is subject to routine audits by taxing jurisdictions; however, there are no audits for any tax periods in progress and the Plan is no longer subject to income tax examinations for years prior to 2021.

GENTHERM AUTOMOTIVE, LLC 401(k) PLAN
 EIN 27-2856135; PLAN #001
 SCHEDULE H, LINE 4a – SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
 DECEMBER 31, 2024

Participant contributions transferred late to Plan	Total that constitute nonexempt prohibited transactions			Total fully corrected under VFCP and PTE 2002-51
	Contributions not corrected	Contributions corrected outside VFCP	Contributions pending correction in VFCP	
\$ 1,196	\$ 1,196	\$ -	\$ -	\$ -

Check here if late participant loan repayments are included:

GENTHERM AUTOMOTIVE, LLC 401(k) PLAN
EIN 27-2856135; PLAN #001
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2024

(a)	(b)	(c)	(d)	(e)
Identity of issue, borrower, lessor, or similar party	Description of investments including maturity date, rate of interest, collateral, par or maturity value	Cost	Current value	
<u>Mutual Funds</u>				
Fidelity Investments	Fidelity Freedom Index 2055 Investor	**	\$ 402,533	
BlackRock	BlackRock Total Return K	**	361,226	
American Funds	American Funds AMCAP R6	**	339,839	
Pioneer Funds	Pioneer Strategic Income K	**	327,433	
Invesco	Invesco Gold & Special Minerals R6	**	261,042	
T. Rowe Price	T. Rowe Price Intl Value Equity I	**	258,547	
Fidelity Investments	Fidelity Freedom Index 2050 Investor	**	237,272	
Fidelity Investments	Fidelity Freedom Index 2035 Investor	**	143,114	
Fidelity Investments	Fidelity Freedom Index 2020 Investor	**	138,794	
State Street SPDR	State Street S&P 500 Index N	**	122,162	
Fidelity Investments	Fidelity Advisor Asset Manager 40% Z	**	108,944	
JP Morgan	JPMorgan Equity Income R6	**	98,761	
American Funds	American Funds Intl Gr And Inc R6	**	86,488	
American Funds	American Funds EuroPacific Gr R6	**	83,773	
Fidelity Investments	Fidelity Freedom Index 2030 Investor	**	79,836	
Fidelity Investments	Fidelity Freedom Index 2025 Investor	**	73,383	
American Funds	American Funds Mortgage R6	**	53,677	
PIMCO	PIMCO Real Return Instl	**	52,975	
Invesco	Invesco Real Estate R6	**	49,294	
Invesco	Invesco Equally-Wtd S&P 500 R6	**	48,128	
JP Morgan	Undiscovered Mgrs Behavioral Value R6	**	35,489	
Fidelity Investments	Fidelity Advisor Materials Z	**	33,631	
Janus Henderson	Janus Henderson Triton N	**	33,343	
Eaton Vance	Eaton Vance Large-Cap Value R6	**	29,369	
* Empower	Great-West Securefoundation Bal Inst	**	29,283	
American Funds	American Funds Invmt Co of America R6	**	27,196	
Fidelity Investments	Fidelity Advisor Health Care Z	**	21,481	
Invesco	Invesco International Bond R6	**	21,393	
Goldman Sachs	Goldman Sachs Small Cap Value R6	**	20,831	
Invesco	Invesco Developing Markets R6	**	20,232	
Fidelity Investments	Fidelity Freedom Index Income Investor	**	20,050	
Fidelity Investments	Fidelity Freedom Index 2045 Investor	**	14,815	
American Funds	American Funds Growth Fund of Amer R6	**	14,701	
BlackRock	Blackrock Advantage Small Cap GR K	**	12,935	
* Empower	Great-West Mid Cap Value Instl	**	11,323	
Fidelity Investments	Fidelity Advisor Asset Manager 60% Z	**	3,656	
Delaware Management Co.	Delaware Ivy Science And Technology R6	**	3,026	
Fidelity Investments	Fidelity Freedom Index 2040 Investor	**	1,574	

See independent auditors' report.

GENTHERM AUTOMOTIVE, LLC 401(k) PLAN
 EIN 27-2856135; PLAN #001
 SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR) - CONTINUED
 DECEMBER 31, 2024

(a)	(b)	(c)	(d)	(e)
Identity of issue, borrower, lessor, or similar party	Description of investments including maturity date, rate of interest, collateral, par or maturity value		Cost	Current value
<u>Mutual Funds - Continued</u>				
MFS Investment Management	MFS Utilities R6		**	1,126
Fidelity Investments	Fidelity Advisor Asset Manager(R) 85% Z		**	49
				<u>3,682,724</u>
<u>Guaranteed Investment Contract</u>				
* Empower Insurance Company	Key Guaranteed Portfolio Fund		**	271,440
<u>Participant Loans</u>				
* Participant Loans	Interest rates of 4.25% - 9.50% with maturity dates from 2025 - 2028		-	<u>62,394</u>
				<u>\$ 4,016,558</u>

* Indicates party-in-interest to the Plan

** Cost omitted - Participant-directed investments

NOTE: Information in the above schedule, except for participant loan information, was derived from schedules certified by Empower Annuity Insurance Company of America.

TRANSACTIONS FOR REVIEW (5% REPORTABLE)

GA

Gentherm Automotive, LLC 401(k) Plan.

01-JAN-24 to 31-DEC-24

17-JAN-25 17:57:00

INVESTMENT OPTION	PURCHASE AMOUNT	PURCHASE UNITS/SHARES	PURCHASE COUNT	SALES AMOUNT	SALES UNITS/SHARES	SALES COUNT	COST OF SALES	TRANSACTION DATE
3KGPF	8,634.88	0.000000	166	(1,268.43)	0.000000	3	(1,268.43)	SERIES
4KGPF	180.73	0.000000	2	0.00	0.000000	0	0.00	SERIES
5KGPF	26,633.09	0.000000	24	(9,340.21)	0.000000	46	(9,340.21)	SERIES
1MXCJX	555.29	74.559992	20	(32,730.11)	(4,107.690831)	237	(37,157.68)	SERIES
1FKYX	12,153.17	957.475037	773	(96,878.34)	(7,408.302073)	593	(95,863.60)	SERIES
1FIQAX	61,324.04	4,012.527263	723	(1,163,147.40)	(74,340.536543)	504	(1,107,830.73)	SERIES
1FIQCX	31,607.93	1,231.350958	462	(479,514.22)	(17,417.345863)	718	(413,559.29)	SERIES
1FIKFX	2,687.86	231.948343	91	(15,797.60)	(1,329.732305)	37	(16,174.33)	SERIES
1FPIFX	3,671.13	233.027274	38	(66,754.06)	(4,077.106229)	20	(66,329.69)	SERIES
1FQIFX	16,601.95	909.650551	259	(215,672.60)	(11,593.058158)	129	(210,875.19)	SERIES
1FXIFX	26,257.52	1,338.490126	472	(295,739.90)	(14,850.682760)	193	(283,142.76)	SERIES
1FIHFX	357,476.23	16,113.295096	673	(1,127,465.53)	(47,277.133523)	244	(1,010,362.37)	SERIES
1FBIFX	35,462.49	1,482.793984	558	(285,516.95)	(11,319.893260)	226	(242,992.96)	SERIES
1FIOFX	38,852.43	1,585.913316	527	(163,200.39)	(6,339.321884)	166	(141,328.79)	SERIES
1FIPFX	11,779.53	483.396176	273	(181,566.20)	(7,081.402062)	181	(157,518.60)	SERIES
1FDEWX	90,090.25	4,338.581965	934	(232,123.56)	(10,790.608478)	485	(203,880.48)	SERIES
1RERGX	23,492.58	410.806621	1476	(101,830.70)	(1,710.607573)	714	(108,445.81)	SERIES
1RIGGX	14,857.49	401.561914	1073	(119,879.74)	(3,152.491144)	825	(109,809.98)	SERIES
1FMDRX	28,040.56	908.949932	1431	(413,862.35)	(12,924.590268)	964	(386,007.52)	SERIES
1ODVIX	11,138.50	281.885789	1404	(292,485.23)	(7,328.729194)	758	(368,479.47)	SERIES
1TRTIX	1,300.57	77.257990	153	(91,321.24)	(5,047.263434)	104	(74,181.51)	SERIES
1FIKCX	9,196.29	134.657954	69	(309,673.18)	(4,521.725680)	64	(321,967.47)	SERIES
1FIJFX	18,358.87	189.904045	900	(174,305.90)	(1,759.378563)	343	(159,743.42)	SERIES
1ISTNX	30,514.61	425.528659	163	(369,921.53)	(4,790.931275)	109	(377,000.47)	SERIES
1IARFX	20,966.94	1,235.915974	1890	(200,316.47)	(11,645.158532)	934	(208,194.14)	SERIES
1MMUKX	2,869.60	129.095878	36	(127,461.97)	(5,405.626623)	36	(125,101.61)	SERIES
1OGMIX	302.23	13.621417	4	(308,833.62)	(15,051.499332)	26	(410,927.59)	SERIES
1JGMNX	13,340.82	475.615333	1656	(215,449.74)	(7,507.163403)	1313	(194,444.26)	SERIES
1UBVFX	15,169.48	181.536404	1639	(317,606.27)	(3,729.880637)	1092	(277,241.66)	SERIES
1MXKJX	19,186.03	2,260.716671	1151	(226,239.41)	(24,638.390467)	721	(210,194.72)	SERIES
1PSMKX	10,482.01	202.563612	951	(148,069.07)	(2,962.449984)	466	(158,798.50)	SERIES
1RAFGX	11,475.34	266.100848	919	(52,189.44)	(1,211.670813)	778	(47,394.39)	SERIES
1RGAGX	58,801.72	814.110830	2019	(789,010.59)	(10,290.988867)	1093	(693,208.71)	SERIES
1RICGX	1,845.41	33.345574	136	(50,246.47)	(859.166347)	50	(39,330.49)	SERIES
1ERLVX	9,050.14	350.536036	479	(221,624.50)	(8,827.663588)	434	(195,311.84)	SERIES
1VADFX	40,699.56	550.982207	1356	(185,726.83)	(2,358.349327)	778	(166,205.47)	SERIES
1OIEJX	51,974.25	2,122.004756	2619	(625,530.10)	(25,188.422088)	1249	(527,141.51)	SERIES
1SVSPX1	59,942.32	237.225775	1140	(345,900.73)	(1,325.262083)	948	(312,359.61)	SERIES
1FNCFX	10,382.28	4,466.502497	185	(146,111.34)	(61,412.180465)	74	(142,791.95)	SERIES
1RMAGX	14,749.45	1,684.985737	1507	(42,288.61)	(4,772.137268)	612	(45,043.81)	SERIES
1MPHQX	38,266.92	3,886.815091	2742	(308,014.53)	(31,285.151161)	1027	(361,204.81)	SERIES
1OIBIX	25,351.15	5,878.196167	2207	(222,582.57)	(51,668.288042)	712	(271,674.34)	SERIES
1PRRIX	15,286.20	1,526.727792	2265	(131,751.65)	(12,978.608576)	1044	(149,665.19)	SERIES
1STRKX	23,202.12	2,456.646144	2519	(250,875.01)	(26,387.041603)	751	(285,891.28)	SERIES
1SDBSCH	5,444.18	0.000000	3	(42,858.26)	0.000000	6	(42,858.26)	SERIES
1KGPF	169,135.57	0.000000	1318	(387,976.75)	0.000000	568	(387,976.75)	SERIES

5% TRANSACTIONS

1FIHFX	0.00	0.000000	0	(838,183.52)	(35,188.224961)	8	(755,037.50)	29-AUG-24
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INVESTMENT OPTION	PURCHASE AMOUNT	PURCHASE UNITS/SHARES	PURCHASE COUNT	SALES AMOUNT	SALES UNITS/SHARES	SALES COUNT	COST OF SALES	TRANSACTION DATE
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LEGEND

INVESTMENT OPTION:

3KGP	Key Guaranteed Portfolio Fund	4KGP	Key Guaranteed Portfolio Fund
5KGP	PLAN EXPENSE ACCOUNT	1MXC	Empower SecureFoundation Bal Inst
1FIKY	Fidelity Advisor Asset Manager 40% Z	1FIQ	Fidelity Advisor Asset Manager 60% Z
1FIQC	Fidelity Advisor Asset Manager(R) 85% Z	1FIKF	Fidelity Freedom Index Income Investor
1FPIF	Fidelity Freedom Index 2020 Investor	1FQIF	Fidelity Freedom Index 2025 Investor
1FXIF	Fidelity Freedom Index 2030 Investor	1FIHF	Fidelity Freedom Index 2035 Investor
1FBIF	Fidelity Freedom Index 2040 Investor	1FIOF	Fidelity Freedom Index 2045 Investor
1FIPF	Fidelity Freedom Index 2050 Investor	1FDEW	Fidelity Freedom Index 2055 Investor
1RERG	American Funds EuroPacific Gr R6	1RIGG	American Funds Intl Gr And Inc R6
1FMDR	Franklin Mutual Global Discovery R6	1ODVI	Invesco Developing Markets R6
1TRTI	T. Rowe Price Intl Value Equity I	1FIKC	Fidelity Advisor Health Care Z
1FIJF	Fidelity Advisor Materials Z	1ISTN	Macquarie Science And Technology R6
1IARF	Invesco Real Estate R6	1MMUK	MFS Utilities R6
1OGMI	Invesco Gold & Special Minerals R6	1JGMN	Janus Henderson Triton N
1UBVF	Undiscovered Mgrs Behavioral Value R6	1MXKJ	Empower Mid Cap Value Instl
1PSMK	Pioneer Select Mid Cap Growth K	1RAFG	American Funds AMCAP R6
1RGAG	American Funds Growth Fund of Amer R6	1RICG	American Funds Invmt Co of America R6
1ERLV	Eaton Vance Large-Cap Value R6	1VADF	Invesco Equally-Wtd S&P 500 R6
1OIEJ	JPMorgan Equity Income R6	1SVSP	State Street S&P 500 Index N
1FNCF	Franklin Income R6	1RMAG	American Funds Mortgage R6
1MPHQ	BlackRock Total Return K	1OIBI	Invesco International Bond R6
1PRRI	PIMCO Real Return Instl	1STRK	Pioneer Strategic Income K
1SDBS	Schwab SDB	1KGP	Key Guaranteed Portfolio Fund

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

GA

Gentherm Automotive, LLC 401(k) Plan.

01-JAN-24 to 31-DEC-24

17-JAN-25 17:57:00

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
1MXCJX			4,275.86	3,655.88
1FIKYX			14,272.38	14,700.96
1FIQAX			95,686.63	98,761.06
1FIQCX			130,069.24	143,113.76
1FIKFX			1,680.18	1,574.03
1FQIFX			43.16	48.59
1FXIFX			110,451.99	122,161.50
1FIHFX			328,737.30	361,230.02
1FBIFX			350,688.78	402,528.83
1FIOFX			224,106.52	261,042.20
1FIPFX			18,079.57	20,830.71
1FDEWX			280,545.75	327,432.50
1RERGX			57,228.93	49,294.38
1RIGGX			19,892.84	20,232.16
1FMDRX			82,744.83	79,835.96
1ODVIX			19,088.86	14,814.54
1TRTIX			9,957.86	11,322.98
1FIKCX			24,468.61	21,480.94
1FIJFX			31,697.63	29,369.13
1ISTNX			37,789.25	33,630.50
1IARFX			13,793.19	12,935.47
1MMUKX			21,916.10	21,392.74
1OGMIX			3,233.09	3,025.57
1JGMNX			47,052.18	48,128.22
1UBVFX			31,837.48	35,489.00
1MXKJX			113,416.32	108,944.40
1PSMKX			83,770.74	73,383.35
1RAFGX			48,293.97	52,975.44
1RGAGX			217,002.33	237,271.50
1RICGX			1,023.68	1,125.73
1ERLVX			73,044.41	83,773.44
1VADFX			134,712.28	138,794.37
1OIEJX			227,349.58	258,547.19
1SVSPX1			315,594.46	339,839.44
1FNCFX			85,607.64	86,487.63
1RMAGX			32,094.43	29,283.27
1MPHQX			60,017.36	53,676.98
1OIBIX			31,567.65	27,196.36
1PRRIX			22,644.35	20,049.68
1STRKX			37,256.57	33,343.19
1KGPF		1.450	216,151.47	241,376.37
			3,658,885.45	3,924,099.97
PARTICIPANT LOANS	VARIOUS	4.250-9.500	6,821.46	6,902.17
FORFEITURES			29,853.96	30,063.78

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
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EIN # 27-2856135

LEGEND

INVESTMENT OPTION:

1MXCJX	Empower SecureFoundation Bal Inst	1FIKYX	Fidelity Advisor Asset Manager 40% Z
1FIQAX	Fidelity Advisor Asset Manager 60% Z	1FIQCX	Fidelity Advisor Asset Manager(R) 85% Z
1FIKFX	Fidelity Freedom Index Income Investor	1FQIFX	Fidelity Freedom Index 2025 Investor
1FXIFX	Fidelity Freedom Index 2030 Investor	1FIHFX	Fidelity Freedom Index 2035 Investor
1FBIFX	Fidelity Freedom Index 2040 Investor	1FIOFX	Fidelity Freedom Index 2045 Investor
1FIPFX	Fidelity Freedom Index 2050 Investor	1FDEWX	Fidelity Freedom Index 2055 Investor
1RERGX	American Funds EuroPacific Gr R6	1RIGGX	American Funds Intl Gr And Inc R6
1FMDRX	Franklin Mutual Global Discovery R6	1ODVIX	Invesco Developing Markets R6
1TRTIX	T. Rowe Price Intl Value Equity I	1FIKCX	Fidelity Advisor Health Care Z
1FIJFX	Fidelity Advisor Materials Z	1ISTNX	Macquarie Science And Technology R6
1IARFX	Invesco Real Estate R6	1MMUKX	MFS Utilities R6
1OGMIX	Invesco Gold & Special Minerals R6	1JGMNX	Janus Henderson Triton N
1UBVFX	Undiscovered Mgrs Behavioral Value R6	1MXKJX	Empower Mid Cap Value Instl
1PSMKX	Pioneer Select Mid Cap Growth K	1RAFGX	American Funds AMCAP R6
1RGAGX	American Funds Growth Fund of Amer R6	1RICGX	American Funds Invmt Co of America R6
1ERLVX	Eaton Vance Large-Cap Value R6	1VADFX	Invesco Equally-Wtd S&P 500 R6
1OIEJX	JPMorgan Equity Income R6	1SVSPX1	State Street S&P 500 Index N
1FNCFX	Franklin Income R6	1RMAGX	American Funds Mortgage R6
1MPHQX	BlackRock Total Return K	1OIBIX	Invesco International Bond R6
1PRRIX	PIMCO Real Return Instl	1STRKX	Pioneer Strategic Income K
1KGPFX	Key Guaranteed Portfolio Fund		

COST OF ASSETS: The original cost of the assets in each investment option as of the last day of the plan year

CURRENT VALUE: The value of all assets in each investment option as of the last day of the plan year