

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2020 This Form is Open to Public Inspection
---	---	--

Part I	Annual Report Identification Information
For calendar plan year 2020 or fiscal plan year beginning <u>01/01/2020</u> and ending <u>12/31/2020</u>	
A This return/report is for:	☐ a multiemployer plan ☒ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
	☐ a single-employer plan ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report ☐ the final return/report
	☒ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program
	☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information				
1a Name of plan <u>SIGNUM 401 (K) PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>07/01/1999</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>07/01/1999</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>07/01/1999</u>					
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>SIGNUM , LLC</u> <u>4715 SUNSET BLVD. SUITE A</u> <u>LEXINGTON, SC 29072-0000</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>57-1077604</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>803-808-1218</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>541600</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>57-1077604</u>	2c Plan Sponsor's telephone number <u>803-808-1218</u>	2d Business code (see instructions) <u>541600</u>	
2b Employer Identification Number (EIN) <u>57-1077604</u>					
2c Plan Sponsor's telephone number <u>803-808-1218</u>					
2d Business code (see instructions) <u>541600</u>					
<u>4715 SUNSET BLVD. SUITE A</u> <u>LEXINGTON, SC 29072-0000</u>	<u>SIGNUM, LLC</u> <u>4715 SUNSET BLVD. SUITE A</u> <u>LEXINGTON, SC 29072-0000</u>				

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/17/2022	THOMAS BARNES
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2020)
v. 200204

3a Plan administrator's name and address ☐ Same as Plan Sponsor SIGNUM , LLC 4715 SUNSET BLVD. SUITE A LEXINGTON, SC 29072-0000		3b Administrator's EIN 57-1077604
		3c Administrator's telephone number 803-354-9399
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 2440
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).		
a(1) Total number of active participants at the beginning of the plan year.....		6a(1) 2296
a(2) Total number of active participants at the end of the plan year		6a(2) 1582
b Retired or separated participants receiving benefits.....		6b 0
c Other retired or separated participants entitled to future benefits		6c 199
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d 1781
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e 0
f Total. Add lines 6d and 6e		6f 1781
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g 734
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2G 2J 2K 2T 2E 2F 3D		
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:		
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)		
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ <u>1</u> A (Insurance Information) (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 2020 Form M-1 annual report. If the plan was not required to file the 2020 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance 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. ► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2020 This Form is Open to Public Inspection
--	--	--

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020		
A Name of plan SIGNUM 401 (K) PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 SIGNUM , LLC	D Employer Identification Number (EIN) 57-1077604	

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
JOHN HANCOCK LIFE INSUARNCE COMPANY (USA) (JOHN HANCOCK USA)

(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
01-0233346	65838	108998	977	01/01/2020	12/31/2020

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 30733	(b) Total amount of fees paid 27931
---	--

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
JANNEY MONTGOMERY SCOTT, INC. 1717 ARCH STREET
PHILADELPHIA, PA 19103

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
30733			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
THE BENEFIT ADVANTAGE INC. 3497 AUBURN ROAD
AUBURN HILLS, MI 48326

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	27931	TPA COMPENSATION	5

(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	

(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	

(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	4	17406
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	3631195

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.**6d**

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)****a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee(3) ☐ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year**7b**

0

c Additions: (1) Contributions deposited during the year**7c(1)**

(2) Dividends and credits.....

7c(2)

(3) Interest credited during the year.....

7c(3)

(4) Transferred from separate account.....

7c(4)

(5) Other (specify below)

7c(5)

▶

(6) Total additions

7c(6)

0

d Total of balance and additions (add lines **7b** and **7c(6)**)**7d**

0

e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year

7e(1)

(2) Administration charge made by carrier.....

7e(2)

(3) Transferred to separate account.....

7e(3)

(4) Other (specify below)

7e(4)

▶

(5) Total deductions

7e(5)

0

f Balance at the end of the current year (subtract line **7e(5)** from line **7d**)**7f**

0

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 ☐ paid in cash, or ☐ 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. Specify nature of costs.	10b	

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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.	OMB No. 1210-0110
		2020
		This Form is Open to Public Inspection.

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020		
A Name of plan SIGNUM 401 (K) PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 SIGNUM , LLC	D Employer Identification Number (EIN) 57-1077604	

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

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

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

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

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

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

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

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

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

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)

JOHN HANCOCK LIFE INSURANCE COMPANY

PO BOX 600
BUFFALO, NY 14201-0600

01-0233346

(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?
15 28 59 60 62 63 68	RECORDKEEPER	5721	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan 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.	OMB No. 1210-0110 2020 This Form is Open to Public Inspection.
---	---	--

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

A Name of plan <u>SIGNUM 401 (K) PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>SIGNUM , LLC</u>	D Employer Identification Number (EIN) <u>57-1077604</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
---------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: <u>BLACKROCK LIFEPATH INDEX 2065</u>			
b Name of sponsor of entity listed in (a): <u>JOHN HANCOCK USA</u>			
c EIN-PN <u>01-0233346-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>6481</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>BLACKROCK LIFEPATH INDEX 2060</u>			
b Name of sponsor of entity listed in (a): <u>JOHN HANCOCK USA</u>			
c EIN-PN <u>01-0233346-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>309523</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>BLACKROCK LIFEPATH INDEX 2055</u>			
b Name of sponsor of entity listed in (a): <u>JOHN HANCOCK USA</u>			
c EIN-PN <u>01-0233346-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1097356</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>BLACKROCK LIFEPATH INDEX 2050</u>			
b Name of sponsor of entity listed in (a): <u>JOHN HANCOCK USA</u>			
c EIN-PN <u>01-0233346-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>609346</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>BLACKROCK LIFEPATH INDEX 2045</u>			
b Name of sponsor of entity listed in (a): <u>JOHN HANCOCK USA</u>			
c EIN-PN <u>01-0233346-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2200281</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>BLACKROCK LIFEPATH INDEX 2040</u>			
b Name of sponsor of entity listed in (a): <u>JOHN HANCOCK USA</u>			
c EIN-PN <u>01-0233346-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2391790</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>BLACKROCK LIFEPATH INDEX 2035</u>			
b Name of sponsor of entity listed in (a): <u>JOHN HANCOCK USA</u>			
c EIN-PN <u>01-0233346-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2537179</u>	

a Name of MTIA, CCT, PSA, or 103-12 IE: [BLACKROCK LIFEPATH INDEX 2030](#)

b Name of sponsor of entity listed in (a): [JOHN HANCOCK USA](#)

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1590897
--	--	---

a Name of MTIA, CCT, PSA, or 103-12 IE: [BLACKROCK LIFEPATH INDEX 2030](#)

b Name of sponsor of entity listed in (a): [JOHN HANCOCK USA](#)

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1665492
--	--	---

a Name of MTIA, CCT, PSA, or 103-12 IE: [JH MULTI-INDEX LS AGGRESSIVE](#)

b Name of sponsor of entity listed in (a): [JOHN HANCOCK USA](#)

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 846087
--	--	--

a Name of MTIA, CCT, PSA, or 103-12 IE: [JH MULTI-INDEX LS GROWTH](#)

b Name of sponsor of entity listed in (a): [JOHN HANCOCK USA](#)

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 847951
--	--	--

a Name of MTIA, CCT, PSA, or 103-12 IE: [JH MULTI-INDEX LS BALANCED](#)

b Name of sponsor of entity listed in (a): [JOHN HANCOCK USA](#)

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6584948
--	--	---

a Name of MTIA, CCT, PSA, or 103-12 IE: [JH MULTI-INDEX LS MODERATE](#)

b Name of sponsor of entity listed in (a): [JOHN HANCOCK USA](#)

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 171691
--	--	--

a Name of MTIA, CCT, PSA, or 103-12 IE: [JH MULTI-INDEX LS CONSERV](#)

b Name of sponsor of entity listed in (a): [JOHN HANCOCK USA](#)

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 653786
--	--	--

a Name of MTIA, CCT, PSA, or 103-12 IE: [AMG MANAGERS FAIRPOINTE MIDCAP](#)

b Name of sponsor of entity listed in (a): [JOHN HANCOCK USA](#)

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 192579
--	--	--

a Name of MTIA, CCT, PSA, or 103-12 IE: [DFA EMERGING MARKETS VALUE](#)

b Name of sponsor of entity listed in (a): [JOHN HANCOCK USA](#)

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 105024
--	--	--

a Name of MTIA, CCT, PSA, or 103-12 IE: [DFA U.S. SMALL CAP FUND](#)

b Name of sponsor of entity listed in (a): [JOHN HANCOCK USA](#)

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 193000
--	--	--

a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK LIFEPAATH INDEX 2030		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1590897
a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK LIFEPAATH INDEX 2030		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1665492
a Name of MTIA, CCT, PSA, or 103-12 IE: JH MULTI-INDEX LS AGGRESSIVE		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 846087
a Name of MTIA, CCT, PSA, or 103-12 IE: JH MULTI-INDEX LS GROWTH		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 847951
a Name of MTIA, CCT, PSA, or 103-12 IE: JH MULTI-INDEX LS BALANCED		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6584948
a Name of MTIA, CCT, PSA, or 103-12 IE: JH MULTI-INDEX LS MODERATE		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 171691
a Name of MTIA, CCT, PSA, or 103-12 IE: JH MULTI-INDEX LS CONSERV		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 653786
a Name of MTIA, CCT, PSA, or 103-12 IE: AMG MANAGERS FAIRPOINTE MIDCAP		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 192579
a Name of MTIA, CCT, PSA, or 103-12 IE: DFA EMERGING MARKETS VALUE		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 105024
a Name of MTIA, CCT, PSA, or 103-12 IE: DFA U.S. SMALL CAP FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 193000

a Name of MTIA, CCT, PSA, or 103-12 IE: EUROPACIFIC GROWTH FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 391740
a Name of MTIA, CCT, PSA, or 103-12 IE: FINANCIAL INDUSTRIES FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 62118
a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK US QUALITY GROWTH		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 420835
a Name of MTIA, CCT, PSA, or 103-12 IE: MID CAP INDEX FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 144008
a Name of MTIA, CCT, PSA, or 103-12 IE: PGIM JENNISON MID CAP GROWTH		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 500698
a Name of MTIA, CCT, PSA, or 103-12 IE: REAL EST. SECURITIES FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 239069
a Name of MTIA, CCT, PSA, or 103-12 IE: SMALLCAP WORLD FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 210594
a Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE HEALTH SCI		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 742734
a Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE NEW ERA FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 22252
a Name of MTIA, CCT, PSA, or 103-12 IE: TEMPLETON FOREIGN SMALL CO		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 112274

a Name of MTIA, CCT, PSA, or 103-12 IE: **EUROPACIFIC GROWTH FUND**

b Name of sponsor of entity listed in (a): **JOHN HANCOCK USA**

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 391740
---------------------------------------	-------------------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE: **FINANCIAL INDUSTRIES FUND**

b Name of sponsor of entity listed in (a): **JOHN HANCOCK USA**

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 62118
---------------------------------------	-------------------------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: **JOHN HANCOCK US QUALITY GROWTH**

b Name of sponsor of entity listed in (a): **JOHN HANCOCK USA**

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 420835
---------------------------------------	-------------------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE: **MID CAP INDEX FUND**

b Name of sponsor of entity listed in (a): **JOHN HANCOCK USA**

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 144008
---------------------------------------	-------------------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE: **PGIM JENNISON MID CAP GROWTH**

b Name of sponsor of entity listed in (a): **JOHN HANCOCK USA**

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 500698
---------------------------------------	-------------------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE: **REAL EST. SECURITIES FUND**

b Name of sponsor of entity listed in (a): **JOHN HANCOCK USA**

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 239069
---------------------------------------	-------------------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE: **SMALLCAP WORLD FUND**

b Name of sponsor of entity listed in (a): **JOHN HANCOCK USA**

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 210594
---------------------------------------	-------------------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE: **T. ROWE PRICE HEALTH SCI**

b Name of sponsor of entity listed in (a): **JOHN HANCOCK USA**

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 742734
---------------------------------------	-------------------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE: **T. ROWE PRICE NEW ERA FUND**

b Name of sponsor of entity listed in (a): **JOHN HANCOCK USA**

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 22252
---------------------------------------	-------------------------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: **TEMPLETON FOREIGN SMALL CO**

b Name of sponsor of entity listed in (a): **JOHN HANCOCK USA**

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 112274
---------------------------------------	-------------------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD ENERGY FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 27868
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD EXPLORER FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 119543
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD GROWTH INDEX FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1540317
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD SMALL CAP GROW INDEX		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 309537
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD SMALL CAP VALUE INDEX		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 225688
a Name of MTIA, CCT, PSA, or 103-12 IE: 500 INDEX FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1832523
a Name of MTIA, CCT, PSA, or 103-12 IE: CAPITAL WORLD GROWTH & INCOME		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 234256
a Name of MTIA, CCT, PSA, or 103-12 IE: EQUITY INCOME FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 276137
a Name of MTIA, CCT, PSA, or 103-12 IE: TOTAL STOCK MARKET INDEX FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 497746
a Name of MTIA, CCT, PSA, or 103-12 IE: WASHINGTON MUTUAL INVESTORS		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 728193

a Name of MTIA, CCT, PSA, or 103-12 IE: **BLACKROCK GLOBAL ALLOCATION**

b Name of sponsor of entity listed in (a): **JOHN HANCOCK USA**

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 116819
---------------------------------------	-------------------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE: **CAPITAL INCOME BUILDER**

b Name of sponsor of entity listed in (a): **JOHN HANCOCK USA**

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 92880
---------------------------------------	-------------------------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: **MFS UTILITIES FUND**

b Name of sponsor of entity listed in (a): **JOHN HANCOCK USA**

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 60937
---------------------------------------	-------------------------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: **HIGH YIELD FUND**

b Name of sponsor of entity listed in (a): **JOHN HANCOCK USA**

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 251251
---------------------------------------	-------------------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE: **JOHN HANCOCK BOND FUND**

b Name of sponsor of entity listed in (a): **JOHN HANCOCK USA**

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 555662
---------------------------------------	-------------------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE: **STRATEGIC INCOME OPP FUND**

b Name of sponsor of entity listed in (a): **JOHN HANCOCK USA**

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 102628
---------------------------------------	-------------------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE: **TEMPLETON GLOBAL BOND FUND**

b Name of sponsor of entity listed in (a): **JOHN HANCOCK USA**

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 219692
---------------------------------------	-------------------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2020 This Form is Open to Public Inspection
For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020		
A Name of plan SIGNUM 401 (K) PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 SIGNUM , LLC	D Employer Identification Number (EIN) 57-1077604	

Part I Asset and Liability Statement			
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a	15982	17366
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	63000	71224
(2) Participant contributions.....	1b(2)		
(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)	443843	628090
(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)	30076285	35740315
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	591376	777612

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(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	31190486 37234607
Liabilities			
g	Benefit claims payable	1g	0 33800
h	Operating payables	1h	
i	Acquisition indebtedness.....	1i	
j	Other liabilities.....	1j	2778 1012
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	2778 34812
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	31187708 37199795

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.

		(a) Amount	(b) Total
Income			
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	992850
	(B) Participants	2a(1)(B)	2092470
	(C) Others (including rollovers).....	2a(1)(C)	1195872
(2)	Noncash contributions	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	4281192
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)	28261
	(F) Other	2b(1)(F)	3160
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	31421
(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)	0
(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)	0

		(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)		4430184
(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)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		8742797

Expenses**e** Benefit payment and payments to provide benefits:

(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	4201103	
(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)		4201103
f Corrective distributions (see instructions)	2f		20691
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	15821	
(4) Other.....	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		15821
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		4237615

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		4505182
l Transfers of assets:			
(1) To this plan.....	2l(1)		1989193
(2) From this plan	2l(2)		482288

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: **BAUKNIGHT PIETRAS & STORMER, P.A.**

(2) EIN: **57-0940019**

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

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

Part IV Compliance Questions

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

During the plan year:

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.)

	Yes	No	Amount
4a		X	

	Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
4d		X	
e Was this plan covered by a fidelity bond?	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	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)			
4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
4k		X	
l Has the plan failed to provide any benefit when due under the plan?			
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
PORCH OUTFITTERS OF SC INC.	75-3136152	001

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation		Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.		OMB No. 1210-0110 2020 This Form is Open to Public Inspection.	
For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020					
A Name of plan SIGNUM 401 (K) PLAN				B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 SIGNUM , LLC				D Employer Identification Number (EIN) 57-1077604	
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): 01-0233346					
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					
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.				Schedule R (Form 5500) 2020 v. 200204	

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

14a

b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14b

c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14c

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

a The corresponding number for the plan year immediately preceding the current plan year.....

15a

b The corresponding number for the second preceding plan year.....

15b

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

a Enter the number of employers who withdrew during the preceding plan year.....

16a

b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....

16b

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

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

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

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

a Enter the percentage of plan assets held as:

Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation _____

The information in this electronic document is confidential and may be legally privileged. It is intended solely for the specified recipients. Access to this document by anyone else is unauthorized.

Bauknight Pietras & Stormer, P.A. shall have no liability, and shall pursue all available legal and equitable remedies against any recipients, for the unauthorized use or distribution of this document.

If you are not the intended recipient of this document, any disclosure, copying, distribution or any action taken or omitted to be taken in reliance on it, is prohibited and may be unlawful. When addressed to our clients, any opinions or advice contained in this document are subject to the terms and conditions expressed in the governing Bauknight Pietras & Stormer, P.A. client engagement letter (or as otherwise agreed to with our clients).

Financial Statements
and Supplemental Schedule

Signum 401(k) Plan

*Years Ended December 31, 2020 and 2019
with Report of Independent Auditors*

Signum 401(k) Plan
Financial Statements
and Supplemental Schedule
Years Ended December 31, 2020 and 2019

Contents

Report of Independent Auditors	1-2
Financial Statements	
Statements of Net Assets Available for Plan Benefits.....	3
Statements of Changes in Net Assets Available for Plan Benefits.....	4
Notes to Financial Statements	5-12
Supplemental Schedule	
Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year)	13-14

Report of Independent Auditors

Administrative Committee
Signum 401(k) Plan

We were engaged to audit the accompanying financial statements of the Signum 401(k) Plan (the “Plan”), which comprise the statements of net assets available for plan benefits as of December 31, 2020 and 2019, and the related statements of changes in net assets available for plan benefits for the years then ended, and the related notes to the financial statements.

Management’s Responsibility for the Financial Statements

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

Auditors’ Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor’s (“DOL”) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (“ERISA”), the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the Plan’s investment information, which was certified by John Hancock Life Insurance Company, the custodian of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedule. We have been informed by the Plan administrator that the custodian holds the Plan’s investment assets and executes investment transactions. The Plan administrator has obtained certifications from the custodian as of and for the years ended December 31, 2020 and 2019, that the information provided to the Plan administrator by the custodian is complete and accurate.



Administrative Committee
Signum 401(k) Plan

Disclaimer of Opinion

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

Other Matter

The supplemental schedule as of December 31, 2020, as listed in the accompanying table of contents, is required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule referred to above.

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

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

Banknight Beetham + Stomer, P.A.

October 14, 2021

Signum 401(k) Plan
Statements of Net Assets Available for Plan Benefits

	December 31,	
	2020	2019
Assets		
Investments, at fair value	\$ 36,517,927	\$ 30,667,661
Employer contributions receivable	71,224	63,000
Notes receivable from participants	628,090	443,843
Cash	17,366	15,982
Total assets	<u>37,234,607</u>	<u>31,190,486</u>
Liabilities		
Excess contributions payable	33,800	--
Amounts payable to participants and others	1,012	2,778
Total liabilities	<u>34,812</u>	<u>2,778</u>
Net assets available for plan benefits	<u><u>\$ 37,199,795</u></u>	<u><u>\$ 31,187,708</u></u>

See accompanying notes.

Signum 401(k) Plan
Statements of Changes in Net Assets Available for Plan Benefits

	Years Ended December 31,	
	2020	2019
Additions to net assets attributed to:		
Net appreciation in fair value of investments	\$ 4,431,960	\$ 4,852,521
Interest income on notes receivable from participants	28,261	23,594
Contributions:		
Employer contributions	992,850	831,272
Employee contributions	2,092,470	2,794,793
Rollovers	1,195,872	761,179
	<u>4,281,192</u>	<u>3,626,065</u>
Other income	1,384	--
Total additions	<u>8,742,797</u>	<u>8,502,180</u>
Deductions from net assets attributed to:		
Amounts paid to participants	4,155,273	2,993,340
Corrective distributions	20,691	29,998
Deemed distributions	45,830	126,498
Administrative expenses	15,821	11,465
Total deductions	<u>4,237,615</u>	<u>3,161,301</u>
Net change	4,505,182	5,340,879
Transfers to the Plan	1,989,193	6,436,784
Transfers from the Plan	(482,288)	(1,139,124)
Net assets available for plan benefits, beginning	<u>31,187,708</u>	<u>20,549,169</u>
Net assets available for plan benefits, ending	<u><u>\$ 37,199,795</u></u>	<u><u>\$ 31,187,708</u></u>

See accompanying notes.

Signum 401(k) Plan
Notes to Financial Statements
December 31, 2020 and 2019

1. Description of Plan

The following description of the Signum 401(k) Plan (the “Plan”) provides only general information. Participants may refer to the Plan’s documents and their respective employer’s participation agreement for a more complete description of the Plan's provisions.

General

The Plan is a multiple employer 401(k) defined contribution plan covering all full-time employees of Signum, LLC, the Plan sponsor, and its adopting employers (collectively, the “Company”). Signum, LLC is a professional employer organization that leases employees and provides human resource administrative services to over 200 employers in South Carolina, North Carolina, and Georgia, certain of which have adopted the provisions of the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”).

Employees of the Company may enter the Plan immediately after satisfying the age and service eligibility conditions selected by the individual participating employer.

Plan Amendments

For the plan year ended December 31, 2020, the Plan adopted the following provisions of the Coronavirus, Aid, Relief, and Economic Security (“CARES Act”) that was signed into law on March 27, 2020.

- **Coronavirus-Related Distributions (“CRDs”):** The CARES Act allowed for participants affected by COVID-19 to withdraw an aggregate limit of \$100,000 from the Plan beginning on or after January 1, 2020 and before December 30, 2020. CRDs are not subject to the 10% early withdrawal penalty tax. Participants can (1) report the full distribution as income in 2020, (2) recognize the income ratably over a three-year period, or (3) repay all or part of the distribution back to the Plan tax-free within three years of the date of the CRD withdrawal.
- **Plan Loan Relief:** The CARES Act provided for a temporary loan repayment deferral. The deferral provision adopted by the Plan allows qualified Plan participants who have Plan loan repayments to defer such repayments until 2021.
- **Temporary Waiver of Required Minimum Distributions (“RMDs”):** The Plan implemented the temporary waiver of RMDs allowed for under the CARES Act.

Management expects to retroactively adopt the required plan amendment for the above provisions by December 31, 2022, which is within the Internal Revenue Service (“IRS”) required timeframe.

Signum 401(k) Plan
Notes to Financial Statements
December 31, 2020 and 2019

1. Description of Plan (continued)

Contributions

Each year participants may contribute up to 100% of their pretax annual compensation, as defined by the Plan document, to the Plan, subject to limitations as defined in the Internal Revenue Code ("IRC"). Participants who have attained age fifty before the end of the plan year are eligible to make catch-up contributions, up to the maximum annual amount permitted by statute. Rollover and transfer contributions to the Plan are permitted upon meeting certain requirements. Employer matching and profit sharing contributions are determined annually by the Boards of Directors of Signum, LLC and its adopting employers. Employer matching contributions cannot exceed 5% of an individual participant's annual compensation.

The Plan allows adopting employers to elect safe harbor provisions. Under provisions of the Plan, to satisfy the safe harbor rules, Signum, LLC and the adopting employers may (a) make an annual non-elective contribution equal to at least 3% of an employee's compensation regardless of whether the employee contributes to the Plan, (b) make a matching contribution equal to 100% of a participant's contributions to the Plan up to 3% of the participant's compensation plus 50% of the participant's contributions to the Plan between 3% and 5% of the participant's compensation, (c) make a matching contribution equal to 100% of a participant's contributions to the Plan up to 4% of the participant's compensation, or (d) make a matching contribution equal to 100% of a participant's contributions to the Plan up to 5% of the participant's compensation.

Eligible participants received matching contributions of approximately \$858,000 and \$768,000 for the years ended December 31, 2020 and 2019, respectively. Eligible participants received profit sharing contributions of approximately \$135,000 and \$63,000 for the years ended December 31, 2020 and 2019, respectively.

Qualified non-elective contributions may be made by the Company in order to satisfy the nondiscrimination tests described in the IRC. Qualified non-elective contributions are allocated to every non-highly compensated plan participant who was active in the Plan during the year. There were no qualified non-elective contributions for the years ended December 31, 2020 and 2019.

Participant Accounts

Each participant's account is credited with the participant's contributions, allocations of the Company's contributions, plan earnings or losses, and charged with an allocation of any administrative expenses paid by the Plan. Participants direct their contributions into various investment options offered by the pooled separate accounts in which the Plan holds an interest. Earnings or losses are allocated by fund based on the ratio of a participant's account invested in a particular fund to all participants' investments in that fund.

Signum 401(k) Plan
Notes to Financial Statements
December 31, 2020 and 2019

1. Description of Plan (continued)

Vesting

Participants are immediately vested in their contributions and Company safe harbor contributions plus actual earnings thereon. Vesting in the Company's matching and profit sharing contribution portion of their accounts, plus actual earnings thereon, is based on years of continuous service. Participants are vested on a graduated basis until completion of five or six years of continuous service based on the vesting schedule selected by the participating employer.

Upon reaching minimum retirement age (65) or if termination is due to death or permanent disability, the participant becomes 100% vested in all contributions.

Notes Receivable from Participants

Under the terms of the Plan, participants may borrow from their accounts, subject to certain restrictions. Participants may borrow from their accounts a minimum of \$1,000 up to a maximum of the lesser of \$50,000 or 50% of their vested account balance reduced by the excess of the participant's highest outstanding loan balance in the previous twelve month period ending on the date of the loan over the participant's current outstanding participant loan balance on the date of the loan. Loan terms range from one to five years, except for loans made for the purchase of a primary residence. The loans are collateralized by the balance in the participant's account and bear interest at rates ranging from 4.25% to 6.50% as of December 31, 2020. Rates are established on the date of the loan based on rates charged for similar types of loans by other lenders. Principal and interest are paid ratably through payroll deductions, and participants may have only one outstanding loan at a time.

Payment of Benefits

Distributions are made upon retirement or in the event of a participant's total and permanent disability, death, or other termination of employment. A participant may elect to receive either a lump-sum amount equal to the value of the participant's account, or for all participants prior to September 1, 2014, annual installments over a ten year period. A lump sum payment will be automatically distributed for balances not exceeding \$5,000. Subject to certain conditions, a participant may make hardship withdrawals from his or her balance in the Plan while employed.

Forfeitures

Forfeited employer matching and profit sharing contributions may be used at the discretion of the Plan administrator to reduce any employer contributions or pay Plan expenses. Forfeitures used to reduce employer matching and profit sharing contributions totaled approximately \$11,000 and \$8,000 for the years ended December 31, 2020 and 2019, respectively. Available forfeited employer contributions totaled approximately \$17,000 and \$16,000 as of December 31, 2020 and 2019, respectively.

Signum 401(k) Plan
Notes to Financial Statements
December 31, 2020 and 2019

1. Description of Plan (continued)

Plan Termination

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

2. Basis of Presentation and Summary of Significant Accounting Policies

Basis of Accounting

The accompanying financial statements are prepared in accordance with accounting principles generally accepted in the United States ("US GAAP").

Estimates

The preparation of financial statements in conformity with US GAAP requires the Plan administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosures of contingent assets and liabilities. Actual results could differ from those estimates.

Notes Receivable from Participants

Participant notes receivable are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are charged directly to the borrowing participant's account and are included in administrative expenses when incurred. If a participant does not make loan repayments and the Plan administrator considers the participant loan to be in default, the loan balance is reduced, and the delinquent participant note receivable is recorded as a distribution based on the terms of the Plan document.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for discussion of fair value measurements.

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

Signum 401(k) Plan
Notes to Financial Statements
December 31, 2020 and 2019

2. Basis of Presentation and Summary of Significant Accounting Policies (continued)

Risks and Uncertainties

The Plan invests in a pooled separate account under a group annuity contract with the custodian, which consists of various mutual funds and a stable value fund. Investment securities are exposed to various risks such as interest rate, market, and credit risk. Due to the level of risk associated with certain investments, it is at least reasonably possible that changes in the values of certain investments will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the 2020 statement of net assets available for plan benefits.

Excess Contributions Payable

Amounts payable to participants of one participating employer to satisfy the top heavy nondiscrimination test described in the IRC are recorded as a liability with a corresponding reduction to contributions.

Payment of Benefits

Benefit payments are recorded when paid.

Administrative Expenses

Certain administrative expenses, including recordkeeping fees, are allocated and charged to individual participants' accounts. Any expenses not paid by the Plan are paid by the Company.

Reclassifications

Certain prior year amounts have been reclassified to conform to the current year presentation.

3. Custodian Certifications

Information disclosed in the accompanying financial statements as of, and for the years ended December 31, 2020 and 2019, related to investments, notes receivable from participants, net appreciation in fair value of investments, and interest income on notes receivable from participants, was obtained or derived from information supplied to the Plan administrator and certified as complete and accurate by John Hancock Life Insurance Company ("John Hancock"), the custodian of the Plan.

Signum 401(k) Plan
Notes to Financial Statements
December 31, 2020 and 2019

4. Fair Value Measurements

US GAAP establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, Level 2 inputs consist of observable inputs other than quoted prices for identical assets, and Level 3 inputs to the valuation methodology are unobservable and have the lowest priority. When applicable, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value.

Pooled separate accounts are valued at net asset value (“NAV”). The NAV, as provided by the custodian, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. Participant transactions (purchases and sales) may occur daily. Were the Plan to initiate a full redemption of the pooled separate accounts, the investment adviser reserves the right to temporarily delay withdrawal from the accounts in order to ensure that securities liquidations will be carried out in an orderly business manner.

The following table sets forth a summary of the Plan’s investments reported at NAV as a practical expedient to estimate fair value:

As of December 31, 2020				
	Fair Value	Unfunded Commitment	Redemption Frequency	Redemption Notice Period
Pooled separate accounts:				
Mutual funds	\$ 35,740,255	\$ --	(a)	(a)
Stable value fund	777,672	--	(b)	(b)
Total	<u>\$ 36,517,927</u>	<u>\$ --</u>		
As of December 31, 2019				
	Fair Value	Unfunded Commitment	Redemption Frequency	Redemption Notice Period
Pooled separate accounts:				
Mutual funds	\$ 30,076,285	\$ --	(a)	(a)
Stable value fund	591,376	--	(b)	(b)
Total	<u>\$ 30,667,661</u>	<u>\$ --</u>		

Signum 401(k) Plan
Notes to Financial Statements
December 31, 2020 and 2019

4. Fair Value Measurements (continued)

- (a) Funds held in any separate account may be withdrawn by the participant at any time based on the provisions of the governing Plan document. Withdrawals will be distributed or applied in accordance with the participants instructions, subject to the terms of the group annuity contract and any applicable riders. John Hancock reserves the right to require proof of the event giving rise to any withdrawal under this contract. The Plan may terminate the group annuity contract at any time by requesting a withdrawal of the balance of all accounts. John Hancock may also discontinue a separate account at any time by giving the contract owner, the Plan, ninety days written notice. Total withdrawals, whether due to participant request or contract termination, will be limited to the value of the participant account value less any unpaid expenses and any accrued expenses since the end of the last contract year.
- (b) Funds held in the stable value fund may be withdrawn by the participant at any time based on the provisions of the governing Plan document. Withdrawals will be made at market value regardless of the type of withdrawal or when the withdrawal is made. Withdrawals from a stable value fund sub-account will also be made in accordance with, and subject to, the provisions specified in the stable value fund sub-account description. John Hancock reserves the right to require proof of the event giving rise to any withdrawal under this contract. The Plan may terminate the group annuity contract at any time by requesting a withdrawal of the balance of all accounts. John Hancock may also discontinue the stable value fund at any time by giving the contract owner, the Plan, ninety days written notice. Total withdrawals, whether due to participant request or contract termination, will be limited to the value of the participant account value less any unpaid expenses and any accrued expenses since the end of the last contract year in accordance with the provisions in the stable value fund sub-account description of the contract.

5. Party-in-Interest Transactions

Certain plan investments were managed by the Plan's custodian, and therefore, these transactions qualify as party-in-interest transactions. Fees paid by the Plan for these services amounted to approximately \$16,000 and \$11,000 for the years ended December 31, 2020 and 2019, respectively.

These party-in-interest transactions are exempt from the prohibited transaction rules of ERISA.

6. Contingency

In March 2020, the President of the United States declared a national emergency in response to the COVID-19 pandemic. While the Plan administrator does not believe that the Plan's financial statements will be significantly impacted by this event, the extent to which COVID-19 impacts the Plan's investment values, or financial condition will depend on future developments, which are highly uncertain and cannot be predicted with confidence, including the duration, severity, and scope of the outbreak, and the actions to contain its impact, as well as actions taken to limit the resulting economic impact, among others.

Signum 401(k) Plan
Notes to Financial Statements
December 31, 2020 and 2019

7. Income Tax Status

The Plan is a prototype non-standardized profit sharing plan, designed to be in compliance with the applicable requirements of the IRC. The IRS issued an opinion letter for the prototype plan dated March 31, 2014 stating that the prototype plan, as then designed, was in compliance with the applicable requirements of the IRC. Although the prototype plan has been amended and restated since the date of the letter, the Plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC and therefore, believes that the Plan is qualified and the related trust is tax exempt. Therefore, no provision for income taxes has been included in the Plan's financial statements.

During 2020, operational errors were discovered relating to the allocation of employer contributions and application of the definition of eligible compensation under the Plan, which resulted in incorrect contributions and lost earnings to the Plan. As of the date the financial statements were available to be issued, management has not determined the full extent of the errors and has not quantified the impact on the Plan's 2020 financial statements. Management expects to have determined the full extent of the errors and make necessary corrections during 2021.

Management will take the necessary corrective actions to ensure that these errors have no impact on the Plan's tax status and to ensure that participants are made whole. This includes any corrective filings with the IRS or the Department of Labor.

US GAAP requires the Plan administrator to evaluate certain tax positions taken by the Plan and recognize a tax liability for any uncertain position that more likely than not would not be sustained upon examination by the IRS. No such liabilities were identified at December 31, 2020 and 2019. The Plan is subject to routine audits by tax authorities; however, there are currently no audits for any tax periods in progress. The Plan administrator believes the Plan is no longer subject to income tax examinations for years prior to 2017.

8. Transfers of Plan Assets

During the years ended December 31, 2020 and 2019, plan assets of approximately \$1,989,000 and \$6,437,000, attributable to new employers entering the Plan, were transferred into the Plan from other qualified plans. During the years ended December 31, 2020 and 2019, plan assets of approximately \$482,000 and \$1,139,000, respectively, attributable to certain related employers terminating their participation agreements, were transferred out of the Plan to other qualified plans.

9. Subsequent Events

The Plan administrator evaluated events and transactions after December 31, 2020 through October 14, 2021, the date the financial statements were available to be issued, for subsequent events, and determined that there were no subsequent events to report during that period.

SUPPLEMENTAL SCHEDULE

Signum 401(k) Plan
Employer ID # 57-1077604 Plan # 001
Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2020

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
Pooled Separate Account Holdings:				
	<u>Mutual Funds</u>			
*	JH LS Balanced Managed Portfolio	Mutual fund	\$ --	6,715,875
	BlackRock LifePath Index 2025 Fund	Mutual fund	--	3,515,109
	BlackRock LifePath Index 2035 Fund	Mutual fund	--	2,541,251
	BlackRock LifePath Index 2040 Fund	Mutual fund	--	2,393,157
	BlackRock LifePath Index 2045 Fund	Mutual fund	--	2,203,091
	Vanguard 500 Index Fund	Mutual fund	--	1,833,508
	BlackRock LifePath Index Retire	Mutual fund	--	1,668,671
	BlackRock LifePath Index 2030 Fund	Mutual fund	--	1,610,557
	Vanguard Growth Index Fund	Mutual fund	--	1,541,440
	BlackRock LifePath Index 2055 Fund	Mutual fund	--	1,100,151
*	JH LS Growth Managed Portfolio	Mutual fund	--	850,306
*	JH LS Aggressive Managed Portfolio	Mutual fund	--	848,252
	T. Rowe Price Health Sciences Fund	Mutual fund	--	743,096
	American Funds Washington Mutual Investors Fund	Mutual fund	--	730,911
*	JH LS Conservative Managed Portfolio	Mutual fund	--	654,031
	BlackRock LifePath Index 2050 Fund	Mutual fund	--	611,094
*	JH Bond Fund	Mutual fund	--	555,920
	Prudential Jennison Mid Growth Fund	Mutual fund	--	500,899
	Total Stock Market Index Fund	Mutual fund	--	497,978
*	JH Strategic Growth	Mutual fund	--	421,217
	American Funds EuroPacific Growth Fund	Mutual fund	--	391,768
	BlackRock LifePath Index 2060 Fund	Mutual fund	--	311,600
*	JH Small Cap Growth Index	Mutual fund	--	309,876
	Equity Income Fund	Mutual fund	--	276,398
*	JH Funds II - High Yield Fund	Mutual fund	--	251,396
*	JH Funds II - Real Estate Securities Fund	Mutual fund	--	239,321
	American Funds Capital World Growth and Income Fund	Mutual fund	--	234,409
*	JH Funds II - Small Cap Values Index	Mutual fund	--	225,959
	Templeton Global Bond Fund	Mutual fund	--	220,010
	American Funds SMALLCAP World Fund	Mutual fund	--	210,695
	DFA U.S. Small Cap Fund	Mutual fund	--	193,125
	AMG Managers Fairpointe Mid Cap Fund	Mutual fund	--	192,701
*	JH LS Moderate Managed Portfolio	Mutual fund	--	172,009
	Mid Cap Index Fund	Mutual fund	--	144,305
	Vanguard Explorer Fund	Mutual fund	--	119,680
	BlackRock Global Allocation	Mutual fund	--	116,892
*	JH Funds II - International Small Cap Fund	Mutual fund	--	112,533
	DFA Emerging Markets Value	Mutual fund	--	105,125
	Strategic Income Opp Fund	Mutual fund	--	102,735
	American Funds Capital Income Builder	Mutual fund	--	93,148
	Financial Industries Fund	Mutual fund	--	62,175
	Utilities Fund	Mutual fund	--	60,976
	Vanguard Energy Fund	Mutual fund	--	28,003
	T. Rowe Price New Era Fund	Mutual fund	--	22,252
	BlackRock LifePath Index 2065 Fund	Mutual fund	--	6,650
			\$ --	\$ 35,740,255

Signum 401(k) Plan
Employer ID # 57-1077604 Plan # 001
Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year) (continued)
December 31, 2020

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
	<u>Other</u>			
*	JH Stable Value Fund	Collective trust fund	\$ --	777,672
	Total Pooled Separate Account Holdings		\$ --	36,517,927
*	Notes receivable from participants	Interest rate range: 4.25% - 6.50%	\$ --	\$ 628,090

* Indicates a party-in-interest to the Plan

Note: The above information was derived from information certified by John Hancock Life Insurance Company. Cost information has been omitted for participant-directed funds.

Multiple-Employer Plan Participating Employer Information

Signum 401(k) Plan - EIN: 57-1077604 - PN 001

(a) Name of participating	(b) EIN	(c) Percent of Total Contributions
A L Felder Farms, Inc.	57-0696101	1.80%
A L Felder Trucking, Inc.	57-1028776	0.22%
Ables Landscapes	57-0946269	1.41%
Ace Construction Co., Inc.	57-0804313	2.12%
Associates Asset Recovery LLC	46-1131256	0.02%
Bass Pallets 2, LLC	46-4404774	0.00%
Bilt Rite Corporation	57-0530622	1.80%
Bishop Real Estate Group, LLC	47-4869321	0.10%
Capitol Bus Lines, Inc.	57-0770594	0.89%
Capitol Tours, LLC	81-3024860	0.24%
Car Doctors	83-1439177	0.00%
Care Partners, LLC	26-1811210	0.00%
Cargo Solutions	84-1646847	1.86%
Coble & Company, LLC	26-1332938	0.77%
Colt Thomas	57-1111279	1.14%
Compass Color & Coating, LLC	82-1173651	0.56%
Crystalline Products, Inc.	50-7899743	0.16%
D&D Laboratory, LLC	51-0515000	0.78%
DAG dba Village Station	58-2004388	1.03%
Diamond Hill Plywood Co., Inc.	57-0278667	8.12%
Diamond Management, Inc.	57-1096815	0.54%
Discount Check Cashers, LLC	69-0000445	0.80%
Edward C. Davis, DMD, PA	57-1114024	1.71%
Fraziers 3, LLC	27-3684141	0.11%
G & G of SC Development	20-8712172	3.29%
G N Wallace Insurance Agency, Inc.	57-1012811	0.21%
Gasque & Assoc	57-0922479	0.30%
Gira Steel	57-4055199	2.60%
GoForth Brown & Associates	57-1079078	0.23%
Green Acres Services, Inc.	57-1046368	0.28%
Griffin Insulation & Drywall	57-0938447	2.66%
Hawthorne Aiken Pharmacy, LLC	81-1869720	17.29%
Hawthorne Camden Pharmacy, LLC	03-0414592	0.00%
Hawthorne Lugoff Pharmacy, LLC	27-0932899	0.00%
Hawthorne Medical Equipment, Inc.	57-0723857	0.00%
Hawthorne Pelion Pharmacy, Inc.	83-2767958	0.00%
Hawthorne Pharmacy - Sunset, Inc.	20-2147719	0.00%
Hawthorne Pharmacy, Inc.	57-0295761	0.00%
Hawthorne Winnsboro Pharmacy, Inc.	81-4086395	0.00%
Heartline Transport Services	27-2538174	0.12%
Heritage Preservation Trust, Inc.	81-5237557	2.37%
Jackson Steel, Inc.	56-1033287	2.52%
Jones Brothers Transport of SC, LLC	26-0822344	0.16%
Jordan & Sons	58-2351036	0.10%

Multiple-Employer Plan Participating Employer Information

Signum 401(k) Plan - EIN: 57-1077604 - PN 001

(a) Name of participating	(b) EIN	(c) Percent of Total Contributions
JS Construction Services, Inc	57-1018100	3.54%
Ken Oliver & Associates	57-1047294	4.04%
KHA Holdings, LLC	84-1727166	0.44%
Larner's Office Furniture Outlet	51-0542964	0.00%
Laurel Pharmacy, Inc	57-0468168	0.00%
Leisure Depot	56-2126115	3.60%
Low Country Golf Cars	27-0443890	0.29%
Machinist, Inc.	57-0723227	0.00%
MB Electric Company, Inc.	57-0780221	0.00%
Mid Carolina Club	57-1065382	0.24%
Mobley Drugs, Inc.	57-0720150	0.81%
Morgan6	45-5517032	4.41%
Oliphant & Co., Inc.	57-0513379	0.03%
Pinckney Brothers	57-0705645	1.99%
PTI Plastic & Rubber Gasket, Inc	36-4772650	0.33%
Quackt Glass. LLC	20-0571120	1.56%
R&M Logistics	57-1098688	0.01%
Raceway Automotive of Hartsville, Inc	01-0563762	0.00%
Raceway Automotive, Inc	57-1102202	0.00%
Red Dot House Management	61-1799422	0.30%
Reliable Technology Solutions, LLC	27-2017204	0.13%
ResolvIT SC, LLC	82-2091990	1.23%
RHSC Development	20-0059497	0.00%
Schubert & Salzar, Inc.	58-2494857	3.74%
SCSC Development	20-0060228	0.00%
Signum LLC	57-1077604	2.15%
Southeastern Sand Company, LLC	83-2055878	0.50%
Splash Omimedia, LLC	26-1374318	2.20%
The Bria Company	57-1007661	0.09%
Thompson Building Wrecking Co.	58-1036432	2.03%
Thornley's Service, Inc.	57-0516919	1.85%
Toll Solutions, LLC	27-3530081	3.71%
VanDer Meer Tennis University	94-2290118	0.49%
Veritas Health Group, LLC	30-1144994	0.00%
Webb Construction	58-2454780	1.99%

Signum 401(k) Plan
Employer ID # 57-1077604 Plan # 001
Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2020

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
Pooled Separate Account Holdings:				
	<u>Mutual Funds</u>			
*	JH LS Balanced Managed Portfolio	Mutual fund	\$ --	6,715,875
	BlackRock LifePath Index 2025 Fund	Mutual fund	--	3,515,109
	BlackRock LifePath Index 2035 Fund	Mutual fund	--	2,541,251
	BlackRock LifePath Index 2040 Fund	Mutual fund	--	2,393,157
	BlackRock LifePath Index 2045 Fund	Mutual fund	--	2,203,091
	Vanguard 500 Index Fund	Mutual fund	--	1,833,508
	BlackRock LifePath Index Retire	Mutual fund	--	1,668,671
	BlackRock LifePath Index 2030 Fund	Mutual fund	--	1,610,557
	Vanguard Growth Index Fund	Mutual fund	--	1,541,440
	BlackRock LifePath Index 2055 Fund	Mutual fund	--	1,100,151
*	JH LS Growth Managed Portfolio	Mutual fund	--	850,306
*	JH LS Aggressive Managed Portfolio	Mutual fund	--	848,252
	T. Rowe Price Health Sciences Fund	Mutual fund	--	743,096
	American Funds Washington Mutual Investors Fund	Mutual fund	--	730,911
*	JH LS Conservative Managed Portfolio	Mutual fund	--	654,031
	BlackRock LifePath Index 2050 Fund	Mutual fund	--	611,094
*	JH Bond Fund	Mutual fund	--	555,920
	Prudential Jennison Mid Growth Fund	Mutual fund	--	500,899
	Total Stock Market Index Fund	Mutual fund	--	497,978
*	JH Strategic Growth	Mutual fund	--	421,217
	American Funds EuroPacific Growth Fund	Mutual fund	--	391,768
	BlackRock LifePath Index 2060 Fund	Mutual fund	--	311,600
*	JH Small Cap Growth Index	Mutual fund	--	309,876
	Equity Income Fund	Mutual fund	--	276,398
*	JH Funds II - High Yield Fund	Mutual fund	--	251,396
*	JH Funds II - Real Estate Securities Fund	Mutual fund	--	239,321
	American Funds Capital World Growth and Income Fund	Mutual fund	--	234,409
*	JH Funds II - Small Cap Values Index	Mutual fund	--	225,959
	Templeton Global Bond Fund	Mutual fund	--	220,010
	American Funds SMALLCAP World Fund	Mutual fund	--	210,695
	DFA U.S. Small Cap Fund	Mutual fund	--	193,125
	AMG Managers Fairpointe Mid Cap Fund	Mutual fund	--	192,701
*	JH LS Moderate Managed Portfolio	Mutual fund	--	172,009
	Mid Cap Index Fund	Mutual fund	--	144,305
	Vanguard Explorer Fund	Mutual fund	--	119,680
	BlackRock Global Allocation	Mutual fund	--	116,892
*	JH Funds II - International Small Cap Fund	Mutual fund	--	112,533
	DFA Emerging Markets Value	Mutual fund	--	105,125
	Strategic Income Opp Fund	Mutual fund	--	102,735
	American Funds Capital Income Builder	Mutual fund	--	93,148
	Financial Industries Fund	Mutual fund	--	62,175
	Utilities Fund	Mutual fund	--	60,976
	Vanguard Energy Fund	Mutual fund	--	28,003
	T. Rowe Price New Era Fund	Mutual fund	--	22,252
	BlackRock LifePath Index 2065 Fund	Mutual fund	--	6,650
			\$ --	\$ 35,740,255

Signum 401(k) Plan
Employer ID # 57-1077604 Plan # 001
Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year) (continued)
December 31, 2020

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
	<u>Other</u>			
*	JH Stable Value Fund	Collective trust fund	\$ --	<u>777,672</u>
	Total Pooled Separate Account Holdings		\$ --	<u>36,517,927</u>
*	Notes receivable from participants	Interest rate range: 4.25% - 6.50%	\$ --	<u>\$ 628,090</u>

* Indicates a party-in-interest to the Plan

Note: The above information was derived from information certified by John Hancock Life Insurance Company. Cost information has been omitted for participant-directed funds.