

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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.

Part I Annual Report Identification Information

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan: SIGNATURE BANCORP, INC. RETIREMENT SAVINGS PLAN
1b Three-digit plan number (PN): 001
1c Effective date of plan: 07/01/2001
2a Plan sponsor's name, mailing address, city or town, state or province, country, and ZIP or foreign postal code.
2b Employer Identification Number (EIN): 34-1956572
2c Plan Sponsor's telephone number: 419-841-7773
2d Business code (see instructions): 522110

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

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

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

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	204
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	147
	6a(2)	144
	6b	0
	6c	57
	6d	201
	6e	0
	6f	201
	6g(1)	202
	6g(2)	201
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

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

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

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) <input type="checkbox"/> Insurance	(1) <input type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (1) **R** (Retirement Plan Information)
- (2) **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4) **DCG** (Individual Plan Information) – Number Attached _____
- (5) **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

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

A Name of plan SIGNATURE BANCORP, INC. RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 SIGNATURE BANCORP, INC.	D Employer Identification Number (EIN) 34-1956572	

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... Yes No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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

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

TRUST COMPANY OF TOLEDO

1630 TIMBERWOLF DR.
HOLLAND, OH 43528

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21	NONE	111842	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan SIGNATURE BANCORP, INC. RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 SIGNATURE BANCORP, INC.	D Employer Identification Number (EIN) 34-1956572

Part I	Asset and Liability Statement
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1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	0	30906
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	22608	25802
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	3054905	4000193
(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)	103324	155802
(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)	18347771	19445402
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)	12178920	11798750
(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	33707528	35456855
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k		
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	33707528	35456855

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	840768	
(B) Participants.....	2a(1)(B)	762932	
(C) Others (including rollovers).....	2a(1)(C)	52221	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2).....	2a(3)		1655921
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	178326	
(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)	11225	
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		189551
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	240497	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	1041020	
(D) Total dividends. Add lines 2b(2)(A), (B), and (C).....	2b(2)(D)		1281517
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	1208280	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	1208280	
(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)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		2101516
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		5228505

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	3358470	
(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)		3358470
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)	5136	
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)	115572	
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		120708
j Total expenses. Add all expense amounts in column (b) and enter total	2j		3479178

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1749327
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) Unmodified (2) Qualified (3) Disclaimer (4) Adverse

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

(1) DOL Regulation 2520.103-8 (2) DOL Regulation 2520.103-12(d) (3) neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: **TITUS & URBANSKI, INC**

(2) EIN: **34-1695540**

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

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

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		5000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined

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

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

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

A Name of plan <u>SIGNATURE BANCORP, INC. RETIREMENT SAVINGS PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>SIGNATURE BANCORP, INC.</u>	D Employer Identification Number (EIN) <u>34-1956572</u>	

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	
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): <u>34-1665718</u>		
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)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> 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?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> 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.....	<input type="checkbox"/> Increase	<input type="checkbox"/> Decrease	<input type="checkbox"/> Both	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11 a Does the ESOP hold any preferred stock?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. Complete as many entries as needed to report all applicable employers.

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

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

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

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

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

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

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

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

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

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

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

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

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

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

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

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

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

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

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

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

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

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

19 If the total number of participants is 1,000 or more, complete lines (a) and (b):

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

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

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

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

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:
 Yes.
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
 No. Other. Provide explanation: _____

Part VII IRS Compliance Questions

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

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

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 06 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q703383A.

SIGNATURE BANCORP, INC
RETIREMENT SAVINGS PLAN

Financial Statements and Supplementary Information
Years Ended December 31, 2024 and 2023
With Independent Auditor's Report

TITUS & URBANSKI, INC.
CERTIFIED PUBLIC ACCOUNTANTS
TOLEDO, OHIO

SIGNATURE BANCORP, INC
RETIREMENT SAVINGS PLAN

Financial Statements and Supplementary Information
Years Ended December 31, 2024 And 2023
With Independent Auditor's Report

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TITUS & URBANSKI

CERTIFIED PUBLIC ACCOUNTANTS
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INDEPENDENT AUDITOR'S REPORT

Audit Committee
Signature Bancorp, Inc. Retirement Savings Plan
Toledo, OH

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

We have performed audits of the accompanying financial statements of Signature Bancorp, Inc Retirement Savings Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) [ERISA Section 103(a)(3)(C) audit]. The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statement of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

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

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

Opinion

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

- the amounts and disclosures in the financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- the information in the financial statements referred to above related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Titus & Urbanski Inc.
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CERTIFIED PUBLIC ACCOUNTANTS

Signature Bancorp, Inc Retirement Savings Plan

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of the financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

Signature Bancorp, Inc Retirement Savings Plan

In performing an audit in accordance with generally accepted auditing standards, we:

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

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

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

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

Other Matter - Supplemental Schedules Required by ERISA

The supplemental schedules of Assets Held for Investment Purpose at the End of the Year are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

Signature Bancorp, Inc Retirement Savings Plan

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion —

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

Titus & Urbanski Inc.
 Certified Public Accountants

 Toledo, OH
 July 28, 2025

SIGNATURE BANCORP, INC. RETIREMENT SAVINGS PLAN

Statements of Net Assets Available for Benefits

	December 31,	
	2024	2023
Assets:		
Investments, at Fair Value		
Common Stock: Signature Bancorp, Inc.	\$ 11,798,750	\$ 12,178,920
Mutual Funds	19,445,402	18,405,010
Cash and Cash Equivalents	4,031,099	2,997,666
Total Investments	35,275,251	33,581,596
Receivables:		
Notes Receivables From Participants	155,802	103,324
Interest and Dividends Receivable	25,802	22,608
Total Receivables	181,604	125,932
Total Assets	35,456,855	33,707,528
Liabilities:		
Accounts Payable	0	0
Total Liabilities	0	0
Net assets available for benefits	\$ 35,456,855	\$ 33,707,528

See accompanying notes to the financial statements.

SIGNATURE BANCORP, INC. RETIREMENT SAVINGS PLAN

Statements of Changes in Net Assets Available for Benefits

	Years Ended December 31,	
	2024	2023
Additions:		
Investment Income:		
Net Appreciation (Depreciation) in Fair Value of Investments \$	2,104,711	\$ 1,086,827
Dividend and Interest Income	1,456,648	1,081,453
Total Investment Income	3,561,359	2,168,280
Interest Income on Notes Receivable from Participants	11,225	7,516
Contributions:		
Employers	840,768	765,255
Participants	762,932	750,154
Rollovers	52,221	0
Total Contributions	1,655,921	1,515,409
Total Additions (Deductions)	5,228,505	3,691,205
Deductions:		
Payments to participants	3,358,470	3,647,589
Administrative Expense	120,708	108,871
Total Deductions	3,479,178	3,756,460
Net Increase (Decrease)	1,749,327	(65,255)
Net Assets Available for Benefits		
Beginning of Year	33,707,528	33,772,783
End of Year	\$ 35,456,855	\$ 33,707,528

See accompanying notes to the financial statements.

SIGNATURE BANCORP, INC. RETIREMENT SAVINGS PLAN

Notes to Financial Statements Years Ended December 31, 2024 And 2023

Note A - Description of the Plan

The following brief description of Signature Bancorp, Inc. Retirement Savings Plan is provided for general informational purposes only. Participants should refer to the Plan document for more complete information.

General

Signature Bancorp, Inc. established the plan on July 1, 2001 as a defined contribution plan and amended the plan from time to time thereafter. Effective April 2002, Signature Bank, N.A. (the "Corporation") elected to become a participating employer in the plan. The Plan covers all eligible employees of the corporation, who have completed one day of service. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Funding Policy

Each participant, through an election to defer their compensation, may contribute up to 100% of pretax annual compensation, as defined in the Plan, but not to exceed the limit which is set by law. Participants who have attained age 50 before the end of the Plan are eligible to make catch-up contributions. Participant's amounts represent distributions from other qualified defined benefit or contribution plans. The corporation provides a matching contribution equal to 100 percent of the first 4 percent of a participant's compensation contributed to the Plan. The Corporation may contribute to each eligible participant's account as discretionary profit-sharing contribution based on participant's compensation for the Plan year. Contributions are subject to certain limitations. Contributions are subject to certain Internal Revenue Service (IRS) limitations.

Participant Accounts

Each participant's account is credited with the participant's contributions and allocations of the Corporation's contributions, and Plan earnings (losses). The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account. Contributions may be invested at the participant's discretion among various investment fund options. Matching and profit-sharing contributions may be invested in common stock of Signature Bancorp, Inc. at the participant's discretion. Certain transaction fees are charged directly to the participant's account.

Vesting

Participants are immediately vested in their contributions and the matching contributions, plus actual earnings thereon. Vesting for the discretionary profit-sharing contributions increase 25 percent per year so that the participant is 100 percent vested after four years of credited service or upon retirement, death or disability, as defined in the Plan.

Benefits

Participants or their beneficiaries may receive lump-sum distributions of their account balances upon the earlier of reaching age 59 1/2, disability, death or termination of service, as defined in the Plan. Further, the Plan administrator may permit a participant who experiences a qualified financial hardship, as defined, to receive a lump-sum distribution of a portion of the participant's vested account balance.

SIGNATURE BANCORP, INC. RETIREMENT SAVINGS PLAN

Notes to Financial Statements Years Ended December 31, 2024 And 2023

Note A - Description of the Plan (continued)

Participant Loans

The Plan permits participants who are still employed to borrow a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50 percent of the participant's vested interest of their account balance. The loans are secured by the balance in the participant's account and bear interest rates ranging from 4.25 percent to 9.50 percent. Loans must be repaid by regular periodic repayments for a period not to exceed five years.

Forfeited Accounts

Forfeitures of employer contributions are used to reduce the Plan's future employer contributions. There was \$4,809 and \$8,449 of Forfeited employer contributions during the year ended December 31, 2024 and 2023. The plan did not utilize any forfeitures for the employer contribution during the year ended December 31, 2024 or 2023. At years ended December 31, 2024 and 2023, forfeited nonvested accounts totaled \$43,668 and \$43,795 respectively.

Note B - Summary of Significant Accounting Policies

Basis of Accounting

The accompanying financial statements are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Investments Valuation and Income Recognition

The Plan's investments are stated at estimated 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 dates. See note F for a 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/(depreciation) includes the plan's gains and losses on investments bought and sold, as well as held during the year.

Notes Receivable from Participants

Notes Receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded at December 31, 2024 and 2023. If a participant ceases to make loan repayments and the Plan Administrator deems the note receivable to be in default, the participant note receivable is reduced and a benefit payment is recorded.

SIGNATURE BANCORP, INC. RETIREMENT SAVINGS PLAN

Notes to Financial Statements Years Ended December 31, 2024 And 2023

Note B - Summary of Accounting Policies (continued)

Contributions

Participant contributions are accrued when withheld from compensation. Contributions from the Corporation are recorded in the period in which they become obligations of the Corporation.

Payment of Benefits

Benefits are recorded when paid.

Administrative Expenses

The Plan's administrative expenses are paid either by the Plan or the Corporation, as provided by the Plan document. Certain administrative expenses, including an allocation of salaries related to the Plan administration, and audit and legal costs, are paid by the Corporation and qualify as party-in-interest transactions which are exempt from prohibited transaction rules. Expenses that are paid directly by the Corporation are excluded from these financial statements. Fees for custodial and record keeping services are paid by the Plan. Participants are charged directly for loan fees related to certain distribution types.

Information Prepared and Certified by Trustees

The following information included in the accompanying financial statements and supplemental schedules was obtained from data that has been prepared and certified to as complete and accurate by The Trust Company of Toledo, Trustee, as follows:

	December 31,	
	2024	2023
Equities	27,947,881	27,253,469
Fixed Income	3,327,177	3,273,222
Cash & Equivalents	4,000,193	3,054,905
Participant Loans	155,802	103,324
Investment Income/Loss	3,572,584	1,942,758
Interest and Dividend Receivable	25,802	22,608

New Accounting Pronouncement Adopted

During the year ended December 31, 2023, the Plan adopted the provisions of Accounting Standards Update (ASU) 2016-13, Financial Instruments - Credit Losses (Topic 326). This ASU replaced the incurred loss methodology with an expected loss methodology that is referred as the current expected credit loss (CECL) methodology. The ASU requires nonprofit entities to immediately recognize the estimated expected credit losses over the life of a financial instrument, including trade receivables, employer contributions and benefit rebates. The estimate of expected credit losses considers not only historical information, but also current and future economic conditions and events.

The Plan adopted the ASU effective January 1, 2023. The impact of the adoption was not considered material to the financial statements and primarily resulted in additional disclosures.

SIGNATURE BANCORP, INC. RETIREMENT SAVINGS PLAN

Notes to Financial Statements Years Ended December 31, 2024 And 2023

Note C - Federal Income Tax Status

Effective January 1, 2022, the Corporation adopted the Prototype Defined Contribution Plan sponsored by EPIC Advisors, Inc. plan document. The prototype plan has received an opinion letter from the Internal Revenue Service dated June 30, 2020 stating that the form of the underlying prototype plan document is acceptable under section 401 of the Internal Revenue Code for use by employers for the benefit of their employees, and any employer adopting this form of the Plan can rely on this letter with respect to the qualification of its plan under section 401 (a) of the Code. The Plan is required to operate in conformity with the Code to maintain its qualification. The Plan administrator believes the plan is being operated in compliance with the applicable requirements of the Code and, as a result, no provision for income tax has been included in the Plan's financial statements.

Accounting principals generally accepted in the United States of America require the Plan administrator to evaluate tax position 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 tax authorities. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes that the Plan is no longer subject to income tax examinations for years prior to 2021.

Note D - Priorities Upon Termination

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

Note E - Investments

The Plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Accordingly, The Trust Company of Toledo, NA ("Trust Company"), as trustee, has certified the completeness and accuracy of the investment information reflected in (1) the accompanying statements of net assets available for benefits as of December 31, 2024 and 2023, (2) the December 31, 2024 schedule of assets (held at end of year), (3) the changes in fair value of the Plan's assets in Note F, (4) the related investment activity reflected in the statements of changes in net assets available for benefits during Years Ended 2024 and 2023, and (5) the information presented in Note F. The Trust Company of Toledo has also certified the completeness and accuracy of notes receivable from participants and the related interest income as of and for the years ended December 31, 2024 and 2023.

SIGNATURE BANCORP, INC. RETIREMENT SAVINGS PLAN

Notes to Financial Statements Years Ended December 31, 2024 And 2023

Note F - Fair Value Measurements

The fair value measurement accounting literature establishes a fair value hierarchy that prioritized the inputs to valuation techniques used to measure fair value. The 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 are unobservable and have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure fair value of its investments. When available, the Plan measures fair value using level 1 inputs because they generally provide the most reliable evidence of fair value. Level 3 inputs are used only when Level 1 or Level 2 inputs are not available.

The following description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2024 and 2023.

Mutual funds: Shares held in mutual funds are valued at quoted market prices that present net asset value ("NAV") of shares held by the Plan at year end and are classified as Level 1. The NAV is based on the value of underlying assets owned by the fund, less its liabilities, then divided by the number of shares outstanding. Mutual funds held by the Plan are open-end mutual funds that are registered with the SEC. These funds are required to publish their daily NAV and to transact at that price and, therefore, are deemed to be actively traded.

Cash and Cash Equivalents: These accounts primarily consist of cash accounts that are values on the basis of readily determinable market prices and are classified at Level 1.

Common Stock of Signature Bancorp, Inc.: The shares of common stock of Significant Bancorp, Inc. is not actively traded, and significant other observable inputs are not available and are classified as Level 3. The fair value of the common stock is measured by the stock price valuation performed by an independent third party and reported by the Board of Directors. The appraiser took into account historical and projected cash flow and net income, return on assets, return on equity, market comparable, fair value of assets and liabilities, and the lack of marketability of the securities being valued.

The preceding methods described on Common stock of Signature Bancorp, Inc. may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although Plan management believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date. As required by the fair value measurement accounting literature, investment assets are classified in their entirety based on the lowest level of input that is significant to the fair value measurement.

SIGNATURE BANCORP, INC. RETIREMENT SAVINGS PLAN

Notes to Financial Statements Years Ended December 31, 2024 And 2023

Note F - Fair Value Measurements (continued)

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

Investments at Fair Value as of December 31, 2024				
	Level 1	Level 2	Level 3	Total
Common Stock:				
Signature Bancorp, Inc.	\$ 0	\$ 0	\$ 11,798,750	\$ 11,798,750
Mutual Funds	19,445,402	0	0	19,445,402
Cash and Cash Equivalents	4,031,099	0	0	4,031,099
Total Investments	\$ 23,476,501	\$ 0	\$ 11,798,750	\$ 35,275,251

Investments at Fair Value as of December 31, 2023				
	Level 1	Level 2	Level 3	Total
Common Stock:				
Signature Bancorp, Inc.	0	0	12,178,920	\$ 12,178,920
Mutual Funds	18,405,010	0	0	18,405,010
Cash and Cash Equivalents	2,997,666	0	0	2,997,666
Total Investments	\$ 21,402,676	\$ 0	\$ 12,178,920	\$ 33,581,596

The following table reconciles the beginning and ending balance of fair value measurements using significant unobservable inputs (level 3) for the common stock in Signature Bancorp, Inc., the Plan sponsor, for the year ended December 31:

	2024	2023
Beginning Balance	\$ 12,178,920	\$ 14,941,608
Total Gains or Losses Included in Changes in Net Assets Available for Benefits:		
Realized Gains	0	43,854
Unrealized Gains (Losses) Relating to Stock Still Held at The Reporting Date	461,105	(1,194,432)
Purchases, Sales, Issuances, and Settlements:		
Purchases	367,005	370,365
Sales	(1,208,280)	(1,982,475)
Ending Balance	\$ 11,798,750	\$ 12,178,920
The Amount of Total Gains (Losses) for the Period Attributable to The Change in Unrealized Gains Relating to Assets Still Held at The Reporting Period	\$ 461,105	\$ (1,194,432)

Notes to Financial Statements
Years Ended December 31, 2024 And 2023

Note F - Fair Value Measurements (continued)

Gains and losses (realized and unrealized) included in changes in net assets available for benefits for the years ended December 31, 2024 and 2023, are reported in net appreciation in fair value of investments.

The transfers into and out of Level 3 occur when participants make contributions to the Plan, request a distribution, or redirect the investment of their accounts between investment fund options. The Plan's policy is to recognize transfers into and out of Level 3 as of the date of the event or change in circumstances that caused the transfer.

Note G - Transactions with Parties-In-Interest

Certain Plan investments are shares of common stock of Signature Bancorp, Inc., the Plan sponsor and, therefore, transactions related to these investments qualify as party-in-interest. The Plan held 94,390 and 101,491 shares of common stock of Signature Bancorp, Inc. at December 31, 2024 and 2023, purchases of shares by the Plan totaled \$367,005 and \$370,365, respectively, and sales of shares by the Plan totaled \$1,208,280 and \$1,982,475, respectively. The Plan received dividend income of \$240,497 and \$245,382 in the years ended December 31, 2024 and 2023.

Note H - Risks and Uncertainties

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

Note I - Plan Amendments

There were no plan amendments in 2024 or 2023. Effective January 1, 2025, the Plan was amended to allow for in-kind distributions of property, including Qualifying Employer Securities and Qualifying Employer Real Property to the extent the Plan holds such property.

Note J - Subsequent Events

In preparing these financial statements, Plan management has evaluated, for potential recognition or disclosure, significant events or transactions that occurred during the period subsequent to December 31, 2024, the most recent statement of net assets available for benefits presented herein, through July 28, 2025, the date these financial statements were available to be issued. No such significant events or transactions were identified.

SIGNATURE BANCORP, INC. RETIREMENT SAVINGS PLAN

EIN #34-1956572

Plan #001

Schedule H, line 4i - Schedule of Assets (Held at End of Year)
(Prepared Pursuant to Requirements of the Employee Retirement Income Security Act of 1974)

The enclosed Trust Company Account Statement (Pages 41-44) is incorporated herein by reference

As of December 31, 2024

Schedule - 3.1.1

Asset Statement

As Of 12/31/2024

Shares/Par Value	Description	Cost Value	Market Value	Market Price	Percent Of Market	Yield On Market
Equities						
Closely Held - Equity						
94,390.0000	Signature Bancorp Inc Cusip:9M038800	5,120,361.02	11,798,750.00	125.000	33.30%	2.08%
	Total Closely Held - Equity	5,120,361.02	11,798,750.00		33.30%	2.08%
Equity Fund						
22,391.3160	Alger Cap Apprec Inst-I Cusip:015570401	769,640.56	984,546.16	43.970	2.78%	0.00%
10,627.1150	Bridgeway Small Cap Value-N Cusip:108747825	391,485.25	396,816.47	37.340	1.12%	0.00%
82,137.9790	Fidelity Contrafund Cusip:316071109	1,314,858.99	1,727,361.70	21.030	4.88%	0.00%
71,175.0600	Principal MidCap Value-I Cusip:74253Q192	1,096,172.70	1,105,348.68	15.530	3.12%	0.00%
13,133.8980	T Rowe Price Mid Cap Growth Fund Cusip:779556109	1,310,377.95	1,309,843.65	99.730	3.70%	0.00%
15,387.3470	T Rowe Price QM SmCap Growth Cusip:779917103	630,357.13	662,733.04	43.070	1.87%	0.00%
23,742.4110	Vanguard Dividend Growth-Inv Cusip:921908604	835,620.92	859,712.70	36.210	2.43%	0.00%
9,497.5710	Vanguard Equity Income-Adm Cusip:921921300	786,999.97	837,400.84	88.170	2.36%	0.00%
7,763.1270	Vanguard Extended Market Index-Admiral Cusip:922908694	873,587.55	1,118,511.34	144.080	3.16%	0.00%
9,459.5640	Vanguard Institutional Index Cusip:922040100	3,103,443.91	4,530,185.20	478.900	12.79%	0.00%
	Total Equity Fund	11,112,544.93	13,532,459.78		38.21%	0.00%
	Equity Fund-REIT					

Schedule - 3.1.1 Asset Statement As Of 12/31/2024

Shares/Par Value	Description	Cost Value	Market Value	Market Price	Percent Of Market	Yield On Market
5,910.0800	Cohen Steer Instl Realty Shs Cusip:19247U106	272,480.45	283,151.93	47.910	0.80%	0.00%
4,300.6090	Neuberger Berman Real Estate-I Cusip:641224795	60,501.62	60,208.53	14.000	0.17%	0.00%
	Total Equity Fund-REIT	332,982.07	343,360.46		0.97%	0.00%
	International Equity Fund					
15,251.9910	Fidelity Intl Small Cap Cusip:315910737	474,265.82	466,558.40	30.590	1.32%	0.00%
13,397.6910	Invesco Intl Growth-Y Cusip:008882532	325,199.52	286,978.54	21.420	0.81%	0.00%
13,347.3010	T Rowe Price Intl New Asia Cusip:77956H500	241,929.69	223,433.82	16.740	0.63%	0.00%
59,122.8030	Vanguard Developed Mkts Index-Adm Cusip:921943809	860,163.24	908,126.25	15.360	2.56%	0.00%
9,717.3610	Vanguard Emg Mkt Stock Index-Admiral Cusip:922042841	325,244.11	357,307.36	36.770	1.01%	0.00%
0.0010	Vanguard Pacific Stock Index-Adm Cusip:922042700	0.08	0.09	87.750	0.00%	0.00%
	Total International Equity Fund	2,226,802.46	2,242,404.46		6.33%	0.00%
0.0000	Cash	30,905.83	30,905.83	1.000	0.09%	0.00%
	Total International Equity Fund	30,905.83	30,905.83		0.09%	0.00%
	Total Equities	18,823,596.31	27,947,880.53		78.90%	0.88%
	Fixed Income					
	Bond Funds - Taxable					
11,249.4960	Loomis Sayles Strategic Income Y Cusip:543487250	144,001.96	135,218.94	12.020	0.38%	0.00%

Schedule - 3.1.1 Asset Statement As Of 12/31/2024

Shares/Par Value	Description	Cost Value	Market Value	Market Price	Percent Of Market	Yield On Market
37,871.2700	Northern Core Bond-A Cusip:665162376	370,047.45	332,509.75	8.780	0.94%	0.00%
22,229.7380	Northern Short Bond-A Cusip:665162368	412,163.66	404,803.53	18.210	1.14%	0.00%
42,826.8850	Northern Ultra-Short Fixed Income Fund Cusip:665162467	435,274.90	441,116.92	10.300	1.25%	0.00%
33,202.4910	Vanguard Short-Term Federal-Adm Cusip:922031844	343,993.51	337,005.28	10.150	0.95%	0.00%
176,848.3770	Vanguard Total Bond Market Index-Inst' Cusip:921937504	1,658,283.75	1,676,522.61	9.480	4.73%	0.00%
	Total Bond Funds - Taxable	3,363,765.23	3,327,177.03		9.39%	0.00%
	Total Fixed Income	3,363,765.23	3,327,177.03		9.39%	0.00%
	Cash & Equivalents					
	Money Market - Taxable					
4,000,193.0790	Northern Ins-Treasury Portfolio Cusip:665279808	4,000,193.08	4,000,193.08	1.000	11.29%	0.00%
	Total Money Market - Taxable	4,000,193.08	4,000,193.08		11.29%	0.00%
	Total Cash & Equivalents	4,000,193.08	4,000,193.08		11.29%	0.00%
	Other Assets					
	Miscellaneous					
155,802.1600	Signature Bank Master Loan Cusip:9ML034000	155,802.16	155,802.16	1.000	0.44%	0.00%
	Total Miscellaneous	155,802.16	155,802.16		0.44%	0.00%
	Memo Holdings					
1.0000	Jordan Valasek Delinquent Loan Cusip:9M064100	0.00	0.00	0.000	0.00%	0.00%
	Total Memo Holdings	0.00	0.00		0.00%	0.00%

01/01/2024-12/31/2024

Signature Bancorp Retirement Plan

Account Number : 14034000

<i>Total Other Assets</i>	155,802.16	155,802.16	0.44%	0.00%
<i>Total Asset</i>	26,343,356.78	35,431,052.80	100.02%	0.69%
<i>Ending Accrual For Period</i>		25,801.86		
<i>Ending Market Value</i>		35,456,854.66		

Schedule - 3.1.1

Asset Statement

As Of 12/31/2024

Shares/Par Value	Description	Cost Value	Market Value	Market Price	Percent Of Market	Yield On Market
Equities						
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9,459.5640	Vanguard Institutional Index Cusip:922040100	3,103,443.91	4,530,185.20	478.900	12.79%	0.00%
	Total Equity Fund	11,112,544.93	13,532,459.78		38.21%	0.00%
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	Total Equity Fund-REIT	332,982.07	343,360.46		0.97%	0.00%
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	Total International Equity Fund	2,226,802.46	2,242,404.46		6.33%	0.00%
0.0000	Cash	30,905.83	30,905.83	1.000	0.09%	0.00%
	Total International Equity Fund	30,905.83	30,905.83		0.09%	0.00%
	Total Equities	18,823,596.31	27,947,880.53		78.90%	0.88%
	Fixed Income					
	Bond Funds - Taxable					
11,249.4960	Loomis Sayles Strategic Income Y Cusip:543487250	144,001.96	135,218.94	12.020	0.38%	0.00%

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42,826.8850	Northern Ultra-Short Fixed Income Fund Cusip:665162467	435,274.90	441,116.92	10.300	1.25%	0.00%
33,202.4910	Vanguard Short-Term Federal-Adm Cusip:922031844	343,993.51	337,005.28	10.150	0.95%	0.00%
176,848.3770	Vanguard Total Bond Market Index-Inst' Cusip:921937504	1,658,283.75	1,676,522.61	9.480	4.73%	0.00%
	Total Bond Funds - Taxable	3,363,765.23	3,327,177.03		9.39%	0.00%
	Total Fixed Income	3,363,765.23	3,327,177.03		9.39%	0.00%
	Cash & Equivalents					
	Money Market - Taxable					
4,000,193.0790	Northern Ins-Treasury Portfolio Cusip:665279808	4,000,193.08	4,000,193.08	1.000	11.29%	0.00%
	Total Money Market - Taxable	4,000,193.08	4,000,193.08		11.29%	0.00%
	Total Cash & Equivalents	4,000,193.08	4,000,193.08		11.29%	0.00%
	Other Assets					
	Miscellaneous					
155,802.1600	Signature Bank Master Loan Cusip:9ML034000	155,802.16	155,802.16	1.000	0.44%	0.00%
	Total Miscellaneous	155,802.16	155,802.16		0.44%	0.00%
	Memo Holdings					
1.0000	Jordan Valasek Delinquent Loan Cusip:9M064100	0.00	0.00	0.000	0.00%	0.00%
	Total Memo Holdings	0.00	0.00		0.00%	0.00%

01/01/2024-12/31/2024

Signature Bancorp Retirement Plan

Account Number : 14034000

<i>Total Other Assets</i>	155,802.16	155,802.16	0.44%	0.00%
<i>Total Asset</i>	26,343,356.78	35,431,052.80	100.02%	0.69%
<i>Ending Accrual For Period</i>		25,801.86		
<i>Ending Market Value</i>		35,456,854.66		