

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed 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-SF.

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

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: [X] a single-employer plan [ ] a multiple-employer plan (not multiemployer) (Pension Plan filers checking this box must attach Schedule MEP. Other plans must attach a list of participating employer information in accordance with the form instructions.)
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 Check box if filing under: [X] Form 5558 [ ] automatic extension [ ] DFVC program [ ] special extension (enter description)
D If the plan is a collectively-bargained plan, check here [ ]
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 NOBLE COLLECTION, INC. CASH BALANCE PLAN
1b Three-digit plan number (PN) 002
1c Effective date of plan 01/01/2014
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) NOBLE COLLECTION INC. 11190 SUNRISE VALLEY DR, SUITE 120 RESTON, VA 20191
2b Employer Identification Number (EIN) 54-1703932
2c Sponsor's telephone number 703-689-4077
2d Business code (see instructions) 454110
3a Plan administrator's name and address [X] Same as Plan Sponsor.
3b Administrator's EIN
3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report.
a Sponsor's name
c Plan Name
4b EIN
4d PN
5a Total number of participants at the beginning of the plan year 49
b Total number of participants at the end of the plan year 41
c(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)
c(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)
d(1) Total number of active participants at the beginning of the plan year 41
d(2) Total number of active participants at the end of the plan year 39
e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested 3

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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, 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. Second row: SIGN HERE, Signature of employer/plan sponsor, Date, Enter name of individual signing as employer or plan sponsor.

- 6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) .....  Yes  No
- b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) .....  Yes  No
- If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.**
- c** If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? .....  Yes  No  Not determined
- If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year: 549782. (See instructions.)

<b>Part III Financial Information</b>			
<b>7</b> Plan Assets and Liabilities		<b>(a) Beginning of Year</b>	<b>(b) End of Year</b>
<b>a</b> Total plan assets .....	<b>7a</b>	2437779	2743860
<b>b</b> Total plan liabilities .....	<b>7b</b>	0	0
<b>c</b> Net plan assets (subtract line 7b from line 7a) .....	<b>7c</b>	2437779	2743860
<b>8</b> Income, Expenses, and Transfers for this Plan Year		<b>(a) Amount</b>	<b>(b) Total</b>
<b>a</b> Contributions received or receivable from:			
<b>(1)</b> Employers .....	<b>8a(1)</b>	145000	
<b>(2)</b> Participants .....	<b>8a(2)</b>	0	
<b>(3)</b> Others (including rollovers) .....	<b>8a(3)</b>	0	
<b>b</b> Other income (loss) .....	<b>8b</b>	190850	
<b>c</b> Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) .....	<b>8c</b>		335850
<b>d</b> Benefits paid (including direct rollovers and insurance premiums to provide benefits) .....	<b>8d</b>	17109	
<b>e</b> Certain deemed and/or corrective distributions (see instructions) .	<b>8e</b>	0	
<b>f</b> Administrative service providers (salaries, fees, commissions) .....	<b>8f</b>	12660	
<b>g</b> Other expenses .....	<b>8g</b>	0	
<b>h</b> Total expenses (add lines 8d, 8e, 8f, and 8g) .....	<b>8h</b>		29769
<b>i</b> Net income (loss) (subtract line 8h from line 8c) .....	<b>8i</b>		306081
<b>j</b> Transfers to (from) the plan (see instructions) .....	<b>8j</b>	0	

<b>Part IV Plan Characteristics</b>	
<b>9a</b>	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 1A 1C 3D
<b>b</b>	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

<b>Part V Compliance Questions</b>				
<b>10</b> During the plan year:		<b>Yes</b>	<b>No</b>	<b>Amount</b>
<b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program) .....	<b>10a</b>		X	
<b>b</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) .....	<b>10b</b>		X	
<b>c</b> Was the plan covered by a fidelity bond? .....	<b>10c</b>	X		243778
<b>d</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....	<b>10d</b>		X	
<b>e</b> Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.) .....	<b>10e</b>		X	
<b>f</b> Has the plan failed to provide any benefit when due under the plan? .....	<b>10f</b>		X	
<b>g</b> Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) .....	<b>10g</b>		X	
<b>h</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....	<b>10h</b>		X	
<b>i</b> If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3 .....	<b>10i</b>			

**Part VI Pension Funding Compliance**

**11** Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and lines 11a and b below.) If this is a defined contribution pension plan, leave line 11 blank and complete line 12 below.  Yes  No

**a** Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 **11a** 0

**b PBGC missed contribution reporting requirements.** If the plan is covered by PBGC and the amount reported on line 11a is greater than \$0, 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 \_\_\_\_\_

**12** Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) If this is a defined benefit pension plan, leave line 12 blank and complete line 11 above.  Yes  No

**a** 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 letter ruling granting the waiver. Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.**

**b** Enter the minimum required contribution for this plan year **12b** \_\_\_\_\_

**c** Enter the amount contributed by the employer to the plan for this plan year **12c** \_\_\_\_\_

**d** Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount) **12d** \_\_\_\_\_

**e** Will the minimum funding amount reported on line 12d be met by the funding deadline?  Yes  No  N/A

**Part VII Plan Terminations and Transfers of Assets**

**13a** Has a resolution to terminate the plan been adopted in any plan year?  Yes  No

**a** If "Yes," enter the amount of any plan assets that reverted to the employer this year. **13a** \_\_\_\_\_

**b** Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?  Yes  No

**c** 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.)

13c(1) Name of plan(s):	13c(2) EIN(s)	13c(3) PN(s)

**Part VIII IRS Compliance Questions**

**14a** 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

**14b** 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

**15** 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 02 / 28 / 2023 (MM/DD/YYYY) and the Opinion Letter serial number Q705217A.

<b>SCHEDULE SB</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Single-Employer Defined Benefit Plan</b> <b>Actuarial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500 or 5500-SF.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

▶ **Round off amounts to nearest dollar.**  
 ▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

<b>A</b> Name of plan <u>NOBLE COLLECTION, INC. CASH BALANCE PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>002</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>NOBLE COLLECTION INC.</u>	<b>D</b> Employer Identification Number (EIN) <u>54-1703932</u>	
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	<b>F</b> Prior year plan size: <input checked="" type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

**Part I Basic Information**

<b>1</b>	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
<b>2</b>	Assets:		
	<b>a</b> Market value .....	<b>2a</b>	<u>2427142</u>
	<b>b</b> Actuarial value .....	<b>2b</b>	<u>2427142</u>
<b>3</b>	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	<b>a</b> For retired participants and beneficiaries receiving payment .....	<u>0</u>	<u>0</u>
	<b>b</b> For terminated vested participants .....	<u>8</u>	<u>20818</u>
	<b>c</b> For active participants .....	<u>45</u>	<u>2547304</u>
	<b>d</b> Total .....	<u>53</u>	<u>2568122</u>
<b>4</b>	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	<b>a</b> Funding target disregarding prescribed at-risk assumptions .....	<b>4a</b>	
	<b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor .....	<b>4b</b>	
<b>5</b>	Effective interest rate .....	<b>5</b>	<u>4.99 %</u>
<b>6</b>	Target normal cost		
	<b>a</b> Present value of current plan year accruals .....	<b>6a</b>	<u>272523</u>
	<b>b</b> Expected plan-related expenses .....	<b>6b</b>	<u>0</u>
	<b>c</b> Target normal cost .....	<b>6c</b>	<u>272523</u>

**Statement by Enrolled Actuary**  
 To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

<b>SIGN HERE</b>  <u>MICHAEL J. WHITTLE, JR.</u> Signature of actuary  <u>CBIZ</u> Type or print name of actuary  <u>44 BALTIMORE STREET</u> <u>CUMBERLAND, MD 21502</u> Firm name  Address of the firm	<u>09/25/2025</u> Date  <u>23-08339</u> Most recent enrollment number  <u>267-800-1571</u> Telephone number (including area code)
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If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

<b>Part II Beginning of Year Carryover and Prefunding Balances</b>		(a) Carryover balance	(b) Prefunding balance
<b>7</b>	Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....	0	159794
<b>8</b>	Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....		
<b>9</b>	Amount remaining (line 7 minus line 8) .....	0	159794
<b>10</b>	Interest on line 9 using prior year's actual return of <u>11.39</u> % .....	0	18201
<b>11</b>	Prior year's excess contributions to be added to prefunding balance:		
<b>a</b>	Present value of excess contributions (line 38a from prior year) .....		6950
<b>b(1)</b>	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.04</u> % .....		350
<b>b(2)</b>	Interest on line 38b from prior year Schedule SB, using prior year's actual return .....		0
<b>c</b>	Total available at beginning of current plan year to add to prefunding balance .....		7300
<b>d</b>	Portion of (c) to be added to prefunding balance .....		7300
<b>12</b>	Other reductions in balances due to elections or deemed elections .....	0	0
<b>13</b>	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....	0	185295

<b>Part III Funding Percentages</b>			
<b>14</b>	Funding target attainment percentage .....	<b>14</b>	86.99 %
<b>15</b>	Adjusted funding target attainment percentage .....	<b>15</b>	86.99 %
<b>16</b>	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement .....	<b>16</b>	81.49 %
<b>17</b>	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....	<b>17</b>	%

<b>Part IV Contributions and Liquidity Shortfalls</b>		<b>18 Contributions made to the plan for the plan year by employer(s) and employees:</b>					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees		
09/15/2025	145000	0					
			<b>Totals ▶</b>	<b>18(b)</b>	145000	<b>18(c)</b>	0

**19** Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

<b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years .....	<b>19a</b>	0
<b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....	<b>19b</b>	0
<b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....	<b>19c</b>	130530

**20** Quarterly contributions and liquidity shortfalls:

**a** Did the plan have a "funding shortfall" for the prior year? .....  Yes  No

**b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? .....  Yes  No

**c** If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

<b>Part V Assumptions Used to Determine Funding Target and Target Normal Cost</b>				
<b>21</b> Discount rate:				
<b>a</b> Segment rates:	1st segment: 4.75 %	2nd segment: 4.96 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
<b>b</b> Applicable month (enter code) .....				<b>21b</b> 0
<b>22</b> Weighted average retirement age .....				<b>22</b> 62
<b>23</b> Mortality table(s) (see instructions)	<input checked="" type="checkbox"/> Prescribed - combined <input type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute			

<b>Part VI Miscellaneous Items</b>				
<b>24</b> Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
<b>25</b> Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
<b>26</b> Demographic and benefit information				
<b>a</b> Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. .... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
<b>b</b> Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
<b>27</b> If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....				<b>27</b>

<b>Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years</b>				
<b>28</b> Unpaid minimum required contributions for all prior years .....				<b>28</b> 0
<b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....				<b>29</b> 0
<b>30</b> Remaining amount of unpaid minimum required contributions (line 28 minus line 29).....				<b>30</b> 0

<b>Part VIII Minimum Required Contribution For Current Year</b>				
<b>31</b> Target normal cost and excess assets (see instructions):				
<b>a</b> Target normal cost (line 6c) .....				<b>31a</b> 272523
<b>b</b> Excess assets, if applicable, but not greater than line 31a .....				<b>31b</b> 0
<b>32</b> Amortization installments:	Outstanding Balance		Installment	
<b>a</b> Net shortfall amortization installment .....	335042		32325	
<b>b</b> Waiver amortization installment.....	0		0	
<b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount .....				<b>33</b>
<b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....				<b>34</b> 304848
	Carryover balance	Prefunding balance	Total balance	
<b>35</b> Balances elected for use to offset funding requirement .....	0	175000	175000	
<b>36</b> Additional cash requirement (line 34 minus line 35) .....				<b>36</b> 129848
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....				<b>37</b> 130530
<b>38</b> Present value of excess contributions for current year (see instructions)				
<b>a</b> Total (excess, if any, of line 37 over line 36)				<b>38a</b> 682
<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....				<b>38b</b> 682
<b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....				<b>39</b> 0
<b>40</b> Unpaid minimum required contributions for all years .....				<b>40</b> 0

<b>Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)</b>				
<b>41</b> If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input type="checkbox"/> 2021				

**Schedule SB, line 26 - Schedule of Active Participant Data**

Plan Name: Noble Collection, Inc. Cash Balance Plan

EIN/PN: 54-1703932 / 002

**Noble Collection, Inc.**

**Cash Balance Plan**

**Actuarial Report for the Plan Year Beginning January 1, 2024**

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Schedule of Active Participant Data

Age	Years of Credited Service										Total
	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & up	
Under 25	0	1	0	0	0	0	0	0	0	0	1
25 to 29	0	1	0	0	0	0	0	0	0	0	1
30 to 34	0	4	2	0	0	0	0	0	0	0	6
35 to 39	0	3	2	0	0	0	0	0	0	0	5
40 to 44	0	2	4	1	0	0	0	0	0	0	7
45 to 49	0	2	1	5	0	0	0	0	0	0	8
50 to 54	0	3	2	3	0	0	0	0	0	0	8
55 to 59	0	4	1	1	0	0	0	0	0	0	6
60 to 64	0	1	0	1	0	0	0	0	0	0	2
65 to 69	0	0	0	0	0	0	0	0	0	0	0
70 & up	0	0	0	1	0	0	0	0	0	0	1
Total	0	21	12	12	0	0	0	0	0	0	45

**Schedule SB, Part V - Statement of Actuarial Assumptions/Methods**

**Plan Name: Noble Collection, Inc. Cash Balance Plan**

**EIN/PN: 54-1703932 / 002**

**Summary of Principal Actuarial Assumptions**

**Actuarial Cost Method**

Traditional Unit Credit

**Actuarial Value of Assets**

Market Value

**Date of Calculations**

January 1, 2024

**Employees Included in the Calculations**

All active employees who have met the Plan's eligibility requirements as of the valuation date are included in the calculations. Former employees or their survivors who are receiving or are entitled to receive an immediate or deferred benefit under the provisions of the Plan are also included.

**Source of Data**

Data is as of the valuation date and is supplied to us by the Employer.

We rely on the Employer to inform us of any former participants who have been rehired and lost prior service because of the length of their break-in-service. These employees may have participation requirements different from other new employees.

Although we believe these to be accurate and complete, we have not audited the data and financial information provided.

Pre-retirement for Retirement and Spousal Benefits:

Investment Return - Segment Rates (0-month lookback)

		<b><u>For 404</u></b>	<b><u>For 430 and 436</u></b>
Sample Rates:	Rate 1:	4.37%	4.75%
	Rate 2:	4.96%	4.96%
	Rate 3:	4.95%	5.59%

Mortality: None

Termination of Employment: None

Salary Scale: None

Retirement Age: All active employees are assumed to retire at normal retirement age of 62. Terminated Vested participants are assumed to take their cash balance account immediately.

**Schedule SB, Part V - Statement of Actuarial Assumptions/Methods**

**Plan Name: Noble Collection, Inc. Cash Balance Plan**

**EIN/PN: 54-1703932 / 002**

**Summary of Principal Actuarial Assumptions**

Post-retirement for Retirement Benefits:

Investment Return - Segment Rates (0-month lookback)

		<b><u>For 404</u></b>	<b><u>For 430 and 436</u></b>
Sample Rates:	Rate 1:	4.37%	4.75%
	Rate 2:	4.96%	4.96%
	Rate 3:	4.95%	5.59%

Mortality: IRS 2024 Combined Static Mortality

Interest Crediting Rate: 5.00%. The hypothetical account balances are expected to increase at a rate of 5.0% which is the flat rate applicable to all participants and plan years.

Plan Expenses: It is assumed that no anticipated expenses will be paid from plan assets.

Form of Benefit Payment: 100% of Participants are assumed to elect a Lump Sum.

Effective Rate of Interest: 4.99%

<b>SCHEDULE SB</b> <b>(Form 5500)</b>  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration  Pension Benefit Guaranty Corporation	<b>Single-Employer Defined Benefit Plan</b> <b>Actuarial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).  ▶ <b>File as an attachment to Form 5500 or 5500-SF.</b>	OMB No. 1210-0110  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

▶ **Round off amounts to nearest dollar.**  
 ▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

<b>A</b> Name of plan NOBLE COLLECTION, INC. CASH BALANCE PLAN	<b>B</b> Three-digit plan number (PN) ▶	002
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF NOBLE COLLECTION INC.	<b>D</b> Employer Identification Number (EIN) 54-1703932	
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	<b>F</b> Prior year plan size: <input checked="" type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

Part I	Basic Information		
<b>1</b> Enter the valuation date:	Month <u>01</u>	Day <u>01</u>	Year <u>2024</u>
<b>2</b> Assets:			
<b>a</b> Market value .....	<b>2a</b>		2,427,142
<b>b</b> Actuarial value .....	<b>2b</b>		2,427,142
<b>3</b> Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
<b>a</b> For retired participants and beneficiaries receiving payment .....	0	0	0
<b>b</b> For terminated vested participants .....	8	20,818	20,818
<b>c</b> For active participants .....	45	2,547,304	2,556,071
<b>d</b> Total .....	53	2,568,122	2,576,889
<b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b) .....	<input type="checkbox"/>		
<b>a</b> Funding target disregarding prescribed at-risk assumptions .....	<b>4a</b>		
<b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor .....	<b>4b</b>		
<b>5</b> Effective interest rate .....	<b>5</b>		4.99%
<b>6</b> Target normal cost			
<b>a</b> Present value of current plan year accruals .....	<b>6a</b>		272,523
<b>b</b> Expected plan-related expenses .....	<b>6b</b>		0
<b>c</b> Target normal cost .....	<b>6c</b>		272,523

**Statement by Enrolled Actuary**  
 To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

<b>SIGN HERE</b>	Michael J. Whittle, Jr. <span style="font-size: 2em; font-family: cursive; margin-left: 20px;">MJW</span>	09/25/2025	
	Signature of actuary	Date	
	Michael J. Whittle, Jr.	2308339	
	Type or print name of actuary	Most recent enrollment number	
CBIZ		267-800-1571	
Firm name		Telephone number (including area code)	
44 Baltimore Street			
Cumberland MD 21502			
Address of the firm			

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions



**Part V Assumptions Used to Determine Funding Target and Target Normal Cost**

**21** Discount rate:

**a** Segment rates:

1st segment: %	2nd segment: %	3rd segment: %	<input type="checkbox"/> N/A, full yield curve used
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**b** Applicable month (enter code)..... **21b**

**22** Weighted average retirement age ..... **22**

**23** Mortality table(s) (see instructions)  Prescribed - combined  Prescribed - separate  Substitute

**Part VI Miscellaneous Items**

**24** Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.....  Yes  No

**25** Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ....  Yes  No

**26** Demographic and benefit information

**a** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ....  Yes  No

**b** Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...  Yes  No

**27** If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment..... **27**

**Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years**

**28** Unpaid minimum required contributions for all prior years ..... **28**

**29** Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)..... **29**

**30** Remaining amount of unpaid minimum required contributions (line 28 minus line 29) ..... **30**

**Part VIII Minimum Required Contribution For Current Year**

**31** Target normal cost and excess assets (see instructions):

**a** Target normal cost (line 6c)..... **31a**

**b** Excess assets, if applicable, but not greater than line 31a ..... **31b**

<b>32</b> Amortization installments:	Outstanding Balance	Installment
<b>a</b> Net shortfall amortization installment .....		
<b>b</b> Waiver amortization installment .....		

**33** If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_) and the waived amount ..... **33**

**34** Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)..... **34**

	Carryover balance	Prefunding balance	Total balance
<b>35</b> Balances elected for use to offset funding requirement .....			

**36** Additional cash requirement (line 34 minus line 35)..... **36**

**37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)..... **37**

**38** Present value of excess contributions for current year (see instructions)

**a** Total (excess, if any, of line 37 over line 36) ..... **38a**

**b** Portion included in line 38a attributable to use of prefunding and funding standard carryover balances ..... **38b**

**39** Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)..... **39**

**40** Unpaid minimum required contributions for all years ..... **40**

**Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)**

**41** If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies.  2019  2020  2021

**Schedule SB, Part V - Statement of Actuarial Assumptions/Methods**

**Plan Name: Noble Collection, Inc. Cash Balance Plan**

**EIN/PN: 54-1703932 / 002**

**Summary of Principal Actuarial Assumptions**

**Actuarial Cost Method**

Traditional Unit Credit

**Actuarial Value of Assets**

Market Value

**Date of Calculations**

January 1, 2024

**Employees Included in the Calculations**

All active employees who have met the Plan's eligibility requirements as of the valuation date are included in the calculations. Former employees or their survivors who are receiving or are entitled to receive an immediate or deferred benefit under the provisions of the Plan are also included.

**Source of Data**

Data is as of the valuation date and is supplied to us by the Employer.

We rely on the Employer to inform us of any former participants who have been rehired and lost prior service because of the length of their break-in-service. These employees may have participation requirements different from other new employees.

Although we believe these to be accurate and complete, we have not audited the data and financial information provided.

Pre-retirement for Retirement and Spousal Benefits:

Investment Return - Segment Rates (0-month lookback)

		<b><u>For 404</u></b>	<b><u>For 430 and 436</u></b>
Sample Rates:	Rate 1:	4.37%	4.75%
	Rate 2:	4.96%	4.96%
	Rate 3:	4.95%	5.59%

Mortality: None

Termination of Employment: None

Salary Scale: None

Retirement Age: All active employees are assumed to retire at normal retirement age of 62. Terminated Vested participants are assumed to take their cash balance account immediately.

**Schedule SB, Part V - Statement of Actuarial Assumptions/Methods**

**Plan Name: Noble Collection, Inc. Cash Balance Plan**

**EIN/PN: 54-1703932 / 002**

**Summary of Principal Actuarial Assumptions**

Post-retirement for Retirement Benefits:

Investment Return - Segment Rates (0-month lookback)

		<b><u>For 404</u></b>	<b><u>For 430 and 436</u></b>
Sample Rates:	Rate 1:	4.37%	4.75%
	Rate 2:	4.96%	4.96%
	Rate 3:	4.95%	5.59%

Mortality: IRS 2024 Combined Static Mortality

Interest Crediting Rate: 5.00%. The hypothetical account balances are expected to increase at a rate of 5.0% which is the flat rate applicable to all participants and plan years.

Plan Expenses: It is assumed that no anticipated expenses will be paid from plan assets.

Form of Benefit Payment: 100% of Participants are assumed to elect a Lump Sum.

Effective Rate of Interest: 4.99%

**Schedule SB, Part V - Statement of Plan Provisions**

**Plan Name: Noble Collection, Inc. Cash Balance Plan**

**EIN/PN: 54-1703932 / 002**

**Summary of Principal Plan Provisions**

The following summary describes Principal Plan Provisions assumed in calculating the cost of your Pension Plan.

**General Information**

Original Effective Date	1/1/2014
Plan Year	January 1 through December 31
Employer ID No.	54-1703932
Plan Number	002

**Eligibility**

All employees of the Employer age 21 or older are eligible to participate in the Plan as of the January 1st or July 1st next following the completion of one year of service with at least 1,000 hours of service. Najat M. Khoury is excluded from participation.

**Service**

Service shall equal total years of service with the Employer. A year of service is credited for each plan year in which an employee works 1,000 hours.

**Normal Retirement Date**

Normal Retirement Date is the first day of the month coincident or next following the later of age 62 or five years of participation.

**Normal Retirement Benefit**

The Normal Retirement Benefit is the actuarial equivalent of the Hypothetical Account Balance at Normal Retirement Age, converted to an annuity based on the 1994 GAR mortality table and a 5.50% interest rate. The hypothetical account earns interest at the rate of 5% as of the last day of the Plan year. Annual allocations on are based on a percentage of eligible compensation as determined under the following table:

<u>Group</u>	<u>Allocation Rate</u>
Direct stockholders	35.00%
All other employees	1.70%

A participant must earn a year of service while a participant in order to receive an allocation.

**Schedule SB, Part V - Statement of Plan Provisions**

**Plan Name: Noble Collection, Inc. Cash Balance Plan**

**EIN/PN: 54-1703932 / 002**

**Summary of Principal Plan Provisions**

**Delayed Retirement**

A participant may continue in the employment of the Employer after his Normal Retirement Date. In such event, he will receive, at actual retirement, the greater of the actuarial equivalent of his Normal Retirement Benefit or the benefit based on service and compensation as of actual Retirement Date.

**Compensation**

W-2 earnings during a plan year, including elective deferrals and excluding bonuses. Compensation for each year shall not exceed the IRC Section 401(a)(17) limit.

**Accrued Benefit**

The Accrued Benefit at any time prior to a participant's Normal Retirement Date shall be the actuarial equivalent of the hypothetical account balance at normal retirement age, converted on the 1994 GAR mortality table and 5.50% interest rate.

**Early Retirement Benefit**

None provided.

**Disability Retirement Benefit**

None provided.

**Death Benefit**

All participants are eligible for a death benefit payable to their beneficiary based on the actuarial equivalence of the accrued benefit.

**Severance Benefit**

Upon termination of employment after three years of Vesting Service, a participant shall have a vested interest in his accrued benefit, which will be payable at Normal Retirement Date. The percentage vested shall be:

<u>Years of Vesting Service</u>	<u>Vested Percent</u>
Fewer than three	0%
Three or more	100%

**Normal Form of Payment**

The Normal Form of Payment is an annuity paid in monthly installments for life, or if married, an actuarially equivalent Joint & Survivor Annuity.

**Schedule SB, Part V - Statement of Plan Provisions**

**Plan Name: Noble Collection, Inc. Cash Balance Plan**

**EIN/PN: 54-1703932 / 002**

**Summary of Principal Plan Provisions**

**Optional Methods of Settlement**

All Optional Methods of Settlement are actuarially equivalent to the Normal Form of Payment. The optional forms of payment available are as follows:

- (1) A reduced benefit to be paid during the participant's lifetime with 50%, 75% or 100% of the reduced benefit to be continued to his spouse for her lifetime after his death.
- (2) An equivalent benefit payable for the participant's lifetime with no death benefit.
- (3) A lump sum benefit.

Optional Methods of Settlement are actuarially equivalent to the Normal Form of Payment based on the 1994 GAR mortality table and a 5.50% interest rate. Lump sum actuarial equivalence is based on the value of the Hypothetical Cash Balance Account at the date of distribution.

**Additional Information**

The above description is a summary only; for additional details, reference should be made to the formal Plan Document.

2024

Minimum: \$ 304,848  
 Quarterly: \$ 68,591  
 COB Used \$ -  
 PFB Used \$ 175,000

Eff Rate: 4.99%  
 Plan Year: 2024  
 BOY: 1/1/2024  
 EOY: 12/31/2024

Actual Contribution		Applied to Quarterlies				
Date	Amount	4/15/2024	7/15/2024	10/15/2024	1/15/2025	Disc to Val Date
1/1/2024	175,000	68,591	68,591	42,118	0	175,000
9/15/2025	145,000	0	0	26,473	68,591	130,530
		68,591	68,591	68,591	68,591	305,530

Actual Contribution		Applied to Quarterlies				
Date	Amount	4/15/2024	7/15/2024	10/15/2024	1/15/2025	Disc to Val Date
9/15/2025	145,000	0	0	0	0	133,466
		0	0	0	0	0

Actual Contribution		Applied to Quarterlies				
Date	Amount	4/15/2024	7/15/2024	10/15/2024	1/15/2025	Disc to Val Date
1/1/2024	175,000	68,591	68,591	42,118	0	175,000
9/15/2025	145,000	0	0	26,473	68,591	130,530
1/0/1900	0	0	0	0	0	0
1/0/1900	0	0	0	0	0	0
1/0/1900	0	0	0	0	0	0
1/0/1900	0	0	0	0	0	0
1/0/1900	0	0	0	0	0	0
1/0/1900	0	0	0	0	0	0
1/0/1900	0	0	0	0	0	0
1/0/1900	0	0	0	0	0	0
1/0/1900	0	0	0	0	0	0
1/0/1900	0	0	0	0	0	0
1/0/1900	0	0	0	0	0	0
1/0/1900	0	0	0	0	0	0
		68,591	68,591	68,591	68,591	305,530

Current year minimum contribution satisfied.

682  
 130,530  
 682 Overage  
 175,000 Credit Balance Used  
 682 Add to PFB at ARR  
 0 Add to PFB at EIR

**NOTES**

standing election in effect to apply PFB to MRC  
 Assumes contrib made on 9/15/25

**Schedule SB, line 22 - Description of Weighted Average Retirement Age**

**Plan Name: Noble Collection, Inc. Cash Balance Plan**

**EIN/PN: 54-1703932/002**

Participants are assumed to retire at Normal Retirement Age or their current age, if greater. The average assumed retirement age is 62.

**Schedule SB, line 26 - Schedule of Active Participant Data**

Plan Name: Noble Collection, Inc. Cash Balance Plan

EIN/PN: 54-1703932 / 002

**Noble Collection, Inc.**

**Cash Balance Plan**

**Actuarial Report for the Plan Year Beginning January 1, 2024**

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Schedule of Active Participant Data

Age	Years of Credited Service										Total
	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & up	
Under 25	0	1	0	0	0	0	0	0	0	0	1
25 to 29	0	1	0	0	0	0	0	0	0	0	1
30 to 34	0	4	2	0	0	0	0	0	0	0	6
35 to 39	0	3	2	0	0	0	0	0	0	0	5
40 to 44	0	2	4	1	0	0	0	0	0	0	7
45 to 49	0	2	1	5	0	0	0	0	0	0	8
50 to 54	0	3	2	3	0	0	0	0	0	0	8
55 to 59	0	4	1	1	0	0	0	0	0	0	6
60 to 64	0	1	0	1	0	0	0	0	0	0	2
65 to 69	0	0	0	0	0	0	0	0	0	0	0
70 & up	0	0	0	1	0	0	0	0	0	0	1
Total	0	21	12	12	0	0	0	0	0	0	45

**Schedule SB, Line 32 - Schedule of Amortization Bases**

**Plan Name: Noble Collection, Inc. Cash Balance Plan**

**EIN/PN: 54-1703932 / 002**

Type of Base	Value of remaining installments	Valuation Date Established	# of Years Remaining	Amortization Installment
Shortfall	383,081	1/1/2023	14	36,716
Shortfall	<u>(48,039)</u>	1/1/2024	15	<u>(4,391)</u>
	335,042			32,325

**Schedule SB, line 22 - Description of Weighted Average Retirement Age**

**Plan Name: Noble Collection, Inc. Cash Balance Plan**

**EIN/PN: 54-1703932/002**

Participants are assumed to retire at Normal Retirement Age or their current age, if greater. The average assumed retirement age is 62.

2024

Minimum: \$ 304,848  
Quarterly: \$ 68,591  
COB Used \$ -  
PFB Used \$ 175,000

Eff Rate: 4.99%  
Plan Year: 2024  
BOY: 1/1/2024  
EOY: 12/31/2024

Actual Contribution		Applied to Quarterlies				
Date	Amount	4/15/2024	7/15/2024	10/15/2024	1/15/2025	Disc to Val Date
1/1/2024	175,000	68,591	68,591	42,118	0	175,000
9/15/2025	145,000	0	0	26,473	68,591	130,530
		68,591	68,591	68,591	68,591	305,530

Actual Contribution		Applied to Quarterlies				
Date	Amount	4/15/2024	7/15/2024	10/15/2024	1/15/2025	Disc to Val Date
9/15/2025	145,000	0	0	0	0	133,466
		0	0	0	0	0

Actual Contribution		Applied to Quarterlies				
Date	Amount	4/15/2024	7/15/2024	10/15/2024	1/15/2025	Disc to Val Date
1/1/2024	175,000	68,591	68,591	42,118	0	175,000
9/15/2025	145,000	0	0	26,473	68,591	130,530
1/0/1900	0	0	0	0	0	0
1/0/1900	0	0	0	0	0	0
1/0/1900	0	0	0	0	0	0
1/0/1900	0	0	0	0	0	0
1/0/1900	0	0	0	0	0	0
1/0/1900	0	0	0	0	0	0
1/0/1900	0	0	0	0	0	0
1/0/1900	0	0	0	0	0	0
1/0/1900	0	0	0	0	0	0
1/0/1900	0	0	0	0	0	0
1/0/1900	0	0	0	0	0	0
1/0/1900	0	0	0	0	0	0
		68,591	68,591	68,591	68,591	305,530

Current year minimum contribution satisfied. 682

130,530  
682 Overage  
175,000 Credit Balance Used  
682 Add to PFB at ARR  
0 Add to PFB at EIR

**NOTES**

standing election in effect to apply PFB to MRC  
Assumes contrib made on 9/15/25

**Schedule SB, Part V - Statement of Plan Provisions**

**Plan Name: Noble Collection, Inc. Cash Balance Plan**

**EIN/PN: 54-1703932 / 002**

**Summary of Principal Plan Provisions**

The following summary describes Principal Plan Provisions assumed in calculating the cost of your Pension Plan.

**General Information**

Original Effective Date	1/1/2014
Plan Year	January 1 through December 31
Employer ID No.	54-1703932
Plan Number	002

**Eligibility**

All employees of the Employer age 21 or older are eligible to participate in the Plan as of the January 1st or July 1st next following the completion of one year of service with at least 1,000 hours of service. Najat M. Khoury is excluded from participation.

**Service**

Service shall equal total years of service with the Employer. A year of service is credited for each plan year in which an employee works 1,000 hours.

**Normal Retirement Date**

Normal Retirement Date is the first day of the month coincident or next following the later of age 62 or five years of participation.

**Normal Retirement Benefit**

The Normal Retirement Benefit is the actuarial equivalent of the Hypothetical Account Balance at Normal Retirement Age, converted to an annuity based on the 1994 GAR mortality table and a 5.50% interest rate. The hypothetical account earns interest at the rate of 5% as of the last day of the Plan year. Annual allocations on are based on a percentage of eligible compensation as determined under the following table:

<u>Group</u>	<u>Allocation Rate</u>
Direct stockholders	35.00%
All other employees	1.70%

A participant must earn a year of service while a participant in order to receive an allocation.

**Schedule SB, Part V - Statement of Plan Provisions**

**Plan Name: Noble Collection, Inc. Cash Balance Plan**

**EIN/PN: 54-1703932 / 002**

**Summary of Principal Plan Provisions**

**Delayed Retirement**

A participant may continue in the employment of the Employer after his Normal Retirement Date. In such event, he will receive, at actual retirement, the greater of the actuarial equivalent of his Normal Retirement Benefit or the benefit based on service and compensation as of actual Retirement Date.

**Compensation**

W-2 earnings during a plan year, including elective deferrals and excluding bonuses. Compensation for each year shall not exceed the IRC Section 401(a)(17) limit.

**Accrued Benefit**

The Accrued Benefit at any time prior to a participant's Normal Retirement Date shall be the actuarial equivalent of the hypothetical account balance at normal retirement age, converted on the 1994 GAR mortality table and 5.50% interest rate.

**Early Retirement Benefit**

None provided.

**Disability Retirement Benefit**

None provided.

**Death Benefit**

All participants are eligible for a death benefit payable to their beneficiary based on the actuarial equivalence of the accrued benefit.

**Severance Benefit**

Upon termination of employment after three years of Vesting Service, a participant shall have a vested interest in his accrued benefit, which will be payable at Normal Retirement Date. The percentage vested shall be:

<u>Years of Vesting Service</u>	<u>Vested Percent</u>
Fewer than three	0%
Three or more	100%

**Normal Form of Payment**

The Normal Form of Payment is an annuity paid in monthly installments for life, or if married, an actuarially equivalent Joint & Survivor Annuity.

**Schedule SB, Part V - Statement of Plan Provisions**

**Plan Name: Noble Collection, Inc. Cash Balance Plan**

**EIN/PN: 54-1703932 / 002**

**Summary of Principal Plan Provisions**

**Optional Methods of Settlement**

All Optional Methods of Settlement are actuarially equivalent to the Normal Form of Payment. The optional forms of payment available are as follows:

- (1) A reduced benefit to be paid during the participant's lifetime with 50%, 75% or 100% of the reduced benefit to be continued to his spouse for her lifetime after his death.
- (2) An equivalent benefit payable for the participant's lifetime with no death benefit.
- (3) A lump sum benefit.

Optional Methods of Settlement are actuarially equivalent to the Normal Form of Payment based on the 1994 GAR mortality table and a 5.50% interest rate. Lump sum actuarial equivalence is based on the value of the Hypothetical Cash Balance Account at the date of distribution.

**Additional Information**

The above description is a summary only; for additional details, reference should be made to the formal Plan Document.

**Schedule SB, Line 32 - Schedule of Amortization Bases**

**Plan Name: Noble Collection, Inc. Cash Balance Plan**

**EIN/PN: 54-1703932 / 002**

Type of Base	Value of remaining installments	Valuation Date Established	# of Years Remaining	Amortization Installment
Shortfall	383,081	1/1/2023	14	36,716
Shortfall	<u>(48,039)</u>	1/1/2024	15	<u>(4,391)</u>
	335,042			32,325