

Form **8879-TE**

IRS e-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2022, or fiscal year beginning _____, 2022, and ending _____, 20____

2022

Department of the Treasury
Internal Revenue Service

Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879TE for the latest information.

Name of filer

NOBLE RESEARCH INSTITUTE, LLC

EIN or SSN

73-0606209

Name and title of officer or person subject to tax **A JILL WALLACE**
VP & CFO

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not complete more than one line in Part I.**

1a Form 990 check here	<input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b 44,525,560.
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b _____
5a Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b _____
6a Form 990-T check here	<input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b _____
7a Form 4720 check here	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b _____
8a Form 5227 check here	<input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b _____
9a Form 5330 check here	<input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b _____
10a Form 8038-CP check here	<input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b _____

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize GRANT THORNTON LLP to enter my PIN 56232
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

A. Jill Wallace

Date

11/7/2023

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

13686736605

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature Scott Thompson

Date 11/6/2023

ERO Must Retain This Form - See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2022)

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990 for instructions and the latest information.

2022

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2022 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization NOBLE RESEARCH INSTITUTE, LLC Doing business as _____ Number and street (or P.O. box if mail is not delivered to street address) Room/suite 2510 SAM NOBLE PARKWAY _____ City or town, state or province, country, and ZIP or foreign postal code ARDMORE, OK 73401	D Employer identification number 73-0606209 E Telephone number 580-223-5810 G Gross receipts \$ 60,687,414. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)() (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: WWW.NOBLE.ORG		
K Form of organization: <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input checked="" type="checkbox"/> Other		
L Year of formation: 1945		M State of legal domicile: OK

Part I Summary

	1 Briefly describe the organization's mission or most significant activities: THE INSTITUTE'S EXEMPT PURPOSE IS TO PERFORM AGRICULTURAL RESEARCH IN THE PUBLIC (SEE SCHEDULE O)			
Activities & Governance	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3 Number of voting members of the governing body (Part VI, line 1a)	3		1
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4		1
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5		246
	6 Total number of volunteers (estimate if necessary)	6		0
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a		11,005.
	7b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b		6,505.
Revenue			Prior Year	Current Year
	8 Contributions and grants (Part VIII, line 1h)		41,733,337.	42,291,147.
	9 Program service revenue (Part VIII, line 2g)		1,616,038.	1,267,635.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		2,386,399.	673,824.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		2,097,567.	292,954.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		47,833,341.	44,525,560.
Expenses				
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		27,983,593.	23,114,508.
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) 1,223,080.			
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		25,062,619.	26,482,757.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		53,046,212.	49,597,265.
	19 Revenue less expenses. Subtract line 18 from line 12		-5,212,871.	-5,071,705.
Net Assets or Fund Balances			Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)		149,630,598.	139,800,789.
	21 Total liabilities (Part X, line 26)		11,051,407.	12,536,607.
	22 Net assets or fund balances. Subtract line 21 from line 20		138,579,191.	127,264,182.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer	Date
	A. JILL WALLACE, VP & CFO Type or print name and title	
Paid Preparer Use Only	Print/Type preparer's name SCOTT THOMPSETT	Preparer's signature <i>Scott Thompsett</i>
	Firm's name GRANT THORNTON LLP	Firm's EIN 36-6055558
	Firm's address 757 THIRD AVENUE, 3RD FLOOR NEW YORK, NY 10017-2013	Phone no. (631) 577-1867
	Date 11/6/2023	Check if self-employed <input type="checkbox"/> PTIN P00741490

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: TO GUIDE FARMERS AND RANCHERS IN APPLYING REGENERATIVE PRINCIPLES THAT YIELD HEALTHIER SOIL, MORE PRODUCTIVE GRAZING LAND, AND BUSINESS SUCCESS. (SEE SCHEDULE O)

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 30,852,861. including grants of \$ 0.) (Revenue \$ 1,267,635.) GRAZING LANDS RESEARCH THE INSTITUTE'S GRAZING LAND-FOCUSED RESEARCH ENCOMPASSES DIFFERING ENVIRONMENTS (E.G., SILVOPASTURE, INTRODUCED PASTURE, NATIVE RANGE), PRODUCTION SYSTEMS, AND GEOGRAPHIES, BUT THEY COLLECTIVELY REPRESENT A COMMON APPROACH OF PRACTICAL, GRAZING LAND RESEARCH TO OBSERVE, MEASURE, STUDY, AND ASSESS THE ECOSYSTEM SERVICE RESPONSES TO LAND MANAGEMENT ACCORDINGLY TO THE SIX SOIL HEALTH PRINCIPLES. THIS RESEARCH SEEKS TO APPLY SCIENCE TO VALIDATE REPORTED RESEARCH, OFFER NEW PUBLISHABLE INSIGHTS INTO SOIL HEALTH AND PRODUCTIVITY, AND ADDRESS U.S. FARMER AND RANCHER CHALLENGES. (SEE SCHEDULE O)

4b (Code:) (Expenses \$ 11,272,664. including grants of \$ 0.) (Revenue \$ 0.) EDUCATION, MENTORSHIP, AND LEARNER SUPPORT THE INSTITUTE DESIGNS, DEVELOPS, AND DELIVERS TOOLS, PRODUCTS, AND SERVICES TO OWNERS, MANAGERS, AND STEWARDS OF U.S. GRAZING LANDS TO BUILD KNOWLEDGE, SKILLS, AND CONFIDENCE IN APPLICATION OF REGENERATIVE PRINCIPLES. THE INSTITUTE SEEKS TO IMPACT U.S. GRAZING LANDS ON A NATIONWIDE SCALE. LARGE-SCALE ADOPTION AND REGENERATION OF U.S. GRAZING LANDS THROUGH THE WORK OF INTENTIONAL FARMERS AND RANCHERS YIELDS IMPORTANT ECOLOGICAL BENEFITS TO THE NATIONAL LANDSCAPE. THE INSTITUTE EMPHASIZES AND OFFERS DATA THAT ILLUSTRATES THE IMPACTS OF REGENERATIVE LAND MANAGEMENT, INCLUDING: (SEE SCHEDULE O)

4c (Code:) (Expenses \$ 0. including grants of \$ 0.) (Revenue \$ 0.) N/A

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 42,125,525.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 21, with sub-questions a-f for questions 11, 12, and 20.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, excess benefit transactions, and controlled entities.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee counts, tax returns, gross income, foreign accounts, prohibited transactions, and charitable contributions.

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included on line 1a, above, who are independent; 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?; 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe on Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE O
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
[] Own website [] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
A. JILL WALLACE - 580-223-5810
2510 SAM NOBLE PARKWAY, ARDMORE, OK 73401

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) STEVEN P. RHINES PRESIDENT / CHIEF EXECUTIVE OFFICER	40.00 0.00			X			680,446.	0.	96,314.	
(2) A. JILL WALLACE VICE PRESIDENT & CFO	40.00 0.00			X			361,412.	0.	58,859.	
(3) JEFFREY S. MOEN GEN. COUNSEL & DIRECTOR GOVT. AFFAIR	40.00 0.00				X		278,655.	0.	57,196.	
(4) M. GAYLE DONICA DIRECTOR OF HUMAN RESOURCES	40.00 0.00				X		233,065.	0.	62,356.	
(5) CHARLES P. CANNY DIRECTOR OF FACILITIES	40.00 0.00				X		245,328.	0.	42,398.	
(6) MELANIE M. DAVIS DIRECTOR OF INFORMATION TECHNOLOGY	40.00 0.00				X		237,301.	0.	40,736.	
(7) HUGH D. ALJOE DIRECTOR OF RANCHES, OUTREACH	40.00 0.00				X		226,521.	0.	49,668.	
(8) LORI M. CAIN DIRECTOR OF PRODUCER GUIDANCE	40.00 0.00				X		238,728.	0.	23,879.	
(9) CASEY B. SMITH AVIATION & MAINTENANCE MANAGER	40.00 0.00					X	211,853.	0.	44,355.	
(10) JAMES A. CALAWAY DIRECTOR OF COMMUNICATIONS	40.00 0.00				X		183,022.	0.	36,398.	
(11) CHRISTINA L. ADCOX DIRECTOR ADV. & PHILAN PRTSHPS.	40.00 0.00				X		176,244.	0.	37,298.	
(12) JORDAN J. ROSEN CAPTAIN PILOT	40.00 0.00					X	174,289.	0.	35,986.	
(13) ANDREW A. SEGNA ASSOCIATE GENERAL COUNSEL	40.00 0.00					X	167,584.	0.	35,433.	
(14) KENNETH D. COCKRELL CAPTAIN PILOT	40.00 0.00					X	170,040.	0.	9,577.	
(15) KIRAN MYSORE FORMER EMPLOYEE	0.00 0.00						X	172,960.	0.	0.
(16) BARBARA J. CARTER DIRECTOR OF PROCUREMENT	40.00 0.00					X	148,535.	0.	23,113.	
(17) WOLF SCHEIBLE FORMER EMPLOYEE	0.00 0.00						X	154,512.	0.	0.

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d	40,500,000.			
	e	Government grants (contributions)	1e	201,897.			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	1,589,250.			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 360.			
	h	Total. Add lines 1a-1f		42,291,147.			
Program Service Revenue	2 a	FARM PRODUCTS	Business Code 110000	1,259,138.	1,259,138.		
	b	FARM OPERATIONS	110000	8,497.	8,497.		
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		1,267,635.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		594,451.		594,451.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties		200,005.		200,005.	
	6 a	Gross rents	(i) Real				
			(ii) Personal				
	6 b	Less: rental expenses					
	6 c	Rental income or (loss)					
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	14,098,710.	2,142,517.		
			(ii) Other				
	7 b	Less: cost or other basis and sales expenses		13,882,612.	2,279,242.		
	7 c	Gain or (loss)		216,098.	-136,725.		
	d	Net gain or (loss)		79,373.		79,373.	
8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a					
8 b	Less: direct expenses	8b					
c	Net income or (loss) from fundraising events						
9 a	Gross income from gaming activities. See Part IV, line 19	9a					
9 b	Less: direct expenses	9b					
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances	10a					
10 b	Less: cost of goods sold	10b					
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a	REIMBURSED EXPENSES	Business Code 900099	79,619.		79,619.	
	b	ADVERTISING	611600	11,005.	11,005.		
	c	SURFACE DAMAGES	532000	2,325.		2,325.	
	d	All other revenue					
	e	Total. Add lines 11a-11d		92,949.			
12	Total revenue. See instructions		44,525,560.	1,267,635.	11,005.	955,773.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	3,503,385.	2,948,153.	439,672.	115,560.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	327,472.	276,533.	39,865.	11,074.
7 Other salaries and wages	12,926,147.	10,915,443.	1,573,584.	437,120.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,020,562.	836,479.	154,506.	29,577.
9 Other employee benefits	4,216,103.	3,510,374.	590,706.	115,023.
10 Payroll taxes	1,120,839.	948,136.	135,566.	37,137.
11 Fees for services (nonemployees):				
a Management				
b Legal	191,080.	169,719.	18,728.	2,633.
c Accounting	148,589.	116,627.	28,021.	3,941.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	78,623.		78,623.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	1,790,627.	1,488,851.	250,647.	51,129.
12 Advertising and promotion	80,318.	63,107.	15,089.	2,122.
13 Office expenses	267,561.	211,138.	48,787.	7,636.
14 Information technology	1,442,144.	1,149,766.	256,120.	36,258.
15 Royalties				
16 Occupancy	2,373,655.	1,869,856.	440,837.	62,962.
17 Travel	254,685.	234,552.	16,351.	3,782.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	137,319.	115,609.	19,033.	2,677.
20 Interest	38,500.	30,219.	7,260.	1,021.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	5,656,009.	5,132,092.	459,321.	64,596.
23 Insurance	924,712.	725,803.	174,385.	24,524.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a FACILITY EXPENSES	7,183,769.	5,729,309.	1,275,133.	179,327.
b COOP RESEARCH PROGRAM	2,245,472.	2,245,472.		
c DATA SERVICES	995,905.	995,905.		
d LIVESTOCK EXPENSES	866,249.	866,249.		
e All other expenses	1,807,540.	1,546,133.	226,426.	34,981.
25 Total functional expenses. Add lines 1 through 24e	49,597,265.	42,125,525.	6,248,660.	1,223,080.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	120,345.	1	0.
	2 Savings and temporary cash investments	7,240,517.	2	9,401,055.
	3 Pledges and grants receivable, net	1,297,162.	3	957,012.
	4 Accounts receivable, net	402,028.	4	712,424.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	24,545.	8	19,708.
	9 Prepaid expenses and deferred charges	1,934,878.	9	1,642,041.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 176,353,779.		
	b Less: accumulated depreciation	10b 96,202,825.	80,570,207.	10c 80,150,954.
	11 Investments - publicly traded securities	29,219,376.	11	22,451,421.
	12 Investments - other securities. See Part IV, line 11	28,821,540.	12	24,303,255.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	0.	15	162,919.
16 Total assets. Add lines 1 through 15 (must equal line 33)	149,630,598.	16	139,800,789.	
Liabilities	17 Accounts payable and accrued expenses	6,766,549.	17	7,658,229.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	770,000.	23	660,000.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	3,514,858.	25	4,218,378.
	26 Total liabilities. Add lines 17 through 25	11,051,407.	26	12,536,607.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	136,081,469.	27	126,299,651.
	28 Net assets with donor restrictions	2,497,722.	28	964,531.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	138,579,191.	32	127,264,182.
33 Total liabilities and net assets/fund balances	149,630,598.	33	139,800,789.	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	44,525,560.
2	Total expenses (must equal Part IX, column (A), line 25)	2	49,597,265.
3	Revenue less expenses. Subtract line 2 from line 1	3	-5,071,705.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	138,579,191.
5	Net unrealized gains (losses) on investments	5	-5,921,062.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-322,242.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	127,264,182.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form **990** (2022)

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))	14	%
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on; 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 13 Total support.

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2021 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2021 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? Row 2: Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? Row 2: Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? Row 3: By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). **See instructions.**
 All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2022			
a From 2017			
b From 2018			
c From 2019			
d From 2020			
e From 2021			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2023. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018			
b Excess from 2019			
c Excess from 2020			
d Excess from 2021			
e Excess from 2022			

Schedule A (Form 990) 2022

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Attach to Form 990 or Form 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Name of the organization

NOBLE RESEARCH INSTITUTE, LLC

Employer identification number

73-0606209

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization NOBLE RESEARCH INSTITUTE, LLC	Employer identification number 73-0606209
---	--

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	 <hr/> <hr/> <hr/>	\$ 40,500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	 <hr/> <hr/> <hr/>	\$ 1,533,193.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	 <hr/> <hr/> <hr/>	\$ 201,897.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	 <hr/> <hr/> <hr/>	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	 <hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	 <hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NOBLE RESEARCH INSTITUTE, LLC	Employer identification number 73-0606209
---	--

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____

Name of organization NOBLE RESEARCH INSTITUTE, LLC	Employer identification number 73-0606209
---	--

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization NOBLE RESEARCH INSTITUTE, LLC Employer identification number 73-0606209

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor property and grant fund usage.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose(s) of conservation easements, a table for lines 2a-2d (Total number, acreage, certified historic structures, acquired after 2006), and questions 3-9 regarding monitoring, expenses, and reporting.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions 1a, 1b, 2, and 3 regarding reporting of art and historical treasures.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2022

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____%
 - b Permanent endowment _____%
 - c Term endowment _____%
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|--------|----|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		10,687,764.		10,687,764.
b Buildings		125,944,604.	62,431,392.	63,513,212.
c Leasehold improvements				
d Equipment		38,991,793.	33,771,433.	5,220,360.
e Other		729,618.		729,618.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				80,150,954.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) LIMITED PARTNERSHIPS	24,303,255.	END-OF-YEAR MARKET VALUE
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	24,303,255.	

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) POST-RETIREMENT BENEFITS	4,051,451.
(3) OPERATING LEASE LIABILITY	166,927.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	4,218,378.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	38,525,875.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-5,921,062.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	-5,921,062.
3	Subtract line 2e from line 1	3	44,446,937.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	78,623.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	78,623.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	44,525,560.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	49,840,884.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	49,840,884.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	78,623.
b	Other (Describe in Part XIII.)	4b	-322,242.
c	Add lines 4a and 4b	4c	-243,619.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	49,597,265.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

INCOME TAXES

AS AN ORGANIZATION DESCRIBED IN IRC SECTION 501(C)(3), THE INSTITUTE IS

EXEMPT FROM THE PAYMENT OF FEDERAL AND STATE INCOME TAXES ON RELATED

INCOME UNDER SECTION 501(A).

MANAGEMENT HAS REVIEWED THE INSTITUTE'S TAX POSITIONS AND CONCLUDED THAT

THERE ARE NO UNCERTAIN TAX POSITIONS THAT REQUIRE ACCRUAL IN THE FINANCIAL

STATEMENTS OR DISCLOSURE IN THE FOOTNOTES TO BE IN COMPLIANCE WITH

AUTHORITATIVE LITERATURE.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

NOBLE RESEARCH INSTITUTE, LLC

Employer identification number

73-0606209

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|---|---|
| <input checked="" type="checkbox"/> First-class or charter travel | <input checked="" type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input checked="" type="checkbox"/> Tax indemnification and gross-up payments | <input checked="" type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

- b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain
- 2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b	X	
2	X	
4a		X
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7	X	
8		X
9		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2022

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) STEVEN P. RHINES PRESIDENT / CHIEF EXECUTIVE OFFICER	(i)	582,728.	76,728.	20,990.	69,200.	27,114.	776,760.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) A. JILL WALLACE VICE PRESIDENT & CFO	(i)	321,808.	10,532.	29,072.	52,029.	6,830.	420,271.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) JEFFREY S. MOEN GEN. COUNSEL & DIRECTOR GOVT. AFFAIR	(i)	263,709.	7,640.	7,306.	29,911.	27,285.	335,851.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) M. GAYLE DONICA DIRECTOR OF HUMAN RESOURCES	(i)	221,467.	7,640.	3,958.	32,259.	30,097.	295,421.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) CHARLES P. CANNY DIRECTOR OF FACILITIES	(i)	214,861.	11,640.	18,827.	24,473.	17,925.	287,726.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) MELANIE M. DAVIS DIRECTOR OF INFORMATION TECHNOLOGY	(i)	228,037.	7,988.	1,276.	23,506.	17,230.	278,037.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) HUGH D. ALJOE DIRECTOR OF RANCHES, OUTREACH	(i)	207,062.	10,532.	8,927.	23,785.	25,883.	276,189.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) LORI M. CAIN DIRECTOR OF PRODUCER GUIDANCE	(i)	218,236.	2,596.	17,896.	13,730.	10,149.	262,607.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) CASEY B. SMITH AVIATION & MAINTENANCE MANAGER	(i)	209,341.	1,723.	789.	18,878.	25,477.	256,208.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) JAMES A. CALAWAY DIRECTOR OF COMMUNICATIONS	(i)	170,740.	11,635.	647.	19,250.	17,148.	219,420.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) CHRISTINA L. ADCOX DIRECTOR ADV. & PHILAN PRTSHPS.	(i)	167,714.	7,722.	808.	10,856.	26,442.	213,542.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) JORDAN J. ROSEN CAPTAIN PILOT	(i)	164,848.	1,723.	7,718.	10,720.	25,266.	210,275.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) ANDREW A. SEGNA ASSOCIATE GENERAL COUNSEL	(i)	164,822.	2,420.	342.	9,720.	25,713.	203,017.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) KENNETH D. COCKRELL CAPTAIN PILOT	(i)	168,007.	1,723.	310.	9,240.	337.	179,617.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) KIRAN MYSORE FORMER EMPLOYEE	(i)	0.	0.	172,960.	0.	0.	172,960.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(16) BARBARA J. CARTER DIRECTOR OF PROCUREMENT	(i)	140,334.	7,459.	742.	12,560.	10,553.	171,648.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(17) WOLF SCHEIBLE	(i)	0.	0.	154,512.	0.	0.	154,512.	0.
FORMER EMPLOYEE	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 1A:

THE INSTITUTE PROVIDES ITS EMPLOYEES OF PART VII, SECTION A, LINE 1A

CERTAIN FRINGE BENEFITS ANCILLARY TO THEIR ORDINARY COMPENSATION; TO THE

EXTENT THAT THESE FRINGE BENEFITS ARE BUSINESS RELATED, THEY ARE TREATED AS

A NON-TAXABLE BENEFIT; TO THE EXTENT THEY ARE DEEMED TAXABLE EXPENSES, THEY

ARE REPORTED IN SCHEDULE J, PART II, COLUMN (B)(III). IN CALENDAR YEAR

2022, THE INSTITUTE OFFERED:

- FIRST-CLASS OR CHARTER TRAVEL: ON LIMITED AND OCCASIONAL CIRCUMSTANCES

AND PURSUANT TO AN ORGANIZATIONAL BUSINESS EXPENDITURE POLICY, EMPLOYEES

WERE GRANTED AN EXCEPTION TO THE POLICY'S REQUIREMENT OF "[COMMERCIAL]

ECONOMY CLASS" FOR AIR TRAVEL. ANY SUCH DEVIATION REQUIRES: (1)

PRE-APPROVAL BY THE EMPLOYEE'S SUPERVISOR AND (2) A SHOWING THAT STANDARD

AIRFARE WOULD REQUIRE CIRCUITOUS ROUTING, TRAVEL DURING UNREASONABLE HOURS,

EXCESSIVELY PROLONGED TRAVEL, RESULT IN INCREASED COST THAT WOULD OFFSET

TRANSPORTATION SAVINGS, IS NOT REASONABLY ADEQUATE FOR THE PHYSICAL OR

MEDICAL NEEDS OF THE TRAVELER OR IS NOT REASONABLY AVAILABLE TO MEET TRAVEL

REQUIREMENTS." AS THIS EXPENDITURE WAS INCURRED IN FURTHERANCE OF BUSINESS,

IT HAS BEEN TREATED AS A NON-TAXABLE BENEFIT.

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

-CERTAIN FRINGE BENEFITS ARE GROSSED UP FOR SOCIAL SECURITY AND MEDICARE

TAXES FOR EMPLOYEES. THESE AMOUNTS HAVE BEEN REPORTED AS TAXABLE WAGES IN

COLUMN (B)(II).

- HOUSING ALLOWANCES: THE INSTITUTE PROVIDED ON-CAMPUS TEMPORARY HOUSING TO

THE DIRECTOR OF PRODUCER GUIDANCE DURING HER TRANSITION AND RELOCATION TO

ARDMORE, OK AFTER EMPLOYMENT. PER IRS REQUIREMENTS, THESE AMOUNTS HAVE BEEN

REPORTED AS TAXABLE WAGES IN COLUMN (B)(III).

- SOCIAL DUES: THE INSTITUTE PROVIDED SOCIAL CLUB DUES FOR THE PRESIDENT,

VICE PRESIDENT, AND GENERAL COUNSEL. THE VALUE OF THE DUES HAS BEEN

REPORTED AS TAXABLE WAGES IN COLUMN (B)(III).

PART I, LINE 4B:

SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN

CONTRIBUTIONS TO THE EMPLOYEES' SECTION 457(F) PLANS ARE REPORTED IN FORM

990, SCHEDULE J, PART II, COLUMN (C). THE FOLLOWING INDIVIDUALS RECEIVED

CONTRIBUTIONS TO A 457(F) PLAN:

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

STEVEN P. RHINES - \$16,200.00

A. JILL WALLACE - \$1,002.37

PART I, LINE 7:

NONFIXED PAYMENTS

OFFICERS AND KEY EMPLOYEES RECEIVED NONFIXED COMPENSATION UNDER THE

APPROVED ORGANIZATIONAL INCENTIVE PROGRAM, ALLOCATED BASED UPON THE

DISCRETION OF THE PRESIDENT AND CEO. THE PRESIDENT & CEO IS ANNUALLY

CONSIDERED FOR A BONUS AT THE DISCRETION OF THE GOVERNING BODY, THE SAMUEL

ROBERTS NOBLE FOUNDATION (FORM 990, PART VI, SECTION A, LINE 1A).

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

NOBLE RESEARCH INSTITUTE, LLC

Employer identification number

73-0606209

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

INTEREST WITH THE GOAL OF ECOLOGICALLY REGENERATING U.S. GRAZING LANDS
THROUGH GUIDING FARMERS AND RANCHERS IN APPLYING REGENERATIVE
PRINCIPLES.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

AS THE PRIMARY TOOL FOR LAND TRANSFORMATION, THE INSTITUTE SEEKS TO
ENGAGE AND BUILD KNOWLEDGE, SKILLS AND CONFIDENCE IN U.S. FARMERS AND
RANCHERS THROUGH INSTITUTE-HOSTED EDUCATIONAL EXPERIENCES.

THESE EXPERIENCES PROVIDE PATHWAYS FOR TRANSFERRING INSTITUTE RESEARCH
OUTCOMES AND OPERATIONAL EXPERIENCES. THE INSTITUTE CONDUCTS PRACTICAL,
GRAZING LAND-FOCUSED AGRICULTURE RESEARCH TO OBSERVE, MEASURE, STUDY,
AND ASSESS THE ECOSYSTEM SERVICE RESPONSES TO LAND MANAGEMENT. THIS
LANDSCAPE-SCALE RESEARCH OCCURS ON INSTITUTE RANCHES AS WELL AS OTHER
U.S. GRAZING PROPERTIES. THIS RESEARCH IS PERFORMED, IN PART, IN
CONJUNCTION WITH BOTH LAND GRANT UNIVERSITIES AND NON-LAND GRANT
COLLEGES OF AGRICULTURE. THE INSTITUTE FURTHER REGENERATIVELY MANAGES
ALMOST 14,000 ACRES OF INTRODUCED PASTURE AND NATIVE GRAZING LANDS IN
SOUTHERN OK.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

THE INSTITUTE CONDUCTS THIS RESEARCH, IN PART, IN CONJUNCTION WITH BOTH
LAND GRANT UNIVERSITIES AND NON-LAND GRANT COLLEGES OF AGRICULTURE.

A KEY RESEARCH EMPHASIS CONCERNS SOIL HEALTH-FOCUSED MANAGEMENT IN

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) 2022

Name of the organization NOBLE RESEARCH INSTITUTE, LLC	Employer identification number 73-0606209
---	--

SILVOPASTURE ENVIRONMENTS. RESEARCH MEASUREMENT AND OBSERVATION

INCLUDES SOIL HEALTH, OVERALL ECOSYSTEM SERVICES RESPONSE AND ECONOMIC

VIABILITY. THE INSTITUTE IS PARTICULARLY FOCUSED ON ASSESSMENT IN PECAN

ORCHARD ENVIRONMENTS.

THE RESEARCH ENTERED ITS FIRST YEAR OF MONITORING CHANGES IN SOIL

HEALTH IN THE ORCHARDS AT THE INSTITUTE, WHICH ARE UNDER REGENERATIVE

MANAGEMENT WITH GRAZING LIVESTOCK USING ADAPTIVE MULTI-PADDOCK GRAZING,

USE OF COVER CROPS, AND LIMITED-TO-NO INPUT APPLICATIONS. THE PROJECT

WILL ENCOMPASS EXTERNAL ORCHARDS ACROSS OKLAHOMA (TULSA-AREA AND SOUTH

CENTRAL) AND TEXAS (NORTH CENTRAL, AUSTIN-AREA AND SOUTH CENTRAL)

REPRESENTING DIFFERENT MANAGEMENT STRATEGIES TO IDENTIFY ORCHARD

PRACTICES THAT LEAD TO IMPROVED LEVELS OF SOIL HEALTH, ECOSYSTEM

RESILIENCY, AND INCREASED ECONOMIC MEASURES PER ACRE. PRIMARY

MEASUREMENTS WILL CONCERN THE IMPACT OF MANAGEMENT STRATEGIES ON

COMMODITY TREE SYSTEMS AND PRODUCTS TO ACCOUNT FOR (A) SOIL HEALTH, (B)

ORCHARD HEALTH, (C) FSMA-ASSOCIATED RECOMMENDED GRAZING RESTRICTIONS,

AND (D) NUT NUTRIENT VALUE.

ONE COMPONENT OF THIS RESEARCH INVOLVES THE COLLECTION, MEASUREMENT AND

QUANTIFICATION OF E. COLI FROM THE ORCHARD FLOOR IN CONJUNCTION WITH

OKLAHOMA STATE UNIVERSITY, A LAND GRANT UNIVERSITY.

ANOTHER KEY RESEARCH EMPHASIS ASSESSES THE IMPACT OF GRAZING MANAGEMENT

ON SOIL HEALTH AND ECOLOGICAL INDICATORS IN GRAZING LANDS LOCATED IN

OKLAHOMA, TEXAS, MICHIGAN, COLORADO, AND WYOMING. FUNDED, IN PART, BY

THE FOUNDATION FOR FOOD AND AGRICULTURE RESEARCH, THE INSTITUTE LEADS A

RESEARCH COLLABORATION INVOLVING, AND OPERATING IN CONJUNCTION WITH,

Name of the organization NOBLE RESEARCH INSTITUTE, LLC	Employer identification number 73-0606209
---	--

THE FOLLOWING LAND GRANT UNIVERSITIIES: MICHIGAN STATE UNIVERISTY,
 COLORADO STATE UNIVERSITY, UNIVERSITY OF WYOMING, TEXAS A&M UNIVERSITY,
 AND OREGON STATE UNIVESITY.

THE RESEARCH INVOLVES IDENTIFYING ECOLOGICAL METRICS, INFLUENCING
 MANAGEMENT AND RELATED SOCIOECONOMIC FACTORS, INCLUDING FARMER AND
 RANCHER WELL-BEING. THE RESEARCH TEAM IS INTENSIVELY MEASURING WATER
 AND MINERAL CYCLES, ENERGY FLOW AND COMMUNITY DYNAMICS IN CONTRASTING
 GRAZING MANAGEMENT STRATEGIES (ADAPTIVE VS PRESCRIPTIVE) IN TWO OF THE
 INSTITUTE'S RANCHES (NATIVE RANGELAND AND BERMUDAGRASS BASED PASTURE)
 AND THE OTHER UNIVERSITY HUBS (MICHIGAN STATE UNIVERSITY AND UNIVERSITY
 OF WYOMING). METRICS INCLUDE, BUT ARE NOT LIMITED TO, VEGETATION
 DIVERSITY, WATER INFILTRATION, SOIL CARBON AND NITROGEN STOCKS, CO2
 EXCHANGE, SOIL MICROBES, NUTRIENT CYCLING PROCESSES.

THESE MEASURES WILL BE MONITORED OVER FIVE YEARS. THE GOAL IS TO
 CHARACTERIZE DRIVERS AND BARRIERS TO RANCHERS' ADOPTION OF REGENERATIVE
 AGRICULTURE PRINCIPLES. PROJECT RESULTS WILL BE LONG-TERM AND
 COMPREHENSIVE SOIL HEALTH MONITORING OF DIFFERENT GRAZING MANAGEMENT
 STRATEGIES AND PUBLISHED RESULTS. THE INTENT IS TO UNDERSTAND THE
 RELATIONSHIPS BETWEEN SOIL HEALTH INDICATORS AND GRAZING MANAGEMENT AS
 WELL AS TO INFORM GRAZING MANAGEMENT DECISIONS WITH SOCIAL, ECONOMIC
 AND ECOLOGICAL OUTCOMES.

ANOTHER KEY RESEARCH EMPHASIS INVOLVES THE MEASUREMENT AND MONITORING
 OF INSTITUTE RANCHES UNDER REGENERATIVE MANAGEMENT AS IT RELATES TO
 SOIL HEALTH, GRAZING LAND PRODUCTIVITY, AND ECONOMIC VIABILITY. THE
 PROJECT INCLUDED TAKING BASELINE MEASUREMENTS AT 144 SITES ACROSS SIX

Name of the organization NOBLE RESEARCH INSTITUTE, LLC	Employer identification number 73-0606209
---	--

RANCHES AND 1,400 ACRES. THE TEAM CONCLUDED ITS FIRST YEAR OF MONITORING THE SOILS, VEGETATION, WATER, AND WILDLIFE. MEASUREMENTS ARE TAKEN THROUGHOUT THE YEAR, FROM WATERFOWL MONITORING IN THE WINTER, SMALL MAMMAL SURVEY, SURFACE WATER QUALITY, AND SOIL AND VEGETATION IN THE SPRING; WATER INFILTRATION, EARTHWORMS, AVIAN ACOUSTIC MONITORING, AND TERRESTRIAL MAMMAL SURVEY IN THE SUMMER; AND SURFACE WATER QUALITY, VEGETATION, POLLINATOR SURVEY, AND THE NATIONWIDE SNAPSHOT CAMERA MAMMAL SURVEY IN THE FALL.

ONE COMPONENT OF THIS RESEARCH INVOLVES THE MEASUREMENT AND QUANTIFICATION OF SOIL BIOLOGICAL POPULATIONS IN CONJUNCTION WITH AT LEAST THE UNIVERSITY OF OKLAHOMA, A NON-LAND GRANT UNIVERSITY COLLEGE OF AGRICULTURE.

PROJECT OUTCOMES WILL BE PUBLISHED AND BROADLY DISSEMINATED.

REGARDING THE RESEARCH DESCRIBED ABOVE INVOLVING INSTITUTE RANCHES, THE INSTITUTE OPERATES AND REGENERATIVELY MANAGES SEVEN OKLAHOMA RANCHES TOTALING ALMOST 14,000 ACRES. THE RANCHES PRODUCE CATTLE, GOATS, AND SHEEP AND, ON SOME, NATIVE AND INTRODUCED PECANS. IN ADDITION TO SERVING AS WORKING RANCHES, THESE RANCHES DEMONSTRATE REGENERATIVE MANAGEMENT FOR VISITING FARMERS AND RANCHERS, AND, AS EXTENSIVELY NOTED ABOVE, SERVE AS LIVING LABORATORIES FOR OBSERVATION, MEASUREMENT, RESEARCH, AND STUDY.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

- IMPROVED SOIL HEALTH AND ECOLOGICAL FUNCTION,
- AIR QUALITY,

Name of the organization NOBLE RESEARCH INSTITUTE, LLC	Employer identification number 73-0606209
---	--

- IMPROVED WATER AVAILABILITY AND QUALITY,
- INCREASED BIODIVERSITY (SOIL, PLANT AND ANIMAL),
- ENHANCED WILDLIFE AND THEIR HABITATS, AND
- SEQUESTRATION AND STORAGE OF ATMOSPHERIC CARBON.

BEYOND THESE IMPORTANT ECOLOGICAL TRANSFORMATIONS, A STRONG DOMESTIC RANCHING COMMUNITY CONTRIBUTES DIRECTLY TO AVAILABILITY OF NUTRIENT-DENSE ANIMAL PROTEIN FOR HUMAN NUTRITION AND DOMESTIC FOOD SECURITY, VIABLE RURAL ECONOMIES, AND CONTINUES THE RICH WESTERN HERITAGE OF THIS NATION.

WHILE INITIATED IN 2022 FOR DEVELOPMENT THROUGH EARLY 2024, THE INSTITUTE'S PRODUCER-CENTRIC EDUCATIONAL PORTFOLIO WILL ADDRESS RANCH OPERATIONS AND MANAGEMENT HOLISTICALLY, INCLUDING LAND, LIVESTOCK, BUSINESS AND FINANCE, PEOPLE AND MANAGEMENT, AND COMMUNITY.

THIS PORTFOLIO WILL GUIDE LEARNERS THROUGH EVERY STEP OF THEIR REGENERATIVE JOURNEY FROM AN INTRODUCTION TO SOIL HEALTH TO IMPROVING ECONOMIC VIABILITY TO HERD DEVELOPMENT AND GRAZING MANAGEMENT TO ADVANCED LAND AND OPERATIONAL STEWARDSHIP.

THE INSTITUTE WILL DELIVER LEARNING, MENTORSHIP AND SUPPORT THROUGH DIFFERING MODALITIES, INCLUDING IN-PERSON INTERACTION, ONLINE (LIVE AND ASYNCHRONOUS) LEARNING, PEER NETWORKING AND DECISION TOOLS AND RESOURCES.

CRITICALLY, THE PORTFOLIO WILL BE FOUNDED ON SCIENCE AND THE INSTITUTE'S LAND-BASED RESEARCH, WHICH ENSURES THAT SUCH EDUCATIONAL

Name of the organization NOBLE RESEARCH INSTITUTE, LLC	Employer identification number 73-0606209
---	--

PORTFOLIO REMAINS DYNAMIC, PIONEERING AND SCIENTIFICALLY SOUND.

THE INSTITUTE'S EDUCATIONAL PORTFOLIO IS BEING DESIGNED FOR THE ADULT

LEARNER AND EMPHASIZES CHANGE MANAGEMENT TO BETTER SERVE THE PRODUCER

AND PROACTIVELY ADDRESS THE CHANGE IN MINDSET REQUIRED TO EMBRACE A NEW

APPROACH TO LAND MANAGEMENT. THE EDUCATIONAL SERVICES WILL FACILITATE

LONG-TERM TRANSFORMATION THROUGH PEER-TO-PEER NETWORKING, VIRTUAL

SUPPORT, AND COMPLEMENTARY TOOLS FOR KNOWLEDGE APPLICATION AND LEARNING

REINFORCEMENT. FOUNDATIONAL PROGRAMS IN DEVELOPMENT INCLUDE COURSES

SUCH AS ESSENTIALS OF REGENERATIVE RANCHING AND ESSENTIALS OF GRAZING.

IN ADDITION, THE INSTITUTE WILL FACILITATE AN INITIAL LEARNING PEER

NETWORK TO INSPIRE AND MOTIVATE PRODUCERS THROUGH BUILDING A SUSTAINED

LEARNING COMMUNITY.

FORM 990, PART VI, SECTION A, LINE 1A:

PURSUANT TO THE INSTITUTE'S LIMITED LIABILITY OPERATING AGREEMENT, THE

SAMUEL ROBERTS NOBLE FOUNDATION (THE FOUNDATION) SERVES AS THE SOLE

MEMBER-MANAGER OF THE INSTITUTE. IN THIS CAPACITY, THE FOUNDATION ALSO IS

REFERRED TO AS THE INSTITUTE'S "GOVERNING BODY."

THE FOUNDATION MANAGES THE BUSINESS AFFAIRS AND PROPERTIES OF THE

INSTITUTE, AND ALL CORPORATE POWERS SHALL BE EXERCISED BY, OR UNDER THE

DIRECTION OF THE FOUNDATION.

THE FOUNDATION PROVIDES LEADERSHIP FOR THE INSTITUTE TO CARRY OUT ITS

CHARITABLE PURPOSES, ACT AS A GOOD STEWARD OF ITS RESOURCES, AND CONDUCT

AND SUPPORT ITS ACTIVITIES IN ACCORDANCE WITH THE VISION OF FOUNDER LLOYD

Name of the organization NOBLE RESEARCH INSTITUTE, LLC	Employer identification number 73-0606209
---	--

NOBLE. THE FOUNDATION FURTHER DIRECTS MANAGEMENT TO FORMALIZE AND IMPLEMENT
THE INSTITUTE'S STRATEGIC PLAN.

THE FOUNDATION IS AN INDEPENDENT MEMBER, AS THE FOUNDATION IS A SECTION
501(C)(3) PRIVATE NON-OPERATING FOUNDATION THAT HAS NO VESTED FINANCIAL
INTEREST IN THE SUCCESS OF THE INSTITUTE. THE FOUNDATION, AS THE SOLE
MEMBER-MANAGER, IS NOT DEEMED TO LACK INDEPENDENCE MERELY BECAUSE IT IS A
DONOR TO THE INSTITUTE.

FORM 990, PART VI, SECTION A, LINE 6:

MEMBERS OR STOCKHOLDERS

PURSUANT TO THE INSTITUTE'S LIMITED LIABILITY OPERATING AGREEMENT, THE
SAMUEL ROBERTS NOBLE FOUNDATION (THE FOUNDATION) SERVES AS THE SOLE
MEMBER-MANAGER OF THE INSTITUTE. IN THIS CAPACITY, THE FOUNDATION ALSO IS
REFERRED TO AS THE INSTITUTE'S "GOVERNING BODY."

FORM 990, PART VI, SECTION A, LINE 7A:

MEMBER OR STOCKHOLDER POWERS

THE INSTITUTE'S LIMITED LIABILITY OPERATING AGREEMENT DOES NOT PERMIT THE
ADMISSION OF ANY NEW MEMBERS.

FORM 990, PART VI, SECTION A, LINE 7B:

PURSUANT TO THE INSTITUTE'S LIMITED LIABILITY OPERATING AGREEMENT, THE
SAMUEL ROBERTS NOBLE FOUNDATION (THE FOUNDATION), AS THE SOLE
MEMBER-MANAGER OF THE INSTITUTE, MANAGES THE BUSINESS AFFAIRS AND
PROPERTIES OF THE INSTITUTE, AND ALL CORPORATE POWERS SHALL BE EXERCISED
BY, OR UNDER THE DIRECTION OF THE FOUNDATION.

Name of the organization NOBLE RESEARCH INSTITUTE, LLC	Employer identification number 73-0606209
---	--

FORM 990, PART VI, SECTION B, LINE 11B:

FORM 990 REVIEW

THE FORM 990 IS PRESENTED TO THE AUDIT COMMITTEE OF THE GOVERNING BODY (THE SAMUEL ROBERTS NOBLE FOUNDATION) BY THE INSTITUTE'S TAX PREPARERS. A FINAL COPY IS MADE AVAILABLE TO THE GOVERNING BODY WITH SUFFICIENT TIME TO PROVIDE COMMENTS AND REVISIONS TO THE FORM 990 PRIOR TO ITS FILING WITH THE INTERNAL REVENUE SERVICE.

FORM 990, PART VI, SECTION B, LINE 12C:

CONFLICT OF INTEREST POLICY

OFFICERS AND KEY EMPLOYEES ANNUALLY SUBMIT CONFLICT OF INTEREST (COI) FORMS TO DISCLOSE FINANCIAL/BUSINESS RELATIONSHIPS AND POTENTIAL CONFLICTS OF INTEREST. THE ORGANIZATION'S PRESIDENT ADDRESSES ANY QUESTIONS OR UNCERTAINTIES REGARDING THE COI DISCLOSURES. SUBMITTED FORMS ARE REVIEWED AND ARCHIVED BY THE ORGANIZATION'S CORPORATE SECRETARY.

FORM 990, PART VI, SECTION B, LINE 15:

COMPENSATION PROCESS:

A REVIEW AND ANALYSIS WAS COMPLETED IN OCTOBER OF 2022 BY A NATIONALLY RECOGNIZED COMPENSATION CONSULTANT WHICH CONSIDERS THE ORGANIZATION'S STRATEGIC PLAN, PAY PHILOSOPHY, PREVAILING MARKET PRACTICES AND RELEVANT REGULATORY MANDATES. THE REVIEW AND ANALYSIS ARE PRESENTED TO THE INSTITUTE'S GOVERNING BODY (THE SAMUEL ROBERTS NOBLE FOUNDATION) FOR CONSIDERATION. THE GOVERNING BODY DETERMINES THE COMPENSATION FOR THE PRESIDENT & CEO BASED UPON MARKET REVIEW DATA AND PERFORMANCE. THE COMPENSATION FOR ALL OTHER OFFICERS AND EXECUTIVE TEAM MEMBERS IS DETERMINED BY THE PRESIDENT & CEO BASED UPON MARKET REVIEW DATA AND PERFORMANCE.

Name of the organization NOBLE RESEARCH INSTITUTE, LLC	Employer identification number 73-0606209
---	--

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AL, AK, AR, CA, CO, CT, DC, FL, GA, HI, IL, KS, KY, ME, MD, MA, MI, MN, MS, NV, NH, NJ, NM, NY, NC

ND, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI

FORM 990, PART VI, SECTION C, LINE 19:

ORGANIZATION'S DOCUMENTS OPEN TO THE PUBLIC

THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND ANNUAL FORM 990 ARE PROVIDED TO THE PUBLIC THROUGH A LINK ON THE ORGANIZATION'S WEBSITE.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN POST-RETIREMENT BENEFITS	-322,242.
------------------------------------	-----------

SCHEDULE A, PART I, LINE 9

IN ADDITION TO OPERATING IN CONJUNCTION WITH MICHIGAN STATE UNIVERSITY, THE NOBLE RESEARCH INSTITUTE ALSO PARTNERS WITH COLORADO STATE UNIVERSITY, OREGON STATE UNIVERSITY, TEXAS A&M UNIVERSITY, UNIVERSITY OF WYOMING, AND OKLAHOMA STATE UNIVERSITY.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization <p align="center">NOBLE RESEARCH INSTITUTE, LLC</p>	Employer identification number <p align="center">73-0606209</p>
---	--

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
THE SAMUEL ROBERTS NOBLE FOUNDATION - 81-5328519, 2510 SAM NOBLE PARKWAY, ARDMORE, OK 73401-2124	GRANT-MAKING	OKLAHOMA	501(C)(3)	PF	N/A		X

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)	X	
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses	X	
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

SCHEDULE R, PART V, LINE 10

THE INSTITUTE PROVIDES SERVICES TO ITS GOVERNING BODY (THE SAMUEL
 ROBERTS NOBLE FOUNDATION) UNDER A SHARED SERVICES AGREEMENT BETWEEN THE
 INSTITUTE AND THE FOUNDATION. EMPLOYEES PROVIDING THE SERVICES ARE THE
 COMMON-LAW EMPLOYEES OF THE INSTITUTE AND ARE UNDER THE INSTITUTE'S
 DIRECTION AND CONTROL. THE COST OF THESE SERVICES PROVIDED UNDER THE
 SHARED SERVICES AGREEMENT ARE REIMBURSED BY THE FOUNDATION TO THE
 INSTITUTE.

Form **8868**
(Rev. January 2022)

Application for Automatic Extension of Time To File an Exempt Organization Return

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print <small>File by the due date for filing your return. See instructions.</small>	Name of exempt organization or other filer, see instructions. NOBLE RESEARCH INSTITUTE, LLC	Taxpayer identification number (TIN) 73-0606209
	Number, street, and room or suite no. If a P.O. box, see instructions. 2510 SAM NOBLE PARKWAY	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. ARDMORE, OK 73401	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

A. JILL WALLACE

• The books are in the care of ▶ **2510 SAM NOBLE PARKWAY - ARDMORE, OK 73401**

Telephone No. ▶ **580-224-6227** Fax No. ▶ _____

- If the organization does not have an office or place of business in the United States, check this box ▶
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **NOVEMBER 15, 2023**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year **2022** or
▶ tax year beginning _____, and ending _____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

LHA **For Privacy Act and Paperwork Reduction Act Notice, see instructions.**

Form **8868** (Rev. 1-2022)