

Form **8879-TE****IRS E-file Signature Authorization
for a Tax Exempt Entity**

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

For calendar year 2023, or fiscal year beginning _____, 2023, and ending _____, 20____

2023**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 37,950,542.
2a Form 990-EZ check here ...	b Total revenue, if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ...	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b _____
5a Form 8868 check here	b Balance due (Form 8868, line 3c)	5b _____
6a Form 990-T check here	b Total tax (Form 990-T, Part III, line 4)	6b _____
7a Form 4720 check here	b Total tax (Form 4720, Part III, line 1)	7b _____
8a Form 5227 check here	b FMV of assets at end of tax year (Form 5227, Item D)	8b _____
9a Form 5330 check here	b Tax due (Form 5330, Part II, line 19)	9b _____
10a Form 8038-CP check here	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 2023 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 ADVISORS LLC to enter my PIN 56232
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2023 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 2023 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

*Jill Wallace*Date **11/14/2024****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.

13976699185**Do not enter all zeros**

I certify that the above numeric entry is my PIN, which is my signature on the 2023 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

*Seth Thompson*Date **11/12/2024****ERO Must Retain This Form - See Instructions****Do Not Submit This Form to the IRS Unless Requested To Do So**

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

Form **8879-TE** (2023)

Form **990**Department of the Treasury
Internal Revenue Service**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.

OMB No. 1545-0047

2023Open to Public
Inspection**A For the 2023 calendar year, or tax year beginning and ending**

B Check if applicable: Address change Name change Initial return Final return/terminated Amended return Application pending	C Name of organization NOBLE RESEARCH INSTITUTE, LLC		D Employer identification number 73-0606209
	Doing business as		E Telephone number 580-223-5810
	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		G Gross receipts \$ 49,056,741.
F Name and address of principal officer: STEVEN P. RHINES SAME AS C ABOVE		H(a) Is this a group return for subordinates? Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? Yes No If "No," attach a list. See instructions H(c) Group exemption number	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527			
J Website: WWW.NOBLE.ORG			
K Form of organization: Corporation Trust Association <input checked="" type="checkbox"/> Other			L Year of formation: 1945
			M State of legal domicile: OK

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE INSTITUTE'S EXEMPT PURPOSE IS TO RESEARCH, DEMONSTRATE, AND TEACH PRINCIPLES (SEE SCHEDULE O)		
	2 Check this box 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 2023 (Part V, line 2a)	5	248
	6 Total number of volunteers (estimate if necessary)	6	0
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	4,448.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 42,291,147.	Current Year 36,280,085.
	9 Program service revenue (Part VIII, line 2g)	1,267,635.	640,705.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	673,824.	-674,563.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	292,954.	1,704,315.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	44,525,560.	37,950,542.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	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)		23,114,508.	23,485,737.
16a Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
b Total fundraising expenses (Part IX, column (D), line 25)		1,935,504.	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		26,482,757.	20,457,099.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		49,597,265.	43,942,836.
19 Revenue less expenses. Subtract line 18 from line 12		-5,071,705.	-5,992,294.
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 139,800,789.	End of Year 141,744,664.
	21 Total liabilities (Part X, line 26)	12,536,607.	14,778,920.
	22 Net assets or fund balances. Subtract line 21 from line 20	127,264,182.	126,965,744.

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 <i>Jill Wallace</i>		Date 11/14/2024		
	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 Thompson</i>	Date 11/12/2024	Check if self-employed <input type="checkbox"/>	PTIN P00741490
	Firm's name GRANT THORNTON ADVISORS LLC	Firm's EIN 99-1856619	Phone no. 212-599-0100		
	Firm's address 757 THIRD AVENUE, 3RD FLOOR NEW YORK, NY 10017-2013				

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

LHA For Paperwork Reduction Act Notice, see the separate instructions.

332001 12-21-23

Form **990** (2023)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Part III Statement of Program Service AccomplishmentsCheck 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 ☒ 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 ☒ 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 \$ 25,894,316. including grants of \$ 0.) (Revenue \$ 551,710.)
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 \$ 11,897,500. including grants of \$ 0.) (Revenue \$ 88,995.)
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 37,791,816.

Form **990** (2023)

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	X	
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I. See instructions</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or 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? <i>If "Yes," complete Schedule L, Part II</i>	26	X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	X
28 Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i>	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	X

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	118
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X

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

		Yes	No
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 248		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	
b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	3b	X	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders	11a		
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15		X
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		X
17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17		

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

☒**Section A. Governing Body and Management**

	1a	1b	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	1			
b Enter the number of voting members included on line 1a, above, who are independent		1		
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?				X
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?				X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?				X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?				X
6 Did the organization have members or stockholders?			X	
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?				X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?				X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?			X	
b Each committee with authority to act on behalf of the governing body?			X	
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				X

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

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?		X
b 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?	X	
b 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	X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
13 Did the organization have a written whistleblower policy?	X	
14 Did the organization have a written document retention and destruction policy?	X	
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?		
a The organization's CEO, Executive Director, or top management official	X	
b Other officers or key employees of the organization	X	
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
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?		X
b 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 ☒ 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 ContractorsCheck 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				710,801.	0.	43,633.
(2) A. JILL WALLACE VICE PRESIDENT & CFO	40.00 0.00			X				386,450.	0.	30,011.
(3) JEFFREY S. MOEN GEN. COUNSEL & DIRECTOR GOVT. AFFAIR	40.00 0.00				X			303,397.	0.	47,337.
(4) M. GAYLE DONICA DIRECTOR OF HUMAN RESOURCES	40.00 0.00				X			258,770.	0.	46,996.
(5) CHARLES P. CANNY DIRECTOR OF FACILITIES	40.00 0.00				X			252,376.	0.	38,660.
(6) CASEY B. SMITH AVIATION & MAINTENANCE MANAGER	40.00 0.00					X		238,214.	0.	39,877.
(7) HUGH D. ALJOE DIRECTOR OF PRODUCER RELATIONS	40.00 0.00				X			236,270.	0.	37,908.
(8) LORI M. CAIN DIR. OF STRATEG. LEARNING & OUTREACH	40.00 0.00				X			243,520.	0.	28,716.
(9) MELANIE M. DAVIS DIR. OF INFORM. TECH. (THRU 11/23)	40.00 0.00				X			224,747.	0.	33,229.
(10) CHRISTINA L. ADCOX DIRECTOR ADV. & PHILAN PRTSHPS.	40.00 0.00				X			186,258.	0.	40,911.
(11) ANDREW A. SEGNA ASSOCIATE GENERAL COUNSEL	40.00 0.00					X		178,183.	0.	37,849.
(12) PATRICK NEWMAN DIR. OF BUS. INTEL. (AS OF 02/23)	40.00 0.00				X			178,804.	0.	29,877.
(13) KENNETH D. COCKRELL CAPTAIN PILOT	40.00 0.00					X		179,421.	0.	8,010.
(14) PRYCE HOLLEY CONTROLLER	40.00 0.00					X		145,108.	0.	35,437.
(15) JOSEPH BEARD DIR. OF INFORM. TECH.	40.00 0.00					X		136,796.	0.	40,682.
(16) ELIZABETH A. ALDRIDGE CORPORATE SECRETARY	40.00 0.00			X				127,720.	0.	19,069.
(17) THE SAMUEL ROBERTS NOBLE FOUNDA SOLE MEMBER/MANAGER	0.00 0.00		X					0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(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			
1b Subtotal								3,986,835.	0.	558,202.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								3,986,835.	0.	558,202.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization

50

- 3** Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? *If "Yes," complete Schedule J for such individual*
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*

	Yes	No
3		X
4	X	
5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NABHOLZ CONSTRUCTION CORPORATION 6400 SUPERIOR AVE., OKLAHOMA CITY, OK 73149	CONSTRUCTION	1,021,951.
FRANKFURT SHORT BRUZA, 5801 BROADWAY EXT STE 500, OKLAHOMA CITY, OK 73118	ARCHITECTURE	640,884.
ARMANINO LLP PO BOX 888285, LOS ANGELES, CA 90088	TECHNOLOGY CONSULTING	405,709.
MCCOWNGORDON CONSTRUCTION 850 MAIN ST, KANSAS CITY, MO 64105	CONSTRUCTION	347,739.
IRIE VENTURES 78 AUDUBON DR, CHESNUT HILL, MA 02467	CONSULTING	345,000.
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization		9

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Part VIII Statement of RevenueCheck 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	54,409.			
	d	Related organizations	1d	34,000,000.			
	e	Government grants (contributions)	1e	149,990.			
	f	All other contributions, gifts, grants, and similar amounts not included above ...	1f	2,075,686.			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 2,559.			
	h	Total. Add lines 1a-1f		36,280,085.			
Program Service Revenue	2 a	FARM OPERATIONS	Business Code	110000	551,710.	551,710.	
	b	EDUCATION COURSES	110000	88,995.	88,995.		
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		640,705.			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		836,257.		
4		Income from investment of tax-exempt bond proceeds					
5		Royalties		108,502.			108,502.
6 a		Gross rents	(i) Real				
b		Less: rental expenses ...	(ii) Personal				
c		Rental income or (loss)					
d		Net rental income or (loss)					
7 a		Gross amount from sales of assets other than inventory	(i) Securities	9,244,698.	331,493.		
b		Less: cost or other basis and sales expenses	(ii) Other	10,503,190.	583,821.		
c		Gain or (loss)		-1,258,492.	-252,328.		
d		Net gain or (loss)		-1,510,820.			-1,510,820.
8 a		Gross income from fundraising events (not including \$ 54,409. of contributions reported on line 1c). See Part IV, line 18		0.			
b		Less: direct expenses		19,188.			
c		Net income or (loss) from fundraising events		-19,188.			-19,188.
9 a		Gross income from gaming activities. See Part IV, line 19					
b	Less: direct expenses						
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances						
b	Less: cost of goods sold						
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a	INSURANCE PROCEEDS	Business Code	900099	1,548,158.		1,548,158.
	b	REIMBURSED EXPENSES	900099	59,895.			59,895.
	c	ADVERTISING	611600	4,448.		4,448.	
	d	All other revenue	900099	2,500.			2,500.
	e	Total. Add lines 11a-11d		1,615,001.			
	12	Total revenue. See instructions		37,950,542.	640,705.	4,448.	1,025,304.

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	3,083,073.	2,614,287.	297,164.	171,622.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	12,970,326.	10,970,050.	1,290,811.	709,465.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,584,284.	1,307,455.	194,940.	81,889.
9 Other employee benefits	4,676,466.	3,934,887.	506,983.	234,596.
10 Payroll taxes	1,171,588.	992,472.	115,855.	63,261.
11 Fees for services (nonemployees):				
a Management				
b Legal	196,351.	164,801.	23,407.	8,143.
c Accounting	126,731.	100,483.	19,473.	6,775.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	72,943.		72,943.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	2,437,053.	1,996,035.	307,597.	133,421.
12 Advertising and promotion	66,410.	49,820.	9,599.	6,991.
13 Office expenses	196,949.	184,483.	8,808.	3,658.
14 Information technology	1,168,755.	939,806.	169,667.	59,282.
15 Royalties				
16 Occupancy	2,540,215.	2,020,938.	384,337.	134,940.
17 Travel	281,670.	249,296.	19,563.	12,811.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	156,762.	133,701.	12,581.	10,480.
20 Interest	33,000.	26,165.	5,071.	1,764.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	5,130,353.	4,711,464.	310,772.	108,117.
23 Insurance	116,865.	92,661.	17,957.	6,247.
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 COOP RESEARCH PROGRAM	2,148,927.	2,148,927.	0.	0.
b CONTRACT LABOR	914,406.	844,845.	51,607.	17,954.
c FACILITY EXPENSES	909,353.	769,572.	103,703.	36,078.
d DATA SERVICES	768,367.	768,367.	0.	0.
e All other expenses	3,191,989.	2,771,301.	292,678.	128,010.
25 Total functional expenses. Add lines 1 through 24e	43,942,836.	37,791,816.	4,215,516.	1,935,504.
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 SheetCheck 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	0.	1	0.
	2 Savings and temporary cash investments	9,401,055.	2	6,329,363.
	3 Pledges and grants receivable, net	957,012.	3	656,961.
	4 Accounts receivable, net	712,424.	4	1,851,483.
	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	0.	7	0.
	8 Inventories for sale or use	19,708.	8	21,235.
	9 Prepaid expenses and deferred charges	1,642,041.	9	1,742,135.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 173,350,836.		
	b Less: accumulated depreciation	10b 96,466,199.		
	11 Investments - publicly traded securities	80,150,954.	10c	76,884,637.
	12 Investments - other securities. See Part IV, line 11	22,451,421.	11	25,013,743.
	13 Investments - program-related. See Part IV, line 11	24,303,255.	12	28,013,814.
	14 Intangible assets		13	
	15 Other assets. See Part IV, line 11	162,919.	14	
16 Total assets. Add lines 1 through 15 (must equal line 33)	139,800,789.	15	1,231,293.	
17 Accounts payable and accrued expenses	7,658,229.	16	141,744,664.	
18 Grants payable		17	4,084,429.	
19 Deferred revenue		18		
20 Tax-exempt bond liabilities		19		
21 Escrow or custodial account liability. Complete Part IV of Schedule D		20		
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		21		
23 Secured mortgages and notes payable to unrelated third parties	660,000.	22		
24 Unsecured notes and loans payable to unrelated third parties		23	550,000.	
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	4,218,378.	24		
26 Total liabilities. Add lines 17 through 25	12,536,607.	25	10,144,491.	
27 Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.		26	14,778,920.	
28 Net assets without donor restrictions	126,299,651.	27	126,365,744.	
29 Net assets with donor restrictions	964,531.	28	600,000.	
30 Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.		29		
31 Capital stock or trust principal, or current funds		30		
32 Paid-in or capital surplus, or land, building, or equipment fund		31		
33 Retained earnings, endowment, accumulated income, or other funds	127,264,182.	32	126,965,744.	
34 Total net assets or fund balances	139,800,789.	33	141,744,664.	

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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	37,950,542.
2	Total expenses (must equal Part IX, column (A), line 25)	2	43,942,836.
3	Revenue less expenses. Subtract line 2 from line 1	3	-5,992,294.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	127,264,182.
5	Net unrealized gains (losses) on investments	5	5,208,246.
6	Donated services and use of facilities	6	105,287.
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	380,323.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	126,965,744.

Part XII Financial Statements and Reporting

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

☐

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separate basis	X	
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.	X	
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? _____		X
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 _____		

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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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))	14	%
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2023. 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		
b 33 1/3% support test - 2022. 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		
17a 10% -facts-and-circumstances test - 2023. 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		
b 10% -facts-and-circumstances test - 2022. 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		
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		

Schedule A (Form 990) 2023

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

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c 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. (Add lines 9, 10c, 11, and 12.)						

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

15 Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2022 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2022 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2023. 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 - 2022. 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)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
11a		
b A family member of a person described on line 11a above?		
11b		
c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI .		
11c		

Section B. Type I Supporting Organizations

	Yes	No
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? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
1		
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? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
2		

Section C. Type II Supporting Organizations

	Yes	No
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)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
1		

Section D. All Type III Supporting Organizations

	Yes	No
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?		
1		
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? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
2		
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? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
3		

Section E. Type III Functionally Integrated Supporting Organizations

	Yes	No
1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
2a		
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
2b		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI .		
3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		
3b		

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).		

Schedule A (Form 990) 2023

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 2023 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-2023	(iii) Distributable Amount for 2023
1 Distributable amount for 2023 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2023 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2023			
a From 2018			
b From 2019			
c From 2020			
d From 2021			
e From 2022			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2023 distributable amount			
i Carryover from 2018 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2023 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2023 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2023, 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 2023. 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 2024. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2019			
b Excess from 2020			
c Excess from 2021			
d Excess from 2022			
e Excess from 2023			

Schedule A (Form 990) 2023

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
(See instructions.)

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 B
(Form 990)Department of the Treasury
Internal Revenue Service**Schedule of Contributors**Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

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 foundationCheck 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).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2023)

Name of organization	Employer identification number
NOBLE RESEARCH INSTITUTE, LLC	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		\$ 34,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 1,822,401.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 166,478.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 149,990.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
NOBLE RESEARCH INSTITUTE, LLC	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
7		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 6,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
NOBLE RESEARCH INSTITUTE, LLC	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	Employer identification number
NOBLE RESEARCH INSTITUTE, LLC	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
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(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

2023

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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included on line 2a	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year

4 Number of states where property subject to conservation easement is located

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

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

Schedule D (Form 990) 2023

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

d ☐ Loan or exchange program

b ☐ Scholarly research

e ☐ Other _____

c ☐ Preservation for future generations

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
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

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 in 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:

(i) Unrelated organizations? ☐ Yes ☐ No

(ii) Related organizations? ☐ Yes ☐ No

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐ Yes ☐ No

	Yes	No
3a(i)		
3a(ii)		
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		127,071,937.	66,143,154.	60,928,783.
c Leasehold improvements				
d Equipment		34,337,774.	30,323,045.	4,014,729.
e Other		1,253,361.		1,253,361.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				76,884,637.

Schedule D (Form 990) 2023

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	28,013,814.	END-OF-YEAR MARKET VALUE
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))	28,013,814.	

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, line 13, col. (B))		

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, line 15, col. (B))	

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.

(a) Description of liability	(b) Book value
1. (1) Federal income taxes	
(2) PAYABLE TO BROKER	5,500,000.
(3) POST-RETIREMENT BENEFITS	3,841,286.
(4) OPERATING LEASE LIABILITY	803,205.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	10,144,491.

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 ... ☒

Schedule D (Form 990) 2023

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	43,571,455.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	5,208,246.
b	Donated services and use of facilities	2b	105,287.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	380,323.
e	Add lines 2a through 2d	2e	5,693,856.
3	Subtract line 2e from line 1	3	37,877,599.
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	72,943.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	72,943.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	37,950,542.

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	43,869,893.
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	43,869,893.
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	72,943.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	72,943.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	43,942,836.

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

THE INSTITUTE FOLLOWS GUIDANCE THAT CLARIFIES THE ACCOUNTING FOR

UNCERTAINTY IN TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX

RETURN, INCLUDING ISSUES RELATING TO FINANCIAL STATEMENT RECOGNITION OR

MEASUREMENT. THIS GUIDANCE PROVIDES THAT THE TAX EFFECTS FROM AN UNCERTAIN

TAX POSITION CAN ONLY BE RECOGNIZED IN THE FINANCIAL STATEMENTS IF THE

POSITION IS "MORE-LIKELY-THAN-NOT" TO BE SUSTAINED IF THE POSITION WERE TO

BE CHALLENGED BY A TAXING AUTHORITY. THE ASSESSMENT OF THE TAX POSITION IS

BASED SOLELY ON THE TECHNICAL MERITS OF THE POSITION, WITHOUT REGARD TO

THE LIKELIHOOD THAT THE TAX POSITION MAY BE CHALLENGED.

Part XIII Supplemental Information *(continued)*

THE INSTITUTE IS EXEMPT FROM FEDERAL INCOME TAX UNDER INTERNAL REVENUE

CODE ("IRC") SECTION 501(C)(3), THOUGH IT IS SUBJECT TO TAX ON INCOME

UNRELATED TO ITS EXEMPT PURPOSE, UNLESS THAT INCOME IS OTHERWISE EXCLUDED

BY IRC. THE INSTITUTE HAS PROCESSES PRESENTLY IN PLACE TO ENSURE THE

MAINTENANCE OF ITS TAX-EXEMPT STATUS; TO IDENTIFY AND REPORT UNRELATED

INCOME; TO DETERMINE ITS FILING AND TAX OBLIGATIONS IN JURISDICTIONS FOR

WHICH IT HAS NEXUS; AND TO IDENTIFY AND EVALUATE OTHER MATTERS THAT MAY BE

CONSIDERED TAX POSITIONS. THE INSTITUTE HAS DETERMINED THAT THERE ARE NO

MATERIAL UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNITION OR DISCLOSURE IN

THE FINANCIAL STATEMENTS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN POST-RETIREMENT BENEFITS 380,323.

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization

NOBLE RESEARCH INSTITUTE, LLC

Employer identification number

73-0606209

Part I

Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a** ☐ Mail solicitations
- b** ☐ Internet and email solicitations
- c** ☐ Phone solicitations
- d** ☐ In-person solicitations
- e** ☐ Solicitation of non-government grants
- f** ☐ Solicitation of government grants
- g** ☐ Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes☐ **No**

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		PITCHIN IN FOR A SUSTAINABLE FUTURE (event type)	(event type)	NONE (total number)	
Revenue	1 Gross receipts	54,409.			54,409.
	2 Less: Contributions	54,409.			54,409.
	3 Gross income (line 1 minus line 2)	0.			0.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	653.			653.
	6 Rent/facility costs	3,839.			3,839.
	7 Food and beverages	2,271.			2,271.
	8 Entertainment				
	9 Other direct expenses	12,425.			12,425.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				19,188.
11 Net income summary. Subtract line 10 from line 3, column (d)				-19,188.	

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: _____

- 11** Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13** Indicate the percentage of gaming activity conducted in:
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name _____

Address _____

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____

c If "Yes," enter name and address of the third party:

Name _____

Address _____

- 16** Gaming manager information:

Name _____

Gaming manager compensation \$ _____

Description of services provided _____

☐ Director/officer ☐ Employee ☐ Independent contractor

- 17** Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Part IV	Supplemental Information <i>(continued)</i>
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[illegible]

**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

2023

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 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		

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

Schedule J (Form 990) 2023

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)	575,594.	75,423.	59,784.	19,663.	23,970.	754,434.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) A. JILL WALLACE VICE PRESIDENT & CFO	(i)	316,837.	12,423.	57,190.	18,740.	11,271.	416,461.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) JEFFREY S. MOEN GEN. COUNSEL & DIRECTOR GOVT. AFFAIR	(i)	274,335.	9,423.	19,639.	14,340.	32,997.	350,734.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) M. GAYLE DONICA DIRECTOR OF HUMAN RESOURCES	(i)	226,101.	10,423.	22,246.	13,096.	33,900.	305,766.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) CHARLES P. CANNY DIRECTOR OF FACILITIES	(i)	224,402.	4,923.	23,051.	14,146.	24,514.	291,036.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) CASEY B. SMITH AVIATION & MAINTENANCE MANAGER	(i)	216,908.	4,935.	16,371.	8,778.	31,099.	278,091.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) HUGH D. ALJOE DIRECTOR OF PRODUCER RELATIONS	(i)	217,016.	10,423.	8,831.	13,492.	24,416.	274,178.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) LORI M. CAIN DIR. OF STRATEG. LEARNING & OUTREACH	(i)	229,848.	9,817.	3,855.	10,013.	18,703.	272,236.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) MELANIE M. DAVIS DIR. OF INFORM. TECH. (THRU 11/23)	(i)	209,077.	4,000.	11,670.	13,457.	19,772.	257,976.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) CHRISTINA L. ADCOX DIRECTOR ADV. & PHILAN PRTSHPS.	(i)	176,160.	9,418.	680.	7,787.	33,124.	227,169.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) ANDREW A. SEGNA ASSOCIATE GENERAL COUNSEL	(i)	171,595.	4,219.	2,369.	6,927.	30,922.	216,032.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) PATRICK NEWMAN DIR. OF BUS. INTEL. (AS OF 02/23)	(i)	163,644.	9,418.	5,742.	7,161.	22,716.	208,681.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) KENNETH D. COCKRELL CAPTAIN PILOT	(i)	174,727.	4,167.	527.	7,338.	672.	187,431.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) PRYCE HOLLEY CONTROLLER	(i)	134,795.	8,514.	1,799.	5,943.	29,494.	180,545.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) JOSEPH BEARD DIR. OF INFORM. TECH.	(i)	128,876.	3,565.	4,355.	9,534.	31,148.	177,478.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(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

2023, 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 SUPERVISORS 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 THE 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).

- 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:

STEVEN P. RHINES - \$16,500

A. JILL WALLACE - \$916

PART I, LINE 7:

NON-FIXED PAYMENTS

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.

OFFICERS AND KEY EMPLOYEES RECEIVED NONFIXED COMPENSATION UNDER THE

APPROVED ORGANIZATIONAL INCENTIVE PROGRAM, ALLOCATED BASED UPON THE

DISCRETION OF THE PRESIDENT/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

2023

Open to Public Inspection

Name of the organization	NOBLE RESEARCH INSTITUTE, LLC	Employer identification number	73-0606209
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FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

AND PRACTICES OF REGENERATIVE LAND STEWARDSHIP TO SAVE OUR NATION'S

GRAZING LANDS BY PROMOTING LAND STEWARDSHIP THROUGH MANAGEMENT,

BUILDING SOIL HEALTH AND KEEPING FARMERS AND RANCHERS ON THE LAND.

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 EDUCATIONAL 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, WHICH IS THE SUBJECT OF EXTENSIVE

ECOLOGICAL MEASUREMENT AND ASSESSMENT.

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.

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A KEY RESEARCH EMPHASIS CONCERNS SOIL HEALTH-FOCUSED MANAGEMENT IN 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. THIS RESEARCH IS FUNDED THROUGH PUBLIC AND PRIVATE SOURCES.

THE RESEARCH ENTERED ITS SECOND YEAR OF MONITORING CHANGES IN SOIL HEALTH IN THE PECAN 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 ENCOMPASSES PRODUCER 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.

ANOTHER 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

Name of the organization NOBLE RESEARCH INSTITUTE, LLC	Employer identification number 73-0606209
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PUBLIC FUNDING ADMINISTERED BY THE FOUNDATION FOR FOOD AND AGRICULTURE

RESEARCH, THE INSTITUTE LEADS A RESEARCH COLLABORATION INVOLVING, AND

OPERATING IN CONJUNCTION WITH, THE FOLLOWING LAND GRANT UNIVERSITIES:

MICHIGAN STATE UNIVERISTY, COLORADO STATE UNIVERSITY, UNIVERSITY OF

WYOMING, TEXAS A&M UNIVERSITY, AND OREGON STATE UNIVESITY.

THE RESEARCH IDENTIFIES 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. THE PROJECT FURTHER INVOLVES

SIMILAR DATA COLLECTION AT ABOUT 60 VOLUNTEER FARM AND RANCH SITES

CONCENTRATED IN THESE SAME STATES.

THESE MEASURES WILL BE MONITORED OVER AT LEAST FIVE YEARS. THE PROJECT

CHARACTERIZES 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 ACROSS UNIVERSITY AND WORKING LAND SITES WITH

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.

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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 RANCHES AND 1,400 ACRES. THE TEAM CONTINUED ITS MONITORING OF 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 FURTHER 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,

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RESEARCH, AND STUDY.

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

-IMPROVED SOIL HEALTH AND ECOLOGICAL FUNCTION,

-IMPROVED AIR QUALITY,

-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.

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

EDUCATIONAL PORTFOLIO IS IN CONTINUOUS DEVELOPMENT AND WILL CONTINUE TO

GROW TO OFFER PROGRAMMING FOR DIFFERING SKILL LEVELS AND DIFFERING

PRACTICE/SKILL DEVELOPMENT.

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.

Name of the organization NOBLE RESEARCH INSTITUTE, LLC	Employer identification number 73-0606209
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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
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. INITIAL PROGRAMS INCLUDE COURSES SUCH AS LAND ESSENTIALS
AND GRAZING ESSENTIALS. A THREE-YEAR CURRICULUM DEVELOPMENT PLAN WILL
OFFER A FORWARD-LOOKING ROADMAP OF PROGRAMMING DEVELOPMENT FOR FARMER,
RANCHER AND LANDOWNER ENGAGEMENT.

IN ADDITION, THE INSTITUTE WILL FACILITATE AN INITIAL LEARNING PEER
NETWORK TO INSPIRE AND MOTIVATE PRODUCERS THROUGH BUILDING A SUSTAINED
LEARNING COMMUNITY.

INITIAL IN-PERSON COURSE DELIVERY LOCATIONS INCLUDED MULTIPLE SITES IN
BOTH TEXAS AND OKLAHOMA. SITES FOR DELIVERY OF IN-PERSON EDUCATION WILL
BE EXPANDED IN 2024 TO FURTHER INCLUDE AT LEAST ONE OR MORE EDUCATIONAL
DELIVERY LOCATIONS WITHIN NEBRASKA, KANSAS, MISSOURI, ARKANSAS, NEW

Name of the organization NOBLE RESEARCH INSTITUTE, LLC	Employer identification number 73-0606209
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MEXICO, AND MONTANA.

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

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

Name of the organization NOBLE RESEARCH INSTITUTE, LLC	Employer identification number 73-0606209
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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 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 IS COMPLETED EVERY TWO YEARS (THE LAST BEING IN 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

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

COMPENSATION FOR ALL OTHER OFFICERS AND EXECUTIVE TEAM MEMBERS IS
DETERMINED BY THE PRESIDENT/CEO BASED UPON MARKET REVIEW DATA AND
PERFORMANCE.

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 BENEFITS380,323.

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

2023

**Open to Public
Inspection**

Name of the organization

NOBLE RESEARCH INSTITUTE, LLC

Employer identification number

73-0606209

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

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

Schedule R (Form 990) 2023

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.

	Yes	No
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?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	X
b Gift, grant, or capital contribution to related organization(s)	1b	X
c Gift, grant, or capital contribution from related organization(s)	1c	X
d Loans or loan guarantees to or for related organization(s)	1d	X
e Loans or loan guarantees by related organization(s)	1e	X
f Dividends from related organization(s)	1f	X
g Sale of assets to related organization(s)	1g	X
h Purchase of assets from related organization(s)	1h	X
i Exchange of assets with related organization(s)	1i	X
j Lease of facilities, equipment, or other assets to related organization(s)	1j	X
k Lease of facilities, equipment, or other assets from related organization(s)	1k	X
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	X
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X
o Sharing of paid employees with related organization(s)	1o	X
p Reimbursement paid to related organization(s) for expenses	1p	X
q Reimbursement paid by related organization(s) for expenses	1q	X
r Other transfer of cash or property to related organization(s)	1r	X
s Other transfer of cash or property from related organization(s)	1s	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)			

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[illegible]

Part VII Supplemental Information

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

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.

**Application for Extension of Time To File an Exempt Organization
Return or Excise Taxes Related to Employee Benefit Plans**

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

OMB No. 1545-0047

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

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.

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.

Part I - Identification

Type or Print File by the due date for filing your return. See instructions.	Name of exempt organization, employer, 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 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08		

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name _____
Plan Number _____
Plan Year Ending (MM/DD/YYYY) _____

Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)

The books are in the care of A. JILL WALLACE

2510 SAM NOBLE PARKWAY - ARDMORE, OK 73401

Telephone No. 580-223-5810

Fax No. 580-224-6217

- 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, 20 24, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
☒ calendar year 20 23 or
☐ tax year beginning _____, 20 _____, and ending _____, 20 _____

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.

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

Form **8868** (Rev. 1-2024)