NOBLE, INC. FORM 990 TAX YEAR 2021



201 N. Illinois Street, Suite 700 | P.O. Box 44998 | Indianapolis, IN 46244-0998 | 317.383.4000

Mr. Wade Wingler Noble, Inc. D/B/A Noble of Indiana 7701 East 21st Street Indianapolis, IN 46219

Dear Wade:

Enclosed are the following income tax returns prepared on behalf of Noble, Inc. for the year ended June 30, 2022.

2021 990-T - Exempt Organization Business Income Tax Return
2021 990 - Return of Organization Exempt from Income Tax
2021 8879-TE - IRS E-file Signature Authorization Form
2021 8879-TE - IRS E-file Signature Authorization Form
2021 Indiana Nonprofit Organizations's Annual Report
2021 IN Nonprofit Organization Unrelated Business Income Tax Return

The original of each of the above mentioned returns should be dated and signed in accordance with the following instructions included with the copy of the return. This copy is for your use and should be retained for your files.

Upon an audit of the return(s), requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records.

An additional copy of the Form 990 has been included, to be made available for public inspection upon request. Please note that all statements of donors' contributions are not subject to public inspection and have been removed, as appropriate.

Form 990 must be made available for public inspection for a period of three years, beginning with the date the return is filed. The available document must be an exact copy of the return and schedules as filed with the IRS, except that the names and addresses of the contributors may be excluded. Any organization that fails to comply with this provision is subject to a penalty of \$20 for each day that inspection is not permitted, up to a maximum of \$10,000. Any organization that willfully fails to comply shall be subject to an additional penalty of \$5,000. You are also required to provide copies of the return if you receive such a request. Should you receive a request for inspection or for copies of your return, you may want to contact us for further details.

These return(s) were prepared from information provided by you or your representative. The preparation of tax returns does not include the independent verification of information used. Therefore, we recommend you review the return(s) before signing to ensure there are no omissions or misstatements. If you note anything which may require a change to the return(s), please contact us before filing them. We recommend that you retain all pertinent records that support the information reported on your return.

Before preparing your tax return, we provided you with access to a summary of transactions identified by the U.S. Treasury as reportable transactions. The law provides for a penalty as high as \$200,000 per transaction for failure to adequately disclose any of them on your tax return if applicable. Unless you notified us otherwise, your tax return was prepared with the assumption you have not engaged in any reportable transaction. Otherwise, we have prepared your tax return in accordance with the information you provided to us and have attached the appropriate disclosure statement to your tax return. We are not liable for any penalties resulting from your failure to provide us with accurate and timely information about such transactions or to timely file the required disclosure statements. If you have any questions about reportable transactions, please contact us before filing your return.

We appreciate this opportunity to serve you. Please contact us if you have any questions or if we may be of further assistance.

Sincerely,

Nicole B. Lishback Nicole Fishback FORVIS, LLP

Enclosures



201 N. Illinois Street, Suite 700 | P.O. Box 44998 | Indianapolis, IN 46244-0998 | 317.383.4000

Noble, Inc. Instructions for Filing Form 8879-TE IRS e-file Signature Authorization for Form 990-T For the year ended June 30, 2022

The original IRS E-file Signature Authorization form should be signed (use full name) and dated by an authorized officer of the organization.

Return your signed IRS e-file Signature Authorization Form 8879-TE to:

FORVIS, LLP 201 N. Illinois Street Indianapolis IN 46204

or Fax to: 317.383.4200 Attn: E-File Coordinator

or Email to: inefile@forvis.com

There is no tax due with the filing of this return.

The return shows a \$4,873 overpayment. Of this amount,\$4,873 will be refunded to you. Also, has been applied to your 2022 estimated tax.

Under current IRS regulations, your return is subject to public inspection. Before filing, you should review all information in this return to determine that the disclosures are appropriate, accurate and complete. Please contact us if you believe any of the disclosures should be modified.

Do NOT separately file Form 990-T with the Internal Revenue Service. Doing so will delay the processing of your return. We must receive your signed form before we can electronically transmit your return, which is due on or before May 15, 2023. We would appreciate you returning this form as soon as possible as this will expedite the processing of your return. The Internal Revenue Service will notify us when your return is accepted. Your return is not considered filed until the Internal Revenue Service confirms their acceptance, which may occur after the due date of your return.





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Noble, Inc. Instructions for Filing Form 8879-TE IRS e-file Signature Authorization for Form 990 For the year ended June 30, 2022

The original IRS E-file Signature Authorization form should be signed (use full name) and dated by an authorized officer of the organization.

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or Email to: inefile@forvis.com

There is no tax due with the filing of this return.

Under current IRS regulations, your return is subject to public inspection. Before filing, you should review all information in this return to determine that the disclosures are appropriate, accurate and complete. Please contact us if you believe any of the disclosures should be modified.

Do NOT separately file Form 990 with the Internal Revenue Service. Doing so will delay the processing of your return. We must receive your signed form before we can electronically transmit your return, which is due on or before May 15, 2023. We would appreciate you returning this form as soon as possible as this will expedite the processing of your return. The Internal Revenue Service will notify us when your return is accepted. Your return is not considered filed until the Internal Revenue Service confirms their acceptance, which may occur after the due date of your return.

Payment/Deposit Information Report

Taxpayer Name: NOBLE, INC.

Tax Juris.	Payment Deposit	Amount	Financial Institution Name	Account Type	Routing Number	Account Number
990-T	REFUND	4,873.				
990-T IN	REFUND	633.				

Form 8879-TE

IRS e-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2021, or fiscal year beginning 07/01/2021 and ending 06/30/2022

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

Department of the Treasury Internal Revenue Service Name of filer

35-0924720

EIN or SSN

NOBLE INC Name and title of officer or person subject to tax

MAURICE WADE WINGLER, PRESIDENT/CEO

Type of Return and Return Information Part I

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	X	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)1b1752911.	,
2a	Form 990-EZ check here ►		b Total revenue, if any (Form 990-EZ, line 9)	
3a	Form 1120-POL check here .		b Total tax (Form 1120-POL, line 22)	
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)	
6a	Form 990-T check here		b Total tax (Form 990-T, Part III, line 4)	
7a	Form 4720 check here		b Total tax (Form 4720, Part III, line 1)	
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)	
10a	Form 8038-CP check here >		b Amount of credit payment requested (Form 8038CP, Part III, line 22) .10b	
Part	I Declaration and Signat	ture	Authorization of Officer or Person Subject to Tax	
Under	penalties of perjury, I declare that	Х	I am an officer of the above entity or 📃 I am a person subject to tax with respect to (name	
of enti	ty)		, (EIN) and that I have examined a copy of the	

2021 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

X I authorize	FORVIS, LLP	to enter my PIN	4 6 2 0 4 as my signature
_	ERO firm name		Enter five numbers, but do not enter all zeros

on the tax year 2021 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 2021 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.

4

Signature of officer or person subject to tax

Date D 05/15/2023

5

Part III	Certification and Authentication
ERO's EFI	N/PIN. Enter your six-digit electronic filing identification
number (F	FIN) followed by your five-digit self-selected PIN

number	(EFIN)	followed	by your	five-digit	self-sel	ected I	PIN.

3	0	3	3	0	7	9	4	7	
Do not enter all zeros									

I certify that the above numeric entry is my PIN, which is my signature on the 2021 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.

FRO's	signature	►
LINDS	Signature	

Date 🕨	05/15/2023

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 back of form. JSA 1X3008 3.000

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Form 8879-TE

IRS e-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2021, or fiscal year beginning 07/01/2021 and ending 06/30/2022

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Department of the Treasury Internal Revenue Service Name of filer

35-0924720

EIN or SSN

NOBLE INC Name and title of officer or person subject to tax

MAURICE WADE WINGLER, PRESIDENT/CEO

Type of Return and Return Information Part I

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		b Total revenue, if any (Form 990, Part VIII, column (A), line 12) 1b	
2a	Form 990-EZ check here ►		b Total revenue, if any (Form 990-EZ, line 9)	
3a	Form 1120-POL check here .		b Total tax (Form 1120-POL, line 22)	
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)	
6a	Form 990-T check here ► 2	ζ	b Total tax (Form 990-T, Part III, line 4)	•
7a	Form 4720 check here		b Total tax (Form 4720, Part III, line 1)	
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)	
10a	Form 8038-CP check here ►		b Amount of credit payment requested (Form 8038CP, Part III, line 22) .10b	
Part	Declaration and Signatu	ire /	Authorization of Officer or Person Subject to Tax	
Under	penalties of perjury, I declare that	Х	I am an officer of the above entity or 📃 I am a person subject to tax with respect to (name	
of enti	ty)		, (EIN) and that I have examined a copy of the	
2021 6	electronic return and accompanying s	che	dules and statements, and, to the best of my knowledge and belief, they are true, correct, and	
comple	ete. I further declare that the amount	in P	art I above is the amount shown on the copy of the electronic return. I consent to allow my	
interm	ediate service provider, transmitter, c	or ele	ectronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an	
ackno	wledgement of receipt or reason for re	eject	ion of the transmission, (b) the reason for any delay in processing the return or refund, and (c)	
the da	te of any refund. If applicable, I author	orize	the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal	
(direct	debit) entry to the financial institution	n	equat indicated in the tax proparation activers for payment of the federal taxes awad on this	

(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

X I authorize	FORVIS, LLP	to enter my PIN 4 6 2 0 4 as my signature
_	ERO firm name	Enter five numbers, but
		do not enter all zeros

on the tax year 2021 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 2021 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.

4

Signature of officer or person subject to tax

Date D 05/15/2023

Part III	Certification and Authentication
ERO's EF	N/PIN. Enter your six-digit electronic filing identification
number (E	FIN) followed by your five digit cells adapted DIN

number (EFIN) followed by your five-digit self-selected PIN.

3	0	3	3	0	7	9	4	7	5
		Do r	not e	nter	all ze	eros			

I certify that the above numeric entry is my PIN, which is my signature on the 2021 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

Date 🕨 05/15/2023

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For Privacy Act and Paperwork Reduction Act Notice, see back of form. JSA 1X3008 3.000

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Form 8879-TE (2021)

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Use Only

Return of Organization Exempt From Income Tax

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

Department of the Treasury Int

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

OMB No. 1545-0047 6 12 Open to Public

Inte	rnal Rev	enue Serv	/ice		Go to www	w.irs.gov/For	m990 tor II	istructions	and the	atest infor	mation.		10	spect	ion
A	For th	ie 2021	calen	dar year, or tax ye	ar beginning		07/	/01/2021	and end	ling	_	06	/30/202	2	
_			C Nar	ne of organization							D Employer ide	entific	ation numbe	r	
в	Check if a	applicable:	NC	BLE, INC.											
	Addr chan		Doi	ng business as							35-092	472	0		
	Nam	e change	Nur	mber and street (or P.	O. box if mail is	not delivered to	street addres	ss)	Room/su	ite	E Telephone nu	umber			
	Initia	al return	77	'01 E 21ST S'	TREET						(317)3	75-	2700		
		l return/ inated	City	or town, state or pro	vince, country, a	and ZIP or foreig	n postal cod	e							
		nded	IN	DIANAPOLIS,	IN 46219	9					G Gross receipt	ts \$	18,7	732,	818.
		ication	F Nar	me and address of pri	ncipal officer:	MAURIC	CE WADE	WINGLE	R		H(a) Is this a gro		urn for	Yes	X No
	point		770	1 E 21ST ST	REET, INI	DIANAPOLI	IS, IN	46219			subordinate H(b) Are all subor		included?	Yes	No
I	Tax-e	xempt st	atus:	X 501(c)(3)	501(c) () 🚽 (inse	ert no.)	4947(a)(1)	or	527	- If "No," a	attach a	a list. See instru	ctions	
J	Webs	ite: 🕨	WWW	.MYNOBLELIF	E.ORG	, , ,					H(c) Group exen	nption	number 🕨		
ĸ	Form	of organ	nization	X Corporation	Trust	Association	Other	•	LYe	ear of forma	tion: 1953 M	State	of legal dom	icile:	IN
P	art I	Su	mma	ry											
	1	Briefly	/ desc	ribe the organizatio	on's mission o	r most signific	ant activitie	s: TO E	XPAND	OPPORT	UNITIES A	ND	ENHANCE	: тн	E
ø				Y OF LIFE FO		0		-							
Governance				H INDIVIDUAI											
ern	2						s operatio	ns or dispos	ed of mor	e than 25%	6 of its net asse	ts.			
ŝ	3			voting members of	0		•					3			21
				ndependent voting								4			20
ties	5			er of individuals em								5			363
Activities &	6			er of volunteers (est								6			396
Ac	7a			ted business revenu								7a		203.	,371.
				ed business taxable								7b			,315.
										<u> </u>	Prior Year	1	Curre		
	8	Contri	ibutior	is and grants (Part	VIII. line 1h)						2,656,9	97.	3."	751.	032.
Revenue	9			rvice revenue (Part V							5,818,6				574.
eve	10			income (Part VIII, c							765,6				743.
Ř	11			ue (Part VIII, colum							-1,6				,562.
	12			ue - add lines 8 thro							9,239,6		11."		911.
	13			similar amounts pai	. .						· · · · ·	IONE			NONE
	14			d to or for members								IONE			NONE
Ś	4.5			ner compensation,							6,754,2)93.	304.
Expenses	16 a			I fundraising fees (F								IONE			NONE
be	b			ising expenses (Pa											
ш	17			ises (Part IX, colum						_	1,742,8	03.	1,9	<u>Э20,</u>	428.
	18			ses. Add lines 13-1							8,497,0	16.	9,0)13,	732.
	19	Rever	nue les	s expenses. Subtra	act line 18 from	n line 12					742,6	27.	2,	739,	179.
or	3										nning of Current	Year		of Year	
Net Assets or Fund Balances	20	Total a	assets	(Part X, line 16)							25,876,0	19.	23,	706,	898.
Ass	21			es (Part X, line 26)							2,331,7				836.
N Set	22			or fund balances. S							23,544,3	07.			062.
	art II	Sig	gnatu	re Block											
Ur	nder pe	nalties c	of perju	ry, I declare that I ha	ve examined th	is return, includ	ding accomp	anying sched	ules and s	tatements,	and to the best o	of my	knowledge a	nd be	lief, it is
tru	e, corr	ect, and	comple	ete. Declaration of pre	parer (other thar	n officer) is base	ed on all info	rmation of wh	ich prepar	er has any k	nowledge.				
											05/	15/	2023		
Się	-	F 5	Signatu	re of officer							Date				
He	ere		MAUF	ICE WADE WI	NGLER			PRI	ESIDEN	T/CEO					
		- •		print name and title						, .===					
		Print/	Туре р	reparer's name		Preparer's sig	nature		Date		Check	if	PTIN		
Pai		NICO	OLE	B FISHBACK		Ilical	4 B. Yint	back	05/	15/202			P012794	175	
Pre	parer					1 400					- I · · ·				

Firm's name FORVIS, LLP

44-0160260

Firm's EIN

For	rm 990 (2021)	Page 2
Pa	art III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	SEE SCHEDULE O	
2	Did the organization undertake any significant program services during the year which were not listed on t	he
	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any progra	am
	services?	Yes X No
	If "Yes," describe these changes on Schedule O.	vises as measured by
4	Describe the organization's program service accomplishments for each of its three largest program ser expenses. Section $501(c)(3)$ and $501(c)(4)$ organizations are required to report the amount of grants and	
	the total expenses, and revenue, if any, for each program service reported.	
4a	a (Code:) (Expenses \$ 1,886,503. including grants of \$) (Revenue \$	1,828,133.)
	ADULT SERVICES: NOBLE OFFERS SOCIAL, VOCATIONAL, AND RECREATIONAL	,
	SERVICES TO HUNDREDS OF ADULTS WITH DEVELOPMENTAL DISABILITIES IN	
	RESIDENTIAL, COMMUNITY AND FACILITY-BASED SETTINGS TAILORED TO EACH	
	INDIVIDUAL'S NEEDS, DREAMS AND GOALS. SELF-ADVOCACY, INTEREST-BASED	
	CLUBS, THERAPEUTIC ART, MUSIC THERAPY, RECREATIONAL THERAPY,	
	HORTICULTURE, VOLUNTEER WORK AND LIFE SKILLS DEVELOPMENT ARE JUST A	
	FEW OPTIONS FROM WHICH INDIVIDUALS CAN CHOOSE TO STRUCTURE THEIR	
	SERVICES.	
4b	b (Code:) (Expenses \$1,323,955. including grants of \$) (Revenue \$)	1,021,627.)
	BUSINESS ENTERPRISES AND WORK CREWS: THROUGH THESE VOCATIONAL	
	SERVICES, NOBLE PROVIDES A VARIETY OF SUPERVISED WORK OPPORTUNITIES	
	IN BOTH FACILITY AND COMMUNITY-BASED SETTINGS FOR HUNDREDS OF	
	ADULTS WITH DISABILITIES TO LEARN NEW SKILLS, DISCOVER CAREER	
	INTERESTS AND EARN A PAYCHECK.	
4c	: (Code:) (Expenses \$2,563,845. including grants of \$) (Revenue \$)	2,640,062.)
	COMMUNITY LIVING: RESIDENTIAL SERVICE HELPS PEOPLE WITH	
	DISABILITIES CREATE A HOME THAT MEETS THEIR INDIVIDUAL NEEDS AND	
	FOSTERS THEIR DREAMS OF LIVING AS INDEPENDENTLY AS POSSIBLE.	
<u>,</u> ,	d Other pression convinces (Decerite on Celestule O.)	
4d	d Other program services (Describe on Schedule O.) SEE SCHEDULE O	
40	(Expenses \$ 1,491,489.including grants of \$) (Revenue \$ 843,752.● Total program service expenses ► 7,265,792.	
JSA	A.	Form 990 (2021)
1E1	1020 1.000 TX4373 D310 05/11/2023 14:06:23	6
		-

-	90 (2021)		F	Page 3
Part	V 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)? If "Yes,"		162	NO
•	complete Schedule A.	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		х
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? If "Yes," complete Schedule C, Part II.	4		Х
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? If "Yes," complete Schedule C, Part III	5		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? If			
-	"Yes," complete Schedule D, Part I.	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		v
8	the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> . Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i>			X
0	complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	0		
5	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	Х	
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? If "Yes," complete Schedule D, Part VII	11b		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? If "Yes," complete Schedule D, Part VIII	11c		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? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e		X
T	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>	11f		x
12 9	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
12 a	Schedule D, Parts XI and XII.	12a		X
h	Was the organization included in consolidated, independent audited financial statements for the tax year? If	120		
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13		Х
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	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? If "Yes," complete Schedule F, Parts I and IV	14b		Х
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? If "Yes," complete Schedule F, Parts II and IV	15		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? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	4-		
40	Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	10	37	
10	Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	18	Х	-
19	If "Yes," complete Schedule G, Part III	10		v
20 9	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a		X X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		- 23
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			<u> </u>
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
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Part	V 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? If "Yes," complete Schedule I, Parts I and III	22		Х
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? If "Yes," complete Schedule J.	23	Х	
24 a	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? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25-		37
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
D	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?			
	If "Yes," complete Schedule L, Part I.	25b		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	255		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II.	26		х
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? If "Yes," complete Schedule L, Part III	27		Х
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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a	Х	
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		<u>X</u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	22		v
33	<i>complete Schedule N, Part II</i> . Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		X
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	33		
04	or IV, and Part V, line 1.	34	х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	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)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
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? If "Yes," complete Schedule R, Part VI	37		Х
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	Х	
Part				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
-			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	1	v	
JSA	reportable gaming (gambling) winnings to prize winners?	1c Form	X 990	(2021)
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Par	t 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 363			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	Х	
	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		Х
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		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	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		Х
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).			
	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		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
Ū	required to file Form 8282?	7c		Х
Ь	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g		7g		
•	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			
U	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	1		
11	Section 501(c)(12) organizations. Enter:	1		
	Gross income from members or shareholders			
	Gross income from other sources. (Do not net amounts due or paid to other sources	1		
~	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
u	Note: See the instructions for additional information the organization must report on Schedule O.			
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			
c	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15 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?	15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			
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Part	VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sect	ion A. Governing Body and Management			
			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.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 20	4		
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?	2		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?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		Х
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?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	76		37
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:	8a	Х	
a	The governing body?	8b	X	
	Each committee with authority to act on behalf of the governing body?	00		
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? <i>If "Yes," provide the names and addresses on Schedule O</i>	9		х
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	-))	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	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?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a		12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
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?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a				
	with a taxable entity during the year?	16a		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	4.01-		
Section	organization's exempt status with respect to such arrangements?	16b		
	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed I N,	T /		04(-)
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990- (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	ı (sec	tion 5	U1(C)
	X Own website Another's website X Upon request Other (explain on Schedule O)			
40		A :	roct -	
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict or and financial statements available to the public during the tax year.	nite Inte	iest p	olicy,
20	and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and recor	de 🕨		
20	JUDY TIDWELL 7701 E 21ST STREET INDIANAPOLIS, IN 46219	uo 🏲		
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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, 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.

					C) sition				-	_
(A) Name and title	(B)	(do r	not cł			e than c	ne	(D) Reportable	(E) Reportable	(F) Estimated amount
Name and the	Average hours	· ·				is both		compensation	compensation	of other
	per week	office	er and	dad	lirect	or/trust	ee)	from the	from related	compensation
	(list any	or or	Ins	Of	Ke	em	Fo	organization (W-2/	organizations (W-2/	from the
	hours for related	Individual trustee or director	Institutional trustee	Officer	Key employee	ploy	Former	1099-MISC/ 1099-NEC)	1099-MISC/ 1099-NEC)	organization and related organizations
	organizations	ual t	iona		ploy	e co				· · · · · · · · · · · · · · · · · · ·
	below	ruste	l tru:		'ee	npe				
	dotted line)	e	stee			Highest compensated employee				
						ă				
(1) JULIA HUFFMAN	47.00									
PRESIDENT/CEO	3.00			Х				148,897.	NONE	3,140.
(2) ANGIE TYLER (END 02/23/2022)	47.00									
VP/CF0	3.00			Х				92,917.	NONE	15,719.
(3) ALLISON OSLER	2.00									
DIRECTOR	0.50	Х						NONE	NONE	NONE
(4) ANDREW APPEL	2.00	_								
DIRECTOR	0.50	X						NONE	NONE	NONE
(5) ARVIE ANDERSON	2.00	-								
VICE CHAIR/SECRETARY	0.50	Х		Х				NONE	NONE	NONE
(6) DANA FOREMAN	2.00	-								
DIRECTOR	0.50	X						NONE	NONE	NONE
(7) DARLENE FOX	2.00	-								
DIRECTOR	0.50	X						NONE	NONE	NONE
(8) FRED WINTERS	2.00									
DIRECTOR	0.50	X						NONE	NONE	NONE
(9) JAMES JONES	2.00									
DIRECTOR	0.50	X						NONE	NONE	NONE
(10) JASON THOMPSON	2.00							NONE	NONE	NONE
DIRECTOR	0.50	X						NONE	NONE	NONE
(11) JENNA BARNETT DIRECTOR	2.00	x						NONT	NONE	NONT
	2.00							NONE	NONE	NONE
(12) JIM MCWILLIAMS DIRECTOR	0.50	x						NONE	NONE	NONE
(13) KAREN BYRD	2.00							NONE	INCINE	NONE
DIRECTOR	0.50	x						NONE	NONE	NONE
(14) KAREN KING	2.00	- 23						INCINE	INOINE	
DIRECTOR	0.50	x						NONE	NONE	NONE
								1,0111	1,0111	- 000

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(A)	(B)			(0	C)			(D)	(E)	(F)	
Name and title	Average hours per week (list any hours for	box, office	unles er and	Pos heck ss pe d a d	ition more erson lirect	e than c is both or/trust	an tee)	Reportable compensation from the	Reportable compensation from related organizations	Estimated amount o other compensati	of tion
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organizatic and relate organizatio	on ed
15) MARISSA MANLOVE	2.00										
DIRECTOR	0.50	Х						NONE	NONE		NON
16) MARK BRUIN	2.00										
TREASURER	0.50	Х		Х				NONE	NONE		NON
17) MATT CHARLES	2.00										
DIRECTOR	0.50	Х						NONE	NONE		NON
18) NEIL THATCHER	2.00										
DIRECTOR	0.50	Х						NONE	NONE		NON
19) SCOTT TREDWAY	2.00										
DIRECTOR	0.50	Х						NONE	NONE		NON
20) TERRI MILLER	2.00										
DIRECTOR	0.50	Х						NONE	NONE		NON
21) WILLIAM WALES	2.00										
CHAIRMAN	0.50	Х		Х				NONE	NONE		NON
22) MARK VONDERHIET	2.00										
DIRECTOR (BEG 01/01/2022)	0.50	Х						NONE	NONE		NON
23) SARA MCCLAIN	2.00										
DIRECTOR	0.50	Х						NONE	NONE		NON
	+	-									
1b Sub-total								241,814.	NONE	18,	859
c Total from continuation sheets to Part VII, S	ection A							NONE	NONE		NON
d Total (add lines 1b and 1c)							►	241,814.	NONE	18,	859
2 Total number of individuals (including but not reportable compensation from the organizatio	limited to t							eceived more than	\$100,000 of		
						-				Yes	No

3	Did the organization list any former officer, director, or trustee, key employee, or highest compensated	
	employee on line 1a? If "Yes," complete Schedule J for such individual	3
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	4
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	5
-		

Section B. Independent Contractors

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

Name an	(A) I business address	(B) Description of services	(C) Compensation
2 Total number of independent co more than \$100,000 in compensation	ntractors (including but not limited to thos ation from the organization >	e listed above) who received NONE	
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Х

Х

Part VIII Check if Schedule O contains a response or note to any line in this Part VIII (A) (B) (C) (D) Total revenue Related or exempt Unrelated Revenue excluded function revenue business revenue from tax under sections 512-514 Contributions, Gifts, Grants and Other Similar Amounts 379,940. 1a Federated campaigns 1a b Membership dues 1b 259,435. c Fundraising events 1c d Related organizations 1d 2,708,923. е Government grants (contributions) . . 1e f All other contributions, gifts, grants, 402,734 and similar amounts not included above 1f g Noncash contributions included in lines 1a-1f 1g \$ Total. Add lines 1a-1f 3,751,032 h **Business Code** Program Service Revenue 2a ADULT SERVICES 624100 5,156,431. 5,156,431 624100 22,025 22,025 GROUP HOME INCOME b 624100 CONTRACT & SALES INCOME 653,970. 653,970 с 624100 FIRST STEPS 116,432 116,432 Ь RESULTS BASED FUNDING 623990 270,857. 270,857 е 624100 163,859 163,859 f All other program service revenue 6,383,574. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 3 1,295,722. 203,371. 1,092,351 other similar amounts). 4 Income from investment of tax-exempt bond proceeds . NONE 5 Royalties NONE (i) Real (ii) Personal 6a Gross rents 6a **b** Less: rental expenses 6b Rental income or (loss) 6c NONE NONE С d Net rental income or (loss) . . <u>...</u> NONE Gross amount from (i) Securities (ii) Other 7a sales of assets 7,214,163. 100 other than inventory 7a b Less: cost or other basis Other Revenue 7b 6,904,242 NONE and sales expenses 309,921. 100 c Gain or (loss) . . . 7c 310,021. 310,021. d Net gain or (loss) ► 8a Gross income from fundraising 259,435. events (not including \$ ____ of contributions reported on line 88,227 1c). See Part IV, line 18 8a 75,665 8b **b** Less: direct expenses 12,562. 12,562. <u>.</u> . ► c Net income or (loss) from fundraising events 9a Gross income from gaming NONE activities. See Part IV, line 19 9a NONE 9b b Less: direct expenses c Net income or (loss) from gaming activities. NONE Gross sales of inventory, less 10a returns and allowances 10a NONE NONE Net income or (loss) from sales of inventory С ► NONE **Business Code** Miscellaneous Revenue 11a b С d All other revenue NONE Total. Add lines 11a-11d е Total revenue. See instructions 11,752,911. 6,383,574. 203,371. 1,414,934. 12

Form 990 (2021)

Statement of Revenue

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 respo	onse or note to any line	in this Part IX		
	not include amounts reported on lines 6b, 7b, 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	NONE			
2	Grants and other assistance to domestic individuals. See Part IV, line 22	NONE			
3	Grants and other assistance to foreign organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16	NONE			
	Benefits paid to or for members	NONE			
5	Compensation of current officers, directors, trustees, and key employees	260,672.	222,399.	30,213.	8,060.
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	NONE			
7	Other salaries and wages	5,139,153.	4,384,591.	595,650.	158,912.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	127,483.	108,239.	15,899.	3,345.
9	Other employee benefits	1,170,716.	993,988.	146,009.	30,719.
10	Payroll taxes	395,280.	337,242.	45,815.	12,223.
11	Fees for services (nonemployees):				
á	Management	NONE			
k	• Legal	3,436.	1,083.	2,244.	109.
	Accounting	70,139.	22,104.	45,816.	2,219.
	Lobbying	NONE			
	Professional fundraising services. See Part IV, line 17	NONE		26.640	
	f Investment management fees	26,640.		26,640.	
ç	Other. (If line 11g amount exceeds 10% of line 25, column	280,291.	88,332.	183,092.	8,867.
12	(A), amount, list line 11g expenses on Schedule O.) Advertising and promotion	37,593.	3.	358.	37,232.
13	Office expenses	181,738.	147,055.	26,464.	8,219.
14	Information technology	211,789.	66,744.	138,345.	6,700.
15	Royalties	NONE			· · · ·
16	Occupancy	264,995.	217,566.	38,325.	9,104.
17	Travel	215,967.	205,620.	9,797.	550.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	NONE			
19	Conferences, conventions, and meetings	14,832.	4,660.	10,161.	11.
20	Interest	45,973.	7,311.	38,161.	501.
21	Payments to affiliates	NONE			
22	Depreciation, depletion, and amortization	219,678.	203,304.	12,541.	3,833.
23		98,861.	88,640.	8,339.	1,882.
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.)				
	CLIENT TRANSPORTATION FEES	56,774.	56,774.		
	CLIENT ACTIVITIES	2,139.	2,139.		
	ALL OTHER EXPENSES	174,682.	93,097.	73,597.	7,988.
	CLIENT SUPPORT	14,901.	14,901.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	All other expenses				
	Total functional expenses. Add lines 1 through 24e	9,013,732.	7,265,792.	1,447,466.	300,474.
	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 ▶ if following SOP 98-2 (ASC 958-720)		,,	,,	,

Form 990 (2021)

		Check if Schedule O contains a response or note to any line in this Pa	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	1,755.	1	850
	2	Savings and temporary cash investments.	3,974,037.	2	3,784,195.
	2	Pledges and grants receivable, net	NONE		NON:
	4	Accounts receivable, net	529,675.	4	571,488
	- 5	Loans and other receivables from any current or former officer, director,	5257075.		571,100
	-	trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons	NONE	5	NON
	6	Loans and other receivables from other disqualified persons (as defined	INOINE		1010
	U	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).	NONE	6	NON
s	7	Notes and loans receivable, net	NONE		NON
Assets	8	Inventories for sale or use	NONE		NON
As	9	Prepaid expenses and deferred charges	32,500.	9	38,771
4	-	Land, buildings, and equipment: cost or other	52,500.	9	50,771
	l v a	basis. Complete Part VI of Schedule D 10a 8,994,104.			
	b	Less: accumulated depreciation	1,289,496.	100	1,206,113.
	11	Investments - publicly traded securities.	19,658,556.	11	17,770,481.
	12	Investments - other securities. See Part IV, line 11			
	12	Investments - program-related. See Part IV, line 11	NONE		NON
			390,000.		335,000
	4	Intangible assets			
	5	Other assets. See Part IV, line 11	NONE		NON
_	6	Total assets. Add lines 1 through 15 (must equal line 33)	25,876,019.	16	23,706,898.
	17	Accounts payable and accrued expenses	607,540.	17	719,237
		Grants payable	NONE		NON
	19		NONE		317,125
	20	Tax-exempt bond liabilities	NONE		NON
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	NONE	21	NON
	22	Loans and other payables to any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			1017
, la		controlled entity or family member of any of these persons	NONE		NON
4	23	Secured mortgages and notes payable to unrelated third parties	245,372.	23	206,474
	24	Unsecured notes and loans payable to unrelated third parties	1,478,800.	24	NON
2	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	NONE		NON:
	26	Total liabilities. Add lines 17 through 25.	2,331,712.	26	1,242,836
ces		Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.			
an '	27	Net assets without donor restrictions	8,384,132.	27	9,167,008.
ב מו	28	Net assets with donor restrictions.	15,160,175.	28	13,297,054.
Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here ► and complete lines 29 through 33.	13,100,173.	20	13,237,031
5	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
SS	31	Retained earnings, endowment, accumulated income, or other funds		30	
4 ۲	32	Total net assets or fund balances	23,544,307.	32	22,464,062.
S Net	< /				

Form 990 (2021)

Form 99	90 (2021)				Pa	ge 12
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	1	1,7	52,	<u>911</u> .
2	Total expenses (must equal Part IX, column (A), line 25)	2		9,0	13,	<u>732</u> .
3	3 Revenue less expenses. Subtract line 2 from line 1				39,	<u>179</u> .
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2	3,5	44,	<u>307</u> .
5	Net unrealized gains (losses) on investments	5	_	3,8	19,	<u>424</u> .
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8						
9	Other changes in net assets or fund balances (explain on Schedule O).	9				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10	2	2,4	64,	062.
Part						
	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: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," ex	cplain	on			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.			2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were con					
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audi					
	separate basis, consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	ersight	of			
-	the audit, review, or compilation of its financial statements and selection of an independent accounta			2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, e					
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set fo	rth in 1	the			
	Single Audit Act and OMB Circular A-133?			3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	lergo	the			
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a	•		3b		
				Form	990	(2021)

SCHE	DU	LE	A
(Form	990)	

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047 G Open to Public

Department of the Treasury
Internal Revenue Service

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

men		evenue Service	,					Inspection
Nam	e of tl	ne organization					Employer identif	ication number
NOE	BLE	·						924720
Pa	rt I	Reason for Public Cha	rity Status. (All o	organizations must	complet	e this p	art.) See instruction	S
The	orga	anization is not a private fou			-	•	,	
1		A church, convention of chu	urches, or associat	tion of churches desc	ribed in s	ection 1	70(b)(1)(A)(i).	
2		A school described in secti	on 170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 99	0).)		
3		A hospital or a cooperative	hospital service o	rganization described	in sectio	n 170(b)	(1)(A)(iii).	
4		A medical research organiz	ation operated in	conjunction with a hos	spital des	scribed ir	n section 170(b)(1)(A)	(iii). Enter the
		hospital's name, city, and st	ate:					
5		An organization operated f	for the benefit of	a college or universit	y owned	d or ope	rated by a governme	ental unit described in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)					
6		A federal, state, or local go	overnment or gover	rnmental unit describe	d in sect	ion 170(b)(1)(A)(v).	
7	X	An organization that norma	ally receives a sub	ostantial part of its su	pport fro	om a go	vernmental unit or fr	om the general public
		described in section 170(b)	(1)(A)(vi). (Compl	ete Part II.)				
8		A community trust describe	ed in section 170(b	o)(1)(A)(vi). (Complete	Part II.)			
9		An agricultural research or	ganization describe	ed in section 170(b)(1)(A)(ix)	operated	I in conjunction with a	land-grant college
		or university or a non-land-	grant college of ac	riculture (see instruct	ions). Ei	nter the i	name, city, and state o	f the college or
		university:						·
10		An organization that norma receipts from activities rela support from gross investm acquired by the organizatio	ted to its exempt f rent income and u	unctions, subject to c nrelated business tax	ertain ex able incc	ceptions	s; and (2) no more that s section 511 tax) from	n 331/3 % of its
11		An organization organized a	and operated exclu	usively to test for publi	c safety.	See sec	tion 509(a)(4).	
12		An organization organized a	and operated exclu	sively for the benefit o	of, to perf	form the	functions of, or to car	rry out the purposes of
		one or more publicly support	rted organizations	described in section 5	09(a)(1)	or secti	ion 509(a)(2). See see	ction 509(a)(3). Check
	_	the box on lines 12a throug	h 12d that describ	es the type of suppor	ting orga	anization	and complete lines 1	2e, 12f, and 12g.
а		Type I. A supporting orga	anization operated	, supervised, or contr	olled by	its supp	orted organization(s),	typically by giving
		the supported organization	on(s) the power to	regularly appoint or e	lect a ma	ajority of	the directors or truste	es of the
		_ supporting organization.	You must complet	e Part IV, Sections A	and B.			
b		Type II. A supporting org	anization supervise	ed or controlled in co	nnection	with its	supported organizati	on(s), by having
		control or management of	of the supporting o	rganization vested in	the sam	e persor	ns that control or mar	age the supported
		organization(s). You must	complete Part IV	, Sections A and C.				
С		Type III functionally integ	grated. A supporti	ng organization opera	ted in co	onnectio	n with, and functiona	lly integrated with,
		_ its supported organizatior	n(s) (see instruction	s). You must comple	te Part l	V, Sectio	ons A, D, and E.	
d		Type III non-functionally	integrated. A sup	porting organization o	perated	in conne	ection with its suppor	ted organization(s)
		that is not functionally inte	egrated. The orgar	nization generally mus	st satisfy	a distrib	oution requirement an	d an attentiveness
		_ requirement (see instruct	ions). You must co	omplete Part IV, Sect	ions A a	nd D, an	d Part V.	
е		Check this box if the orga	nization received	a written determinatio	n from tl	he IRS th	hat it is a Type I, Type	II, Type III
		functionally integrated, or						
f	En	ter the number of supported	l organizations					
g	Pro	ovide the following information	on about the suppo	orted organization(s).				
	(i) N	ame of supported organization	(ii) EIN	(iii) Type of organization		organization	(v) Amount of monetary	(vi) Amount of
				(described on lines 1-10 above (see instructions))		ur governing ment?	support (see instructions)	other support (see instructions)
					Yes	No	indit dollono)	mondonory
<i>(</i> ^)								
(A)								
(B)								
(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,								
(C)								
•								
(D)								
(E)								

Total

Schedule A (Form 990) 2021

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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,147,679.	2,064,559.	2,427,454.	2,656,997.	3,751,032.	13,047,721.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						NONE
3	The value of services or facilities furnished by a governmental unit to the organization without charge						NONE
4 5	Total. Add lines 1 through 3 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	2,147,679.	2,064,559.	2,427,454.	2,656,997.	3,751,032.	13,047,721.
~	shown on line 11, column (f)						NONE
$\frac{6}{2}$	Public support. Subtract line 5 from line 4						13,047,721.
	tion B. Total Support	(a) 2017	(b) 2018	(-) 2010	(4) 2020	(2) 2021	
_	ndar year (or fiscal year beginning in) 🕨	()	(b) 2018 2,064,559.	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2,147,679. 240,693.	2,084,559.	2,427,454. 641,140.	2,656,997. 568,173.	3,751,032.	13,047,721.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						NONE
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						NONE
11	Total support. Add lines 7 through 10						16,005,087.
12	Gross receipts from related activities, etc. (s	ee instructions) .				12	33,562,929.
13	First 5 years. If the Form 990 is for organization, check this box and stop here						
Sec	tion C. Computation of Public Sup	port Percenta	ge				
14	Public support percentage for 2021 (lin	ne 6, column (f)), divided by line	11, column (f))		14	81.52 %
15	Public support percentage from 2020					15	86.16 %
16a	331/3% support test - 2021. If the org box and stop here. The organization qu	-					
	331/3% support test - 2020. If the org this box and stop here. The organization	on qualifies as a	publicly suppor	ted organizatio	n		▶∟
	 10%-facts-and-circumstances test - 2 10% or more, and if the organization Part VI how the organization meets organization 10%-facts-and-circumstances test - 2 15 is 10% or more, and if the organization in Part VI how the organization meets organization 	meets the facts-and-content of the facts-and-content of the facts-and content of the organization meets the facts-and so the facts of the	cts-and-circumst ircumstances te ganization did no e facts-and-circu -circumstances t	ances test, che st. The organiz ot check a box umstances test, est. The organi	eck this box an ation qualifies on line 13, 16 check this boy zation qualifies	ad stop here. E as a publicly su a, 16b, or 17a, and stop here as a publicly su	xplain in upported ►□ and line . Explain upported
18	Private foundation. If the organization instructions	n did not chec	k a box on line	13, 16a, 16b	, 17a, or 17b,	check this box	and see

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021

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.)

<u>Sec</u>	tion A. Public Support					1	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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 disgualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b.						
8	Public support. (Subtract line 7c from						
<u> </u>	line 6.)						
	tion B. Total Support	(a) 2017	(b) 2019	(a) 2010	(4) 2020	(a) 2021	(f) Total
	ndar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 10 a	Amounts from line 6 Gross income from interest, dividends,						
iva	payments received on securities loans,						
	rents, royalties, and income from similar						
h	sources Unrelated business taxable income (less						
D	section 511 taxes) from businesses						
	acquired after June 30, 1975						
~	Add lines 10a and 10b						
11 11	Net income from unrelated business						
	activities not included in 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 organizati	on's first, secon	d. third. fourth.	or fifth tax ve	ar as a section	501(c)(3)
	organization, check this box and stop here .	0					
Sec	tion C. Computation of Public Supr						
15	Public support percentage for 2021 (line 8,			mn (f))		15	%
16	Public support percentage from 2020 Sche		-			16	%
Sec	tion D. Computation of Investment						
17	Investment income percentage for 2021 (lir			13, column (f))		17	%
18	Investment income percentage from 2020 S					18	%
	331/3% support tests - 2021. If the or						
	17 is not more than 331/3%, check this	-					
b	331/3% support tests - 2020. If the orga	-	-				
	line 18 is not more than 331/3%, check						
20	Private foundation. If the organization of		•	•			
JSA	1 1.000						A (Form 990) 2021
1 - 1 2 2	.1 1.000						

Page **4**

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on 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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **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)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.
- **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)? 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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? 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).
- **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? *If "Yes," provide detail in Part VI.*
- 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? *If "Yes," complete Part I of Schedule L (Form 990).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **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))? If "Yes," provide detail in **Part VI.**
- **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? *If "Yes," provide detail in Part VI.*
- **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? *If "Yes," provide detail in Part VI.*
- **10 a** 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)? *If "Yes," answer line 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

Schedule A (Form 990) 2021

Schedu	le A (Form 990) 2021		F	Page 3
Part	IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	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		
С	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		
Sect	on B. Type I Supporting Organizations			
			Vos	No

r c c	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? <i>If "No," describe in Part VI how the supported organization(s)</i> effectively operated, supervised, or controlled the organization's activities. <i>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.</i>
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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.

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? <i>If "Yes," describe in Part VI the role the organization's</i>			
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

2	Activities Test. Answer lines 2a and 2b below.		Yes	Nc					
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity.	ntity (see instr		,					
b									
а									
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).								

а	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.

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.*

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.**
- **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.*

2a

2b

3a

3b

1

2

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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nization	S	Page
Check here if the organization satisfied the Integral Part Test as a qualifyin instructions. All other Type III non-functionally integrated supporting organ	ng trust on	Nov. 20, 1970 (expla	
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		
 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) Section B - Minimum Asset Amount	8	(A) Prior Year	(B) Current Year (optional)
 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 (explain in detail in Part VI):			
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 Check here if the current year is the organization's first as a non-functiona	llv integra	ted Type III supportin	g organization

7 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) 2021

Part	V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	ions (continued)		
Sect	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish ex	xempt purposes		1	
2	Amounts paid to perform activity that directly furthers exer	mpt purposes of support	ed		
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organiz	zations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - p	provide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which	the organization is resp	onsive		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	s	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021				
	(reasonable cause required - explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
С	From 2018				
d	From 2019				
е	From 2020			-	
f	Total of lines 3a through 3e			-	
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from			-	
•	Section D, line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
с С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h				
•	and 4b from line 1. For result greater than zero, <i>explain in</i>				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
'	and 4c.				
8	Breakdown of line 7:				
o a	Excess from 2017				
a b	Excess from 2018				
	Excess from 2019				
c d	Excess from 2019				

Schedule A (Form 990) 2021

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

OMB No. 1545-0047

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

Employer identification number

NOBLE, INC.		35-0924720
Organization type (check	one):	
Filers of:	Section:	
Form 990 or 990-EZ	X 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 pr	ivate foundation
	501(c)(3) taxable private foundation	

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

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

General Rule

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

Special Rules

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

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

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

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

Name of organization

	NOBLE, INC.		35-0924720
Part I	Contributors (see instructions). Use duplicate cop	ies of Part I if additional space is no	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	WILLIAM CARMICHAEL		Person X
	250 E 96TH ST, STE 202	\$5,500.	Payroll Noncash
	INDIANAPOLIS, IN 46260		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	DON RIX		Person X
	5445 S EAST ST		Payroll Noncash
	INDIANAPOLIS, IN 46204		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	TRACY HENDERSON		Person X
	1701 JOHN F. KENNEDY BOULEVARD	\$8,750.	Payroll Noncash
	PHILADELPHIA, PA 19103		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	TIM AND DENISE COOK		Person X
	800 EAST 96TH ST., SUITE 500	\$5,000.	Payroll Noncash
	INDIANAPOLIS, IN 46240		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	HEIDI SPAHN		Person X
	9330 ZIONSVILLE RD	\$25,000.	Payroll Noncash
	INDIANAPOLIS, IN 46202		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	ALMAD HAMADE		Person X
	5202 EXPLORATION DRIVE	\$5,800.	Payroll Noncash
	INDIANAPOLIS, IN 46241		(Complete Part II for noncash contributions.)
			1

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Name of organization

name of c	NOBLE, INC.		Employer identification number 35-0924720
Part I	Contributors (see instructions). Use duplicate cop	vies of Part I if additional space is no	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	LOUIS AND KATHY DAUGHERTY		Person X
	6480 MAYFIELD LANE	\$5,000.	Payroll Noncash
	ZIONSVILLE, IN 46268		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	THOMAS GORGOL		Person X
	9901 YOUNGWOOD LN	\$5,850.	Payroll Noncash
	FISHERS, IN 85718		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	ANDREW APPEL		Person X
	1402 N CAPITOL AVE STE 400	\$28,710.	Payroll Noncash
	INDIANAPOLIS, IN 45277		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	SETH JACKSON		Person X
	225 N. NEW JERSEY ST., A23	\$ 5,845.	Payroll Noncash
	INDIANAPOLIS, IN 46204		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11	KATZ, SAPPER AND MILLER		Person X
	800 E 96TH ST, STE 500	\$5,000.	Payroll Noncash
	INDIANAPOLIS, IN 46240		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12	MIKE AND PEGGY KENNEDY		Person X
	4019 CENTRAL AVE	\$5,000.	Payroll Noncash
	INDIANAPOLIS, IN 46208		(Complete Part II for noncash contributions.)

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NOBLE, INC.

Name of organization

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			
	N CLAY ROBBINGS PO BOX 88068 INDIANAPOLIS, IN 46204	\$6,100.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
14	DAVID AND THERESA MATTSON 4400 SUMMER DRIVE ZIONSVILLE, IN 46077	\$12,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
	DR JOHN BOYER 1600 TYSTONS BLVD, SUITE 1400 MCLEAN, VA 22102	\$12,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
16	JEFF MCCREARY 21 RIDGETOP CIR SANTE FE , NM 46206	\$13,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
	RICHARD AND TERRY MOHS 1110 N LAKE SHORE DR, APT 19S CHICAGO, IL 46260	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
18	MARK BRUIN 107 N PENNSYLVANIA ST, STE 700 INDIANAPOLIS, IN 46260	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			

Schedule B (Form 990) (2021)

NOBLE, INC.

Name of organization

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		
19	SUE RICHARDSON 1950 E GREYHOUND PASS #18-356 CARMEL, IN 46240	\$24,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
20	THE PENROD SOCIETY 8900 KEYSTONE XING, STE 660 INDIANAPOLIS, IN 94040	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
	JUSTIN BUNTE 8424 US 31 S INDIANAPOLIS, IN 44236	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
22	RYAN AND TERRI ROBERSON 7327 PREAMBLE CT INDIANAPOLIS, IN 46204	\$21,250.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
	JOHN WALLACE PO BOX 40053 INDIANAPOLIS, IN 46250	\$20,124.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
24	THE SWISHER FOUNDATION, INC. 201 N ILLINOIS ST, STE 700 INDIANAPOLIS, IN 46220	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		

Schedule B (Form 990) (2021)

JSA

Name of organization

Name of o	NOBLE, INC.	35-0924720		
Part I	Contributors (see instructions). Use duplicate copies of	Part I if additional space is ne	eeded.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
25	NEIL AND SARAH THATCHER		Person X Payroll	
	4450 REPASS DR	\$6,425.	Noncash	
	WESTFIELD, IN 47201		(Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
26	DAVID SCHNIEDERS		Person	
	510 DICKSON LANE	\$5,000.	Payroll Noncash	
	CARMEL, IN 46032		(Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
27	GARY WOODWORTH		Person	
	2955 N MERIDIAN ST., STE 300	\$68,750.	Payroll Noncash	
	INDIANAPOLIS, IN 46208		(Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
28	KORY AND JULIE VANDERFORD		Person X	
	14975 STABLE STONE TER	\$10,390.	Payroll Noncash	
	FISHERS, IN 46226		(Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
29	BILL AND SUZANNE WALES		Person	
	1272 HELFORD LN	\$7,615.	Payroll Noncash	
	CARMEL, IN 46204		(Complete Part II for noncash contributions.)	
(a) No.	(b)	(c) Total contributions	(d) Type of contribution	
	Name, address, and ZIP + 4			
30	FRED AND JACQUIE WINTERS		Person X	
		\$6,550.	Person X Payroll Noncash	

Schedule B (Form 990) (2021)

Name of organization

	NOBLE, INC.		35-0924720
Part I	Contributors (see instructions). Use duplicate copie	es of Part I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	ADAM HASTEN <u>11380 KNIGHTSBRIDGE LANE</u> <u>FISHERS, IN 46037</u>	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	DORIS WRIGHT 8126 HAZEN WAY INDIANAPOLIS, IN 46216	\$125,330.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
33	US SMALL BUSINESS ADMINISTRATION 409 3RD ST, SW WASHINGTON, DC 20416	\$1,498,166.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
34	UNITED WAY OF CENTRAL INDIANA 2955 N. MERIDIAN ST., STE 300 INDIANAPOLIS, IN 46208	\$379,340	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

30

	NOBLE, INC.	3!	35-0924720		
Part II	Noncash Property (see instructions). Use duplicate copies	of Part II if additional space is n	f 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		
		\$	_		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		 \$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
		<i>Ф</i>	-		

JSA

Schedule B (Form 990) (2021) Name of organization

Employer identification number

	Form 990) (2021)			Page 4
Name of org	-			Employer identification number
	NOBLE, INC. Exclusively religious, charitable, etc. (10) that total more than \$1,000 for the following line entry. For organizati contributions of \$1,000 or less for the Use duplicate copies of Part III if additi	the year from any ions completing Par e year. (Enter this ir	one contributor. (t III, enter the total formation once. S	Complete columns (a) through (e) and of <i>exclusively</i> religious, charitable, etc.,
(a) No. from Part I	(b) Purpose of gift (c) Use of		of gift	(d) Description of how gift is held
	(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relatio			ship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
	(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
	(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship			ship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
	(e) Transfer of gif Transferee's name, address, and ZIP + 4		-	ship of transferor to transferee
JSA				Schedule B (Form 990) (2021)

SCHE	DULE	D
(Form	990)	

Department of the Treasury

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.

2 **Open to Public**

OMB No. 1545-0047

	nal Revenue Service	► Go to www.irs.gov/	/Form990 for instructions and the latest inform	mation.	Inspection
Nam	e of the organization			Employer identific	ation number
NOI	BLE, INC.			35-0924	720
Pa	art I Organiza	tions Maintaining Donor Advi	ised Funds or Other Similar Funds o	r Accounts.	
	Complete	e if the organization answered	"Yes" on Form 990, Part IV, line 6.		
			(a) Donor advised funds	(b) Funds an	d other accounts
1	Total number at e	nd of year			
2		of contributions to (during year)			
3		of grants from (during year)			
4		at end of year			
5			advisors in writing that the assets held	in donor advised	
•	-		e organization's exclusive legal control?		
6			and donor advisors in writing that grant f		
-	-	-	fit of the donor or donor advisor, or for a		
Pa		tion Easements.			
			"Yes" on Form 990, Part IV, line 7.		
1			organization (check all that apply).		
		n of land for public use (for example		of a historically in	nportant land area
		of natural habitat		of a certified histo	
	Preservatio	n of open space			
2			eld a qualified conservation contribution ir	n the form of a co	nservation
		last day of the tax year.			e End of the Tax Year
а		• •		2a	
b			· · · · · · · · · · · · · · · · · · ·	2b	
c	-	-	historic structure included in (a)	2c	
d			acquired after 7/25/06, and not on a		
				2d	
3		-	nsferred, released, extinguished, or term	inated by the ord	anization during the
-	tax year 🕨		,		,
4			rvation easement is located ►		
5			garding the periodic monitoring, inspec	tion, handling of	
	-		sements it holds?	-	Yes No
6	•		ecting, handling of violations, and enforcing		
-	•				
7	Amount of expens	ses incurred in monitoring, inspect	ting, handling of violations, and enforcing c	conservation easer	nents during the vear
	▶\$	3, 1	3,		5
8		vation easement reported on line 2	2(d) above satisfy the requirements of sect	ion 170(h)(4)(B)(i)	
-					Yes No
9	In Part XIII, descri	ibe how the organization reports	conservation easements in its revenue an	d expense stateme	
		•	of the footnote to the organization's finance	•	
		counting for conservation easeme			
Pa	art III 🛛 Organiza	tions Maintaining Collections	of Art, Historical Treasures, or Othe	er Similar Assets	5.
	Complete	e if the organization answered	"Yes" on Form 990, Part IV, line 8.		
1a	If the organization	n elected, as permitted under FA	SB ASC 958, not to report in its revenu	ue statement and	balance sheet works
	of art, historical	treasures, or other similar asset	ts held for public exhibition, education,	or research in f	urtherance of public
			to its financial statements that describes t		
b			ASB ASC 958, to report in its revenue s		
	provide the follow	ring amounts relating to these iter	ld for public exhibition, education, or res ns:		ice of public service,
	•	.		▶ 9	6
					5
2			rt, historical treasures, or other similar		
2	-		ASB ASC 958 relating to these items:	assets for finding	iai gain, provide the
2			ASB ASC 958 relating to these items:		
a b					,
-		n Act Notice, see the Instructions for			, hedule D (Form 990) 2021
JSA	,				(

 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued). Using the organization's acquisition, accession, and other records, check any of the following that make significant use collection items (check all that apply): Public exhibition Control Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose XIII. 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 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 	e of its in Part
 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 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 Part IV Escrow and Custodial Arrangements. 	in Part
 a Public exhibition b Scholarly research c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose 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 [Part IV Escrow and Custodial Arrangements. 	No
 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 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 Part IV Escrow and Custodial Arrangements. 	No
 c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose 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 Part IV Escrow and Custodial Arrangements. 	No
 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose 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 Part IV Escrow and Custodial Arrangements. 	No
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 Part IV Escrow and Custodial Arrangements.	No
 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 Part IV Escrow and Custodial Arrangements. 	
assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes Part IV Escrow and Custodial Arrangements.	
Part IV Escrow and Custodial Arrangements.	
	2
Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Forn	`
	1
990, Part X, line 21.	
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not	
included on Form 990, Part X? Yes	No
b If "Yes," explain the arrangement in Part XIII and complete the following table:	
Amount	
c Beginning balance	
d Additions during the year	
e Distributions during the year	
f Ending balance	
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	No
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII	
Part V Endowment Funds.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 10.	
(a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four year	
	5,853.
b Contributions	0,000.
c Net investment earnings, gains,	
and losses	0,977.
d Grants or scholarships	
e Other expenditures for facilities	
and programs	8,757.
f Administrative expenses	
g End of year balance 13,259,237. 15,122,217. 12,602,960. 12,144,027. 11,439),073.
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 ▶ 79.7000 % 	
c Term endowment $\blacktriangleright 20.3000\%$ 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:	s No
(i) Unrelated organizations	X
(ii) Related organizations	X
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	
 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 (b) Cost or other basis (c) Accumulated (d) Book value (investment) (other)	
Interview Interview Interview	
	,752.
c Leasehold improvements	
•	,470.
	, <u>170.</u> ,891.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 1,206,	

Schedule D (Form 990) 2021

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 (b) Book value (c) Method of valuation: (including name of security) Cost or end-of-year market value (1) Financial derivatives (2) Closely held equity interests (3) Other (A) (B) (C) (D) (E) (F) (G) (H) Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) **Investments - Program Related.** Part VIII 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. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Other Assets. Part IX Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ► Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6)(7)(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.). ► 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 . JSA 1E1270 1.000 Schedule D (Form 990) 2021

Schedu	le D (Form 990) 2021		Page 4
Part		n.	
	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	7,982,512.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	-3,743,759.
3	Subtract line 2e from line 1	3	11,726,271.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.) 4b		
С	Add lines 4a and 4b	4c	26,640.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	11,752,911.
Part		ırn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	9,062,757.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIII.) 2d 75,665.		
e	Add lines 2a through 2d	2e	75,665.
3	Subtract line 2e from line 1	3	8,987,092.
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		
b	Other (Describe in Part XIII.)		
c c	Add lines 4a and 4b	4c	26,640.
5	Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18.</i>)		9,013,732.
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.

SEE SUPPLEMENTAL PAGE

Part XIII Supplemental Information (continued)

SCHEDULE D, PART V, LINE 4

INTENDED USES OF THE ORGANIZATION'S ENDOWMENT FUNDS:

THE RESTRICTED ENDOWMENT FUND IS AN INVESTMENT IN PERPETUITY; THE INCOME IS EXPENDABLE TO SUPPORT ACTIVITIES AND SERVICES DIRECTED AT ENHANCING A MOTHER'S ABILITY TO PARENT A CHILD WITH DISABILITIES ALONG WITH CAPACITY BUILDING.

SCHEDULE D, PART X

ASC 740 DISCLOSURE:

MANAGEMENT HAS EVALUATED THEIR INCOME TAX POSITIONS UNDER THE GUIDANCE INCLUDED IN ASC 740. BASED ON THEIR REVIEW, MANAGEMENT HAS NOT IDENTIFIED ANY MATERIAL UNCERTAIN TAX POSITIONS TO BE RECORDED OR DISCLOSED IN THE FINANCIAL STATEMENTS.

SCHEDULE D, PARTS XI & XII, LINE 2D

OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSE

\$ 75,665

SCHEDULE G (Form 990) Department of the Treasury	Complete if t		red "Yes" on nore than \$1 to Form 990	Form 990, F 5,000 on Fo) or Form 99	Part IV, line 17, 18, or 1 rm 990-EZ, line 6a. 0-EZ.	9, or if the	OMB No. 1545-0047
Internal Revenue Service	G	to to www.irs.gov/Form	990 for instr	uctions and	the latest information.		Inspection
Name of the organization						Employer identification	on number
NOBLE, INC.						35-092472	
	g Activities. Comp EZ filers are not re	•			Yes" on Form 99	90, Part IV, line 1	7.
1 Indicate whether	the organization rais	sed funds through a	any of the	following	activities. Check a	all that apply.	
a 🔄 Mail solicita	tions	е	Solic	citation of	non-government g	Irants	
b Internet and	email solicitations	f	Solic	citation of	government grants	S	
c Phone solic	itations	g	Spec	cial fundra	ising events		
d 🔄 In-person so	olicitations						
	es listed in Form 990	, Part VII) or entity	in connec	tion with p	professional fundra	ising services?	Yes No
	10 highest paid indi least \$5,000 by the	organization.	(iii) Did fun	draiser have	Int to agreements	(v) Amount paid to (or retained by)	(vi) Amount paid to
or entity (fu		(ii) Activity		or control of outions?	from activity	fundraiser listed in col. (i)	(or retained by) organization
1			Yes	No			
I							
2							
3							
4							
5							
6							
7							
8							
9							
10							
10							
	which the organiza			► to solicit		has been notified	it is exempt from
registration or lic							

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 EITG GOLF 1 (add col. (a) through col. (c)) (event type) (event type) (total number) Revenue 1 Gross receipts 129,494. 114,125. 104,043. 347,662. 2 Less: Contributions3 Gross income (line 1 minus 90,322. 93,125. 75,988. 259,435. line 2)..... 39,172. 21,000. 28,055. 88,227. 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs 17,917. 12,189. 2,664. 32,770. 7 Food and beverages 3,090. 12,037. 15,127. 8 Entertainment <u>7,</u>500. 2,750. 10,250. 9 Other direct expenses 6,758. 1,405. 9,355. 17,518. **10** Direct expense summary. Add lines 4 through 9 in column (d) ► 75,665. 11 Net income summary. Subtract line 10 from line 3, column (d) 12,562 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. Revenue (b) Pull tabs/instant (d) Total gaming (add (c) Other gaming (a) Bingo bingo/progressive bingo col. (a) through col. (c)) 1 Gross revenue Direct Expenses 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes % Yes % Yes % 6 Volunteer labor No No 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) ► Enter the state(s) in which the organization conducts gaming activities: 9 Is the organization licensed to conduct gaming activities in each of these states? Yes а No If "No," explain: b Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? 10a Yes No b If "Yes," explain:

JSA 1E1282 1.000

Schedule G (Form 990) 2021

Sched	dule G (Form 990 or 990-EZ) 2021		Page 3
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:		
а	The organization's facility 13a		%
b			%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address ►		
15 a	Does the organization have a contract with a third party from whom the organization receives gaming		
IUU	revenue?	Yes	No
b].00[
	amount of gaming revenue retained by the third party ► \$		
с	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			
u	retain the state gaming license?	Yes	No
b			
	or spent in the organization's own exempt activities during the tax year > \$		
Part			

SCH	EDULE J	Compen	Isa	tion Information	1	OMB No.	1545-0	047
(Forr	n 990)	For certain Officers, Dire	ctors	s, Trustees, Key Employees, and Highest		୬៣	91	
► Com				nsated Employees nswered "Yes" on Form 990, Part IV, line	23.	<u>Z</u> U		
	nent of the Treasury Revenue Service			ch to Form 990. or instructions and the latest information		Open to	o Pur ectio	
	of the organization	, , , , , , , , , , , , , , , , , , ,			Employer identifica			11
NOBI	LE, INC.				35-09247	20		
Part	Question	ns Regarding Compensation						
							Yes	No
1a		propriate box(es) if the organization pro Section A, line 1a. Complete Part III to				m		
		ss or charter travel		Housing allowance or residence for	-			
		or companions		Payments for business use of perso	•			
		emnification and gross-up payments		Health or social club dues or initiati				
		onary spending account		Personal services (such as maid, ch				
b	If any of the	boxes on line 1a are checked, did the ment or provision of all of the ex		rganization follow a written policy r	egarding payme	nt		
2	Did the orga	anization require substantiation prior	to	reimbursing or allowing expenses	s incurred by a	all		
	•	stees, and officers, including the CEC		e	•			
	1a?					. 2		
3		h, if any, of the following the organization			the			
	organization's	S CEO/Executive Director. Check all the	at ap	pply. Do not check any boxes for method	ods used by a			
	related organ	ization to establish compensation of th	e CE	EO/Executive Director, but explain in F	Part III.			
	· ·	nsation committee	X	Written employment contract				
		dent compensation consultant		Compensation survey or study				
	Form 99	90 of other organizations	Χ	Approval by the board or compense	ation committee			
4		ar, did any person listed on Form 990, or a related organization:	Par	t VII, Section A, line 1a, with respect t	o the filing			
а		verance payment or change-of-control p	-					Х
b	-	or receive payment from a supplement						X
С	-	or receive payment from an equity-bas				. 4c		X
	If "Yes" to an	y of lines 4a-c, list the persons and p	rovid	le the applicable amounts for each i	tem in Part III.			
	Only costion	E(1/2)/2 $E(1/2)/4$ and $E(1/2)/20$ a		izationa must complete lines 5.0				
5	-	501(c)(3), 501(c)(4), and 501(c)(29) or listed on Form 990, Part VII, Secti	-	-	or occrup o			
5		n contingent on the revenues of:		\neg , me ra, un me organization pa	ay of accide al	'y		
а		ion?				. 5a		x
	-	rganization?						X
~		e 5a or 5b, describe in Part III.						
6		listed on Form 990, Part VII, Secti	on /	A, line 1a, did the organization pa	ay or accrue a	у		
		n contingent on the net earnings of:						
а	The organizat	ion?				. 6a		X
b		rganization?				. 6b		X
	If "Yes" on lin	e 6a or 6b, describe in Part III.						
7		listed on Form 990, Part VII, Section						
~		t described on lines 5 and 6? If "Yes," d				. 7		X
8	-	ounts reported on Form 990, Part VII,	-	-	-			
		I contract exception described in	•					v
9		line 8, did the organization also fol						X
3		ection 53.4958-6(c)?						
			• •			. 3		I

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

Schedule J (Form 990) 2021

Schedule J (Form 990) 2021

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.

		(B) Breakdown of W-2 a	nd/or 1099-MISC and/or	1099-NEC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reporte as deferred on prior Form 990
JULIA HUFFMAN	(i)	148,797.	100.	NONE	NONE	3,140.	152,037.	
1 PRESIDENT/CEO	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	
	(i)							
2	(ii)							
	(i)							
3	(ii)							
	(i)							
4	(ii)							
	(i)							
5	(ii)							
	(i)							
6	(ii)							
	(i)							
7	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
4	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

Schedule J (Form 990) 2021

SCHEDULE L (Form 990)

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

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

OME	3 No. 1545-0047
	2021
0	non To Public

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

	identification	
Employor	idontification	numbor
	Internation	number

	-				
NOBL	E, INC.		35-0924720		
Part		ns (section 501(c)(3), section 501(c)(4), and 501 n answered "Yes" on Form 990, Part IV, line 25a	· · · · · · · · · · · · · · · · · · ·).	
4	(b) Relationship between disqualified person and		(c) Description of transaction	(d) Co	rrected
	(a) Name of disqualified person	organization	(c) Description of transaction	Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
2	Enter the amount of tax incurred	I by the organization managers or disqualified pe	ersons during the year		
	under section 4958		▶ \$		
3		n line 2, above, reimbursed by the organization			

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of Ioan	fron	(d) Loan to or from the organization?		(f) Balance due	(g) In default?		? (h) Approved by board or committee?		(i) Written agreement?	
			То	From			Yes	No	Yes	No	Yes	No
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
Total						\$		•				

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

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

Schedule L (Form 990) 2021

Part IV Business Transactions Involving Interested Persons.

Page 2

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	-	aring o ization's nues?
				Yes	No
(1) GREGORY AND APPEL	OWNER IS A DIRECTOR	251,489.	INSURANCE SERVICES		х
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
10)					

Provide additional information for responses to questions on Schedule L (see instructions).

SCHEDULE L, PART IV, LINE 1

BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS: ANDREW APPEL, A DIRECTOR OF NOBLE, INC. IS AN OWNER OF GREGORY & APPEL INSURANCE COMPANY. THE ORGANIZATION FOLLOWED THE CONFLICT OF INTEREST POLICY. ANDREW APPEL DID NOT VOTE ON THE DECISION TO USE GREGORY & APPEL INSURANCE.

SCHEDULE O (Form 990 or 990-EZ)

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 990-EZ.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.



Name of the organization

Employer identification number

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

PROCESS TO REVIEW THE FORM 990:

THE CEO, CFO AND AN INDEPENDENT ACCOUNTING FIRM REVIEW FORM 990 BEFORE IT IS FILED. THE RETURN IS ALSO SUBMITTED TO THE BOARD TO REVIEW PRIOR TO FILING.

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

MONITOR AND ENFORCEMENT OF COMPLIANCE WITH CONFLICT OF INTEREST POLICY: COMPLIANCE IS ENFORCED THROUGH THE BOARD OF DIRECTORS POLICY NUMBER BD 90-1 WHICH WAS ADOPTED 1/26/1984 AND AMENDED LAST ON 9/19/2018 WHERE THE CODE OF ETHICS AND CONFLICT OF INTEREST POLICY WERE COMBINED INTO A NEW POLICY, BD 18-1. IN REGARDS TO OFFICERS, DIRECTORS OR EMPLOYEES OF NOBLE, INC. THE POLICY STATES IT IS THE RESPONSIBILITY OF THE INDIVIDUAL TO REPORT ANY PERSONAL OWNERSHIP, INTEREST OR OTHER RELATIONSHIP THAT MIGHT AFFECT THEIR ABILITY TO EXERCISE IMPARTIAL AND ETHICAL JUDGMENT IN THE AREA OF THEIR RESPONSIBILITY. THE POLICY IS FURTHERED BY NINE PRINCIPLES. THE ORGANIZATION ALSO MAINTAINS COPIES OF SIGNED CONFLICT OF INTEREST DISCLOSURE STATEMENTS. THE CEO REVIEWS THE SIGNED CONFLICT OF INTEREST STATEMENTS, IF THE CEO DISCOVERS ANY CONFLICTS OR POTENTIAL CONFLICTS OF INTEREST, THE CHAIRMAN OF THE AUDIT COMMITTEE FURTHER REVIEWS THE CONFLICT.

FORM 990, PART VI, SECTION B, LINE 15A & 15B

PROCESS TO DETERMINE CEO AND OFFICER COMPENSATION: THE EXECUTIVE COMMITTEE REVIEWED THE CEO'S COMPENSATION DURING AN ANNUAL PERFORMANCE REVIEW IN SEPTEMBER 2022. THE CEO'S NEXT COMPENSATION REVIEW WILL BE HELD IN AUGUST, 2023. COMPENSATION OF THE CHIEF FINANCIAL OFFICER

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

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 990-EZ. OMB No. 1545-0047

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Employer identification number

WAS DETERMINED THROUGH MARKET ANALYSIS AND IS REVIEWED ANNUALLY BY THE

CEO.

FORM 990, PART VI, SECTION C, LINE 19

AVAILABILITY OF GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FS:

THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND

FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.

Schedule O (Form 990 or 990-EZ) 2021	Page
Name of the organization	Employer identification number
NOBLE, INC.	35-0924720

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

SINCE ITS FOUNDING IN 1953, NOBLE OF INDIANA HAS PROVIDED A VARIETY OF SERVICES AND SUPPORT TO CHILDREN AND ADULTS WITH DEVELOPMENTAL DISABILITIES AND THEIR FAMILIES IN CENTRAL INDIANA. NOBLE'S MISSION IS TO CREATE OPPORTUNITIES FOR PEOPLE WITH DISABILITIES TO LIVE MEANINGFUL LIVES.

47

Schedule O (Form 990 or 990-EZ) 2021			Page 2
Name of the organization			tification number
NOBLE, INC.		35-0924	1720
FORM 990, PART III, LINE 4D - OTHER PROGRAM			
DESCRIPTION	GRANTS	EXPENSES	REVENUE
COMMUNITY EMPLOYMENT: NOBLE PROVIDES		687,931.	843,752.
EMPLOYMENT SERVICES INCLUDING VOCATIONAL			
ASSESSMENTS, JOB SEARCH AND PLACEMENT			
ASSISTANCE, SKILLS TRAINING AND JOB			
RETENTION SUPPORT. SCHOOL-TO-WORK			
PROGRAMS FOR HIGH SCHOOL STUDENTS FOCUS			
ON DEVELOPING LIFE-SKILLS, DETERMINING			
CAREER INTERESTS, TEACHING BOTH			
TECHNICAL AND SOFT SKILLS AND OFFERING			
A VARIETY OF JOB SHADOWING AND WORK			
EXPERIENCES.			
CHILDREN'S SERVICES: INCLUDE EARLY		803,558.	
INTERVENTION THERAPIES FOR BABIES			
AND TODDLERS, SUMMER CAMPS FOR SCHOOL-			
AGE SERVICES. NOBLE ALSO OFFERS RESPITE			
SERVICES FOR FAMILIES, LEGISLATIVE			
ADVOCACY AS THE LOCAL ARC CHAPTER OF			
THE ARC OF INDIANA, SUPPORT GROUPS AND			
EDUCATIONAL PROGRAMS.			
TOTALS		1,491,489.	843,752
	==============		===============

SCHEDULE R (Form 990)

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.

Department of the Treasury Internal Revenue Service

Name of the organization

NOBLE, INC.

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
(1)	-				
_(2)	-				
(3)					
_(4)	-				
(5)					
(6)					
]				

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. Part II

Name, address	(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	Section 5 conti ent	rolled	
							Yes	No
(1) NOBLE R & D	31-1229531							
7701 E 21ST STREET	INDIANAPOLIS, IN 46219	REASEARCH	IN	501(C)(3)	7	NOBLE, INC	х	
(2)		_						
(3)		_						
(4)		_						
(5)		_						
(6)		_						
(7)		_						

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

Schedule R (Form 990) 2021

OMB No. 1545-0047

2

Employer identification number

35-0924720

Open to Public

Inspection

Schedule R (Form 990) 2021

Page **2**

Part III

Identification of Relat						inswered "Yes"	on Forn	n 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	income (related, unrelated, excluded from tax under sections 512 - 514) income year assets allocations? amount in box of Schedule K- (Form 1065)		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man	j) eral or aging tner?	(k) Percentage ownership			
			- country)		,			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
		1											

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		(h) Percentage ownership	controlled entity?
								Yes No
(1) KID'S ONLY, INC. 30-0227920								
7701 E. 21ST STREET INDIANAPOLIS, IN 46219	PEDIATRIC THERAPY	IN	NOBLE, INC.	S-CORP	203,371.	1,013,425.	100.0000	x
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								

Schedule R (Form 990) 2021

Part V	Transactions With Related Organizations. Complete if the organization answered "Ye	es" on Form 990, Par	t 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
	During the tax year, did the organization engage in any of the following transactions with one or more	related organizations lis	ted in Parts II-IV?			
a F	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity			1:	a X	
b (Gift, grant, or capital contribution to related organization(s)			11	b	X
	Gift, grant, or capital contribution from related organization(s)				2	X
	Loans or loan guarantees to or for related organization(s)				k	X
e l	Loans or loan guarantees by related organization(s)			10	e 🗌	X
f[Dividends from related organization(s)			1	F	X
	Sale of assets to related organization(s)				3	X
hf	Purchase of assets from related organization(s)			11	า	X
	Exchange of assets with related organization(s).				i	X
jl	Lease of facilities, equipment, or other assets to related organization(s).				i 📃	X
	Lease of facilities, equipment, or other assets from related organization(s)				-	X
	Performance of services or membership or fundraising solicitations for related organization(s)				I	X
	Performance of services or membership or fundraising solicitations by related organization(s)				n	X
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				_	X
o 3	Sharing of paid employees with related organization(s)			10	o X	
-	Reimbursement paid to related organization(s) for expenses					X
q F	Reimbursement paid by related organization(s) for expenses			10	a x	
	Other transfer of cash or property to related organization(s)				_	X
<u>s</u> (Other transfer of cash or property from related organization(s)	<u> </u>		<u></u> 1:		
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete the		•			
	(a) Name of related organization	(b) Transaction	(c) Amount involved	(d) Method of d		ing
	Ŭ	type (a-s)		amount i		
(4)			0.6 400			
(1)	KID'S ONLY, INC.	A (IV)	26,400.	MARKET V	ALUE	
(\mathbf{a})			116 401			
(2)	KID'S ONLY, INC.	0	116,431.	MARKET V	ALUE	
(2)			100 101			
(3)	KID'S ONLY, INC.	Q	107,131.	MARKET V	ALUE	i
(4)			101 000		A T T T T	
(4)	KID'S ONLY, INC.	S	191,988.	MARKET V	ALUE	
(5)						
(5)						
(6)						
			Sci	hedule R (Fori	n 990)	2021
JSA						,

1E1309 1.000

51

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under	organiz	zations?	(f) Share of total income	(g) Share of end-of-year assets	Disprop	h) ortionate ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	man	(j) eral or aging mer?	(k) Percentage ownership
			sections 512 - 514)	Yes	No			Yes	No	(,	Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
_(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Schedule R (Form 990) 2021

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

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

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

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

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

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

Type or	Name of exempt organization or other filer, see instructions. Taxpayer identification							
print								
-	NOBLE, INC.		tiono	35-0924720				
File by the due date for	Number, street, and room or suite no. If a P.O. bo	x, see instruc	30015.					
filing your	7701 EAST 21ST STREET	o foroign od	droce coo instructions					
return. See instructions.	City, town or post office, state, and ZIP code. For	a roreign ad						
	INDIANAPOLIS, IN 46219							
Enter the Re	turn Code for the return that this application	is for (file	a separate application for ea	ach return)		01		
Application		Return	Application			Return		
Is For		Code	Is For			Code		
Form 990 or	Form 990-EZ	01	Form 1041-A			08		
Form 4720	(individual)	03	Form 4720 (other than in	dividual)		09		
Form 990-PF	-	04	Form 5227			10		
Form 990-T	(sec. 401(a) or 408(a) trust)	05	Form 6069			11		
Form 990-T	(trust other than above)	06	Form 8870			12		
Form 990-T	(corporation)	07						
 If the orga If this is for the whole a list with the for the the for the for the for the x 2 If the ta C 	anization does not have an office or place of l anization does not have an office or place of l or a Group Return, enter the organization's for e group, check this box \blacktriangleright $\boxed{\}$. If a names and TINs of all members the extensi st an automatic 6-month extension of time un organization named above. The extension is calendar year 20 or tax year beginning 07/ ax year entered in line 1 is for less than 12 m hange in accounting period application is for Forms 990-PF, 990-T,	I business ir ur digit Gro f it is for pa ion is for. ntil for the org 01_, 2021 nonths, chea	up Exemption Number (GEI irt of the group, check this b 05/15, 2023 ganization's return for: , and ending ck reason: Initial return	nis box	If this and attac	h		
nonrefu	undable credits. See instructions.	-		3a	\$	NONE		
	application is for Forms 990-PF, 990-T,		· · · · · · · · · · · · · · · · · · ·	able credits and				
	ted tax payments made. Include any prior yea			3b	\$	NONE		
	e due. Subtract line 3b from line 3a. In	•		, if required, by				
using E	FTPS (Electronic Federal Tax Payment Syster	n). See inst	ructions.	3c	\$	NONE		
Caution: If you instructions.	u are going to make an electronic funds withdraw	al (direct de	bit) with this Form 8868, see	Form 8453-TE and Form 8	3879-TE fo	r payment		
For Privacy A	ct and Paperwork Reduction Act Notice, see instr	ructions.		Forn	m 8868 (R	ev. 1-2022)		

Form	990-T	Ex	empt Organization Business Income Tax Return (and proxy tax under section 6033(e))	ו ו	OMB No. 1545-0047	
		2021				
	b Go to www.irs.gov/Form990T for instructions and the latest information. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). Open to Public Inspection for formation of the second se					
	Check box if	Do Do	not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(Name of organization (Check box if name changed and see instructions.)		501(c)(3) Organizations Only yer identification number	
A [address changed.)924720	
BEX	empt under section	Print	NOBLE, INC. Number, street, and room or suite no. If a P.O. box, see instructions.		exemption number	
	501(C)(3)	or	7701 E 21ST STREET		structions)	
<u></u>	408(e) 220(e)	Туре	City or town, state or province, country, and ZIP or foreign postal code			
	408A 530(a)		INDIANAPOLIS, IN 46219	-	Check box if	
	529(a) 529A	C Bool	x value of all assets at end of year		an amended return.	
GC	heck organization t					
	heck if filing only to	<i>,</i> ,	Claim credit from Form 8941 Claim a refund shown on Form 2	439		
ΙC	heck if a 501(c)(3)	organiza	tion filing a consolidated return with a 501(c)(2) titleholding corporation			
			Schedules A (Form 990-T)			
κD	uring the tax year,	was the	corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?		► Yes X No	
lf	"Yes," enter the na	ame and	identifying number of the parent corporation			
LT	ne books are in care	e of 🕨 J	UDY TIDWELL Telephone number ► 317	-375-	2700	
		7	701 E 21ST STREET			
		I	NDIANAPOLIS, IN 46219			
_						
Pai			usiness Taxable Income		1	
1			ness taxable income computed from all unrelated trades or businesses (see		100.015	
_					183,315.	
2					102 215	
3					183,315.	
4			ee instructions for limitation rules)		183,315.	
5 6			axable income before net operating losses. Subtract line 4 from line 3 gloss. See instructions		103,315.	
7			less taxable income before specific deduction and section 199A deduction.			
'					183,315.	
8			ally \$1,000, but see instructions for exceptions)		1,000.	
9			iction. See instructions		1,000.	
10			s 8 and 9		1,000.	
11			ble income. Subtract line 10 from line 7. If line 10 is greater than line 7.			
	enter zero			. 11	182,315.	
Pa	t II Tax Comp	outation	1			
1	Organizations tax	xable as	corporations. Multiply Part I, line 11 by 21% (0.21)	▶ 1	38,286.	
2	Trusts taxable	at trus <u>t</u>	rates. See instructions for tax computation. Income tax on the amount on	1		
	Part I, line 11 from	n:	Tax rate schedule or Schedule D (Form 1041)	2		
3	Proxy tax. See ins	structions	•	► <u>3</u>		
4			structions	. 4		
5			rusts only)			
6			ity income. See instructions			
7			6 to line 1 or 2, whichever applies	. 7	38,286.	
FOR F	-aperwork Reduct	ION ACT N	lotice, see instructions.		Form 990-T (2021)	

Form	990-T (2021)	35-0924720) Page 2			
Par	t III Tax and Payments					
1 a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 1a					
b	Other credits (see instructions)					
С						
d	Credit for prior year minimum tax (attach Form 8801 or 8827)					
е	Total credits. Add lines 1a through 1d	1e				
2	Subtract line 1e from Part II, line 7	2 38	<u>3,286.</u>			
3	Other amounts due. Check if from: Form 4255 Form 8611 Form 8697 Form 8866					
	Other (attach statement)	3				
4	Total tax. Add lines 2 and 3 (see instructions).					
	section 1294. Enter tax amount here	4 38	3 <u>,286.</u>			
5	Current net 965 tax liability paid from Form 965-A, Part II, column (k)	5				
6 a	Payments: A 2020 overpayment credited to 2021					
b	2021 estimated tax payments. Check if section 643(g) election applies ► 6b 23,159					
С	Tax deposited with Form 8868 20,000	.				
d	Foreign organizations: Tax paid or withheld at source (see instructions) 6d	4				
е		4				
f	Credit for small employer health insurance premiums (attach Form 8941) 6f	4				
g	Other credits, adjustments, and payments: Form 2439					
	Form 4136 Other Total ▶ 6g					
7	Total payments. Add lines 6a through 6g		<u>3,159.</u>			
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached	8				
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed					
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid.		<u>1,873.</u>			
11	Enter the amount of line 10 you want: Credited to 2022 estimated tax Refunded		<u>1,873.</u>			
	TIV Statements Regarding Certain Activities and Other Information (see instruction	· ·	Yes No			
1	At any time during the 2021 calendar year, did the organization have an interest in or a signature o					
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization m					
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the	Toreign country	x			
2	bere ▶ During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to	a foreign truct?	X			
2	If "Yes," see instructions for other forms the organization may have to file.		A			
3	Enter the amount of tax-exempt interest received or accrued during the tax year					
4	Enter available pre-2018 NOL carryovers here ► \$ Do not include any post-2017 NOL carryo					
-	shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deducti					
	Part I, line 6.					
5	Post-2017 NOL carryovers. Enter available Business Activity Code and post-2017 NOL carryovers	Don't reduce				
•	the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.					
	Business Activity Code Available post-2017 N	NOL carryover				
	904001 \$ NONE					
	\$					
	\$					
	\$					
6a	Did the organization change its method of accounting? (see instructions)		Х			
b	If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form	1128? If "No,"				
	explain in Part V					
Par	t V Supplemental Information	·				
Provi	de the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.					

10	viue the e	spianation	required b	y raitiv, inte	00. Aiso, pro	Svide any othe	auditional informa	115.

C :		nder penalties of perjury, I declare that I have examin elief, it is true, correct, and complete. Declaration of preparer (or				t of my knowledge and
Sign Here		AURICE WADE WINGLER	05/15/2023 PRESID	DENT/CEO		discuss this return
	S	ignature of officer	Date Title		(see instructions)	? X Yes No
		Print/Type preparer's name	Preparer's signature	Date	Check if	PTIN
Paid Preparer Use Only		Nicole B. Fishback	Theole B. Fishback	05/15/2023	self-employed	P01279475
		Firm's name ► FORVIS, LLP	Firm's EIN ► 4	4-0160260		
Use U	шу	Firm's address ► 201 N. ILLINOIS ST	REET, INDIANAPOLIS,	Phone no. 317-	-383-4000	
JSA 182741-1	000					Form 990-T (2021)

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0074

20

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form990T for instructions and the latest information. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).
 Open to Public Inspection for 501(c)(3).

21

A Name of the organization	B Employer identification number
NOBLE, INC.	35-0924720
\mathbf{c} Unrelated by a particular particular (and instructions) \mathbf{b} 0.04001	D Sequences 1 of 1

C Unrelated business activity code (see instructions) ► 904001

D Sequence:

of

E Describe the unrelated trade or business ► INVESTMENT

Pa	t I Unrelated Trade or Business Income		(A) Income	(B) Expense	es	(C) Net
1a	Gross receipts or sales					
b	Less returns and allowances c Balance ►	1c				
2	Cost of goods sold (Part III, line 8).	2				
3	Gross profit. Subtract line 2 from line 1c	3				
4a	Capital gain net income (attach Sch D (Form 1041 or Form					
	1120)). See instructions	4a				
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions	4b				
с	Capital loss deduction for trusts	4c				
5	Income (loss) from a partnership or an S corporation (attach					
	statement) SEE. STATEMENT. 1	5	203,371.			203,371.
6	Rent income (Part IV)	6				
7	Unrelated debt-financed income (Part V)	7				
8	Interest, annuities, royalties, and rents from a controlled					
	organization (Part VI)	8				
9	Investment income of section 501(c)(7), (9), or (17)					
	organizations (Part VII)	9				
10	Exploited exempt activity income (Part VIII).	10				
11	Advertising income (Part IX)	11				
12	Other income (see instructions; attach statement)					
13	Total. Combine lines 3 through 12		203,371.			203,371.
Pa			nitations on deduct	ions. Deducti	ons n	nust be
	directly connected with the unrelated business incom					
1	Compensation of officers, directors, and trustees (Part X)				1	
2	Salaries and wages				2	
3	Bad debts				3 4	
4 5	Interest (attach statement). See instructions				4 5	
5 6	Taxes and licenses				6	19,056.
0 7	Depreciation (attach Form 4562). See instructions		1 1		0	19,030.
8	Less depreciation claimed in Part III and elsewhere on return				8b	
9	Depletion.				9	
10	Contributions to deferred compensation plans				10	
11	Employee benefit programs				11	
12	Excess exempt expenses (Part VIII)				12	
13	Excess readership costs (Part IX)				13	
14	Other deductions (attach statement)				14	1,000.
15	Total deductions. Add lines 1 through 14				15	20,056.
16	Unrelated business income before net operating loss deduction					
	column (C)				16	183,315.
17	Deduction for net operating loss. See instructions				17	
18	Unrelated business taxable income. Subtract line 17 from line	16			18	183,315.
For P	aperwork Reduction Act Notice, see instructions.			Sch	edule	A (Form 990-T) 2021

2011000	ule A (Form 990-T) 2021				Page 2
Par	Cost of Goods Sold	Enter method of invented	ory valuation 🕨		
1	Inventory at beginning of year			1	
2	Purchases				
3	Cost of labor				
4	Additional section 263A costs (attach statemen				
5	Other costs (attach statement)				
6	Total. Add lines 1 through 5				
7	Inventory at end of year				
8	Cost of goods sold. Subtract line 7 from line 6.				No.
9 Bor	Do the rules of section 263A (with respect to p				Yes No
1 an	Description of property (property street address	· · · · · ·			
•	A			50013.	
	B				
	c				
	D				
		Α	В	C	D
2	Rent received or accrued				
а	From personal property (if the percentage of				
	rent for personal property is more than 10%				
	but not more than 50%)				
b	From real and personal property (if the				
	percentage of rent for personal property				
	exceeds 50% or if the rent is based on profit or				
	income)				
С	Total rents received or accrued by property.				
_	Add lines 2a and 2b, columns A through D				
3	Total rents received or accrued. Add line 2c co	umns A through D. Enter he	ere and on Part I, line 6, co	olumn (A) 🚬 🕨 📥	
	Deductions directly connected with the income				
4	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)				
5	Total deductions. Add line 4 columns A through	D Enter here and on Part I	line 6. column (B)		
5	Total deddetolis. Add line 4 coldiniis A through	D. Enter here and on r art		· · · · · · · · · · · · · · · · · · ·	
Par	t V Unrelated Debt-Financed Income	e (see instructions)			
Par 1	t Ve Unrelated Debt-Financed Income Description of debt-financed property (street ad		Check if a dual-use. See i	nstructions.	
			Check if a dual-use. See i	nstructions.	
	Description of debt-financed property (street ad		Check if a dual-use. See i	nstructions.	
	Description of debt-financed property (street ad		Check if a dual-use. See i	nstructions.	
	Description of debt-financed property (street ad A B		Check if a dual-use. See ii	nstructions.	
	Description of debt-financed property (street ad		Check if a dual-use. See in	nstructions.	D
	Description of debt-financed property (street ad	dress, city, state, ZIP code).			D
1	Description of debt-financed property (street ad A	dress, city, state, ZIP code).			D
1	Description of debt-financed property (street ad A	dress, city, state, ZIP code).			D
1	Description of debt-financed property (street ad A B C D Gross income from or allocable to debt - financed property Deductions directly connected with or allocable to debt-financed property	dress, city, state, ZIP code).			D
1	Description of debt-financed property (street ad A	dress, city, state, ZIP code).			D
1 2 3 b	Description of debt-financed property (street ad A	dress, city, state, ZIP code).			D
1 2 3 b	Description of debt-financed property (street ad A	dress, city, state, ZIP code).			D
1 2 3 c	Description of debt-financed property (street ad A	dress, city, state, ZIP code).			D
1 2 3 b	Description of debt-financed property (street ad A	dress, city, state, ZIP code).			D
1 2 3 b c 4	Description of debt-financed property (street ad A	dress, city, state, ZIP code).			D
1 2 3 c	Description of debt-financed property (street ad A B B C D D D D D D D D D D D D D D D D D	dress, city, state, ZIP code).			D
1 2 3 b c 4 5	Description of debt-financed property (street ad A	A	B	C	
1 2 3 6	Description of debt-financed property (street ad A	A			
1 2 3 6 7	Description of debt-financed property (street ad A	A A %	B	C	- ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
1 2 3 6	Description of debt-financed property (street ad A	A A %	B	C	- ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
1 2 3 6 7 8	Description of debt-financed property (street ad A	A A w w w w w w w w w w w w w	B	C	- ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
1 2 3 6 7	Description of debt-financed property (street ad A	A A y y y y y y y y y y y y y	B	C	%
1 2 3 6 7 8 9	Description of debt-financed property (street ad A	A A Ugh D). Enter here and on F A A A A A A A A A A A A A A A A A A A	B	C	%

Sched	ule A (Form 990-T) 2021						Page 3
Par	t VI Interest, Ann	nuities, Roya	alties, and Rents	s from Contro		izations (see instructions)	
					Exempt Co	ntrolled Organizations	
	1. Name of controlled organization	2. Employer identification number	3. Net unrelate income (loss) (see instruction	paym	l of specified ents made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)							
(2)							
(3)							
(4)							
			Nonexe	empt Controlled	d Organizatio	ons	
	7. Taxable income		 Net unrelated income (loss) see instructions) 	9. Total of payment		10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)							
(2)							
(3)							
(4)							
						Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)
	S			(7) (0) (4)	· · · · · /		
Part	1. Description of income		Section 501(C)	(/), (9), Or (1 3. Dedu		4. Set-asides	5. Total deductions
	1. Description of income	2.7		directly co (attach st	onnected	(attach statement)	(add columns 3 and 4)
(1)							
(2)							
(3)							
(4)		A -1-1 -					Add an events in actions 5
		Ente	mounts in column 2. r here and on Part I, ne 9, column (A)				Add amounts in column 5. Enter here and on Part I, line 9, column (B)
-	S		ity Income Oth	or Thon Advo	rticing Inco	me (see instructions)	
	-		ity income, oth				
1 2	Description of exploit		from trade or bus	inoca Entor ho	ro and on Pr	art I, line 10, column (A)	
2						nter here and on Part I,	2
5	line 10, column (B)		•				3
4						e 2. If a gain, complete	3
4	lines 5 through 7					e ∠. ii a yaiii, cuiiipiele	4
5	Gross income from a			sincome			5
6	Expenses attributable						6
7	•					than the amount on line	
,	• •			-			7
	4. Enter here and on Part II, line 12						

Schedule A (Form 990-T) 2021

Scheo	lule A (Form 990-T) 2021				Page 4
Pa	rt IX Advertising Income				
1	Name(s) of periodical(s). Check box if re	porting two or more periodicals o	n a consolidated ba	sis.	
	Α				
	В				
	C				
	D				
Enter	amounts for each periodical listed above	in the corresponding column.			
		A	В	С	D
2	Gross advertising income				
а	Add columns A through D. Enter here ar	nd on Part I, line 11, column (A).			▶
	-				
3	Direct advertising costs by periodical				
а	Add columns A through D. Enter here an				•
u					
4	Advertising gain (loss). Subtract line 3 fro				
4					
	2. For any column in line 4 showing a	-			
	complete lines 5 through 8. For any colu				
	line 4 showing a loss or zero, do not co				
	lines 5 through 7, and enter zero on line 8	3			
5	Readership costs				
6	Circulation income				
7	Excess readership costs. If line 6 is les	s than			
	line 5, subtract line 6 from line 5. If line 5	is less			
	than line 6, enter zero				
8	Excess readership costs allowed				
Ū	deduction. For each column showing a g				
	line 4, enter the lesser of line 4 or line 7.				
_	-		. 0		
а	Add line 8, columns A through D.	-			on
	Part II, line 13				►
Pa	rt X Compensation of Officers,	Directors, and Trustees (s	see instructions)		
				3. Percentage	4. Compensation
	1. Name	2. Title		of time devoted	attributable to
	I. Name	2. The			
				to business	unrelated business
(1)				%	
(2)				%	
(3)				%	
(4)				%	
Tota	II. Enter here and on Part II, line 1				
	rt XI Supplemental Information				
Ιa	Supplemental mormation				

SCHEDULE A: KIDS ONLY INC

INCOME (LOSS) FROM PARTNERSHIPS AND/OR S CORPORATIONS

	=======================================	=======================================	============
	SHARE OF	SHARE OF	GAIN OR
	GROSS INCOME	DEDUCTIONS	(LOSS)
ORDINARY INCOME	202,974.		202,974.
INTEREST INCOME	397.		397.

TOTAL INCOME (LOSS) FROM PARTNERSHIPS AND/OR S CORPORATIONS

203,371.

SCHEDULE A:KIDS ONLY INC PART II - LINE 14 - OTHER DEDUCTIONS

ACCOUNTING FEES	1,000.
TOTAL OTHER DEDUCTIONS	1,000.

STATEMENT 2

SCHED	DULE D
(Form	1120)

Capital Gains and Losses

OMB No. 1545-0123

20

Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.

► Go to www.irs.gov/Form1120 for instructions and the latest information.

Department of the Treasury Internal Revenue Service

_			
NI	~	m	~

Name		Employer identification number					
1	NOBLE, INC.				3	5-0924	720
	ne corporation dispose of any investment(s) in a s," attach Form 8949 and see its instructions for		, ,			Yes	X No
Part	Short-Term Capital Gains and Losses	s - Assets Held Or	ne Year or Less				
	See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustment or loss from Fo 8949, Part I, lir column (g)	rm(s)	column (d	• (loss) olumn (e) from) and combine with column (g)
1a	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b			(3)			(3)
1 b	Totals for all transactions reported on Form(s) 8949 with Box A checked						
2	Totals for all transactions reported on Form(s) 8949						
-	with Box B checked						
3	Totals for all transactions reported on Form(s) 8949						
0	with Box C checked						
			I	1			
4	Short-term capital gain from installment sales from I	Form 6252, line 26 or 3	7		. 4		
5	Short-term capital gain or (loss) from like-kind excha	nges from Form 8824			. 5		
6	Unused capital loss carryover (attach computation)				. 6	()
7	Net short-term capital gain or (loss). Combine lines	1 a through 6 in column	h		. 7		
Part					. /		
i ai i	See instructions for how to figure the amounts to enter on	(d)	(e)	(g) Adjustment	s to gain	(h) Gain or	· (loss)
	the lines below. This form may be easier to complete if you round off cents to whole dollars.	Proceeds (sales price)	Cost (or other basis)	or loss from Fo 8949, Part II, li column (g)	. ,	column (d	olumn (e) from) and combine with column (g)
8a	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b						
8b	Totals for all transactions reported on Form(s) 8949 with Box D checked						
9	Totals for all transactions reported on Form(s) 8949 with Box E checked						
10	Totals for all transactions reported on Form(s) 8949						
	with Box F checked	NONE	241,832.			_	241,832.
11	Enter gain from Form 4797, line 7 or 9				. 11		50,000.
12	Long-term capital gain from installment sales from F	Form 6252, line 26 or 3	7		. 12		
13	Long-term capital gain or (loss) from like-kind exchar	nges from Form 8824			. 13		
14	Capital gain distributions (see instructions)				. 14		
15 Part	Net long-term capital gain or (loss). Combine lines 8	a through 14 in column	ıh	<u></u>	. 15		-191,832.
1 ai l							
16	Enter excess of net short-term capital gain (line 7) o	ver net long-term capita	al loss (line 15)		. 16		
17	Net capital gain. Enter excess of net long-term capi	tal gain (line 15) over n	et short-term capital lo	ss (line 7)	17		

61

18

Note: If losses exceed gains, see Capital Losses in the instructions.

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part II

Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You *must* check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

(D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)

(E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

x (F) Long-term transactions not reported to you on Form 1099-B

1 (a) Description of property	(b) Date acquired	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	Cost or other basis. See the Note below	Adjustment, if If you enter an a enter a co See the sepa	(h) Gain or (loss). Subtract column (e) from column (d) and	
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)			and see Column (e) in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	combine the result with column (g)
LOSS ON DISPOSAL OF KIDS ONLY	VAR	06/30/2022	NONE	241,832.			-241,832.
2 Totals. Add the amounts in columns negative amounts). Enter each total Schedule D, line 8b (if Box D above above is checked), or line 10 (if Box	here and incluis checked), line	ude on your 9 (if Box E	NONE	241.832.			-241,832.

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

Form 8949 (2021)

Department of the Treasury

Sales of Business Property (Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2))

Attachme

Attach to your tax return.	
Go to www.irs.gov/Form4797 for instructions and the latest information	۱.

Internal Revenue Service	► Go to www.irs.gov/Form4797 for instructions and the latest information.		Sequence No. 27			
Name(s) shown on return	Name(s) shown on return					
NOBLE, INC.		35-0	924720			
1a Enter the gross pro	oceeds from sales or exchanges reported to you for 2021 on Form(s) 1099-B or 1099-S (or					
substitute statemen	t) that you are including on line 2, 10, or 20. See instructions	1a				
b Enter the total am	ount of gain that you are including on lines 2, 10, and 24 due to the partial dispositions of					
MACRS assets		1b				
c Enter the total amo	ount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS					
assets		. 1c				

Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft - Most Property Held More Than 1 Year (see instructions)

	Than Ousdally of The	it mostriop				3)	
2	(a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or othe basis, plus improvements ar expense of sale	Subtract (f) from the
	SEE STATEMENT 1						50,000.
3	Gain, if any, from Form 4684, line 3	9				3	
4	Section 1231 gain from installment	t sales from Forn	n 6252, line 26 oi	r 37		4	,
5	Section 1231 gain or (loss) from lil	ke-kind exchanges	s from Form 8824	4		5	
6	Gain, if any, from line 32, from othe						; · · · · · · · · · · · · · · · · · · ·
7							50,000.
	Partnerships and S corporations.						
	line 10, or Form 1120-S, Schedule I				,		
	Individuals, partners, S corporation from line 7 on line 11 below and 1231 losses, or they were recapture Schedule D filed with your return are	skip lines 8 and red in an earlier y	9. If line 7 is a rear, enter the ga	gain and you didn' ain from line 7 as a	t have any prior ye	ear section	
8	Nonrecaptured net section 1231 lo	sses from prior ye	ears. See instruct	ions		8	
9	Subtract line 8 from line 7. If zero line 9 is more than zero, enter the a capital gain on the Schedule D filed	amount from line	8 on line 12 be	low and enter the ga	ain from line 9 as a	a long-term	
Pa	art II Ordinary Gains and Lo	-				I	
10	Ordinary gains and losses not inclu		,	ude property held 1 ye	ear or less):		
	,,,				,		
11	Loss, if any, from line 7					11	1 ()
12							,
13	Gain, if any, from line 31						
14	Net gain or (loss) from Form 4684,						
15	Ordinary gain from installment sale						
16	Ordinary gain or (loss) from like-kir					16	-
17	Combine lines 10 through 16	•					
18	For all except individual returns, er						
	a and b below. For individual return	s, complete lines	a and b below.		-		
а	If the loss on line 11 includes a loss						
	loss from income-producing propert						
	an employee.) Identify as from "Forr						a
k	Redetermine the gain or (loss) on		0				
	(Form 1040), Part I, line 4					18	b

For Paperwork Reduction Act Notice, see separate instructions.

Form 4797 (2021)

-	A					
E	3					
C						
[
	These columns relate to the properties on lines 19A through 19I	•	Property A	Property B	Property C	Property D
20	· · · · · ·					
	Gross sales price (Note: See line 1 before completing.)					
	Cost or other basis plus expense of sale					
	Depreciation (or depletion) allowed or allowable	22				
23	Adjusted basis. Subtract line 22 from line 21	23				
24	Total gain. Subtract line 23 from line 20	24				
25	If section 1245 property:					
a	Depreciation allowed or allowable from line 22	25a				
k	Enter the smaller of line 24 or 25a.	25b				
26	If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.					
a	Additional depreciation after 1975. See instructions .	26a				
k	Applicable percentage multiplied by the smaller of					
	line 24 or line 26a. See instructions	26b				
c	Subtract line 26a from line 24. If residential rental property					
	or line 24 isn't more than line 26a, skip lines 26d and 26e	26c				
c	Additional depreciation after 1969 and before 1976.	26d				
e	Enter the smaller of line 26c or 26d	26e				
	Section 291 amount (corporations only)					
	Add lines 26b, 26e, and 26f					
	If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.					
a	Soil, water, and land clearing expenses	27a				
	Line 27a multiplied by applicable percentage. See instructions					
	Enter the smaller of line 24 or 27b					
	If section 1254 property:					
	Intangible drilling and development costs, expenditures for development of mines and other natural deposits,					
	mining exploration costs, and depletion. See instructions					
	Enter the smaller of line 24 or 28a	28b				
29	If section 1255 property:					
a	Applicable percentage of payments excluded from					
	income under section 126. See instructions	29a				
	Enter the smaller of line 24 or 29a. See instructions .					
Su	mmary of Part III Gains. Complete propert	ty co	olumns A through	D through line 29b	before going to lin	ne 30.
30	Total gains for all properties. Add property columns A	A thro	ugh D, line 24			
31	Add property columns A through D, lines 25b, 26g, 2	27c, 2	28b, and 29b. Enter he	re and on line 13		
32	Subtract line 31 from line 30. Enter the portion from	n cas	ualty or theft on Form	4684, line 33. Enter	the portion from	
	other than casualty or theft on Form 4797, line 6	<u> </u>	<u></u>	<u></u>		
Pa	rt IV Recapture Amounts Under Section (see instructions)	ns 17	79 and 280F(b)(2)	When Business	Use Drops to 50%	or Less
	· · · · · ·				(a) Section 179	(b) Section 280F(b)(2)
22	Section 179 expense deduction or depreciation allow	ahle	in prior vears	33	-	
ა4	Recomputed depreciation. See instructions					

Recapture amount. Subtract line 34 from line 33. See the instructions for where to report 35 35

Form 4797 (2021)

Form 4797 (2021) 35-0924720 Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255 (see instructions)

19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property:

JSA

(c) Date sold (mo., day, yr.)

(b) Date acquired (mo., day, yr.)

Supplement to Form 4797 Part I Detail

Description	Date Acquired	Date Sold	Gross Sales Price	Depreciation Allowed or Allowable	Cost or Other Basis	Gain or (Loss) for entire year
KIDS ONLY INC	VAR	VAR	50,000.			50,000.
	VAR	VAR	50,000.			50,000.
Totals						50,000.

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

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

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

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

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

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

Type or	Name of exempt organization or other filer, see ins		structions. Taxpayer			axpayer identification number (TIN)		
print								
-	NOBLE, INC. 35-092472							
File by the due date for	Number, street, and room or suite no. If a P.O. bo	ox, see instru	CTIONS.					
filing your	7701 EAST 21ST STREET							
return. See instructions.	City, town or post office, state, and ZIP code. For	r a foreign ad	dress, see instructions.					
	INDIANAPOLIS, IN 46219							
Enter the Re	eturn Code for the return that this application	is for (file	a separate application for ea	ach return)			07	
Application		Return	Application				Return	
Is For		Code	Is For				Code	
Form 990 o	r Form 990-EZ	01	Form 1041-A				08	
Form 4720	(individual)	03	Form 4720 (other than in	dividual)			09	
Form 990-Pl	F	04	Form 5227	,			10	
Form 990-T	(sec. 401(a) or 408(a) trust)	05	Form 6069				11	
	(trust other than above)	06	Form 8870				12	
	(corporation)	07						
• If this is for the whole	anization does not have an office or place of or a Group Return, enter the organization's fo e group, check this box ► I e names and TINs of all members the extens	ur digit Gro f it is for pa	oup Exemption Number (GE	N)		If		
1 I reque	est an automatic 6-month extension of time u	ntil	05/15 , 20 23	, to file the exempt	t org	aniza	ation return	
	organization named above. The extension is			_^ ,	0			
2 If the t	calendar year 20 or tax year beginning 07 / ax year entered in line 1 is for less than 12 m change in accounting period	nonths, cheo	ck reason: 📃 Initial retur	n 🦳 Final returi	_	2		
3a If this	application is for Forms 990-PF, 990-T,	4720, or	6069, enter the tentativ	/e tax, less any				
nonref	undable credits. See instructions.				3a	\$	20,000.	
b If this	application is for Forms 990-PF, 990-T,	4720, or	6069, enter any refunda	able credits and				
estima	ted tax payments made. Include any prior yea	ar overpayr	nent allowed as a credit.		3b	\$	NONE	
c Balanc	e due. Subtract line 3b from line 3a. In	iclude you	r payment with this form	, if required, by				
using E	EFTPS (Electronic Federal Tax Payment Syster	m). See ins	ructions.		3c	\$	20,000.	
Caution: If yo	u are going to make an electronic funds withdraw	al (direct de	bit) with this Form 8868, see	Form 8453-TE and Fo	orm 8	879-7	E for paymen	
instructions.								

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

Form 8868 (Rev. 1-2022)





201 N. Illinois Street, Suite 700 | P.O. Box 44998 | Indianapolis, IN 46244-0998 | 317.383.4000

Noble, Inc. Instructions for Filing Form NP-20 Indiana Nonprofit Organizations's Annual Report For the year ended June 30, 2022

The original return should be signed (use full name) and dated on page 1 by an authorized officer of the organization.

File the signed return by May 15, 2023 with:

Indiana Department of Revenue, Tax Administration P.O. Box 6481 Indianapolis, IN 46206-6481

There is no tax due with the filing of this return.

To document the timely filing of your tax return(s), we suggest that you obtain and retain proof of mailing. Proof of mailing can be accomplished by sending the tax return(s) by registered or certified mail (metered by the U.S. Postal Service) or through the use of an IRS approved delivery method provided by an IRS designated private delivery service.

NP-20 State Form 51062 (R12 / 8-21)	Indiana Nonpr	ana Department of Reve of it Organization's / Calendar Year or Fis	Annual Report
Begin Place "X" in box if: Change o		Amended Report	ding 06 30 2022 Final Report: Indicate Date Closed
	Due on the 15th day	of the 5th month following	the end of the tax year.
		NO FEE REQUIRED	
Name of Organization			Telephone Number
NOBLE, INC.			317 375 2700
Address		County	Indiana Taxpayer Identification Number
7701 E 21ST STREET		MARION	0001826565-000
City	State	ZIP Code	Federal Employer Identification Number
INDIANAPOLIS	IN	46219	35 0924720
Printed Name of Person to Co	ontact		Contact's Telephone Number
MAURICE WADE WINGLER			317 375 2718

If you are filing a federal return, attach a completed copy of Form 990, 990EZ, or 990PF.

Note: If your organization has unrelated business income of more than \$1,000 as defined under **Section 513** of the Internal Revenue Code, **you must also file Form IT-20NP.**

Current Information

- 1. Indicate number of years your organization has been in continuous existance: 67
- Have any changes not previously reported to the Department been made in your governing instruments, (e.g.) articles of incorporation, bylaws, or other instruments of importance? If yes, attach a detailed description of changes. ^{NO}
- 3. Attach a schedule, listing the names, titles and addresses of your current officers. SEE ATTACHED FORM 990
- 4. Briefly describe the purpose or mission of your organization below. TO EXPAND OPPORTUNITIES AND ENHANCE THE QUALITY OF LIFE FOR PEOPLE

WITH DISABILITIES AND THEIR FAMILIES THROUGH INDIVIDUALIZED SERVICES.

Email Address:

I declare under the penalties of perjury that I have examined this return, including all attachments, and to the best of my knowledge and belief, it is true, complete, and correct.

	PRESIDENT/CEO	05 15 2023								
Signature of Officer or Trustee	Title	Date								
MAURICE WADE WINGLER	317 375 2718									
Name of Person(s) to Contact	Daytime Telephone Num	nber								
Signature of Officer or Trustee Title Date MAURICE WADE WINGLER 317 375 2718 Daytime Telephone Number Name of Person(s) to Contact Daytime Telephone Number 1J1711 1.000 25421111062										
PREPARED BY' FORVIS, LLP 44-0160)260. 201 N TLLINOIS STREET, INC	TANAPOLIS, IN 46204								

66

F

Use Only

Return of Organization Exempt From Income Tax

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

Department of the Treasury Int

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

OMB No. 1545-0047 6 12 Open to Public

Inte	rnal Rev	enue Serv	/ice		Go to www	w.irs.gov/For	m990 tor II	istructions	and the	atest infor	mation.		10	spect	ion
A	For th	ie 2021	calen	dar year, or tax ye	ar beginning		07/	/01/2021	and end	ling	_	06	/30/202	2	
_			C Nar	ne of organization							D Employer ide	entific	ation numbe	r	
b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 182 8 Contributions and grants (Part VIII, line 1h) 2,656,997. 3,751 9 Program service revenue (Part VIII, line 2g) 5,818,616. 6,383 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 765,645. 1,605															
			Doi	ng business as							35-092	472	0		
	Nam	e change	Nur	mber and street (or P.	O. box if mail is	not delivered to	street addres	ss)	Room/su	ite	E Telephone nu	umber			
	Initia	al return	77	'01 E 21ST S'	TREET						(317)3	75-	2700		
			City	or town, state or pro	vince, country, a	and ZIP or foreig	n postal cod	e							
	Ame	nded	IN	DIANAPOLIS,	IN 46219	9					G Gross receipt	ts \$	18,7	732,	818.
	Appl	ication	F Nar	me and address of pri	ncipal officer:	MAURIC	CE WADE	WINGLE	R				urn for	Yes	X No
	point		770	1 E 21ST ST	REET, INI	DIANAPOLI	IS, IN	46219					included?	Yes	No
I	Tax-e	xempt st	atus:	X 501(c)(3)	501(c) () 🚽 (inse	ert no.)	4947(a)(1)	or	527	- If "No," a	attach a	a list. See instru	ctions	
J	Webs	ite: 🕨	WWW	.MYNOBLELIF	E.ORG	, , ,					H(c) Group exen	nption	number 🕨		
ĸ	Form	of organ	nization	X Corporation	Trust	Association	Other	•	LYe	ear of forma	tion: 1953 M	State	of legal dom	icile:	IN
P	art I	Su	mma	ry											
		Briefly	/ desc	ribe the organizatio	on's mission o	r most signific	ant activitie	s: TO E	XPAND	OPPORT	UNITIES A	ND	ENHANCE	: тн	E
ø				0		0		-							
anc															
ern	2						s operatio	ns or dispos	ed of mor	e than 25%	6 of its net asse	ts.			
ŝ	3				0		•					1			21
															20
ties	5											5			363
ti ∠i	6														396
Ac	7a													203.	,371.
															,315.
										<u> </u>		1			
	8	Contri	ibutior	is and grants (Part)	VIII. line 1h)						2,656.9	97.	3."	751.	032.
nue	9														
eve	10														
Ř	11														,562.
													11."		·
					. .						· · · · ·				NONE
															NONE
Ś	4.5)93.	-
nse	16 a														NONE
be	b														
ш	17									_	1,742,8	03.	1,9	<u>Э20,</u>	428.
											8,497,0	16.	9,0)13,	732.
	19	Rever	nue les	s expenses. Subtra	act line 18 from	n line 12					742,6	27.	2,	739,	179.
or	3										nning of Current	Year			
sets	20	Total a	assets	(Part X, line 16)							25,876,0	19.	23,	706,	898.
Ass	21														
N Set	22										23,544,3	07.			
		Sig	gnatu	re Block											
Ur	nder pe	nalties c	of perju	ry, I declare that I ha	ve examined th	is return, includ	ding accomp	anying sched	ules and s	tatements,	and to the best o	of my	knowledge a	nd be	lief, it is
tru	e, corr	ect, and	comple	ete. Declaration of pre	parer (other thar	n officer) is base	ed on all info	rmation of wh	ich prepar	er has any k	nowledge.				
											05/	15/	2023		
Się	-	F 5	Signatu	re of officer							Date				
He	ere		MAUF	ICE WADE WI	NGLER			PRI	ESIDEN	T/CEO					
		- •		print name and title						, .===					
		Print/	Туре р	reparer's name		Preparer's sig	nature		Date		Check	if	PTIN		
Pai		NICO	OLE	B FISHBACK		Ilical	4 B. Yint	back	05/	15/202			P012794	175	
Pre	parer					1 400					- I · · ·				

Firm's name FORVIS, LLP

44-0160260

Firm's EIN

For	rm 990 (2021)	Page 2
Pa	art III Statement of Program Service Accomplishments	
_	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	SEE SCHEDULE O	
2	Did the organization undertake any significant program services during the year which were not listed on t	he
	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any progra	am
	services?	Yes X No
	If "Yes," describe these changes on Schedule O.	vises as measured by
4	Describe the organization's program service accomplishments for each of its three largest program ser expenses. Section $501(c)(3)$ and $501(c)(4)$ organizations are required to report the amount of grants and	
	the total expenses, and revenue, if any, for each program service reported.	
4a	a (Code:) (Expenses \$ 1,886,503. including grants of \$) (Revenue \$	1,828,133.)
	ADULT SERVICES: NOBLE OFFERS SOCIAL, VOCATIONAL, AND RECREATIONAL	,
	SERVICES TO HUNDREDS OF ADULTS WITH DEVELOPMENTAL DISABILITIES IN	
	RESIDENTIAL, COMMUNITY AND FACILITY-BASED SETTINGS TAILORED TO EACH	
	INDIVIDUAL'S NEEDS, DREAMS AND GOALS. SELF-ADVOCACY, INTEREST-BASED	
	CLUBS, THERAPEUTIC ART, MUSIC THERAPY, RECREATIONAL THERAPY,	
	HORTICULTURE, VOLUNTEER WORK AND LIFE SKILLS DEVELOPMENT ARE JUST A	
	FEW OPTIONS FROM WHICH INDIVIDUALS CAN CHOOSE TO STRUCTURE THEIR	
	SERVICES.	
4b	b (Code:) (Expenses \$1,323,955. including grants of \$) (Revenue \$)	1,021,627.)
	BUSINESS ENTERPRISES AND WORK CREWS: THROUGH THESE VOCATIONAL	
	SERVICES, NOBLE PROVIDES A VARIETY OF SUPERVISED WORK OPPORTUNITIES	
	IN BOTH FACILITY AND COMMUNITY-BASED SETTINGS FOR HUNDREDS OF	
	ADULTS WITH DISABILITIES TO LEARN NEW SKILLS, DISCOVER CAREER	
	INTERESTS AND EARN A PAYCHECK.	
4c	: (Code:) (Expenses \$2,563,845. including grants of \$) (Revenue \$)	2,640,062.)
	COMMUNITY LIVING: RESIDENTIAL SERVICE HELPS PEOPLE WITH	
	DISABILITIES CREATE A HOME THAT MEETS THEIR INDIVIDUAL NEEDS AND	
	FOSTERS THEIR DREAMS OF LIVING AS INDEPENDENTLY AS POSSIBLE.	
<u>,</u> ,	d Other pression convince (Decerite on Celestule O.)	
4d	d Other program services (Describe on Schedule O.) SEE SCHEDULE O	
40	(Expenses \$ 1,491,489. including grants of \$)(Revenue \$ 843,752. ● Total program service expenses ▶ 7,265,792.	
JSA		Form 990 (2021)
1E1	1020 1.000 TX4373 D310 05/11/2023 14:06:23	6
		-

-	90 (2021)		F	Page 3
Part	V 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)? If "Yes,"		162	NO
•	complete Schedule A.	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		х
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? If "Yes," complete Schedule C, Part II.	4		Х
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? If "Yes," complete Schedule C, Part III	5		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? If			
-	"Yes," complete Schedule D, Part I.	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		v
8	the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> . Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i>			X
0	complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	0		
5	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	Х	
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? If "Yes," complete Schedule D, Part VII	11b		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? If "Yes," complete Schedule D, Part VIII	11c		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? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e		X
T	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>	11f		x
12 9	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
12 a	Schedule D, Parts XI and XII.	12a		X
h	Was the organization included in consolidated, independent audited financial statements for the tax year? If	120		
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13		Х
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	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? If "Yes," complete Schedule F, Parts I and IV	14b		Х
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? If "Yes," complete Schedule F, Parts II and IV	15		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? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	4-		
40	Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	10	37	
10	Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	18	Х	-
19	If "Yes," complete Schedule G, Part III	10		v
20 9	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a		X X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		- 23
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			<u> </u>
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
JSA 1E1021		Form	990	(2021)

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Page	4
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Part	V 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? If "Yes," complete Schedule I, Parts I and III	22		Х
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? If "Yes," complete Schedule J.	23	Х	
24 a	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? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25-		37
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
D	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?			
	If "Yes," complete Schedule L, Part I.	25b		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	255		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II.	26		х
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? If "Yes," complete Schedule L, Part III	27		Х
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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a	Х	
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		<u>X</u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	22		v
33	<i>complete Schedule N, Part II</i> . Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		X
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	33		
04	or IV, and Part V, line 1.	34	х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	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)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
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? If "Yes," complete Schedule R, Part VI	37		Х
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	Х	
Part				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
-			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	1	v	
JSA	reportable gaming (gambling) winnings to prize winners?	1c Form	X 990	(2021)
1E1030	1.000	. 0001		(

Form	990 (2021)		P	age 5
Par	t 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 363			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	Х	
	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		Х
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		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	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		Х
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).			
	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		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
Ū	required to file Form 8282?	7c		Х
Ь	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g		7g		
•	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			
U	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	1		
11	Section 501(c)(12) organizations. Enter:	1		
	Gross income from members or shareholders			
	Gross income from other sources. (Do not net amounts due or paid to other sources	1		
~	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
u	Note: See the instructions for additional information the organization must report on Schedule O.			
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			
c	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15 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?	15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			
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Part	VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sect	ion A. Governing Body and Management			
			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.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 20	4		
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?	2		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?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		Х
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?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	76		37
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:	8a	Х	
a	The governing body?	8b	X	
	Each committee with authority to act on behalf of the governing body?	00		
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? <i>If "Yes," provide the names and addresses on Schedule O</i>	9		х
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	-))	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	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?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a		12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
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?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a				
	with a taxable entity during the year?	16a		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	4.01-		
Section	organization's exempt status with respect to such arrangements?	16b		
	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed I N,	T /		04(-)
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990- (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	ı (sec	tion 5	U1(C)
	X Own website Another's website X Upon request Other (explain on Schedule O)			
40		A :	roct -	
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict or and financial statements available to the public during the tax year.	nite Inte	iest p	olicy,
20	and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and recor	de 🕨		
20	JUDY TIDWELL 7701 E 21ST STREET INDIANAPOLIS, IN 46219	uo 🏲		
	317-375-2700	Form	990	(2021)
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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, 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.

					C) sition				-	_
(A) Name and title	(B)	(do r	not cł			e than c	ne	(D) Reportable	(E) Reportable	(F) Estimated amount
Name and the	Average hours	· ·				is both		compensation	compensation	of other
	per week	office	er and	d a d	lirect	or/trust	ee)	from the	from related	compensation
	(list any	or or	Ins	Of	Ke	em	Fo	organization (W-2/	organizations (W-2/	from the
	hours for related	Individual trustee or director	Institutional trustee	Officer	Key employee	ploy	Former	1099-MISC/ 1099-NEC)	1099-MISC/ 1099-NEC)	organization and related organizations
	organizations	ual t	iona		ploy	e co				· · · · · · · · · · · · · · · · · · ·
	below	ruste	l tru:		'ee	npe				
	dotted line)	e	stee			Highest compensated employee				
						ă				
(1) JULIA HUFFMAN	47.00									
PRESIDENT/CEO	3.00			Х				148,897.	NONE	3,140.
(2) ANGIE TYLER (END 02/23/2022)	47.00									
VP/CF0	3.00			Х				92,917.	NONE	15,719.
(3) ALLISON OSLER	2.00									
DIRECTOR	0.50	Х						NONE	NONE	NONE
(4) ANDREW APPEL	2.00	_								
DIRECTOR	0.50	X						NONE	NONE	NONE
(5) ARVIE ANDERSON	2.00	-								
VICE CHAIR/SECRETARY	0.50	Х		Х				NONE	NONE	NONE
(6) DANA FOREMAN	2.00	-								
DIRECTOR	0.50	X						NONE	NONE	NONE
(7) DARLENE FOX	2.00	-								
DIRECTOR	0.50	X						NONE	NONE	NONE
(8) FRED WINTERS	2.00									
DIRECTOR	0.50	X						NONE	NONE	NONE
(9) JAMES JONES	2.00									
DIRECTOR	0.50	X						NONE	NONE	NONE
(10) JASON THOMPSON	2.00							NONE	NONE	NONE
DIRECTOR	0.50	X						NONE	NONE	NONE
(11) JENNA BARNETT DIRECTOR	2.00	x						NONT	NONE	NONT
	2.00							NONE	NONE	NONE
(12) JIM MCWILLIAMS DIRECTOR	0.50	x						NONE	NONE	NONE
(13) KAREN BYRD	2.00							NONE	INCINE	NONE
DIRECTOR	0.50	x						NONE	NONE	NONE
(14) KAREN KING	2.00	- 23						INCINE	INOINE	
DIRECTOR	0.50	x						NONE	NONE	NONE
								1,0111	1,011	- 000

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(A)	(B)			(0	C)			(D)	(E)	(F)	
Name and title	Average hours per week (list any hours for	box, office	unles er and	Pos heck ss pe d a d	ition more erson lirect	e than c is both or/trust	an tee)	Reportable compensation from the	Reportable compensation from related organizations	Estimated amount o other compensati	of tion
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organizatic and relate organizatio	on ed
15) MARISSA MANLOVE	2.00										
DIRECTOR	0.50	Х						NONE	NONE		NON
16) MARK BRUIN	2.00										
TREASURER	0.50	Х		Х				NONE	NONE		NON
17) MATT CHARLES	2.00										
DIRECTOR	0.50	Х						NONE	NONE		NON
18) NEIL THATCHER	2.00										
DIRECTOR	0.50	Х						NONE	NONE		NON
19) SCOTT TREDWAY	2.00										
DIRECTOR	0.50	Х						NONE	NONE		NON
20) TERRI MILLER	2.00										
DIRECTOR	0.50	Х						NONE	NONE		NON
21) WILLIAM WALES	2.00										
CHAIRMAN	0.50	Х		Х				NONE	NONE		NON
22) MARK VONDERHIET	2.00										
DIRECTOR (BEG 01/01/2022)	0.50	Х						NONE	NONE		NON
23) SARA MCCLAIN	2.00										
DIRECTOR	0.50	Х						NONE	NONE		NON
	+	-									
1b Sub-total								241,814.	NONE	18,	859
c Total from continuation sheets to Part VII, S	ection A							NONE	NONE		NON
d Total (add lines 1b and 1c)								241,814.	NONE	18,	859
2 Total number of individuals (including but not reportable compensation from the organizatio	limited to t							eceived more than	\$100,000 of		
						-				Yes	No

3	Did the organization list any former officer, director, or trustee, key employee, or highest compensated	
	employee on line 1a? If "Yes," complete Schedule J for such individual	3
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	4
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	5
-		

Section B. Independent Contractors

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

Name an	(A) I business address	(B) Description of services	(C) Compensation
2 Total number of independent co more than \$100,000 in compensation	ntractors (including but not limited to thos ation from the organization >	e listed above) who received NONE	
JSA 1E1055 2.000			Form 990 (2021)

Х

Х

Х

Part VIII Check if Schedule O contains a response or note to any line in this Part VIII (A) (B) (C) (D) Total revenue Related or exempt Unrelated Revenue excluded function revenue business revenue from tax under sections 512-514 Contributions, Gifts, Grants and Other Similar Amounts 379,940. 1a Federated campaigns 1a b Membership dues 1b 259,435. c Fundraising events 1c d Related organizations 1d 2,708,923. е Government grants (contributions) . . 1e f All other contributions, gifts, grants, 402,734 and similar amounts not included above 1f g Noncash contributions included in lines 1a-1f 1g \$ Total. Add lines 1a-1f 3,751,032 h **Business Code** Program Service Revenue 2a ADULT SERVICES 624100 5,156,431. 5,156,431 624100 22,025 22,025 GROUP HOME INCOME b 624100 CONTRACT & SALES INCOME 653,970. 653,970 с 624100 FIRST STEPS 116,432 116,432 Ь RESULTS BASED FUNDING 623990 270,857. 270,857 е 624100 163,859 163,859 f All other program service revenue 6,383,574. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 3 1,295,722. 203,371. 1,092,351 other similar amounts). 4 Income from investment of tax-exempt bond proceeds . NONE 5 Royalties NONE (i) Real (ii) Personal 6a Gross rents 6a **b** Less: rental expenses 6b Rental income or (loss) 6c NONE NONE С d Net rental income or (loss) . . <u>...</u> NONE Gross amount from (i) Securities (ii) Other 7a sales of assets 7,214,163. 100 other than inventory 7a b Less: cost or other basis Other Revenue 7b 6,904,242 NONE and sales expenses 309,921. 100 c Gain or (loss) . . . 7c 310,021. 310,021. d Net gain or (loss) ► 8a Gross income from fundraising 259,435. events (not including \$ ____ of contributions reported on line 88,227 1c). See Part IV, line 18 8a 75,665 8b **b** Less: direct expenses 12,562. 12,562. <u>.</u> . ► c Net income or (loss) from fundraising events 9a Gross income from gaming NONE activities. See Part IV, line 19 9a NONE 9b b Less: direct expenses c Net income or (loss) from gaming activities. NONE Gross sales of inventory, less 10a returns and allowances 10a NONE NONE Net income or (loss) from sales of inventory С ► NONE **Business Code** Miscellaneous Revenue 11a b С d All other revenue NONE Total. Add lines 11a-11d е Total revenue. See instructions 11,752,911. 6,383,574. 203,371. 1,414,934. 12

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Statement of Revenue

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 respo	onse or note to any line	in this Part IX		
	not include amounts reported on lines 6b, 7b, 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	NONE			
2	Grants and other assistance to domestic individuals. See Part IV, line 22	NONE			
3	Grants and other assistance to foreign organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16	NONE			
	Benefits paid to or for members	NONE			
5	Compensation of current officers, directors, trustees, and key employees	260,672.	222,399.	30,213.	8,060.
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	NONE			
7	Other salaries and wages	5,139,153.	4,384,591.	595,650.	158,912.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	127,483.	108,239.	15,899.	3,345.
9	Other employee benefits	1,170,716.	993,988.	146,009.	30,719.
10	Payroll taxes	395,280.	337,242.	45,815.	12,223.
11	Fees for services (nonemployees):				
á	Management	NONE			
k	• Legal	3,436.	1,083.	2,244.	109.
	Accounting	70,139.	22,104.	45,816.	2,219.
	Lobbying	NONE			
	Professional fundraising services. See Part IV, line 17	NONE		26.640	
	f Investment management fees	26,640.		26,640.	
ç	Other. (If line 11g amount exceeds 10% of line 25, column	280,291.	88,332.	183,092.	8,867.
12	(A), amount, list line 11g expenses on Schedule O.) Advertising and promotion	37,593.	3.	358.	37,232.
13	Office expenses	181,738.	147,055.	26,464.	8,219.
14	Information technology	211,789.	66,744.	138,345.	6,700.
15	Royalties	NONE			· · · ·
16	Occupancy	264,995.	217,566.	38,325.	9,104.
17	Travel	215,967.	205,620.	9,797.	550.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	NONE			
19	Conferences, conventions, and meetings	14,832.	4,660.	10,161.	11.
20	Interest	45,973.	7,311.	38,161.	501.
21	Payments to affiliates	NONE			
22	Depreciation, depletion, and amortization	219,678.	203,304.	12,541.	3,833.
23		98,861.	88,640.	8,339.	1,882.
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.)				
	CLIENT TRANSPORTATION FEES	56,774.	56,774.		
	CLIENT ACTIVITIES	2,139.	2,139.		
	ALL OTHER EXPENSES	174,682.	93,097.	73,597.	7,988.
	CLIENT SUPPORT	14,901.	14,901.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	All other expenses				
	Total functional expenses. Add lines 1 through 24e	9,013,732.	7,265,792.	1,447,466.	300,474.
	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 ▶ if following SOP 98-2 (ASC 958-720)		,,	,,	,

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		Check if Schedule O contains a response or note to any line in this Pa	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	1,755.	1	850
	2	Savings and temporary cash investments.	3,974,037.	2	3,784,195.
	2	Pledges and grants receivable, net	NONE		NON:
	4	Accounts receivable, net	529,675.	4	571,488
	- 5	Loans and other receivables from any current or former officer, director,	5257075.		571,100
	-	trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons	NONE	5	NON
	6	Loans and other receivables from other disqualified persons (as defined	INOINE		1010
	U	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).	NONE	6	NON
s	7	Notes and loans receivable, net	NONE		NON
Assets	8	Inventories for sale or use	NONE		NON
As	9	Prepaid expenses and deferred charges	32,500.	9	38,771
4	-	Land, buildings, and equipment: cost or other	52,500.	9	50,771
	l v a	basis. Complete Part VI of Schedule D 10a 8,994,104.			
	b	Less: accumulated depreciation	1,289,496.	100	1,206,113.
	11	Investments - publicly traded securities.	19,658,556.	11	17,770,481.
	12	Investments - other securities. See Part IV, line 11			
	12	Investments - program-related. See Part IV, line 11	NONE		NON
			390,000.		335,000
	4	Intangible assets			
	5	Other assets. See Part IV, line 11	NONE		NON
_	16	Total assets. Add lines 1 through 15 (must equal line 33)	25,876,019.	16	23,706,898.
	17	Accounts payable and accrued expenses	607,540.	17	719,237
		Grants payable	NONE		NON
	19		NONE		317,125
	20	Tax-exempt bond liabilities	NONE		NON
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	NONE	21	NON
	22	Loans and other payables to any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			1017
, la		controlled entity or family member of any of these persons	NONE		NON
4	23	Secured mortgages and notes payable to unrelated third parties	245,372.	23	206,474
	24	Unsecured notes and loans payable to unrelated third parties	1,478,800.	24	NON
2	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	NONE		NON:
	26	Total liabilities. Add lines 17 through 25.	2,331,712.	26	1,242,836
ces		Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.			
an '	27	Net assets without donor restrictions	8,384,132.	27	9,167,008.
ב מו	28	Net assets with donor restrictions.	15,160,175.	28	13,297,054.
Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here ► and complete lines 29 through 33.	13,100,173.	20	13,237,031
5	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
SS	31	Retained earnings, endowment, accumulated income, or other funds		30	
4 ۲	32	Total net assets or fund balances	23,544,307.	32	22,464,062.
S Net	< /				

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Form 99	90 (2021)				Pa	ge 12
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	1	1,7	52,	<u>911</u> .
2	Total expenses (must equal Part IX, column (A), line 25)	2		9,0	13,	<u>732</u> .
3	3 Revenue less expenses. Subtract line 2 from line 1				39,	<u>179</u> .
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2	3,5	44,	<u>307</u> .
5	Net unrealized gains (losses) on investments	5	_	3,8	19,	<u>424</u> .
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8						
9	Other changes in net assets or fund balances (explain on Schedule O).	9				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10	2	2,4	64,	062.
Part						
	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: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," ex	cplain	on			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.			2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were con					
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audi					
	separate basis, consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	ersight	of			
-	the audit, review, or compilation of its financial statements and selection of an independent accounta			2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, e					
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set fo	rth in 1	the			
	Single Audit Act and OMB Circular A-133?			3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	lergo	the			
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a	•		3b		
				Form	990	(2021)

SCHE	DU	LE	A
(Form	990)	

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047 G Open to Public

Department of the Treasury
Internal Revenue Service

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

men		evenue Service	,					Inspection
Nam	e of tl	ne organization					Employer identif	ication number
NOE	BLE	·						924720
Pa	rt I	Reason for Public Cha	rity Status. (All o	organizations must	complet	e this p	art.) See instruction	S
The	orga	anization is not a private fou			-	•	,	
1		A church, convention of chu	urches, or associat	tion of churches desc	ribed in s	ection 1	70(b)(1)(A)(i).	
2		A school described in secti	on 170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 99	0).)		
3		A hospital or a cooperative	hospital service o	rganization described	in sectio	n 170(b)	(1)(A)(iii).	
4		A medical research organiz	ation operated in	conjunction with a hos	spital des	scribed ir	n section 170(b)(1)(A)	(iii). Enter the
		hospital's name, city, and st	ate:					
5		An organization operated f	for the benefit of	a college or universit	y owned	d or ope	rated by a governme	ental unit described in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)					
6		A federal, state, or local go	overnment or gover	rnmental unit describe	d in sect	ion 170(b)(1)(A)(v).	
7	X	An organization that norma	ally receives a sub	ostantial part of its su	pport fro	om a go	vernmental unit or fr	om the general public
		described in section 170(b)	(1)(A)(vi). (Compl	ete Part II.)				
8		A community trust describe	ed in section 170(b	o)(1)(A)(vi). (Complete	Part II.)			
9		An agricultural research or	ganization describe	ed in section 170(b)(1)(A)(ix)	operated	I in conjunction with a	land-grant college
		or university or a non-land-	grant college of ac	riculture (see instruct	ions). Ei	nter the i	name, city, and state o	f the college or
		university:			,			·
10		An organization that norma receipts from activities rela support from gross investm acquired by the organizatio	ted to its exempt f rent income and u	unctions, subject to c nrelated business tax	ertain ex able incc	ceptions	s; and (2) no more that s section 511 tax) from	n 331/3 % of its
11		An organization organized a	and operated exclu	usively to test for publi	c safety.	See sec	tion 509(a)(4).	
12		An organization organized a	and operated exclu	sively for the benefit o	of, to perf	form the	functions of, or to car	rry out the purposes of
		one or more publicly support	rted organizations	described in section 5	09(a)(1)	or secti	ion 509(a)(2). See see	ction 509(a)(3). Check
	_	the box on lines 12a throug	h 12d that describ	es the type of suppor	ting orga	anization	and complete lines 1	2e, 12f, and 12g.
а		Type I. A supporting orga	anization operated	, supervised, or contr	olled by	its supp	orted organization(s),	typically by giving
		the supported organization	on(s) the power to	regularly appoint or e	lect a ma	ajority of	the directors or truste	es of the
		_ supporting organization.	You must complet	e Part IV, Sections A	and B.			
b		Type II. A supporting org	anization supervise	ed or controlled in co	nnection	with its	supported organizati	on(s), by having
		control or management of	of the supporting o	rganization vested in	the sam	e persor	ns that control or mar	age the supported
		organization(s). You must	complete Part IV	, Sections A and C.				
С		Type III functionally integ	grated. A supporti	ng organization opera	ted in co	onnectio	n with, and functiona	lly integrated with,
		_ its supported organizatior	n(s) (see instruction	s). You must comple	te Part l	V, Sectio	ons A, D, and E.	
d		Type III non-functionally	integrated. A sup	porting organization o	perated	in conne	ection with its suppor	ted organization(s)
		that is not functionally inte	egrated. The orgar	nization generally mus	st satisfy	a distrib	oution requirement an	d an attentiveness
		_ requirement (see instruct	ions). You must co	omplete Part IV, Sect	ions A a	nd D, an	d Part V.	
е		Check this box if the orga	nization received	a written determinatio	n from tl	he IRS th	hat it is a Type I, Type	II, Type III
		functionally integrated, or						
f	En	ter the number of supported	l organizations					
g	Pro	ovide the following information	on about the suppo	orted organization(s).				
	(i) N	ame of supported organization	(ii) EIN	(iii) Type of organization		organization	(v) Amount of monetary	(vi) Amount of
				(described on lines 1-10 above (see instructions))		ur governing ment?	support (see instructions)	other support (see instructions)
					Yes	No	indit dollono)	mondonory
<i>(</i> ^)								
(A)								
(B)								
(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,								
(C)								
•								
(D)								
(E)								

Total

Schedule A (Form 990) 2021

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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,147,679.	2,064,559.	2,427,454.	2,656,997.	3,751,032.	13,047,721.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						NONE
3	The value of services or facilities furnished by a governmental unit to the organization without charge						NONE
4 5	Total. Add lines 1 through 3 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	2,147,679.	2,064,559.	2,427,454.	2,656,997.	3,751,032.	13,047,721.
~	shown on line 11, column (f)						NONE
$\frac{6}{2}$	Public support. Subtract line 5 from line 4						13,047,721.
	tion B. Total Support	(a) 2017	(b) 2018	(-) 2010	(4) 2020	(2) 2021	
_	ndar year (or fiscal year beginning in) 🕨	()	(b) 2018 2,064,559.	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2,147,679. 240,693.	2,084,559.	2,427,454. 641,140.	2,656,997. 568,173.	3,751,032.	13,047,721.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						NONE
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						NONE
11	Total support. Add lines 7 through 10						16,005,087.
12	Gross receipts from related activities, etc. (s	ee instructions) .				12	33,562,929.
13	First 5 years. If the Form 990 is for organization, check this box and stop here						
Sec	tion C. Computation of Public Sup	port Percenta	ge				
14	Public support percentage for 2021 (lin	ne 6, column (f)), divided by line	11, column (f))		14	81.52 %
15	Public support percentage from 2020					15	86.16 %
16a	331/3% support test - 2021. If the org box and stop here. The organization qu	-					
	331/3% support test - 2020. If the org this box and stop here. The organization	on qualifies as a	publicly suppor	ted organizatio	n		▶∟
	 10%-facts-and-circumstances test - 2 10% or more, and if the organization Part VI how the organization meets organization 10%-facts-and-circumstances test - 2 15 is 10% or more, and if the organization in Part VI how the organization meets organization 	meets the facts-and-content of the facts-and-content of the facts-and content of the organization meets the facts-and so the facts of the	cts-and-circumst ircumstances te ganization did no e facts-and-circu -circumstances t	ances test, che st. The organiz ot check a box umstances test, est. The organi	eck this box an ation qualifies on line 13, 16 check this boy zation qualifies	ad stop here. E as a publicly su a, 16b, or 17a, and stop here as a publicly su	xplain in upported ►□ and line . Explain upported
18	Private foundation. If the organization instructions	n did not chec	k a box on line	13, 16a, 16b	, 17a, or 17b,	check this box	and see

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021

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.)

<u>Sec</u>	tion A. Public Support					1	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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 disgualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b.						
8	Public support. (Subtract line 7c from						
<u> </u>	line 6.)						
	tion B. Total Support	(a) 2017	(b) 2019	(a) 2010	(4) 2020	(a) 2021	(f) Total
	ndar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 10 a	Amounts from line 6 Gross income from interest, dividends,						
iva	payments received on securities loans,						
	rents, royalties, and income from similar						
h	sources Unrelated business taxable income (less						
D	section 511 taxes) from businesses						
	acquired after June 30, 1975						
~	Add lines 10a and 10b						
11 11	Net income from unrelated business						
	activities not included in 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 organizati	on's first, secon	d. third. fourth.	or fifth tax ve	ar as a section	501(c)(3)
	organization, check this box and stop here .	0					
Sec	tion C. Computation of Public Supr						
15	Public support percentage for 2021 (line 8,			mn (f))		15	%
16	Public support percentage from 2020 Sche		-			16	%
Sec	tion D. Computation of Investment						
17	Investment income percentage for 2021 (lir			13, column (f))		17	%
18	Investment income percentage from 2020 S					18	%
	331/3% support tests - 2021. If the or						
	17 is not more than 331/3%, check this	-					
b	331/3% support tests - 2020. If the orga	-	-				
	line 18 is not more than 331/3%, check						
20	Private foundation. If the organization of		•	•			
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1 - 1 2 2	.1 1.000						

Page **4**

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on 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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **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)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.
- **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)? 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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? 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).
- **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? *If "Yes," provide detail in Part VI.*
- 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? *If "Yes," complete Part I of Schedule L (Form 990).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **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))? If "Yes," provide detail in **Part VI.**
- **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? *If "Yes," provide detail in Part VI.*
- **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? *If "Yes," provide detail in Part VI.*
- **10 a** 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)? *If "Yes," answer line 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

Schedule A (Form 990) 2021

Schedu	le A (Form 990) 2021		F	Page 3
Part	IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	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		
С	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		
Sect	on B. Type I Supporting Organizations			
			Vos	No

r c c	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? <i>If "No," describe in Part VI how the supported organization(s)</i> effectively operated, supervised, or controlled the organization's activities. <i>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.</i>
-------------	---

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.

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? <i>If "Yes," describe in Part VI the role the organization's</i>			
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

2	Activities Test. Answer lines 2a and 2b below.		Yes	Nc					
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity.	ntity (see instr		,					
b									
а									
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).								

а	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.

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.*

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.**
- **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.*

2a

2b

3a

3b

1

2

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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nization	S	Page
Check here if the organization satisfied the Integral Part Test as a qualifyin instructions. All other Type III non-functionally integrated supporting organ	ng trust on	Nov. 20, 1970 (expla	
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		
 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) Section B - Minimum Asset Amount	8	(A) Prior Year	(B) Current Year (optional)
 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 (explain in detail in Part VI):			
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 Check here if the current year is the organization's first as a non-functiona	llv integra	ted Type III supportin	g organization

7 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) 2021

Part	V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	ions (continued)		
Sect	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish ex	xempt purposes		1	
2	Amounts paid to perform activity that directly furthers exer	mpt purposes of support	ed		
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organiz	zations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - p	provide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which	the organization is resp	onsive		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	s	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021				
	(reasonable cause required - explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
С	From 2018				
d	From 2019				
е	From 2020			-	
f	Total of lines 3a through 3e			-	
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from			-	
•	Section D, line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
с С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h				
•	and 4b from line 1. For result greater than zero, <i>explain in</i>				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
'	and 4c.				
8	Breakdown of line 7:				
o a	Excess from 2017				
a b	Excess from 2018				
	Excess from 2019				
c d	Excess from 2019				

Schedule A (Form 990) 2021

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

OMB No. 1545-0047

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

Employer identification number

NOBLE, INC.		35-0924720
Organization type (check	one):	
Filers of:	Section:	
Form 990 or 990-EZ	X 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 pr	ivate foundation
	501(c)(3) taxable private foundation	

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

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

General Rule

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

Special Rules

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

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

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

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

Name of organization

	NOBLE, INC.		35-0924720
Part I	Contributors (see instructions). Use duplicate cop	ies of Part I if additional space is no	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	WILLIAM CARMICHAEL		Person X
	250 E 96TH ST, STE 202	\$5,500.	Payroll Noncash
	INDIANAPOLIS, IN 46260		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	DON RIX		Person X
	5445 S EAST ST		Payroll Noncash
	INDIANAPOLIS, IN 46204		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	TRACY HENDERSON		Person X
	1701 JOHN F. KENNEDY BOULEVARD	\$8,750.	Payroll Noncash
	PHILADELPHIA, PA 19103		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	TIM AND DENISE COOK		Person X
	800 EAST 96TH ST., SUITE 500	\$5,000.	Payroll Noncash
	INDIANAPOLIS, IN 46240		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	HEIDI SPAHN		Person X
	9330 ZIONSVILLE RD	\$25,000.	Payroll Noncash
	INDIANAPOLIS, IN 46202		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	ALMAD HAMADE		Person X
	5202 EXPLORATION DRIVE	\$5,800.	Payroll Noncash
	INDIANAPOLIS, IN 46241		(Complete Part II for noncash contributions.)
			1

JSA 1E1253 2.000 TX4373 D310 05/11/2023 14:06:23 Schedule B (Form 990) (2021)

Name of organization

name of c	NOBLE, INC.		Employer identification number 35-0924720
Part I	Contributors (see instructions). Use duplicate cop	vies of Part I if additional space is no	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	LOUIS AND KATHY DAUGHERTY		Person X
	6480 MAYFIELD LANE	\$5,000.	Payroll Noncash
	ZIONSVILLE, IN 46268		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	THOMAS GORGOL		Person X
	9901 YOUNGWOOD LN	\$5,850.	Payroll Noncash
	FISHERS, IN 85718		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	ANDREW APPEL		Person X
	1402 N CAPITOL AVE STE 400	\$28,710.	Payroll Noncash
	INDIANAPOLIS, IN 45277		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	SETH JACKSON		Person X
	225 N. NEW JERSEY ST., A23	\$ 5,845.	Payroll Noncash
	INDIANAPOLIS, IN 46204		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11	KATZ, SAPPER AND MILLER		Person X
	800 E 96TH ST, STE 500	\$5,000.	Payroll Noncash
	INDIANAPOLIS, IN 46240		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12	MIKE AND PEGGY KENNEDY		Person
	4019 CENTRAL AVE	\$5,000.	Payroll Noncash
	INDIANAPOLIS, IN 46208		(Complete Part II for noncash contributions.)

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NOBLE, INC.

Name of organization

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			
	N CLAY ROBBINGS PO BOX 88068 INDIANAPOLIS, IN 46204	\$6,100.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
14	DAVID AND THERESA MATTSON 4400 SUMMER DRIVE ZIONSVILLE, IN 46077	\$12,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
	DR JOHN BOYER 1600 TYSTONS BLVD, SUITE 1400 MCLEAN, VA 22102	\$12,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
16	JEFF MCCREARY 21 RIDGETOP CIR SANTE FE , NM 46206	\$13,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
	RICHARD AND TERRY MOHS 1110 N LAKE SHORE DR, APT 19S CHICAGO, IL 46260	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
18	MARK BRUIN 107 N PENNSYLVANIA ST, STE 700 INDIANAPOLIS, IN 46260	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			

Schedule B (Form 990) (2021)

NOBLE, INC.

Name of organization

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		
19	SUE RICHARDSON 1950 E GREYHOUND PASS #18-356 CARMEL, IN 46240	\$24,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
20	THE PENROD SOCIETY 8900 KEYSTONE XING, STE 660 INDIANAPOLIS, IN 94040	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
	JUSTIN BUNTE 8424 US 31 S INDIANAPOLIS, IN 44236	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
22	RYAN AND TERRI ROBERSON 7327 PREAMBLE CT INDIANAPOLIS, IN 46204	\$21,250.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
	JOHN WALLACE PO BOX 40053 INDIANAPOLIS, IN 46250	\$20,124.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
24	THE SWISHER FOUNDATION, INC. 201 N ILLINOIS ST, STE 700 INDIANAPOLIS, IN 46220	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		

Schedule B (Form 990) (2021)

JSA

Name of organization

Name of o	NOBLE, INC.	35-0924720		
Part I	Contributors (see instructions). Use duplicate copies of	Part I if additional space is ne	eeded.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
25	NEIL AND SARAH THATCHER		Person X Payroll	
	4450 REPASS DR	\$6,425.	Noncash	
	WESTFIELD, IN 47201		(Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
26	DAVID SCHNIEDERS		Person	
	510 DICKSON LANE	\$5,000.	Payroll Noncash	
	CARMEL, IN 46032		(Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
27	GARY WOODWORTH		Person	
	2955 N MERIDIAN ST., STE 300	\$68,750.	Payroll Noncash	
	INDIANAPOLIS, IN 46208		(Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
28	KORY AND JULIE VANDERFORD		Person X	
	14975 STABLE STONE TER	\$10,390.	Payroll Noncash	
	FISHERS, IN 46226		(Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
29	BILL AND SUZANNE WALES		Person	
	1272 HELFORD LN	\$7,615.	Payroll Noncash	
	CARMEL, IN 46204		(Complete Part II for noncash contributions.)	
(a) No.	(b)	(c) Total contributions	(d) Type of contribution	
	Name, address, and ZIP + 4			
30	FRED AND JACQUIE WINTERS		Person X	
		\$6,550.	Person X Payroll Noncash	

Schedule B (Form 990) (2021)

Name of organization

	NOBLE, INC.		35-0924720
Part I	Contributors (see instructions). Use duplicate copie	es of Part I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	ADAM HASTEN <u>11380 KNIGHTSBRIDGE LANE</u> <u>FISHERS, IN 46037</u>	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	DORIS WRIGHT 8126 HAZEN WAY INDIANAPOLIS, IN 46216	\$125,330.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
33	US SMALL BUSINESS ADMINISTRATION 409 3RD ST, SW WASHINGTON, DC 20416	\$1,498,166.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
34	UNITED WAY OF CENTRAL INDIANA 2955 N. MERIDIAN ST., STE 300 INDIANAPOLIS, IN 46208	\$379,340	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

30

	NOBLE, INC.	3!	35-0924720		
Part II	Noncash Property (see instructions). Use duplicate copies	of Part II if additional space is n	eeded.		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$	_		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		 \$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
		<i>Ф</i>	-		

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Schedule B (Form 990) (2021) Name of organization

Employer identification number

	Form 990) (2021)			Page 4		
Name of org	-			Employer identification number		
	NOBLE, INC. Exclusively religious, charitable, etc. (10) that total more than \$1,000 for the following line entry. For organizati contributions of \$1,000 or less for the Use duplicate copies of Part III if additi	the year from any ions completing Par e year. (Enter this ir	one contributor. (t III, enter the total formation once. S	Complete columns (a) through (e) and of <i>exclusively</i> religious, charitable, etc.,		
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held		
	Transferee's name, address, a	(e) Transf and ZIP + 4	-	ship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held		
	Transferee's name, address, a		sfer of gift Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held		
	Transferee's name, address, a	(e) Transf and ZIP + 4	-	ship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held		
	Transferee's name, address, a	(e) Transf	-	ship of transferor to transferee		
JSA				Schedule B (Form 990) (2021)		

SCHE	DULE	D
(Form	990)	

Department of the Treasury

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.

2 **Open to Public**

OMB No. 1545-0047

	nal Revenue Service	► Go to www.irs.gov/	<i>Form990</i> for instructions and the latest inform	mation.	Inspection
Nam	e of the organization			Employer identific	ation number
NOI	BLE, INC.			35-0924	720
Pa	art I Organiza	tions Maintaining Donor Advi	sed Funds or Other Similar Funds o	r Accounts.	
	Complete	e if the organization answered	"Yes" on Form 990, Part IV, line 6.		
			(a) Donor advised funds	(b) Funds an	d other accounts
1	Total number at e	nd of year			
2		of contributions to (during year)			
3		of grants from (during year)			
4		at end of year			
5			advisors in writing that the assets held	in donor advised	
•	-		organization's exclusive legal control?		
6	-		and donor advisors in writing that grant f		
•	-	-	fit of the donor or donor advisor, or for a		
Pa		tion Easements.			
			"Yes" on Form 990, Part IV, line 7.		
1			organization (check all that apply).		
		n of land for public use (for example		of a historically in	nportant land area
		of natural habitat		of a certified histo	
	Preservatio	n of open space			
2			eld a qualified conservation contribution in	n the form of a co	nservation
	-	last day of the tax year.			e End of the Tax Year
а		• •		2a	
b			· · · · · · · · · · · · · · · · · · ·	2b	
с		-	historic structure included in (a)	2c	
d) acquired after 7/25/06, and not on a		
				2d	
3		-	nsferred, released, extinguished, or term	inated by the ord	anization during the
	tax year 🕨			, , ,	, 0
4	Number of states	where property subject to conse	rvation easement is located ►		
5			arding the periodic monitoring, inspec	tion, handling of	
	-		sements it holds?	-	Yes No
6	Staff and volunteer	hours devoted to monitoring, insp	ecting, handling of violations, and enforcing	conservation ease	ments during the year
	►	с, т	<i></i>		0 ,
7	Amount of expens	ses incurred in monitoring, inspect	ing, handling of violations, and enforcing c	conservation easer	nents during the year
	►s'	57 T			0,
8		vation easement reported on line 2	2(d) above satisfy the requirements of sect	ion 170(h)(4)(B)(i)	
		•			Yes No
9	In Part XIII, descri	ibe how the organization reports	conservation easements in its revenue an	d expense stateme	ent and
	balance sheet, an	d include, if applicable, the text o	f the footnote to the organization's financ	cial statements that	describes the
		counting for conservation easeme			
Pa			of Art, Historical Treasures, or Othe	er Similar Assets	5
	Complete	e if the organization answered	"Yes" on Form 990, Part IV, line 8.		
1a	If the organization	n elected, as permitted under FA	SB ASC 958, not to report in its revenu	ue statement and	balance sheet works
	of art, historical	treasures, or other similar asset	ts held for public exhibition, education, to its financial statements that describes t	or research in f	urtherance of public
h	•		ASB ASC 958, to report in its revenue s		ance sheet works of
b			d for public exhibition, education, or res		
	provide the follow	ring amounts relating to these iter	ns:		
	•	.		▶ 9	S
					S
2			t, historical treasures, or other similar		
-	-		ASB ASC 958 relating to these items:		
а				▶ 9	S
b					S
		n Act Notice, see the Instructions for			hedule D (Form 990) 2021
JSA					

Certful Organizations equilation, accession, and other records, check any of the following that make significant use of its collection terms (check all that apply): a Public exhibition d Loan or exchange program b Scholarly research e Other 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XII. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be solid to raise funds rather than to be maintained as part of the organization's collection? Yes No Part V Excore and Custodial Arrangements. Complete If the organization answered 'Yes' on Form 990, Part V, line 9, or reported an amount on Form 990, Part X, line 21. Is is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not include an amount on Form 990, Part X, line 21. Yes No 6 Berginning balance 11 Imount Endighting the year. 11 7 Prove and Custodial arrangement in Part XIII. Addition answered 'Yes' on Form 990, Part V, line 9, or reported an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No 8 Berginning balance 11 11 11 11 11 11 11 11 11 11	Schee	dule D (Form 990) 2021								Page 2
collection term (check all that apply): d Loan or exchange program a P totic exchange Other b Scholarly research 0 c Preventation for thrure generations 4 Provide a description of the organization solicit or receive donations of art, historical treasures, or other similar assets to be solid to raise funds rather than to be maintained as part of the organization's collection? Yee No Part W Excrement 4 Excrement 5 Complete if the organization answered 'Yes' on Form 990, Part V, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not include on form 990, Part X, line 21. Is the organization include an amount on Form 990, Part X, line 21, for escreme or custodial account liability? Yes No b If 'Yes,'' explain the arrangement in Part XII. Check here if the explanation has been provided on Part XII. Yes No complete if the organization answered 'Yes' on Form 990, Part V, line 10. Complete if the organization answered 'Yes' on Form 990, Part V, line 10. Yes No Part Y Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part V, line 10. Yes No Complete if the organization answered 'Yes' on Form 990, Part V, line 10. Complete if the organization a	Ра	rt III Organizations Maintainin	g Collections of	Art, Histo	rical Tre	asures, o	r Other Sim	ilar Assets (d	continue	ed)
a Public exhibition d Clean or exchange program c Preservation for future generations e Other	3	Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its								
b Scholarly research e Othar c Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XII. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be solit or raise funds rather than to be maintained as part of the organization's collection? Yes Ne Part XI Escrew and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part X, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization angent, trustee, custodian or other intermediary for contributions or other assets not include on Form 990, Part X, line 21. Yes Ne b If "Yes," explain the arrangement in Part XIII and complete the following table: Image: trustee, custodial account liability? Yes Ne c Beginning balance. Image: trustee, custodian or other serve or custodial account liability? Yes Ne Dark To inform Gudue an amount on Form 990, Part X, line 21, for escrew or custodial account liability? Yes Ne Dark To inform Funds. Complete if the organization naswered "Yes" on Form 990, Part X, line 10. Complete if the organization answered "Yes" on Form 990, Part X, line 10. Complete if the organization answered "Yes" on Form 990, Part X, line 10. (e) Fouryeara back (e) Fouryeara		collection items (check all that apply	/):							
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 answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is 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 answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1b Is the organization answered 'Yes' on Form 990, Part IV, line 10. 1c Id 1d Id 1d Id 2d Additions during the year. Id 2d Id the organization answered 'Yes' on Form 990, Part IV, line 10. 2d Part V Ending balance . 1d Id 2d Id the organization include an amount on Form 990, Part IV, line 10. 2d Part V Ending balance . 1d Id the organization answered 'Yes' on Form 990, Part IV, line 10. 2d Ornibutors . Is 13.132.217. 2d Ornibutors . Is 13.132.217. 2d Ornibutors . Is 13.132.217. 2d Ornibutors . Is 14.555. 2d Ornibutors . <th>а</th> <th>Public exhibition</th> <th></th> <th>d</th> <th>Loan d</th> <th>or exchang</th> <th>e program</th> <th></th> <th></th> <th></th>	а	Public exhibition		d	Loan d	or exchang	e program			
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is the organization collection an agent. Tustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is the organization an agent. trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Beginning balance	b	Scholarly research		е	Other					
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/W Escrow and Custodial Arrangements. Complete if the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Yes No 1 Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Yes No bit f'Yes, 'explain the arrangement in Part XIII and complete the following table: Amount Imagent funds Yes No 2 Did the organization anguent, trustee, custodian account fibrily in the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Yes No 2 Did the organization answered 'Yes' on Form 990, Part IV, line 10. Complete if the organization anguent in Part XIII. Check here if the explanation has been provided on Part XIII. Yes No 1 Beginning of year balance. 1 1 1 1 1 9,502,002. 1 Beginning of year balance. 1 1 1 2,378,374. 544,945. 769,973. 190,977. 4	С	Preservation for future genera	ations							
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?	4	Provide a description of the organi	zation's collections	and expla	in how t	hey furthe	r the organiz	ation's exemp	t purpos	e in Part
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 an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Image: Sold Sold Sold Sold Sold Sold Sold Sold		XIII.								
Part IV Escrow and Custodial Arrangements. Complete if the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 900, Part X, ine 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 900, Part X, ine 21. Yes No b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount Yes No c Beginning balance 1d Id Id Id Id 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Im Id Id <th>5</th> <th>During the year, did the organization</th> <th>n solicit or receive o</th> <th>donations of</th> <th>f art, histe</th> <th>orical treas</th> <th>ures, or other</th> <th>similar</th> <th></th> <th></th>	5	During the year, did the organization	n solicit or receive o	donations of	f art, histe	orical treas	ures, or other	similar		
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? No b If "Yes," explain the arrangement in Part XIII and complete the following table: Image: Complete the organization and the arrangement in Part XIII and complete the following table: Image: Complete the organization and the arrangement in Part XIII check here if the explanation has been provided on Part XIII Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Ontributions or of facilities and programs	_	assets to be sold to raise funds rathe	er than to be mainta	ained as pa	rt of the o	organizatio	n's collection?		Yes	No
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Included on Form 990, Part X? Yes No b If 'Yes,' explain the arrangement in Part XIII and complete the following table: Amount Image: Complete if the arrangement in Part XIII and complete the following table: Amount c Beginning balance Image: Complete if the arrangement in Part XIII and complete the following table: Image: Complete if the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Yes No Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. 1a Beginning of year balance 15,122,217. 12,440,027. 11,4139,073. 9,500,000. No the investment earnings, gains, and losses -1,614,508. 2,578,374. 644,945. 769,973. 196,977. d Grants or scholarships -1.814,508. 2,578,374. 644,945. 769,973. 196,977. d Grants or scholarships -1.9,29,237. 15,122,217. 12,602,960. 12,144,027. 11,439,073.										
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1a Beginning of year balance 11, 12, 62, 960. 12, 144, 027. 11, 439, 073. 1, 966, 853. b Contributions 15, 122, 217. 12, 602, 960. 12, 144, 027. 11, 439, 073. 1, 966, 853. c Net investment earnings, gains, and losses		Complete if the organizat							()=	
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and losses	b	Contributions							9,	500,000.
d Grants or scholarships	С									
e Other expenditures for facilities and programs		and losses	-1,814,508.	2,57	8,374.	644	.945.	769,973.		190,977.
and programs 48,472. 59,117. 186,012. 65,019. 158,757. f Administrative expenses 13,259,237. 15,122,217. 12,602,960. 12,144,027. 11,439,073. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶% Permanent endowment ▶79.7000 % Term endowment ▶79.7000 % 2 Term endowment ▶0										
indeprint indeprint indeprint indeprint f Administrative expenses is,259,237. is,122,217. is,602,960. is,144,027. is,439,073. g End of year balance is,259,237. is,122,217. is,602,960. is,144,027. is,439,073. 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 >79.7000 % rerm endowment >20.3000 % 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. (ii) Related organizations. (iii) Related organizations. (iii) Related organizations. 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 (b) Cost or other basis (c) Accumulated degreciation I Land.	е	Other expenditures for facilities								
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organization by: Yes No (i) Unrelated organizations. 3a(i) x (ii) Related organizations 3a(ii) x b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. B 3b 3b 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. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Image: Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation (d) Book value b Buildings 5,972,282. 5,322,530. 649,752. c Leasehold improvements. 2,491,689. 2,334,219. 157,470. e Other 530,133. 131,242. 398,891.	20				tion that	are held a	ad administor	nd for the		
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(ii) Related organizations . 3a(ii) x b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 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 5,972,282. 5,322,530. 649,752. c Leasehold improvements. 2,491,689. 2,334,219. 157,470. e Other 530,133. 131,242. 398,891.		. .								
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Image: Constraint of the state of	Γa	Complete if the organizat	tion answered "Y	es" on For	m 990, l	Part IV, lin	e 11a. See I	Form 990, Pa	art X, lin	e 10.
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b Buildings 5,972,282. 5,322,530. 649,752. c Leasehold improvements. 2,491,689. 2,334,219. 157,470. e Other 530,133. 131,242. 398,891.	12	Land	,		0)		ueprecialio			
c Leasehold improvements.	-				5 0	72 282	5 3 2 2 2	530	64	9.752
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e Other	-	•			2 4	91 689	2 3 3 4 7	219	1 հ	7 470
		I. Add lines 1a through 1e. (Column	(d) must equal Form	n 990, Part						

Schedule D (Form 990) 2021

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 (b) Book value (c) Method of valuation: (including name of security) Cost or end-of-year market value (1) Financial derivatives (2) Closely held equity interests (3) Other (A) (B) (C) (D) (E) (F) (G) (H) Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) **Investments - Program Related.** Part VIII 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. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Other Assets. Part IX Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ► Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4)(5) (6)(7)(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.). ► 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 . JSA 1E1270 1.000 Schedule D (Form 990) 2021

Schedu	le D (Form 990) 2021		Page 4					
Part	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	7,982,512.					
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:							
а	Net unrealized gains (losses) on investments							
b	Donated services and use of facilities							
с	Recoveries of prior year grants							
d	Other (Describe in Part XIII.)							
е	Add lines 2a through 2d	2e	-3,743,759.					
3	Subtract line 2e from line 1	3	11,726,271.					
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:							
а	Investment expenses not included on Form 990, Part VIII, line 7b							
b	Other (Describe in Part XIII.) 4b							
С	Add lines 4a and 4b	4c	26,640.					
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	11,752,911.					
Part	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	9,062,757.					
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:							
а	Donated services and use of facilities							
b	Prior year adjustments							
c	Other losses	1						
d	Other (Describe in Part XIII.) 2d 75,665.	1						
e	Add lines 2a through 2d	2e	75,665.					
3	Subtract line 2e from line 1	3	8,987,092.					
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							
b	Other (Describe in Part XIII.)	1						
c	Add lines 4a and 4b	4c	26,640.					
5	Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18.</i>)		9,013,732.					
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.

SEE SUPPLEMENTAL PAGE

Part XIII Supplemental Information (continued)

SCHEDULE D, PART V, LINE 4

INTENDED USES OF THE ORGANIZATION'S ENDOWMENT FUNDS:

THE RESTRICTED ENDOWMENT FUND IS AN INVESTMENT IN PERPETUITY; THE INCOME IS EXPENDABLE TO SUPPORT ACTIVITIES AND SERVICES DIRECTED AT ENHANCING A MOTHER'S ABILITY TO PARENT A CHILD WITH DISABILITIES ALONG WITH CAPACITY BUILDING.

SCHEDULE D, PART X

ASC 740 DISCLOSURE:

MANAGEMENT HAS EVALUATED THEIR INCOME TAX POSITIONS UNDER THE GUIDANCE INCLUDED IN ASC 740. BASED ON THEIR REVIEW, MANAGEMENT HAS NOT IDENTIFIED ANY MATERIAL UNCERTAIN TAX POSITIONS TO BE RECORDED OR DISCLOSED IN THE FINANCIAL STATEMENTS.

SCHEDULE D, PARTS XI & XII, LINE 2D

OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSE

\$ 75,665

SCHEDULE G (Form 990)		nformation Regarding Fundraising or Gaming Activities 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.					OMB No. 1545-0047				
Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.											
Name of the organiz	Name of the organization Employer identification										
	NOBLE, INC. 35-092472										
	-		plete if the organi equired to comple			Yes" on Form 99	90, Part IV, line 1	7.			
1 Indicate v	whether the	organization rai	sed funds through	any of the	following	activities. Check a	all that apply.				
a 🔄 Mail	solicitations		е	Solic	citation of	non-government g	Irants				
b Inter	net and ema	ail solicitations	f	Solic	citation of	government grant	S				
c Phor	ne solicitatio	ns	g	Spec	cial fundra	ising events					
d 🔄 In-pe	erson solicita	ations									
or key en	nployees list	ed in Form 990	r oral agreement w , Part VII) or entity	in connec	tion with p	professional fundra	ising services?	Yes No			
compens		\$5,000 by the		(iii) Did fun	draiser have	Int to agreements	(v) Amount paid to (or retained by)	(vi) Amount paid to			
	entity (fundrais		(ii) Activity		or control of outions?	from activity	fundraiser listed in col. (i)	(or retained by) organization			
1				Yes	No						
I											
2											
3											
4											
5											
6											
7											
8											
9											
10											
Total 3 List all st			tion is registered c		to solicit	contributions or	has been notified	it is exempt from			
	on or licensi										

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 EITG GOLF 1 (add col. (a) through col. (c)) (event type) (event type) (total number) Revenue 1 Gross receipts 129,494. 114,125. 104,043. 347,662. 2 Less: Contributions3 Gross income (line 1 minus 90,322. 93,125. 75,988. 259,435. line 2)..... 39,172. 21,000. 28,055. 88,227. 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs 17,917. 12,189. 2,664. 32,770. 7 Food and beverages 3,090. 12,037. 15,127. 8 Entertainment <u>7,</u>500. 2,750. 10,250. 9 Other direct expenses 6,758. 1,405. 9,355. 17,518. **10** Direct expense summary. Add lines 4 through 9 in column (d) ► 75,665. 11 Net income summary. Subtract line 10 from line 3, column (d) 12,562 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. Revenue (b) Pull tabs/instant (d) Total gaming (add (c) Other gaming (a) Bingo bingo/progressive bingo col. (a) through col. (c)) 1 Gross revenue Direct Expenses 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes % Yes % Yes % 6 Volunteer labor No No 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) ► Enter the state(s) in which the organization conducts gaming activities: 9 Is the organization licensed to conduct gaming activities in each of these states? Yes а No If "No," explain: b Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? 10a Yes No b If "Yes," explain:

JSA 1E1282 1.000

Schedule G (Form 990) 2021

Sched	dule G (Form 990 or 990-EZ) 2021		Page 3
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:		
а	The organization's facility 13a		%
b			%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address ►		
15 a	Does the organization have a contract with a third party from whom the organization receives gaming		
IUU	revenue?	Yes	No
b].00[
	amount of gaming revenue retained by the third party ► \$		
с	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			
u	retain the state gaming license?	Yes	No
b			
	or spent in the organization's own exempt activities during the tax year > \$		
Part			

SCHEDULE J		Compen	Isa	tion Information	1	OMB No.	1545-0	047
(Forr	n 990)	For certain Officers, Dire	ctors	s, Trustees, Key Employees, and Highest		୬៣	91	
				nsated Employees nswered "Yes" on Form 990, Part IV, line	23.	<u>Z</u> U		
	nent of the Treasury Revenue Service			ch to Form 990. or instructions and the latest information		Open to	o Pur ectio	
	lame of the organization Employer identification r							11
NOBI	LE, INC.				35-09247	20		
Part	Question	ns Regarding Compensation						
							Yes	No
1a		propriate box(es) if the organization pro Section A, line 1a. Complete Part III to				m		
		ss or charter travel		Housing allowance or residence for	-			
		or companions		Payments for business use of perso	•			
		emnification and gross-up payments		Health or social club dues or initiati				
		onary spending account		Personal services (such as maid, ch				
b	If any of the	boxes on line 1a are checked, did the ment or provision of all of the ex		rganization follow a written policy r	egarding payme	nt		
2	Did the orga	anization require substantiation prior	to	reimbursing or allowing expenses	s incurred by a	all		
	•	stees, and officers, including the CEC		e	•			
	1a?					. 2		
3		h, if any, of the following the organization			the			
	organization's	S CEO/Executive Director. Check all the	at ap	pply. Do not check any boxes for method	ods used by a			
	related organ	ization to establish compensation of th	e CE	EO/Executive Director, but explain in F	Part III.			
	· ·	nsation committee	X	Written employment contract				
		dent compensation consultant		Compensation survey or study				
	Form 99	90 of other organizations	Χ	Approval by the board or compense	ation committee			
4		ar, did any person listed on Form 990, or a related organization:	Par	t VII, Section A, line 1a, with respect t	o the filing			
а		verance payment or change-of-control p	-					Х
b	-	or receive payment from a supplement						X
С	-	or receive payment from an equity-bas				. 4c		X
	If "Yes" to an	y of lines 4a-c, list the persons and p	rovid	le the applicable amounts for each i	tem in Part III.			
	Only costion	E(1/2)/2 $E(1/2)/4$ and $E(1/2)/20$ a		izationa must complete lines 5.0				
5	-	501(c)(3), 501(c)(4), and 501(c)(29) or listed on Form 990, Part VII, Secti	-	-	or occrup o			
5		n contingent on the revenues of:		\neg , me ra, un me organization pa	ay of accide al	'y		
а		ion?				. 5a		x
	-	rganization?						X
~		e 5a or 5b, describe in Part III.						
6		listed on Form 990, Part VII, Secti	on /	A, line 1a, did the organization pa	ay or accrue a	у		
		n contingent on the net earnings of:						
а	The organizat	ion?				. 6a		X
b		rganization?				. 6b		X
	If "Yes" on lin	e 6a or 6b, describe in Part III.						
7		listed on Form 990, Part VII, Section						
~		t described on lines 5 and 6? If "Yes," d				. 7		X
8	-	ounts reported on Form 990, Part VII,	-	-	-			
		I contract exception described in	•					v
9		line 8, did the organization also fol						X
3		ection 53.4958-6(c)?						
			• •			. 3		I

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

Schedule J (Form 990) 2021

Schedule J (Form 990) 2021

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 a	nd/or 1099-MISC and/or	1099-NEC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reporte as deferred on prior Form 990
JULIA HUFFMAN	(i)	148,797.	100.	NONE	NONE	3,140.	152,037.	
1 PRESIDENT/CEO	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	
	(i)							
2	(ii)							
	(i)							
3	(ii)							
	(i)							
4	(ii)							
	(i)							
5	(ii)							
	(i)							
6	(ii)							
	(i)							
7	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
4	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

Schedule J (Form 990) 2021

SCHEDULE L (Form 990)

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

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

OME	3 No. 1545-0047
	2021
0	non To Public

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

	identification	
Employor	idontification	numbor
	Internation	number

	-				
NOBL	E, INC.		35-0924720		
Part		ns (section 501(c)(3), section 501(c)(4), and 501 n answered "Yes" on Form 990, Part IV, line 25a	· · · · · · · · · · · · · · · · · · ·).	
1	(a) Name of disqualified person (b) Relationship between disqualified person and organization		(c) Description of transaction	(d) Co	rrected
			(c) Description of transaction	Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
2	Enter the amount of tax incurred	I by the organization managers or disqualified pe	ersons during the year		
	under section 4958		▶ \$		
3		n line 2, above, reimbursed by the organization			

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of Ioan	fron	an to or n the zation?	(e) Original principal amount	(f) Balance due	(g) In c	default?		ard or	(i) W agreei	
			То	From			Yes	No	Yes	No	Yes	No
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
Total						\$		•				

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

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

Schedule L (Form 990) 2021

Part IV Business Transactions Involving Interested Persons.

Page 2

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	-	aring o ization's nues?
				Yes	No
(1) GREGORY AND APPEL	OWNER IS A DIRECTOR	251,489.	INSURANCE SERVICES		х
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
10)					

Provide additional information for responses to questions on Schedule L (see instructions).

SCHEDULE L, PART IV, LINE 1

BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS: ANDREW APPEL, A DIRECTOR OF NOBLE, INC. IS AN OWNER OF GREGORY & APPEL INSURANCE COMPANY. THE ORGANIZATION FOLLOWED THE CONFLICT OF INTEREST POLICY. ANDREW APPEL DID NOT VOTE ON THE DECISION TO USE GREGORY & APPEL INSURANCE.

SCHEDULE O (Form 990 or 990-EZ)

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 990-EZ.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.



Name of the organization

Employer identification number

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

PROCESS TO REVIEW THE FORM 990:

THE CEO, CFO AND AN INDEPENDENT ACCOUNTING FIRM REVIEW FORM 990 BEFORE IT IS FILED. THE RETURN IS ALSO SUBMITTED TO THE BOARD TO REVIEW PRIOR TO FILING.

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

MONITOR AND ENFORCEMENT OF COMPLIANCE WITH CONFLICT OF INTEREST POLICY: COMPLIANCE IS ENFORCED THROUGH THE BOARD OF DIRECTORS POLICY NUMBER BD 90-1 WHICH WAS ADOPTED 1/26/1984 AND AMENDED LAST ON 9/19/2018 WHERE THE CODE OF ETHICS AND CONFLICT OF INTEREST POLICY WERE COMBINED INTO A NEW POLICY, BD 18-1. IN REGARDS TO OFFICERS, DIRECTORS OR EMPLOYEES OF NOBLE, INC. THE POLICY STATES IT IS THE RESPONSIBILITY OF THE INDIVIDUAL TO REPORT ANY PERSONAL OWNERSHIP, INTEREST OR OTHER RELATIONSHIP THAT MIGHT AFFECT THEIR ABILITY TO EXERCISE IMPARTIAL AND ETHICAL JUDGMENT IN THE AREA OF THEIR RESPONSIBILITY. THE POLICY IS FURTHERED BY NINE PRINCIPLES. THE ORGANIZATION ALSO MAINTAINS COPIES OF SIGNED CONFLICT OF INTEREST DISCLOSURE STATEMENTS. THE CEO REVIEWS THE SIGNED CONFLICT OF INTEREST STATEMENTS, IF THE CEO DISCOVERS ANY CONFLICTS OR POTENTIAL CONFLICTS OF INTEREST, THE CHAIRMAN OF THE AUDIT COMMITTEE FURTHER REVIEWS THE CONFLICT.

FORM 990, PART VI, SECTION B, LINE 15A & 15B

PROCESS TO DETERMINE CEO AND OFFICER COMPENSATION: THE EXECUTIVE COMMITTEE REVIEWED THE CEO'S COMPENSATION DURING AN ANNUAL PERFORMANCE REVIEW IN SEPTEMBER 2022. THE CEO'S NEXT COMPENSATION REVIEW WILL BE HELD IN AUGUST, 2023. COMPENSATION OF THE CHIEF FINANCIAL OFFICER

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

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 990-EZ. OMB No. 1545-0047

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Employer identification number

WAS DETERMINED THROUGH MARKET ANALYSIS AND IS REVIEWED ANNUALLY BY THE

CEO.

FORM 990, PART VI, SECTION C, LINE 19

AVAILABILITY OF GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FS:

THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND

FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.

Schedule O (Form 990 or 990-EZ) 2021	Page
Name of the organization	Employer identification number
NOBLE, INC.	35-0924720

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

SINCE ITS FOUNDING IN 1953, NOBLE OF INDIANA HAS PROVIDED A VARIETY OF SERVICES AND SUPPORT TO CHILDREN AND ADULTS WITH DEVELOPMENTAL DISABILITIES AND THEIR FAMILIES IN CENTRAL INDIANA. NOBLE'S MISSION IS TO CREATE OPPORTUNITIES FOR PEOPLE WITH DISABILITIES TO LIVE MEANINGFUL LIVES.

47

Schedule O (Form 990 or 990-EZ) 2021			Page 2
Name of the organization			tification number
NOBLE, INC.		35-0924	1720
FORM 990, PART III, LINE 4D - OTHER PROGRAM			
DESCRIPTION	GRANTS	EXPENSES	REVENUE
COMMUNITY EMPLOYMENT: NOBLE PROVIDES		687,931.	843,752.
EMPLOYMENT SERVICES INCLUDING VOCATIONAL			
ASSESSMENTS, JOB SEARCH AND PLACEMENT			
ASSISTANCE, SKILLS TRAINING AND JOB			
RETENTION SUPPORT. SCHOOL-TO-WORK			
PROGRAMS FOR HIGH SCHOOL STUDENTS FOCUS			
ON DEVELOPING LIFE-SKILLS, DETERMINING			
CAREER INTERESTS, TEACHING BOTH			
TECHNICAL AND SOFT SKILLS AND OFFERING			
A VARIETY OF JOB SHADOWING AND WORK			
EXPERIENCES.			
CHILDREN'S SERVICES: INCLUDE EARLY		803,558.	
INTERVENTION THERAPIES FOR BABIES			
AND TODDLERS, SUMMER CAMPS FOR SCHOOL-			
AGE SERVICES. NOBLE ALSO OFFERS RESPITE			
SERVICES FOR FAMILIES, LEGISLATIVE			
ADVOCACY AS THE LOCAL ARC CHAPTER OF			
THE ARC OF INDIANA, SUPPORT GROUPS AND			
EDUCATIONAL PROGRAMS.			
TOTALS		1,491,489.	843,752
	==============		===============

SCHEDULE R (Form 990)

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.

Department of the Treasury Internal Revenue Service

Name of the organization

NOBLE, INC.

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
(1)	-				
_(2)	-				
(3)					
_(4)	-				
(5)					
(6)					
]				

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. Part II

Name, address	(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	Section 5 conti ent	rolled	
							Yes	No
(1) NOBLE R & D	31-1229531							
7701 E 21ST STREET	INDIANAPOLIS, IN 46219	REASEARCH	IN	501(C)(3)	7	NOBLE, INC	х	
(2)		_						
(3)		_						
(4)		_						
(5)		_						
(6)		_						
(7)		_						

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

Schedule R (Form 990) 2021

OMB No. 1545-0047

2

Employer identification number

35-0924720

Open to Public

Inspection

Schedule R (Form 990) 2021

Page **2**

Part III

Identification of Relat						inswered "Yes"	on Forn	n 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	(I Disprop alloca		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man	j) eral or aging tner?	(k) Percentage ownership
			- country)		,			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
		1											

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		(h) Percentage ownership	controlled entity?
								Yes No
(1) KID'S ONLY, INC. 30-0227920								
7701 E. 21ST STREET INDIANAPOLIS, IN 46219	PEDIATRIC THERAPY	IN	NOBLE, INC.	S-CORP	203,371.	1,013,425.	100.0000	x
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								

Schedule R (Form 990) 2021

Part V	Transactions With Related Organizations. Complete if the organization answered "Ye	es" on Form 990, Par	t 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
	During the tax year, did the organization engage in any of the following transactions with one or more	related organizations lis	ted in Parts II-IV?			
a F	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity			1:	a X	
b (Gift, grant, or capital contribution to related organization(s)			11	b	X
	Gift, grant, or capital contribution from related organization(s)				2	X
	Loans or loan guarantees to or for related organization(s)				k	X
e l	Loans or loan guarantees by related organization(s)			10	e 🗌	X
f[Dividends from related organization(s)			1	F	X
	Sale of assets to related organization(s)				3	X
hf	Purchase of assets from related organization(s)			11	า	X
	Exchange of assets with related organization(s).				i	X
jl	Lease of facilities, equipment, or other assets to related organization(s).				i 📃	X
	Lease of facilities, equipment, or other assets from related organization(s)				-	X
	Performance of services or membership or fundraising solicitations for related organization(s)				I	X
	Performance of services or membership or fundraising solicitations by related organization(s)				n	X
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				_	X
o 3	Sharing of paid employees with related organization(s)			10	o X	
-	Reimbursement paid to related organization(s) for expenses					X
q F	Reimbursement paid by related organization(s) for expenses			10	a x	
	Other transfer of cash or property to related organization(s)				_	X
<u>s</u> (Other transfer of cash or property from related organization(s)	<u> </u>		<u></u> 1:		
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete the		•			
	(a) Name of related organization	(b) Transaction	(c) Amount involved	(d) Method of d		ing
	Ŭ	type (a-s)		amount i		
(4)			0.6 400			
(1)	KID'S ONLY, INC.	A (IV)	26,400.	MARKET V	ALUE	
(\mathbf{a})			116 401			
(2)	KID'S ONLY, INC.	0	116,431.	MARKET V	ALUE	
(2)			100 101			
(3)	KID'S ONLY, INC.	Q	107,131.	MARKET V	ALUE	i
(4)			101 000		A T T T T	
(4)	KID'S ONLY, INC.	S	191,988.	MARKET V	ALUE	
(5)						
(5)						
(6)						
			Sci	hedule R (Fori	n 990)	2021
JSA						,

1E1309 1.000

51

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under	organiz	zations?	(f) Share of total income	(g) Share of end-of-year assets	Disprop	h) ortionate ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	man	(j) eral or aging mer?	(k) Percentage ownership
			sections 512 - 514)	Yes	No			Yes	No	(,	Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
_(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Schedule R (Form 990) 2021

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

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

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

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

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

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

Type or	Name of exempt organization or other filer, see in	structions.	Tax	payer identification numbe	er (TIN)	
print						
-	NOBLE, INC.		tiono	35-0924720		
File by the due date for	Number, street, and room or suite no. If a P.O. bo	x, see instruc	30015.			
filing your	7701 EAST 21ST STREET	o foroign od	droce coo instructions			
return. See instructions.	City, town or post office, state, and ZIP code. For	a roreign ad				
	INDIANAPOLIS, IN 46219					
Enter the Re	turn Code for the return that this application	is for (file	a separate application for ea	ach return)		01
Application		Return	Application			Return
Is For		Code	Is For			Code
Form 990 or	Form 990-EZ	01	Form 1041-A			08
Form 4720	(individual)	03	Form 4720 (other than in	dividual)		09
Form 990-PF	-	04	Form 5227			10
Form 990-T	(sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 990-T	(trust other than above)	06	Form 8870			12
Form 990-T	(corporation)	07				
 If the orga If this is for the whole a list with the for the the for the for the for the x 2 If the ta C 	anization does not have an office or place of l anization does not have an office or place of l or a Group Return, enter the organization's for e group, check this box \blacktriangleright $\boxed{\}$. If a names and TINs of all members the extensi st an automatic 6-month extension of time un organization named above. The extension is calendar year 20 or tax year beginning 07/ ax year entered in line 1 is for less than 12 m hange in accounting period application is for Forms 990-PF, 990-T,	I business ir ur digit Gro f it is for pa ion is for. ntil for the org 01_, 2021 nonths, chea	up Exemption Number (GEI irt of the group, check this b 05/15, 2023 ganization's return for: , and ending ck reason: Initial return	nis box	If this and attac	h
nonrefu	undable credits. See instructions.	-		3a	\$	NONE
	application is for Forms 990-PF, 990-T,		· · · · · · · · · · · · · · · · · · ·	able credits and		
	ted tax payments made. Include any prior yea			3b	\$	NONE
	e due. Subtract line 3b from line 3a. In	•		, if required, by		
using E	FTPS (Electronic Federal Tax Payment Syster	n). See inst	ructions.	3c	\$	NONE
Caution: If you instructions.	u are going to make an electronic funds withdraw	al (direct de	bit) with this Form 8868, see	Form 8453-TE and Form 8	3879-TE fo	r payment
For Privacy A	ct and Paperwork Reduction Act Notice, see instr	ructions.		Forn	m 8868 (R	ev. 1-2022)



201 N. Illinois Street, Suite 700 | P.O. Box 44998 | Indianapolis, IN 46244-0998 | 317.383.4000

Noble, Inc. Instructions for Filing Form IT-20NP IN Nonprofit Organization Unrelated Business Income Tax Return For the year ended June 30, 2022

The original return should be signed (use full name) and dated on page 2 by an authorized officer of the organization.

File the signed return by May 15, 2023 with:

Indiana Department of Revenue P.O. Box 7228 Indianapolis, IN 46207-7228

There is no tax due with the filing of this return.

The return shows a \$633 overpayment. Of this amount, \$633 will be refunded to you.

To document the timely filing of your tax return(s), we suggest that you obtain and retain proof of mailing. Proof of mailing can be accomplished by sending the tax return(s) by registered or certified mail (metered by the U.S. Postal Service) or through the use of an IRS approved delivery method provided by an IRS designated private delivery service.

Form IT-20NPIndiana Department of RevenueState Form 148 (R20 / 8-21)Indiana Nonprofit Organization Unrelated Business Income Calendar Year Ending December 31, 2021 or	Tax Retur	n								
Fiscal Year Beginning $\begin{bmatrix} 07 \\ 01 \end{bmatrix}$ 2021 and Ending $\begin{bmatrix} 06 \\ 06 \end{bmatrix}$	30 2	022								
Check box if amended.										
		er Identification Numbe	-r							
NOBLE, INC. 35	092472	0								
	eign Country	2-Character Code								
7701 E 21ST STREET 904001										
City State ZIP Code 2-Digit County Code		none Number								
INDIANAPOLIS IN 46219 49	317	375 2700								
K. Check all boxes that apply: Initial Return Final Return In Bankruptcy Schedule M L. Do you have on file a valid extension of time to file your return (federal Form 7004 or an electronic extension of time)? Yes X No M. Check the box if entity has multiple unrelated trades or businesses (see instructions) In State of the state of t										
 Adjusted Gross Income Tax Calculation on Unrelated Business Income 1. Unrelated business taxable income before NOL deduction from federal Form 990-T. Use a minus sign for negative amounts. Attach Form 990-T. 2. Non-unitary partnership income. 3. Specific deduction (generally \$1,000; see instructions) 	2 3	1000 (0 0 0 0 0 0							
4. Subtract line 2 and line 3 from line 1	4	182315 (00							
Modifications (use a minus sign for negative amounts) 5. Enter name of add-back or deduction STATE TAX PAID Code No. 10	0 5	19056	00							
6. Enter name of add-back or deduction Code No	6		00							
7. Enter name of add-back or deduction Code No			00							
8. Enter name of add-back or deduction Code No	8	(00							
 Unrelated business income: add or subtract lines 4 through 8. If not apportioning, enter same amount on line 11. 		201371 (00							
10. Enter Indiana apportionment percentage, if applicable, from line 9 of IT-20 Schedule E	· · · · ·									
apportionment (enclose schedule)	10	100.00	%							
11. Unrelated business apportioned to Indiana (multiply line 9 by line 10; otherwise, enter line 9 a		201371 (00							
12. Non-unitary partnership income from Indiana sources			00							
13. Enter Indiana Net Operating Loss deduction. Enclose Schedule IT-20NOL			00							
14. Taxable Indiana unrelated business income (add line 11 and line 12 and subtract line 13)			00							
15. Taxable income from other forms (Form 1120-POL)16. Subtotal (add lines 14 and 15)			00							
17. Indiana tax on unrelated business income (multiply line 16 by tax rate; see instructions for line	17) 17		00							
18. Sales/use tax on purchases subject to use tax from Sales/Use Tax Worksheet.		· · · · · · · · · · · · · · · · · · ·	00							
19. Total tax due (add lines 17 and 18)			00							
Credit for Estimated Tax and Other Payments		5007								
-	er total 20	1 5 0 0	00							
21. Amount paid with extension.		1000	00							
22. Amount of overpayment credit (from tax year ending)			00							
23. Pass-through withholding and other payments (include Schedule IN K-1).			00							
24. EDGE credit. Enter the total EDGE credit amount claimed (line 19 on Schedule IN-EDGE)			00							
25. EDGE-R credit. Enter the total EDGE-R credit amount claimed (line 19 on Schedule IN-EDGE-R)	25		00							
26. Enter name of offset credit Code No	26	(00							

26.	Enter name of offset credit	Code No	26	00	0
27.	Enter name of offset credit	Code No	27	00	
28.	Enter name of offset credit	Code No	28	00	0
29.	Enter name of offset credit	Code No	29	00	0
30.	Enter name of offset credit	Code No	30	00	0
31.	Certified credits. Enter the	total of certified credits claimed from Schedule IN-OCC and enclose this			
	schedule with your return .		31	00	0
		31)		10500 00	0
	,			10000	_



33. Balance of tax due (line 19 minus line 32) 34. Penalty for the underpayment of income tax. Attach Schedule IT-2220		00
Check box if using annualization method	34	0.0
35. Interest: If payment is made after the original due date, compute interest	35	00
36. Penalty: If paid late, enter 10% of line 33; see instructions. If line 19 is zero, enter \$10 per day filed		
past due date	36	00
37. Total payment due (add lines 33-36). (Payment must be made in U.S. funds) PAY THIS AMOUNT	37	00
38. Total overpayment (line 32 minus lines 19 and 34-36)	38	633 00
39. Amount of line 38 to be refunded	39	633 00
40. Amount of line 38 to be applied to the following year's estimated tax account	40	00

NICOLE B. FISHBACK Personal Representative's Name (Prin	nt or Type)	FORVIS, LLP Paid Preparer: Firm's Name (or your:	s if self employed)
NICOLE.FISHBACK@FORVI	S.COM	P01279475	
Personal Representative's Email Addre	SS	PTIN	
	05 15 2023	317 383 4000	
Signature of Corporate Officer	Date	Telephone Number	
MAURICE WADE WINGLER Print or Type Name of Corporate Offic	PRESIDENT/CEO er Title	201 N. ILLINOIS STREE Address	Т
Nicole B. Fishback	05 15 2023	INDIANAPOLIS	
Signature of Paid Preparer	Date	City	
Nicole B. Fishback		IN	46204
Print or Type Name of Paid Preparer		State Z	ip Code + 4

Please mail your forms to: Indiana Department of Revenue P.O. Box 7228 Indianapolis, IN 46207-7228



Form	990-T	Ex	empt Organization Business Income Tax Return (and proxy tax under section 6033(e))	ו ו	OMB No. 1545-0047
		For cale	ndar year 2021 or other tax year beginning $_07/01$, 2021, and ending $_06/30$, 20	22	2021
	tment of the Treasury al Revenue Service		► Go to www.irs.gov/Form990T for instructions and the latest information.	-	Open to Public Inspection for
	Check box if	Do Do	not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(Name of organization (Check box if name changed and see instructions.)		501(c)(3) Organizations Only yer identification number
A [address changed.				924720
BEX	empt under section	Print	NOBLE, INC. Number, street, and room or suite no. If a P.O. box, see instructions.		exemption number
	501(C)(3)	or	7701 E 21ST STREET		structions)
<u></u>	408(e) 220(e)	Туре	City or town, state or province, country, and ZIP or foreign postal code		
	408A 530(a)		INDIANAPOLIS, IN 46219	-	Check box if
	529(a) 529A	C Bool	x value of all assets at end of year		an amended return.
GC	heck organization t				
	heck if filing only to	<i>,</i> ,	Claim credit from Form 8941 Claim a refund shown on Form 2	439	
ΙC	heck if a 501(c)(3)	organiza	tion filing a consolidated return with a 501(c)(2) titleholding corporation		
			Schedules A (Form 990-T)		
κD	uring the tax year,	was the	corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?		► Yes X No
lf	"Yes," enter the na	ame and	identifying number of the parent corporation		
LT	ne books are in care	e of 🕨 J	UDY TIDWELL Telephone number ► 317	-375-	2700
		7	701 E 21ST STREET		
		I	NDIANAPOLIS, IN 46219		
Pai			usiness Taxable Income		1
1			ness taxable income computed from all unrelated trades or businesses (see		100.015
_					183,315.
2					102 215
3					183,315.
4			ee instructions for limitation rules)		183,315.
5 6			axable income before net operating losses. Subtract line 4 from line 3 gloss. See instructions		103,315.
7			less taxable income before specific deduction and section 199A deduction.		
'					183,315.
8			ally \$1,000, but see instructions for exceptions)		1,000.
9			iction. See instructions		1,000.
10			s 8 and 9		1,000.
11			ble income. Subtract line 10 from line 7. If line 10 is greater than line 7.		
	enter zero			. 11	182,315.
Pa	t II Tax Comp	outation	1		
1	Organizations tax	xable as	corporations. Multiply Part I, line 11 by 21% (0.21)	▶ 1	38,286.
2	Trusts taxable	at trus <u>t</u>	rates. See instructions for tax computation. Income tax on the amount on	1	
	Part I, line 11 from	n:	Tax rate schedule or Schedule D (Form 1041)	2	
3	Proxy tax. See ins	structions	•	► <u>3</u>	
4			structions	. 4	
5			rusts only)		
6			ity income. See instructions		
7			6 to line 1 or 2, whichever applies	. 7	38,286.
FOR F	-aperwork Reduct	ION ACT N	lotice, see instructions.		Form 990-T (2021)

Form	990-T (2021)	35-0924720) Page 2
Par	t III Tax and Payments		
1 a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 1a		
b	Other credits (see instructions)		
С	General business credit. Attach Form 3800 (see instructions)		
d	Credit for prior year minimum tax (attach Form 8801 or 8827)		
е	Total credits. Add lines 1a through 1d	1e	
2	Subtract line 1e from Part II, line 7	2 38	<u>3,286.</u>
3	Other amounts due. Check if from: Form 4255 Form 8611 Form 8697 Form 8866		
	Other (attach statement)	3	
4	Total tax. Add lines 2 and 3 (see instructions).		
	section 1294. Enter tax amount here	4 38	3 <u>,286.</u>
5	Current net 965 tax liability paid from Form 965-A, Part II, column (k)	5	
6 a	Payments: A 2020 overpayment credited to 2021		
b	2021 estimated tax payments. Check if section 643(g) election applies ► 6b 23,159		
С	Tax deposited with Form 8868 20,000	.	
d	Foreign organizations: Tax paid or withheld at source (see instructions) 6d	4	
е		4	
f	Credit for small employer health insurance premiums (attach Form 8941) 6f	4	
g	Other credits, adjustments, and payments: Form 2439		
	Form 4136 Other Total ▶ 6g		
7	Total payments. Add lines 6a through 6g		<u>3,159.</u>
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached	8	
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed		
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid.		<u>1,873.</u>
11	Enter the amount of line 10 you want: Credited to 2022 estimated tax Refunded		<u>1,873.</u>
	TIV Statements Regarding Certain Activities and Other Information (see instruction	· ·	Yes No
1	At any time during the 2021 calendar year, did the organization have an interest in or a signature o		
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization m		
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the	Toreign country	x
2	bere ▶ During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to	a foreign truct?	X
2	If "Yes," see instructions for other forms the organization may have to file.		A
3	Enter the amount of tax-exempt interest received or accrued during the tax year		
4	Enter available pre-2018 NOL carryovers here ► \$ Do not include any post-2017 NOL carryo		
-	shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deducti		
	Part I, line 6.		
5	Post-2017 NOL carryovers. Enter available Business Activity Code and post-2017 NOL carryovers	Don't reduce	
•	the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.		
	Business Activity Code Available post-2017 N	NOL carryover	
	904001 \$ NONE		
	\$		
	\$		
	\$		
6a	Did the organization change its method of accounting? (see instructions)		Х
b	If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form	1128? If "No,"	
	explain in Part V		
Par	t V Supplemental Information	·	
Provi	de the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.		

10	viue the e	spianation	required b	y raitiv, inte	00. Aiso, pro	Svide any othe	auditional informa	115.

Sign Here		nder penalties of perjury, I declare that I have examin elief, it is true, correct, and complete. Declaration of preparer (or				t of my knowledge and
		AURICE WADE WINGLER	05/15/2023 PRESID	DENT/CEO		discuss this return
	S	ignature of officer	Date Title		(see instructions)	? X Yes No
		Print/Type preparer's name	Preparer's signature	Date	Check if	PTIN
Paid		Nicole B. Fishback	Theole B. Fishback	05/15/2023	self-employed	P01279475
Prepa Use O		Firm's name FORVIS, LLP			Firm's EIN ► 44-0160260	
Use U	шу	Firm's address ► 201 N. ILLINOIS ST	REET, INDIANAPOLIS, IN 46204		Phone no. 317-383-4000	
JSA 182741-1	000					Form 990-T (2021)

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0074

20

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form990T for instructions and the latest information. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).
 Open to Public Inspection for 501(c)(3).

21

A Name of the organization	B Employer identification number
NOBLE, INC.	35-0924720
\mathbf{c} Unrelated by a particular particular (and instructions) \mathbf{b} 0.04001	D Sequences 1 of 1

C Unrelated business activity code (see instructions) ► 904001

D Sequence:

of

E Describe the unrelated trade or business ► INVESTMENT

Pa	t I Unrelated Trade or Business Income		(A) Income	(B) Expense	es	(C) Net
1a	Gross receipts or sales					
b	Less returns and allowances c Balance ►	1c				
2	Cost of goods sold (Part III, line 8).	2				
3	Gross profit. Subtract line 2 from line 1c	3				
4a	Capital gain net income (attach Sch D (Form 1041 or Form					
	1120)). See instructions	4a				
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions	4b				
с	Capital loss deduction for trusts	4c				
5	Income (loss) from a partnership or an S corporation (attach					
	statement) SEE. STATEMENT. 1	5	203,371.			203,371.
6	Rent income (Part IV)	6				
7	Unrelated debt-financed income (Part V)	7				
8	Interest, annuities, royalties, and rents from a controlled					
	organization (Part VI)	8				
9	Investment income of section 501(c)(7), (9), or (17)					
	organizations (Part VII)	9				
10	Exploited exempt activity income (Part VIII).	10				
11	Advertising income (Part IX)	11				
12	Other income (see instructions; attach statement)					
13	Total. Combine lines 3 through 12		203,371.			203,371.
Pa			nitations on deduct	ions. Deducti	ons n	nust be
	directly connected with the unrelated business incom					
1	Compensation of officers, directors, and trustees (Part X)				1	
2	Salaries and wages				2	
3	Bad debts				3 4	
4 5	Interest (attach statement). See instructions				4 5	
5 6	Taxes and licenses				6	19,056.
0 7	Depreciation (attach Form 4562). See instructions		1 1		0	19,030.
8	Less depreciation claimed in Part III and elsewhere on return				8b	
9	Depletion.				9	
10	Contributions to deferred compensation plans				10	
11	Employee benefit programs				11	
12	Excess exempt expenses (Part VIII)				12	
13	Excess readership costs (Part IX)				13	
14	Other deductions (attach statement)				14	1,000.
15	Total deductions. Add lines 1 through 14				15	20,056.
16	Unrelated business income before net operating loss deduction					
	column (C)				16	183,315.
17	Deduction for net operating loss. See instructions				17	
18	Unrelated business taxable income. Subtract line 17 from line	16			18	183,315.
For P	aperwork Reduction Act Notice, see instructions.			Sch	edule	A (Form 990-T) 2021

2011000	ule A (Form 990-T) 2021				Page 2
Par	Cost of Goods Sold	Enter method of invented	ory valuation 🕨		
1	Inventory at beginning of year			1	
2	Purchases				
3	Cost of labor				
4	Additional section 263A costs (attach statemen				
5	Other costs (attach statement)				
6	Total. Add lines 1 through 5				
7	Inventory at end of year				
8	Cost of goods sold. Subtract line 7 from line 6.				No.
9 Bor	Do the rules of section 263A (with respect to p				Yes No
1 an	Description of property (property street address	· · · · · ·			
•	A			50013.	
	B				
	c				
	D				
		Α	В	С	D
2	Rent received or accrued				
а	From personal property (if the percentage of				
	rent for personal property is more than 10%				
	but not more than 50%)				
b	From real and personal property (if the				
	percentage of rent for personal property				
	exceeds 50% or if the rent is based on profit or				
	income)				
С	Total rents received or accrued by property.				
_	Add lines 2a and 2b, columns A through D				
3	Total rents received or accrued. Add line 2c co	umns A through D. Enter he	ere and on Part I, line 6, co	olumn (A) 🚬 🕨 📥	
	Deductions directly connected with the income				
4	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)				
5	Total deductions. Add line 4 columns A through	D Enter here and on Part I	line 6. column (B)		
5	Total deddetolis. Add line 4 coldiniis A through	D. Enter here and on r art		· · · · · · · · · · · · · · · · · · ·	
Par	t V Unrelated Debt-Financed Income	e (see instructions)			
Par 1	t Ve Unrelated Debt-Financed Income Description of debt-financed property (street ad		Check if a dual-use. See i	nstructions.	
			Check if a dual-use. See i	nstructions.	
	Description of debt-financed property (street ad		Check if a dual-use. See i	nstructions.	
	Description of debt-financed property (street ad		Check if a dual-use. See i	nstructions.	
	Description of debt-financed property (street ad A B		Check if a dual-use. See ii	nstructions.	
	Description of debt-financed property (street ad		Check if a dual-use. See in	nstructions.	D
	Description of debt-financed property (street ad	dress, city, state, ZIP code).			D
1	Description of debt-financed property (street ad A	dress, city, state, ZIP code).			D
1	Description of debt-financed property (street ad A	dress, city, state, ZIP code).			D
1	Description of debt-financed property (street ad A B C D Gross income from or allocable to debt - financed property Deductions directly connected with or allocable to debt-financed property	dress, city, state, ZIP code).			D
1	Description of debt-financed property (street ad A	dress, city, state, ZIP code).			D
1 2 3 b	Description of debt-financed property (street ad A	dress, city, state, ZIP code).			D
1 2 3 b	Description of debt-financed property (street ad A	dress, city, state, ZIP code).			D
1 2 3 c	Description of debt-financed property (street ad A	dress, city, state, ZIP code).			D
1 2 3 b	Description of debt-financed property (street ad A	dress, city, state, ZIP code).			D
1 2 3 b c 4	Description of debt-financed property (street ad A	dress, city, state, ZIP code).			D
1 2 3 c	Description of debt-financed property (street ad A B B C D D D D D D D D D D D D D D D D D	dress, city, state, ZIP code).			D
1 2 3 b c 4 5	Description of debt-financed property (street ad A	A	B	C	
1 2 3 6	Description of debt-financed property (street ad A	A			
1 2 3 6 7	Description of debt-financed property (street ad A B B C D D Gross income from or allocable to debt - financed property Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement). Other deductions (attach statement) Total deductions (add lines 3a and 3b, columns A through D) Amount of average acquisition debt on or allocable to debt - financed property (attach statement) Average adjusted basis of or allocable to debt- financed property (attach statement) Divide line 4 by line 5 Gross income reportable. Multiply line 2 by line 6	A A %	B	C	- ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
1 2 3 6	Description of debt-financed property (street ad A	A A %	B	C	- ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
1 2 3 6 7 8	Description of debt-financed property (street ad A	A A w ugh D). Enter here and on P	B	C	- ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
1 2 3 6 7	Description of debt-financed property (street ad A B B C D D Gross income from or allocable to debt - financed property Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement). Other deductions (attach statement) Total deductions (add lines 3a and 3b, columns A through D) Amount of average acquisition debt on or allocable to debt - financed property (attach statement) Average adjusted basis of or allocable to debt- financed property (attach statement) Divide line 4 by line 5 Gross income reportable. Multiply line 2 by line 6	A A y y y y y y y y y y y y y	B	C	%
1 2 3 6 7 8 9	Description of debt-financed property (street ad A	A A Ugh D). Enter here and on F A A A A A A A A A A A A A A A A A A A	B	C	%

Sched	ule A (Form 990-T) 2021						Page 3		
Par	t VI Interest, Ann	nuities, Roya	alties, and Rents	s from Contro		izations (see instructions)			
				Exempt Controlled Organizations					
	1. Name of controlled organization	2. Employer identification number	3. Net unrelate income (loss) (see instruction	paym	l of specified ents made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5		
(1)									
(2)									
(3)									
(4)									
			Nonexe	empt Controlled	d Organizatio	ons			
	7. Taxable income		 Net unrelated income (loss) see instructions) 	9. Total of payment		10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10		
(1)									
(2)									
(3)									
(4)									
						Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)		
	S			(7) (0) (4)	· · · · · /				
Part	1. Description of income		Section 501(C)	(/), (9), Or (1 3. Dedu		4. Set-asides	5. Total deductions		
	1. Description of income	2.7		directly co (attach st	onnected	(attach statement)	(add columns 3 and 4)		
(1)									
(2)									
(3)									
(4)		A -1-1 -					Add an events in actions 5		
		Ente	mounts in column 2. r here and on Part I, ne 9, column (A)				Add amounts in column 5. Enter here and on Part I, line 9, column (B)		
-	S		ity Income Oth	or Thon Advo	rticing Inco	me (see instructions)			
	-		ity income, oth						
1 2	Description of exploit		from trade or bus	inoca Entor ho	ro and on Pr	art I, line 10, column (A)			
2						nter here and on Part I,	2		
5	line 10, column (B)		•				3		
4						e 2. If a gain, complete	3		
4	lines 5 through 7					e ∠. ii a yaiii, cuiiipiele	4		
5	Gross income from a			sincome			5		
6	Expenses attributable						6		
7	•					than the amount on line			
,	• •			-			7		

Schedule A (Form 990-T) 2021

Scheo	lule A (Form 990-T) 2021				Page 4
Pa	rt IX Advertising Income				
1	Name(s) of periodical(s). Check box if re	porting two or more periodicals o	n a consolidated ba	sis.	
	Α				
	В				
	C				
	D				
Enter	amounts for each periodical listed above	in the corresponding column.			
		A	В	С	D
2	Gross advertising income				
а	Add columns A through D. Enter here ar	nd on Part I, line 11, column (A).			▶
	-				
3	Direct advertising costs by periodical				
а	Add columns A through D. Enter here an				•
u					
4	Advertising gain (loss). Subtract line 3 fro				
4					
	2. For any column in line 4 showing a	-			
	complete lines 5 through 8. For any colu				
	line 4 showing a loss or zero, do not co				
	lines 5 through 7, and enter zero on line 8	3			
5	Readership costs				
6	Circulation income				
7	Excess readership costs. If line 6 is les	s than			
	line 5, subtract line 6 from line 5. If line 5	is less			
	than line 6, enter zero				
8	Excess readership costs allowed				
Ū	deduction. For each column showing a g				
	line 4, enter the lesser of line 4 or line 7.				
_	-		. 0		
а	Add line 8, columns A through D.	-			on
	Part II, line 13				►
Pa	rt X Compensation of Officers,	Directors, and Trustees (s	see instructions)		
				3. Percentage	4. Compensation
	1. Name	2. Title		of time devoted	attributable to
	I. Name	2. The			
				to business	unrelated business
(1)				%	
(2)				%	
(3)				%	
(4)				%	
Tota	II. Enter here and on Part II, line 1				
	rt XI Supplemental Information				
Ιa	Supplemental mormation				

SCHEDULE A: KIDS ONLY INC

INCOME (LOSS) FROM PARTNERSHIPS AND/OR S CORPORATIONS

	=======================================	=======================================	============
	SHARE OF	SHARE OF	GAIN OR
	GROSS INCOME	DEDUCTIONS	(LOSS)
ORDINARY INCOME	202,974.		202,974.
INTEREST INCOME	397.		397.

TOTAL INCOME (LOSS) FROM PARTNERSHIPS AND/OR S CORPORATIONS

203,371.

SCHEDULE A:KIDS ONLY INC PART II - LINE 14 - OTHER DEDUCTIONS

ACCOUNTING FEES	1,000.
TOTAL OTHER DEDUCTIONS	1,000.

STATEMENT 2

SCHED	DULE D
(Form	1120)

Capital Gains and Losses

OMB No. 1545-0123

20

Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.

► Go to www.irs.gov/Form1120 for instructions and the latest information

Department of the Treasury Internal Revenue Service

Name					Employ	l er identifica	tion number
1	NOBLE, INC.				3	5-0924	720
	ne corporation dispose of any investment(s) in a s," attach Form 8949 and see its instructions fo					Yes	X No
Part	Short-Term Capital Gains and Losses	- Assets Held Or	e Year or Less				
	See instructions for how to figure the amounts to enter on the lines below.	(d) Proceeds	(e) Cost	(g) Adjustment or loss from Fo 8949, Part I, lir	rm(s)		· (loss) olumn (e) from) and combine
	This form may be easier to complete if you round off cents to whole dollars.	(sales price)	(or other basis)	column (g)	,		with column (g)
1a	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b						
1 b	Totals for all transactions reported on Form(s) 8949 with Box A checked						
2	Totals for all transactions reported on Form(s) 8949 with Box B checked						
3	Totals for all transactions reported on Form(s) 8949 with Box C checked						
4	Short-term capital gain from installment sales from F	Form 6252, line 26 or 3	7		4		
5	Short-term capital gain or (loss) from like-kind exchar	nges from Form 8824			_ 5		
6	Unused capital loss carryover (attach computation)				. 6	()
7	Net short-term capital gain or (loss). Combine lines 1				. 7		
Part	Long-Term Capital Gains and Losses	- Assets Held Mo	ore Than One Yea	r			
	See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustment or loss from Fo 8949, Part II, li	rm(s)	column (d)	olumn (e) from) and combine
8a	whole dollars. Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However,	,	, , , , , , , , , , , , , , , , , , ,	column (g)		the result	with column (g)
	if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b Totals for all transactions reported on Form(s) 8949						
	with Box D checked						
9	Totals for all transactions reported on Form(s) 8949 with Box E checked						
10	Totals for all transactions reported on Form(s) 8949 with Box F checked	NONE	241,832.			_	241,832.
		NONE	241,052.				241,032.
11	Enter gain from Form 4797, line 7 or 9				. 11		50,000.
12	Long-term capital gain from installment sales from F	orm 6252, line 26 or 37	· · · · · · · · · · · · · · · · · · ·		. 12		
13	Long-term capital gain or (loss) from like-kind exchan	ges from Form 8824			. 13		
14	Capital gain distributions (see instructions)				. 14		
15 Part	Net long-term capital gain or (loss). Combine lines 8a	a through 14 in column	h	<u></u>	. 15		-191,832.
16	Enter excess of net short-term capital gain (line 7) or	ver net long-term capita	l loss (line 15)		. 16		
						1	

17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) 18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns

Note: If losses exceed gains, see Capital Losses in the instructions.

For Paperwork Reduction Act Notice, see the Instructions for Form 1120. JSA 1E1801 1.000 TX4373 D310 05/11/2023 14:06:23

Schedule D (Form	1120) 2021
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18

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part II

Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You *must* check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

(D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)

(E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

x (F) Long-term transactions not reported to you on Form 1099-B

(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired	(c) Date sold or disposed of	(d) Proceeds (sales price) (see instructions)	Cost or other basis. See the Note below	Adjustment, if If you enter an a enter a co See the sepa	(h) Gain or (loss). Subtract column (e) from column (d) and	
	(Mo., day, yr.)	(Mo., day, yr.)		and see Column (e) in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	combine the result with column (g)
LOSS ON DISPOSAL OF KIDS ONLY	VAR	06/30/2022	NONE	241,832.			-241,832.
2 Totals. Add the amounts in columns negative amounts). Enter each total Schedule D, line 8b (if Box D above above is checked), or line 10 (if Box	here and incluis checked), line	ude on your 9 (if Box E	NONE	241.832.			-241,832.

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

Form 8949 (2021)

Sales of Business Property (Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2))

Attachme

Attach to your tax return.	
Go to www.irs.gov/Form4797 for instructions and the la	atest information.

Department of the Treasury Internal Revenue Service					
Name(s) shown on return	Identify	Identifying number			
NOBLE, INC.		35-0	924720		
1a Enter the gross proc	ceeds from sales or exchanges reported to you for 2021 on Form(s) 1099-B or 1099-S (or				
substitute statement)	that you are including on line 2, 10, or 20. See instructions	1a			
b Enter the total amou	unt of gain that you are including on lines 2, 10, and 24 due to the partial dispositions of				
MACRS assets		1b			
	nt of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS				
assets		. 1c			

Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Part I Than Casualty or Theft - Most Property Held More Than 1 Year (see instructions)

	Than eacdairy of The	i mooti iop				0)		
2	(a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or of basis, plus improvements expense of s	s and	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
	SEE STATEMENT 1							50,000.
3	Gain, if any, from Form 4684, line 3	9					3	
4	Section 1231 gain from installment	t sales from Forn	n 6252, line 26 oi	r 37		[4	
5	Section 1231 gain or (loss) from lil	ke-kind exchanges	s from Form 8824	4		[5	
6	Gain, if any, from line 32, from othe						6	
7	Combine lines 2 through 6. Enter t	he gain or (loss)	here and on the	appropriate line as fol	lows	[7	50,000.
	Partnerships and S corporations.	Report the gain	or (loss) follow	ing the instructions	for Form 1065, S	chedule K,		
	line 10, or Form 1120-S, Schedule I	<, line 9. Skip line	es 8, 9, 11, and 1	2 below.				
	Individuals, partners, S corporation from line 7 on line 11 below and 1231 losses, or they were recapture Schedule D filed with your return are	skip lines 8 and ed in an earlier y	9. If line 7 is a rear, enter the ga	gain and you didn' ain from line 7 as a	t have any prior ye	ear section		
8	Nonrecaptured net section 1231 lo	sses from prior ve	ears. See instruct	ions			8	
9		or less, enter -0- amount from line	. If line 9 is zero 8 on line 12 be	o, enter the gain from low and enter the ga	m line 7 on line 1 ain from line 9 as a	a long-term	9	
Pa	rt I Ordinary Gains and Lo	sses (see in:	structions)			•	1	
10				ude property held 1 ye	ear or less):			
11	Loss, if any, from line 7						11	()
12							12	,
13	Gain, if any, from line 31						13	
14	Net gain or (loss) from Form 4684,	lines 31 and 38a				[14	
15	Ordinary gain from installment sale						15	
16	Ordinary gain or (loss) from like-kir						16	
17	Combine lines 10 through 16.	0					17	
18	For all except individual returns, er							
10	a and b below. For individual returns				or your return dift			
а	If the loss on line 11 includes a loss	s from Form 4684	1, line 35, colum	nn (b)(ii), enter that p	art of the loss here	e. Enter the		
	loss from income-producing propert	y on Schedule A	(Form 1040), lin	e 16. (Do not include	e any loss on prope	-	1	
	an employee.) Identify as from "Forr						18a	
k	Redetermine the gain or (loss) on	line 17 excludir	ng the loss, if a	iny, on line 18a. En	ter here and on S	Schedule 1		
	(Form 1040), Part I, line 4						18b	

For Paperwork Reduction Act Notice, see separate instructions.

Form 4797 (2021)

Recomputed depreciation. See instructions

Recapture amount. Subtract line 34 from line 33. See the instructions for where to report

(a) Description of section 1245, 1250, 1252, 1254,	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)			
Α					
В					
C					
D					
These columns relate to the properties on lines 19A through 19	D. 🕨	Property A	Property B	Property C	Property D
Gross sales price (Note: See line 1 before completing.)					
Cost or other basis plus expense of sale	21				
Depreciation (or depletion) allowed or allowable					
Adjusted basis. Subtract line 22 from line 21					
	- 25				
Total gain. Subtract line 23 from line 20	24				
i If section 1245 property:	. 24				
a Depreciation allowed or allowable from line 22	25.0				
b Enter the smaller of line 24 or 25a.					
If section 1250 property: If straight line depreciation was	250				
used, enter -0- on line 26g, except for a corporation subject to section 291.					
a Additional depreciation after 1975. See instructions	26a				
${\bf b}$ Applicable percentage multiplied by the ${\bf smaller}$ of					
line 24 or line 26a. See instructions	_26b				
\boldsymbol{c} Subtract line 26a from line 24. If residential rental property					
or line 24 isn't more than line 26a, skip lines 26d and 26e	26c				
d Additional depreciation after 1969 and before 1976	26d				
e Enter the smaller of line 26c or 26d	26e				
f Section 291 amount (corporations only)	. 26f				
g Add lines 26b, 26e, and 26f	26g				
 If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership. a Soil, water, and land clearing expenses 					
b Line 27a multiplied by applicable percentage. See instructions					
c Enter the smaller of line 24 or 27b					
 If section 1254 property: a Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions b Enter the smaller of line 24 or 28a 	. 28a				
If section 1255 property:					
a Applicable percentage of payments excluded from					
income under section 126. See instructions	29a				
b Enter the smaller of line 24 or 29a. See instructions	. 29b				
ummary of Part III Gains. Complete proper	ty col	umns A through	D through line 29b	before going to lin	e 30.
 Total gains for all properties. Add property columns Add property columns A through D, lines 25b, 26g, Subtract line 31 from line 30. Enter the portion fro 	27c, 28 m casu	3b, and 29b. Enter he alty or theft on Forn	re and on line 13 1 4684, line 33. Enter	31 the portion from	
other than casualty or theft on Form 4797, line 6					
Part IV Recapture Amounts Under Section (see instructions)					or Less
· · · · ·				(a) Section 179	(b) Section 280F(b)(2)
				-	(~, /, -)

Form 4797	2021)		3	5-092	4720	
Part III	Gain From Disposition of Property Under Sections 1245, (see instructions)	1250,	1252,	1254,	and 12	55

Form 4797 (2021)

34

35

JSA 1X2620 1.000

34

35

Supplement to Form 4797 Part I Detail

Description	Date Acquired	Date Sold	Gross Sales Price	Depreciation Allowed or Allowable	Cost or Other Basis	Gain or (Loss) for entire year
KIDS ONLY INC	VAR	VAR	50,000.			50,000.
	VAR	VAR	50,000.			50,000.
Totals						50,000.

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

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

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

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

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

Type or	Name of exempt organization or other filer, see in	structions.	Та	Taxpayer identification number (TIN)		
print						
-	NOBLE, INC. 35-09247					
File by the due date for	Number, street, and room or suite no. If a P.O. bo	x, see instruc	tions.			
filing your	7701 EAST 21ST STREET					
return. See instructions.	City, town or post office, state, and ZIP code. For	a foreign ad	dress, see instructions.			
	INDIANAPOLIS, IN 46219					
Enter the Re	turn Code for the return that this application	is for (file	a separate application for e	each return)		07
Application		Return	Application			Return
Is For		Code	Is For			Code
Form 990 or	Form 990-EZ	01	Form 1041-A			08
Form 4720 ((individual)	03	Form 4720 (other than in	ndividual)		09
Form 990-PF	=	04	Form 5227	· · ·		10
Form 990-T	(sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 990-T	(trust other than above)	06	Form 8870			12
Form 990-T	(corporation)	07				
 If the orga If this is for the whole a list with the 1 I reque for the I reque for the X 2 If the tag 	e No. \blacktriangleright <u>317 375-2706</u> anization does not have an office or place of 1 or a Group Return, enter the organization's for e group, check this box \blacktriangleright []. If <u>a names and TINs of all members the extension</u> st an automatic 6-month extension of time un organization named above. The extension is calendar year 20 or tax year beginning 07/ ax year entered in line 1 is for less than 12 m	I business in ur digit Gro f it is for pa ion is for. ntil for the org 01_, 2021	up Exemption Number (GE rt of the group, check this 05/15_, 2023 panization's return for:	this box	I	f this is attach zation return
	hange in accounting period					
	application is for Forms 990-PF, 990-T, undable credits. See instructions.	4720, or	6069, enter the tentat		3a \$	20,000.
b If this	application is for Forms 990-PF, 990-T,	4720, or	6069, enter any refund	able credits and		
	ted tax payments made. Include any prior yea				3b \$	NONE
	e due. Subtract line 3b from line 3a. In	•		n, if required, by		
using E	FTPS (Electronic Federal Tax Payment System	n). See inst	ructions.		3c \$	20,000.
Caution: If you instructions.	u are going to make an electronic funds withdraw	al (direct de	bit) with this Form 8868, see	e Form 8453-TE and For	m 8879	-TE for payment
For Privacy A	ct and Paperwork Reduction Act Notice, see instr	uctions.			orm 88	68 (Rev. 1-2022)

JSA

1F8054 2.000