

Return of Organization Exempt From Income Tax

Form 990 (Rev. January 2020) Department of the Treasury Internal Revenue Service

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

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

2019 Open to Public Inspection

A For the 2019 calendar year, or tax year beginning OCT 1, 2019 and ending SEP 30, 2020

Form sections B through M: B Check if applicable; C Name of organization (BATTELLE MEMORIAL INSTITUTE); D Employer identification number (31-4379427); E Telephone number (614) 424-6424; F Name and address of principal officer (LEWIS VON THAER); G Gross receipts \$ (9,247,910,818); H(a) Is this a group return; H(b) Are all subordinates included; I Tax-exempt status; J Website; K Form of organization; L Year of formation; M State of legal domicile.

Part I Summary

Table with 3 main columns: Description, Prior Year, Current Year. Rows include: 1-7a Activities & Governance; 8-12 Revenue; 13-19 Expenses; 20-22 Net Assets or Fund Balances.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature block form with fields for Sign Here (Signature of officer, Date, Name and title), Paid Preparer (Print/Type preparer's name, Signature, Date, PTIN), and Preparer Use Only (Firm's name, Address, EIN, Phone no.).

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
BATTELLE MEMORIAL INSTITUTE ("BMI") IS ORGANIZED EXCLUSIVELY FOR CHARITABLE, EDUCATIONAL AND SCIENTIFIC PURPOSES, INCLUDING THE UTILIZATION OF SCIENCE, THE SCIENTIFIC METHOD AND RESEARCH FOR THE BENEFIT AND EDUCATION OF MANKIND.

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

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

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

4a (Code:) (Expenses \$ 5,628,302,677. including grants of \$) (Revenue \$ 532,589,998.)
BATTELLE MEMORIAL INSTITUTE ("BMI") AND ITS AFFILIATES OPERATE SIX UNITED STATES DEPARTMENT OF ENERGY ("DOE") NATIONAL LABORATORIES: BROOKHAVEN NATIONAL LABORATORY; IDAHO NATIONAL LABORATORY; LOS ALAMOS NATIONAL LABORATORY; NATIONAL RENEWABLE ENERGY LABORATORY; OAK RIDGE NATIONAL LABORATORY; PACIFIC NORTHWEST NATIONAL LABORATORY. BMI IS AN INTEGRATED SUBCONTRACTOR AT A SEVENTH DOE NATIONAL LABORATORY: LAWRENCE LIVERMORE NATIONAL LABORATORY. IN ADDITION, A BMI AFFILIATE HOLDS THE MANAGEMENT CONTRACT WITH RESPECT TO THE UNITED STATES DEPARTMENT OF HOMELAND SECURITY'S NATIONAL BIODEFENSE ANALYSIS AND COUNTERMEASURES CENTER. THROUGH OPERATION OF THE NATIONAL LABORATORIES, BMI AND ITS AFFILIATES ADDRESS CRITICAL ELEMENTS OF THE NATION'S SCIENTIFIC RESEARCH AGENDA, PERFORM BASIC AND APPLIED SCIENTIFIC RESEARCH, CREATE

4b (Code:) (Expenses \$ 516,200,760. including grants of \$) (Revenue \$ 431,296,907.)
BMI ALSO CONDUCTS SCIENTIFIC RESEARCH AND DEVELOPMENT PROGRAMS FOR OTHER FEDERAL, STATE AND LOCAL GOVERNMENT AGENCIES AND INDUSTRIAL SPONSORS, AND TRANSLATES SCIENCE AND TECHNOLOGY INTO PRODUCTS, SYSTEMS AND SERVICES FOR ITS SPONSORS. BMI PLACES SPECIAL EMPHASIS UPON SIGNATURE AREAS OF ENERGY, ENVIRONMENT AND MATERIAL SCIENCES, NATIONAL SECURITY, AND HEALTH AND LIFE SCIENCES.

4c (Code:) (Expenses \$ 14,833,020. including grants of \$ 14,833,020.) (Revenue \$)
EACH YEAR, BMI DISTRIBUTES AT LEAST TWENTY PERCENT OF ITS PRIOR YEAR CONSOLIDATED NET INCOME BEFORE ADJUSTMENTS FOR UNREALIZED GAINS AND LOSSES TO PUBLIC CHARITIES AND EDUCATIONAL INSTITUTIONS. DISTRIBUTIONS ARE PRIMARILY FOCUSED UPON EDUCATION, HUMAN SERVICES, ARTS AND SCIENCES, AND ECONOMIC DEVELOPMENT. BMI ACTIVELY SUPPORTS EDUCATIONAL INITIATIVES IN OHIO, TENNESSEE AND ACROSS THE UNITED STATES THAT PROMOTE STUDENT ACHIEVEMENT, ASSIST WITH PROFESSIONAL DEVELOPMENT FOR TEACHERS, AND PROMOTE INQUIRY-BASED LEARNING, ESPECIALLY IN THE SCIENCE, TECHNOLOGY, ENGINEERING, AND MATHEMATICS (STEM) DISCIPLINES.

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

4e Total program service expenses 6,159,336,457.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 37218		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b X	X	
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a X	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 3b X	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a X	X	
b	If "Yes," enter the name of the foreign country <u>SWITZERLAND, UNITED KINGDOM</u> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? ... 7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966? 9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12 10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders 11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? 13a		
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 13b		
c	Enter the amount of reserves on hand 13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year? 14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X	X	
If "Yes," see 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		X
If "Yes," complete Form 4720, Schedule O.			

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

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed AZ, CA, DC, GA, IL, KY, MA, NY, OH, OR, VA
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records EDWARD GRECCO - 614-424-7997 505 KING AVENUE, COLUMBUS, OH 43201-2693

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See 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 and/or Box 7 of Form 1099-MISC) 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 instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JOHN K. WELCH CHAIRMAN AND DIRECTOR	3.00	X					171,679.	0.	0.	
(2) SEAN C. O'KEEFE DIRECTOR	3.00	X					168,929.	0.	0.	
(3) MICHAEL J. GASSER DIRECTOR	3.00	X					154,514.	0.	0.	
(4) JOHN C. LECHLEITER DIRECTOR	3.00	X					147,582.	0.	0.	
(5) KIRKLAND H. DONALD DIRECTOR	3.00	X					144,677.	0.	0.	
(6) STEPHANIE O'SULLIVAN DIRECTOR	3.00	X					140,200.	0.	0.	
(7) SUZANNE M. VAUTRINOT DIRECTOR	3.00	X					140,196.	0.	0.	
(8) LESTER L. LYLES DIRECTOR TO 11/19	3.00	X					138,261.	0.	0.	
(9) VICKY A. BAILEY DIRECTOR	3.00	X					137,132.	0.	0.	
(10) MICHAEL G. MORRIS DIRECTOR TO 11/19	3.00	X					128,838.	0.	0.	
(11) STEPHEN D STEINOUR DIRECTOR FROM 11/19	3.00	X					0.	0.	0.	
(12) RONALD D. TOWNSEND EXECUTIVE VP, GLOBAL LAB OPS	40.00			X			2,790,251.	0.	87,732.	
(13) LEWIS VON THAER PRESIDENT & CEO	39.00			X			2,118,397.	0.	45,312.	
(14) RUSSELL P. AUSTIN SR VP, GEN COUNSEL & SECRETARY	1.00			X			1,109,827.	0.	277,781.	
(15) EDWARD GRECCO EXECUTIVE VP,CFO	40.00			X			1,147,423.	0.	48,472.	
(16) STEVEN F. ASHBY SR VP, LAB DIRECTOR	40.00			X			797,110.	0.	172,361.	
(17) PATRICK F. JARVIS SR VP, MARKETING & COMMUNICATIONS	40.00			X			838,360.	0.	73,562.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) MATTHEW L. VAUGHAN SR VP, CONTRACT RESEARCH	40.00			X				836,700.	0.	48,867.
(19) MARK T. PETERS SR VP, LAB DIRECTOR	40.00			X				775,002.	0.	55,677.
(20) AIMEE KENNEDY SR VP, PHILANTHROPY & EDUCATION	40.00			X				541,283.	0.	51,069.
(21) THOMAS E. SHARPE ASST TREASURER & ASST SECRETARY	39.00 1.00			X				299,380.	0.	202,084.
(22) BRIAN R. SMITH TREASURER	39.00 1.00			X				291,458.	0.	95,095.
(23) MARIO WONG ASST TREAS. & CONTROLLER TO 04/20	40.00			X				274,833.	0.	34,187.
(24) BOBI A GARRETT DEPUTY PROGRAMS, PARTNERSHIPS	40.00					X		576,534.	0.	433,217.
(25) MATTHEW SHAW GENERAL MANAGER	40.00					X		635,165.	0.	206,501.
(26) JANICE RHODES GOVT BUSINESS DEVELOPMENT	40.00					X		535,287.	0.	220,396.
1b Subtotal								15,039,018.	0.	2,052,313.
c Total from continuation sheets to Part VII, Section A								5,299,170.	0.	265,096.
d Total (add lines 1b and 1c)								20,338,188.	0.	2,317,409.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 33

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	X	
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	X	
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		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
IBM GF INTERNATIONAL HOLDINGS LLC 6700 ROCKLEDGE DRIVE, BETHESDA, MD 20817	EQUIPMENT LEASING	50,249,171.
CENTERRA GROUP LLC, 7121 FAIRWAY DRIVE SUITE 301, PALM BEACH GARDENS, FL 33418	PROFESSIONAL SERVICES	48,608,509.
GE-HITACHI NUCLEAR ENERGY AMERICAS LLC 3901 CASTLE HAYNE RD, WILMINGTON, NC 28402	TECHNICAL SERVICES	29,055,382.
YOH SERVICES LLC, 1500 SPRING GARDEN STREET, PHILADELPHIA, PA 19130	PROFESSIONAL SERVICES	13,237,890.
MERRICK SMSI JOINT VENTURE LLP 600 6TH STREET, LOS ALAMOS, NM 87544	PROFESSIONAL SERVICES	12,128,323.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 487

SEE PART VII, SECTION A CONTINUATION SHEETS

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) MARIANNE WALCK CHIEF RESEARCH OFFICER	40.00				X		597,775.	0.	53,398.	
(28) GEORGE KORCH LAB DIRECTOR	40.00				X		539,496.	0.	20,511.	
(29) MALESA LITTERAL SR VP, CHIEF HR OFFICER TO 09/19	0.00					X	1,251,435.	0.	182,823.	
(30) THOMAS E. MASON SENIOR VP 07/17 TO 11/17	0.00					X	1,170,097.	0.	8,364.	
(31) JEFFREY WADSWORTH PRESIDENT & CEO TO 09/17	0.00					X	962,834.	0.	0.	
(32) DAVID C. EVANS EXECUTIVE VP, CFO TO 02/18	0.00					X	365,790.	0.	0.	
(33) STEPHEN E. KELLY SENIOR VP TO 12/17	0.00					X	178,043.	0.	0.	
(34) BRETT BOSLEY ACTING CFO 7/17 TO 05/18	0.00					X	233,700.	0.	0.	
Total to Part VII, Section A, line 1c							5,299,170.	0.	265,096.	

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	8,161,221,931.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	28,677,319.				
	g Noncash contributions included in lines 1a-1f	1g	\$				
	h Total. Add lines 1a-1f			8,189,899,250.			
Program Service Revenue	2 a GOVERNMENT CONTRACTS	Business Code					
		541700	880,749,682.	880,749,682.			
	b SCIENTIFIC RESEARCH	541700	141,925,815.	83,137,223.	58,788,592.		
	c						
	d						
	e						
	f All other program service revenue						
g Total. Add lines 2a-2f			1,022,675,497.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		17,883,304.		189,150.	17,694,154.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties		5,095,474.			5,095,474.	
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
				101,995.			
	b Less: rental expenses	6b	0.				
	c Rental income or (loss)	6c	101,995.				
	d Net rental income or (loss)			101,995.		101,995.	
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities				
			(ii) Other				
				8,133,228.	1,920,500.		
		b Less: cost or other basis and sales expenses	7b	2,297,221.	117,437.		
	c Gain or (loss)	7c	5,836,007.	1,803,063.			
d Net gain or (loss)			7,639,070.		7,639,070.		
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
	b Less: direct expenses	8b					
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	9a						
	b Less: direct expenses	9b					
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
	b Less: cost of goods sold	10b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a MISCELLANEOUS REVENUE	Business Code					
		541700	1,951,570.			1,951,570.	
	b OPERATING REVENUE	541700	250,000.			250,000.	
	c						
	d All other revenue						
e Total. Add lines 11a-11d			2,201,570.				
12 Total revenue. See instructions			9,245,496,160.	963,886,905.	58,977,742.	32,732,263.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	14,833,020.	14,833,020.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	14,905,900.		14,905,900.	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	3,807,812,141.	2,619,178,524.	1,188,633,617.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	369,241,900.	251,355,735.	117,886,165.	
9 Other employee benefits	748,487,880.	506,318,039.	242,169,841.	
10 Payroll taxes	242,752,338.	164,734,099.	78,018,239.	
11 Fees for services (nonemployees):				
a Management	3,004,959.	3,004,959.		
b Legal	7,903,298.		7,903,298.	
c Accounting	2,639,721.		2,639,721.	
d Lobbying	799,114.	799,114.		
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	1,046,757.		1,046,757.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	2,177,229,803.	1,437,217,983.	740,011,820.	
12 Advertising and promotion	826,479.	826,479.		
13 Office expenses	8,298,623.	370,163.	7,928,460.	
14 Information technology	76,489,728.	47,980,208.	28,509,520.	
15 Royalties				
16 Occupancy	104,909,124.	65,853,705.	39,055,419.	
17 Travel	106,182,409.	72,759,234.	33,423,175.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	1,832,013.	1,144,828.	687,185.	
20 Interest	7,319,096.	4,505,568.	2,813,528.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	25,985,031.	15,963,628.	10,021,403.	
23 Insurance	7,260,760.		7,260,760.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PURCHASES	1,220,796,098.	822,429,862.	398,366,236.	
b NON-INCOME TAX EXPENSE	119,593,416.	87,035,281.	32,558,135.	
c RENTAL & MAINTENANCE	47,187,471.	30,107,786.	17,079,685.	
d MINORITY INTEREST	20,054,948.		20,054,948.	
e All other expenses	27,077,999.	12,918,242.	14,159,757.	
25 Total functional expenses. Add lines 1 through 24e	9,164,470,026.	6,159,336,457.	3,005,133,569.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	62,173,348.	1	55,828,111.
	2 Savings and temporary cash investments	95,671,673.	2	153,920,382.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	229,136,064.	4	271,356,931.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	160,583.	5	3,730,923.
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	2,281,104.	8	2,396,353.
	9 Prepaid expenses and deferred charges	38,968,147.	9	43,865,987.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 650,730,403.		
	b Less: accumulated depreciation	10b 458,226,925.	198,575,448.	10c 192,503,478.
	11 Investments - publicly traded securities	354,947,867.	11	416,212,401.
	12 Investments - other securities. See Part IV, line 11	71,539,659.	12	88,923,683.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	91,063,242.	15	107,296,917.
16 Total assets. Add lines 1 through 15 (must equal line 33)	1,144,517,135.	16	1,336,035,166.	
Liabilities	17 Accounts payable and accrued expenses	156,592,914.	17	167,786,549.
	18 Grants payable		18	
	19 Deferred revenue	23,054,276.	19	48,114,463.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	205,000,000.	23	240,000,000.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	208,017,412.	25	199,229,076.
	26 Total liabilities. Add lines 17 through 25	592,664,602.	26	655,130,088.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions		27	
	28 Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds	0.	29	0.
	30 Paid-in or capital surplus, or land, building, or equipment fund	0.	30	0.
	31 Retained earnings, endowment, accumulated income, or other funds	551,852,533.	31	680,905,078.
32 Total net assets or fund balances	551,852,533.	32	680,905,078.	
33 Total liabilities and net assets/fund balances	1,144,517,135.	33	1,336,035,166.	

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	9,245,496,160.
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,164,470,026.
3	Revenue less expenses. Subtract line 2 from line 1	3	81,026,134.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	551,852,533.
5	Net unrealized gains (losses) on investments	5	-5,236,624.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	53,263,035.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	680,905,078.

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other
- If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? Yes No
- If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
- Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant? Yes No
- If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
- Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review or compilation of its financial statements and selection of an independent accountant? Yes No
- If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? Yes No
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

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

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization <p style="text-align:center;">BATTELLE MEMORIAL INSTITUTE</p>	Employer identification number <p style="text-align:center;">31-4379427</p>
--	---

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

- The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)
- 1 A church convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
 - 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
 - 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
 - 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
 - 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
 - 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
 - 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
 - 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
 - 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a landgrant college or university or a non-landgrant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
 - 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
 - 11 An organization organized and operated exclusively to test for public safety. **Section 509(a)(4).**
 - 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised or controlled by its supporting organization(s), typically by giving the supporting organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supporting organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations: _____
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	4051515397.	4021423284.	4189544923.	7267057242.	8189899250.	27719440096.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	4051515397.	4021423284.	4189544923.	7267057242.	8189899250.	27719440096.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						27719440096.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4	4051515397.	4021423284.	4189544923.	7267057242.	8189899250.	27719440096.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	16,826,722.	17,433,343.	18,682,222.	16,430,283.	25,093,193.	94,465,763.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	3,133,898.	2,624,143.	4,657,994.	7,812,493.	3,789,035.	22,017,563.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						27835923422.
12 Gross receipts from related activities, etc. (see instructions)					12 4,089,581,100.	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	99.58 %
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	99.56 %
16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove 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>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>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.</i>		
1		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>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).</i>		
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?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described in (2), 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 supported organizations played in this regard.</i>		
1		
2		
3		

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (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 1-1/2% 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 .035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount		(A) Prior Year	Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2019

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization BATTELLE MEMORIAL INSTITUTE	Employer identification number 31-4379427
--	---

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures ▶ \$ 0.
- 3 Volunteer hours for political campaign activities 0.

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ 0.
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ 0.
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grassroots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures														
e	Total exempt purpose expenditures (add lines 1c and 1d)														
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)														
h	Subtract line 1g from line 1a. If zero or less, enter -0-														
i	Subtract line 1f from line 1c. If zero or less, enter -0-														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?														

Yes No

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		730,356.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?	X		68,758.
j Total. Add lines 1c through 1i			799,114.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

PART II-B, LINE 1, LOBBYING ACTIVITIES:

LINE 1 (I) OTHER ACTIVITIES

THIRTY-FIVE ORGANIZATIONS REPORTED THAT A PORTION OF MEMBERSHIP DUES

PAID BY BATTELLE WERE USED FOR LOBBYING.

Part IV Supplemental Information *(continued)*

INTERNAL LOBBYING EXPENSES TOTALED \$229,150 AND EXTERNAL LOBBYING EXPENSES

TOTALED \$501,206 FOR A TOTAL OF \$730,356.

THE GENERAL ISSUE AREA FOR LOBBYING IS INCREASED FUNDING IN THE FEDERAL

BUDGET FOR SCIENTIFIC RESEARCH AND DEVELOPMENT PROGRAMS, THROUGH

AUTHORIZATION AND APPROPRIATIONS BILLS AND REPORT LANGUAGE.

THE SPECIFIC LOBBYING ISSUES INCLUDE THE U.S. HOUSE AND SENATE

AUTHORIZATION BILLS FOR THE DEPARTMENT OF AGRICULTURE (FOOD AND DRUG

ADMINISTRATION); DEPARTMENT OF COMMERCE (NATIONAL OCEANIC AND ATMOSPHERIC

ADMINISTRATION); DEPARTMENT OF DEFENSE; DEPARTMENT OF EDUCATION;

DEPARTMENT OF ENERGY; DEPARTMENT OF HEALTH AND HUMAN SERVICES (NATIONAL

INSTITUTES OF HEALTH AND CENTERS FOR DISEASE CONTROL AND PREVENTION);

DEPARTMENT OF HOMELAND SECURITY, DEPARTMENT OF THE INTERIOR (ENVIRONMENTAL

PROTECTION AGENCY), DEPARTMENT OF VETERANS AFFAIRS, AND THE NATIONAL

SCIENCE FOUNDATION.

ADDITIONALLY, THEY INCLUDE THE U.S. HOUSE AND SENATE APPROPRIATIONS BILLS

FOR: AGRICULTURE, RURAL DEVELOPMENT, FOOD AND DRUG ADMINISTRATION, AND

RELATED AGENCIES; COMMERCE, JUSTICE, SCIENCE, AND RELATED AGENCIES;

DEFENSE; ENERGY AND WATER DEVELOPMENT; HOMELAND SECURITY; LABOR, HEALTH

AND HUMAN SERVICES, EDUCATION, AND RELATED AGENCIES; MILITARY

CONSTRUCTION, VETERANS AFFAIRS, AND RELATED AGENCIES; STATE, FOREIGN

OPERATIONS, AND RELATED PROGRAMS.

THE HOUSE(S) OF CONGRESS AND FEDERAL AGENCIES CONTACTED (THOUGH NOT

NECESSARILY LOBBIED) INCLUDE: DEPARTMENT OF EDUCATION, DEPARTMENT OF

ENERGY, DEPARTMENT OF DEFENSE, DEPARTMENT OF HEALTH AND HUMAN SERVICES

(NATIONAL INSTITUTES OF HEALTH AND FOOD AND DRUG ADMINISTRATION),

DEPARTMENT OF HOMELAND SECURITY, ENVIRONMENTAL PROTECTION AGENCY, NATIONAL

SCIENCE FOUNDATION, U.S. HOUSE, AND U.S. SENATE.

IN ADDITION, A MINOR AMOUNT OF LOBBYING IS CONDUCTED WITH VARIOUS STATE

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization: BATTELLE MEMORIAL INSTITUTE; Employer identification number: 31-4379427

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

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

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

Conservation Easements section containing multiple questions (1-9) about easement purposes, monitoring, and reporting, with a sub-table for 'Held at the End of the Tax Year' with rows 2a-2d.

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

Part III section containing questions 1a, 1b, 2, and 2a-2b regarding reporting requirements for art and historical treasures, including revenue and asset amounts.

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

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

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

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

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	10,644,573.			10,644,573.
b Buildings	398,327,882.		273,892,459.	124,435,423.
c Leasehold improvements				
d Equipment	226,049,851.		184,334,466.	41,715,385.
e Other	15,708,097.			15,708,097.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				192,503,478.

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests	79,323,728.	COST
(3) Other		
(A) RABBI TRUSTS	9,599,955.	END-OF-YEAR MARKET VALUE
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	88,923,683.	

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) OTHER ASSETS	6,800,993.
(2) GOODWILL	7,936,114.
(3) PREPAID PENSION COSTS	92,559,810.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	107,296,917.

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) LONG TERM BENEFIT RELATED LIABILITIES	17,153,960.
(3) OTHER LONG TERM LIABILITIES	4,515,605.
(4) LIABILITY FOR POSTRETIREMENT & OTHER BENEFITS	177,559,511.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	199,229,076.

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

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

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

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

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
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5

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.

SUPPLEMENTAL INFORMATION

PART X, LINE 2 - FIN 48(ASC 740) FOOTNOTE

THE PROVISIONS OF FIN 48 INCLUDED IN FASB ASC 740 APPLY TO BATTELLE

MEMORIAL INSTITUTE (BMI). A FIN 48 ANALYSIS FOR UNCERTAIN INCOME TAX

POSITIONS WAS PERFORMED BY BMI AND REVIEWED BY ITS INDEPENDENT AUDITORS.

AS A RESULT OF THE ANALYSIS, NO FIN 48 RESERVES FOR UNCERTAIN TAX

POSITIONS WERE REQUIRED AND NONE WERE RECORDED IN THE FINANCIAL

STATEMENTS. THEREFORE NO SPECIFIC FIN 48 FOOTNOTE WAS INCLUDED IN BMI'S

FINANCIAL STATEMENTS.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization BATTELLE MEMORIAL INSTITUTE	Employer identification number 31-4379427
--	---

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND THE CARIBBEAN			INVESTMENTS		120,375,027.
EAST ASIA AND THE PACIFIC	1	1	PROGRAM SERVICES	SCIENTIFIC RESEARCH/SERVICES	63,930.
EUROPE			INVESTMENTS		35,728,490.
EUROPE	5	25	PROGRAM SERVICES	SCIENTIFIC RESEARCH/SERVICES AND LABORATORY MANAGEMENT	9,127,208.
NORTH AMERICA	1	1	PROGRAM SERVICES	SCIENTIFIC RESEARCH/SERVICES AND LABORATORY MANAGEMENT	57,370.
SOUTH AMERICA	1	1	PROGRAM SERVICES	SCIENTIFIC RESEARCH/SERVICES AND LABORATORY MANAGEMENT	32,671.
3 a Subtotal	8	28			165,384,696.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	8	28			165,384,696.

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

Schedule F (Form 990) 2019

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Part IV Foreign Forms

- 1** Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* **Yes** **No**
- 2** Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* **Yes** **No**
- 3** Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* **Yes** **No**
- 4** Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* **Yes** **No**
- 5** Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* **Yes** **No**
- 6** Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* **Yes** **No**

Schedule F (Form 990) 2019

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I, LINE 3:

ALL EXPENDITURES ARE BASED ON THE ACCRUAL METHOD OF ACCOUNTING.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Open to Public
Inspection

Name of the organization

BATTELLE MEMORIAL INSTITUTE

Employer identification number
31-4379427

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALBANY COLLEGE OF PHARMACY 106 NEW SCOTLAND AVE ALBANY, NY 12208	14-1423161	501(C)(3)	8,900.	0.			GENERAL OPERATING SUPPORT
ALCORN STATE UNIVERSITY FOUNDATION 1000 ASU DR LORMAN, MS 39096	64-0538018	501(C)(3)	5,500.	0.			GENERAL OPERATING SUPPORT
ALLIANCE FOR BETTER NON-PROFIT 318 N GAY ST KNOXVILLE, TN 37917	47-2265490	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
ALLIED ARTS ASSOCIATION 89 LEE BLVD RICHLAND, WA 99352	23-7359795	501(C)(3)	0.	12,260.	FMV	VARIOUS ARTWORK AND PICTURES	GENERAL OPERATING SUPPORT
AMERICAN CANCER SOCIETY 10501 EUCLID AVE CLEVELAND, OH 44106	13-1788491	501(C)(3)	8,668.	0.			GENERAL OPERATING SUPPORT
AMERICAN CIVIL LIBERTIES UNION 125 BROAD ST NEW YORK, NY 10004	13-3871360	501(C)(3)	5,170.	0.			GENERAL OPERATING SUPPORT

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 169.
- 3** Enter total number of other organizations listed in the line 1 table 0.

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

Schedule I (Form 990) (2019)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II).

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN CIVIL LIBERTIES UNION 4506 CHESTER AVE CLEVELAND, OH 44103	23-7137105	501(C)(3)	6,790.	0.			GENERAL OPERATING SUPPORT
AMERICAN HEART ASSOCIATION 5455 N HIGH ST COLUMBUS, OH 43214	13-5613797	501(C)(3)	23,753.	0.			GENERAL OPERATING SUPPORT
AMERICAN RED CROSS 431 18TH ST WASHINGTON, DC 20006	53-0196605	501(C)(3)	13,485.	0.			GENERAL OPERATING SUPPORT
ASOMBRO INSTITUTE FOR SCIENCE EDUCATION - PO BOX 891 - LAS CRUCES, NM 88004	85-0386047	501(C)(3)	9,000.	0.			GENERAL OPERATING SUPPORT
ASSOCIATED CATHOLIC CHARITIES 320 CATHEDRAL ST BALTIMORE, MD 21201	52-0591538	501(C)(3)	7,800.	0.			GENERAL OPERATING SUPPORT
BALLET METROPOLITAN 322 MT VERNON AVE COLUMBUS, OH 43215	31-0858562	501(C)(3)	14,845.	0.			GENERAL OPERATING SUPPORT
BEAR LAKE MIDDLE SCHOOL PO BOX 300 PARIS, ID 83261	82-6001400	170(C)(1)	15,000.	0.			GENERAL OPERATING SUPPORT
BETA THETA PI FOUNDATION 5134 BONHAM RD OXFORD, OH 45056	80-0296934	501(C)(3)	7,500.	0.			GENERAL OPERATING SUPPORT
BLACK GIRLS CODE PO BOX 640926 SAN FRANCISCO, CA 94164	45-4930539	501(C)(3)	6,220.	0.			GENERAL OPERATING SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOY SCOUTS OF AMERICA 373 CAMP BUCK TOMS ROAD ROCKWOOD, TN 37854	62-0476811	501(C)(3)	23,985.	0.			GENERAL OPERATING SUPPORT
CANINE COMPANIONS FOR INDEPENDENCE 4989 STATE ROUTE 37 EAST DELAWARE, OH 43015	94-2494324	501(C)(3)	11,230.	0.			GENERAL OPERATING SUPPORT
CAPITAL UNIVERSITY 1 COLLEGE & MAIN COLUMBUS, OH 43209	31-4379435	501(C)(3)	6,150.	0.			GENERAL OPERATING SUPPORT
CATHOLIC RELIEF SERVICES 228 W LEXINGTON ST BALTIMORE, MD 21201	13-5563422	501(C)(3)	8,555.	0.			GENERAL OPERATING SUPPORT
CHAUTAQUA INSTITUTION PO BOX 28 CHAUTAQUA, NY 14722	16-0758844	501(C)(3)	8,299.	0.			GENERAL OPERATING SUPPORT
CLUB OHIO SOCCER PO BOX 166 BELLBROOK, OH 45305	90-0732311	501(C)(3)	8,216.	0.			GENERAL OPERATING SUPPORT
COLLEGE OF EASTERN IDAHO FOUNDATION - 1600 S 25 E - IDAHO FALLS, ID 83404	94-3160729	501(C)(3)	7,000.	0.			GENERAL OPERATING SUPPORT
COLUMBUS COUNCIL ON WORLD AFFAIRS 51 JEFFERSON AVE COLUMBUS, OH 43215	51-0180760	501(C)(3)	6,300.	0.			GENERAL OPERATING SUPPORT
COLUMBUS FOUNDATION 41 S HIGH ST COLUMBUS, OH 43215	31-6044264	501(C)(3)	8,533,914.	0.			GENERAL OPERATING SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COLUMBUS METROPOLITAN CLUB 100 E. BROAD ST COLUMBUS, OH 43215	31-0889324	501(C)(3)	8,104.	0.			GENERAL OPERATING SUPPORT
COLUMBUS METROPOLITAN LIBRARY 96 S. GRANT AVE COLUMBUS, OH 43215	31-1692755	501(C)(3)	54,358.	0.			GENERAL OPERATING SUPPORT
COLUMBUS MUSEUM OF ART 480 EAST BROAD ST COLUMBUS, OH 43215	31-4379447	501(C)(3)	31,575.	0.			GENERAL OPERATING SUPPORT
COLUMBUS SYMPHONY ORCHESTRA 55 E STATE ST COLUMBUS, OH 43215	31-6402408	501(C)(3)	24,768.	0.			GENERAL OPERATING SUPPORT
COLUMBUS URBAN LEAGUE 788 MT VERNON AVE COLUMBUS, OH 43203	31-4379453	501(C)(3)	17,927.	0.			GENERAL OPERATING SUPPORT
COLUMBUS ZOOLOGICAL PARK ASSOCIATION - 9990 RIVERSIDE DR - POWELL, OH 43065	31-4390844	501(C)(3)	7,140.	0.			GENERAL OPERATING SUPPORT
COMMUNITY FOOD BASKET PO BOX 2236 IDAHO FALLS, ID 83403	82-0305800	501(C)(3)	45,582.	0.			GENERAL OPERATING SUPPORT
COMMUNITY SHELTER BOARD 355 E CAMPUS VIEW BLVD COLUMBUS, OH 43235	31-1181284	501(C)(3)	9,270.	0.			GENERAL OPERATING SUPPORT
CORNELL UNIVERSITY 341 PINE TREE RD ITHACA, NY 14850	15-0532082	501(C)(3)	5,050.	0.			GENERAL OPERATING SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COURT APPOINTED SPECIAL ADVOCATES FIRST JUDICIAL DISTRICT - 466 W SAN FRANCISCO ST - SANTA FE, NM 87501	85-0432642	501(C)(3)	3,308.	0.			GENERAL OPERATING SUPPORT
CRISIS CENTER OF NORTHERN NEW MEXICO - 577 EL LLANO RD - ESPANOLA, NM 87532	85-0404752	501(C)(3)	5,156.	0.			GENERAL OPERATING SUPPORT
CRISTO REY COLUMBUS HIGH SCHOOL 400 E TOWN ST COLUMBUS, OH 43215	27-4864843	170(C)(1)	10,500.	0.			GENERAL OPERATING SUPPORT
CRUSH THE CURVE IDAHO FOUNDATION 2775 W NAVIGATOR DR MERIDIAN, ID 83642	85-0748598	501(C)(3)	30,000.	0.			GENERAL OPERATING SUPPORT
DAILY NEEDS ASSISTANCE 340A WEST MAIN ST PLAIN CITY, OH 43064	45-4000871	501(C)(3)	5,100.	0.			GENERAL OPERATING SUPPORT
DRAKE UNIVERSITY 2507 UNIVERSITY AVE DES MOINES, IA 50311	42-0680460	501(C)(3)	8,400.	0.			GENERAL OPERATING SUPPORT
EAST TENNESSEE CHILDREN'S HOSPITAL P O BOX 15010 KNOXVILLE, TN 37901	62-6002604	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
EAST TENNESSEE FOUNDATION 520 W SUMMIT HILL DR KNOXVILLE, TN 37902	62-0807696	501(C)(3)	570,000.	0.			GENERAL OPERATING SUPPORT
EASTERN KENTUCKY UNIV FOUNDATION 521 LANCASTER AVE RICHMOND, KY 40475	61-1131682	501(C)(3)	6,350.	0.			GENERAL OPERATING SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II).

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ECHO OF BRANDON 507 N PARSONS AVE BRANDON, FL 33510	59-3051533	501(C)(3)	20,000.	0.			GENERAL OPERATING SUPPORT
EQUAL JUSTICE INITIATIVE 122 COMMERCE ST MONTGOMERY, AL 36104	63-1135091	501(C)(3)	21,053.	0.			GENERAL OPERATING SUPPORT
EQUALITY OHIO 118 E MAIN COLUMBUS, OH 43215	02-0743268	501(C)(3)	9,000.	0.			GENERAL OPERATING SUPPORT
ESPANOLA HUMANE 108 HAMM PKWY ESPANOLA, NM 87532	85-0406234	501(C)(3)	24,181.	0.			GENERAL OPERATING SUPPORT
FAITH MISSION 500 W WILSON BRIDGE RD WORTHINGTON, OH 43085	31-0809759	501(C)(3)	5,655.	0.			GENERAL OPERATING SUPPORT
FCNL EDUCATION FUND 245 2ND ST WASHINGTON, DC 20002	52-1254489	501(C)(3)	7,000.	0.			GENERAL OPERATING SUPPORT
FEEDING AMERICA 35 E WACKER DR CHICAGO, IL 60601	36-3673599	501(C)(3)	6,350.	0.			GENERAL OPERATING SUPPORT
FIRST COMMUNITY FOUNDATION 1320 CAMBRIDGE RD COLUMBUS, OH 43212	31-6027662	501(C)(3)	10,500.	0.			GENERAL OPERATING SUPPORT
FOOD DEPOT 1222 A SILER RD SANTA FE, NM 87507	85-0416803	501(C)(3)	43,049.	0.			GENERAL OPERATING SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II).

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FOUNDATION FOR EDUCATIONAL DEVELOPMENT - 729 E PRATT ST - BALTIMORE, MD 21202	52-1929345	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
FREDERICK COMMUNITY COLLEGE FOUNDATION - 7932 OPOSSUMTOWN PIKE - FREDERICK, MD 21702	52-1231768	501(C)(3)	15,620.	0.			STEM
FREDERICK COUNTY PUBLIC SCHOOLS 191 SOUTH ST FREDERICK, MD 21701	52-6000941	170(C)(1)	50,000.	0.			STEM
FREDERICK HEALTH HOSPITAL 400 WEST 7TH ST FREDERICK, MD 21701	52-0591612	501(C)(3)	20,000.	0.			CRITICAL CARE
FRIENDS OF THE CONSERVATORY 1777 E BROAD ST. COLUMBUS, OH 43203	31-1657027	501(C)(3)	14,550.	0.			GENERAL OPERATING SUPPORT
FRIENDS OF THE ESPANOLA PUBLIC LIBRARY - PO BOX 2421 - BOX 2421 ESPANOLA, NM 87532	38-3798237	501(C)(3)	5,464.	0.			GENERAL OPERATING SUPPORT
FRIENDS OF THE SHELTER PO BOX 455 LOS ALAMOS, NM 87544	85-0461842	501(C)(3)	5,113.	0.			GENERAL OPERATING SUPPORT
GAITED ADVOCATE INTERVENTION TEAM 14515 CHRISMAN HILL DR BOYDS, MD 20841	81-3550579	501(C)(3)	17,030.	0.			GENERAL OPERATING SUPPORT
GIRL SCOUTS OF SUFFOLK COUNTY 442 MORELAND RD COMMACK, NY 11725	11-2164434	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GREAT SMOKY MOUNTAINS INSTITUTE 9275 TREMONT RD TOWNSEND, TN 37882	62-1833479	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
GREATER COLUMBUS ARTS COUNCIL 100 E BROAD S COLUMBUS, OH 43215	31-0833384	501(C)(3)	24,184.	0.			GENERAL OPERATING SUPPORT
GREATER DAYTON PRO-LIFE EDUCATION FOUNDATION - 425 N FINDLAY ST - DAYTON, OH 45404	31-0918872	501(C)(3)	7,635.	0.			GENERAL OPERATING SUPPORT
HABITAT FOR HUMANITY 726 RIVERSIDE DR ESPANOLA, NM 87532	22-2598353	501(C)(3)	7,854.	0.			GENERAL OPERATING SUPPORT
HABITAT FOR HUMANITY 6665 BUSCH BLVD COLUMBUS, OH 43229	31-1217994	501(C)(3)	5,850.	0.			GENERAL OPERATING SUPPORT
HAND IN HAND MINISTRIES 518 N 26 ST LOUISVILLE, KY 40212	61-1352889	501(C)(3)	7,800.	0.			GENERAL OPERATING SUPPORT
HIGHLAND YOUTH GARDEN 1391 W 5TH AVE COLUMBUS, OH 43223	83-4480130	501(C)(3)	5,200.	0.			GENERAL OPERATING SUPPORT
HISTORIC TENNESSEE THEATRE FOUNDATION - P O BOX 1109 - KNOXVILLE, TN 37901	62-1651302	501(C)(3)	5,500.	0.			GENERAL OPERATING SUPPORT
HOPE PREGNANCY CENTER 1183 DIAMOND DR LOS ALAMOS, NM 87544	85-0423290	501(C)(3)	17,220.	0.			GENERAL OPERATING SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IDAHO COMMUNITY FOUNDATION 210 W STATE ST BOISE, ID 83702	82-0425063	501(C)(3)	22,000.	0.			GENERAL OPERATING SUPPORT
IDAHO DEFENSE ALLIANCE 168 N 9TH ST BOISE, ID 83702	83-1884467	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
IDAHO FALLS DISTRICT 91 EDUCATION FOUNDATION - 690 JOHN ADAMS PKWY - IDAHO FALLS, ID 83401	82-6001158	501(C)(3)	14,105.	0.			GENERAL OPERATING SUPPORT
IDAHO FOODEBANK 3630 E COMMERCIAL CT MERIDIAN, ID 83642	82-0425400	501(C)(3)	25,100.	0.			GENERAL OPERATING SUPPORT
IDAHO GOVERNOR'S CUP PO BOX 983 BOISE, ID 83701	20-8277116	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
IDAHO STATE UNIVERSITY FOUNDATION 921 S 8TH AVE POCATELLO, ID 83209	82-6013543	501(C)(3)	6,314.	0.			GENERAL OPERATING SUPPORT
IDAHO STEM ACTION CENTER FOUNDATION - 802 W BANNOCK ST - BOISE, ID 83702	82-2903945	501(C)(3)	194,500.	0.			GENERAL OPERATING SUPPORT
IDAHO WOMEN'S BUSINESS CENTER 5465 E TERRA LINDA WAY NAMPA, ID 83687	83-0536327	501(C)(3)	20,000.	0.			GENERAL OPERATING SUPPORT
INDIAN PUEBLO CULTURAL CENTER 2401 12TH ST NW ALBUQUERQUE, NM 87514	85-0232968	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INDIAN RUN UNITED METHODIST CHURCH 6305 BRAND RD DUBLIN, OH 43016	31-1195560	501(C)(3)	23,334.	0.			GENERAL OPERATING SUPPORT
INNOCENCE PROJECT 40 WORTH ST NEW YORK, NY 10013	32-0077563	501(C)(3)	8,702.	0.			GENERAL OPERATING SUPPORT
INTERNATIONAL FRIENDSHIPS PO BOX 93319 CLEVELAND, OH 44193	31-0971249	501(C)(3)	7,450.	0.			GENERAL OPERATING SUPPORT
JOURNEY OF HOPE FROM VIOLENCE TO HEALING - 1028 20TH ST - ARLINGTON, VA 22202	35-2022767	501(C)(3)	8,889.	0.			GENERAL OPERATING SUPPORT
KANSAS STATE UNIVERSITY FOUNDATION 1800 KIMBALL AVE MANHATTAN, KS 66502	48-0667209	501(C)(3)	8,000.	0.			GENERAL OPERATING SUPPORT
KIPP COLUMBUS FOUNDATION 2980 INSPIRE DR COLUMBUS, OH 43224	26-2472707	501(C)(3)	34,200.	0.			GENERAL OPERATING SUPPORT
KITCHEN ANGELS 1222 SILER RD SANTA FE, NM 87507	85-0423492	501(C)(3)	9,623.	0.			GENERAL OPERATING SUPPORT
LAFAYETTE ELEMENTARY PTO 101 N BERMONT AVE LAFAYETTE, CO 80026	84-1538999	501(C)(3)	6,000.	0.			GENERAL OPERATING SUPPORT
LIFECARE ALLIANCE 1699 WEST MOUND ST COLUMBUS, OH 43223	31-4379494	501(C)(3)	15,725.	0.			GENERAL OPERATING SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LONGWOOD UNIVERSITY FOUNDATION 201 HIGH ST FARMVILLE, VA 23909	54-6047289	501(C)(3)	5,500.	0.			GENERAL OPERATING SUPPORT
LOS ALAMOS COMMUNITY FOUNDATION PO BOX 1225 LOS ALAMOS, NM 87544	35-2546420	501(C)(3)	12,790.	0.			GENERAL OPERATING SUPPORT
LOS ALAMOS FAMILY COUNCIL 1505 15TH ST LOS ALAMOS, NM 87544	85-0165066	501(C)(3)	7,095.	0.			GENERAL OPERATING SUPPORT
LOS ALAMOS NATIONAL LABORATORY FOUNDATION - 1112 PLAZA DEL NORTE - ESPANOLA, NM 87532	74-2853972	501(C)(3)	626,979.	0.			GENERAL OPERATING SUPPORT
LOS ALAMOS PUBLIC SCHOOLS FOUNDATION - 1900 DIAMOND DR - LOS ALAMOS, NM 87544	02-0773298	501(C)(3)	17,547.	0.			GENERAL OPERATING SUPPORT
LUNA COMMUNITY COLLEGE FOUNDATION 366 LUNA DR LAS VEGAS, NM 87701	74-2851490	501(C)(3)	8,500.	0.			GENERAL OPERATING SUPPORT
LUTHERAN SOCIAL SERVICES OF CENTRAL OHIO - 500 W WILSON BRIDGE RD - WORTHINGTON, OH 43085	31-4412586	501(C)(3)	13,840.	0.			GENERAL OPERATING SUPPORT
LUTHERAN WORLD RELIEF 700 LIGHT ST BALTIMORE, MD 21230	13-2574963	501(C)(3)	8,500.	0.			GENERAL OPERATING SUPPORT
MALARIA CONSORTIUM 8024 UPPER LAKE DR RALEIGH, NC 27615	98-0627052	501(C)(3)	28,200.	0.			GENERAL OPERATING SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II).

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MARTIN LUTHER KING BREAKFAST COMMITTEE - PO BOX 83134 - COLUMBUS, OH 43203	31-1225276	501(C)(3)	8,500.	0.			GENERAL OPERATING SUPPORT
MARYS MEALS USA 75 ORCHARD ST BLOOMFIELD, NJ 07003	33-1215331	501(C)(3)	5,050.	0.			GENERAL OPERATING SUPPORT
METAVIVOR RESEARCH AND SUPPORT 1783 FOREST DR ANNAPOLIS, MD 21401	37-1578088	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
METRO EARLY COLLEGE HIGH SCHOOL 1929 KENNY RD COLUMBUS, OH 43210	90-0838465	170(C)(1)	77,987.	0.			GENERAL OPERATING SUPPORT
MID-OHIO FOODBANK 3960 BROOKHAVEN DR GROVE CITY, OH 43123	31-0865343	501(C)(3)	45,738.	0.			GENERAL OPERATING SUPPORT
MUSE KNOXVILLE 516 N BEAMAN ST KNOXVILLE, TN 37914	23-7039472	501(C)(3)	15,000.	0.			GENERAL OPERATING SUPPORT
MUSEUM OF IDAHO 200 N EASTERN AVE IDAHO FALLS, ID 83402	82-0363177	501(C)(3)	12,000.	0.			GENERAL OPERATING SUPPORT
MUSEUMS AT MITCHEL ONE DAVIS AVE GARDEN CITY, NY 11530	11-3558761	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
MUSKOGON COUNTY COMMUNITY FOUNDATION - 425 W WESTERN AVE - MUSKOGON, MI 49440	38-6114135	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NAACP EMPOWERMENT PROGRAMS 4805 MOUNT HOPE DR BALTIMORE, MD 21215	13-1084135	501(C)(3)	7,843.	0.			GENERAL OPERATING SUPPORT
NATIONAL MUSEUM OF MATHEMATICS 134 WEST 29TH ST NEW YORK, NY 10001	27-1450809	501(C)(3)	8,395.	0.			GENERAL OPERATING SUPPORT
NATIONAL SOCIETY OF BLACK PHYSICISTS - 3033 WILSON BLVD - ARLINGTON, VA 22201	64-0800196	501(C)(3)	34,000.	0.			GENERAL OPERATING SUPPORT
NEIGHBORHOOD SERVICES 1950 N 4TH ST COLUMBUS, OH 43201	31-0842947	501(C)(3)	12,575.	0.			GENERAL OPERATING SUPPORT
NETCARE FOUNDATION 199 S CENTRAL AVE COLUMBUS, OH 43223	31-1030840	501(C)(3)	8,450.	0.			GENERAL OPERATING SUPPORT
NEW ALBANY COMMUNITY FOUNDATION 220 MARKET ST NEW ALBANY, OH 43054	31-1409264	501(C)(3)	46,850.	0.			GENERAL OPERATING SUPPORT
NEW MEXICO HIGHLANDS UNIVERSITY 905 UNIVERSITY AVE LAS VEGAS, NM 87701	75-0121368	501(C)(3)	5,525.	0.			GENERAL OPERATING SUPPORT
NNEMAP FOOD PANTRY PO BOX 10614 COLUMBUS, OH 43201	31-0896363	501(C)(3)	7,860.	0.			GENERAL OPERATING SUPPORT
OAK RIDGE PUBLIC SCHOOLS P O BOX 117 OAK RIDGE, TN 37831	62-1809810	170(C)(1)	30,000.	0.			GENERAL OPERATING SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OHIO ACADEMY OF SCIENCE 5930 WILCOX PLACE DUBLIN, OH 43016	31-4441867	501(C)(3)	9,350.	0.			GENERAL OPERATING SUPPORT
OHIO HANDS & VOICES 4348 BRICKWOOD DR HILLIARD, OH 43026	27-2395561	501(C)(3)	8,450.	0.			GENERAL OPERATING SUPPORT
OHIO STATE UNIVERSITY FOUNDATION 1480 W LANE AVE COLUMBUS, OH 43221	31-1145986	501(C)(3)	45,602.	0.			GENERAL OPERATING SUPPORT
OHIOHEALTH FOUNDATION 3430 OHIOHEALTH PKWY COLUMBUS, OH 43202	23-7446919	501(C)(3)	17,550.	0.			GENERAL OPERATING SUPPORT
OPERATION CATNIP OF GAINESVILLE PO BOX 141023 GAINESVILLE, FL 32614	59-3522372	501(C)(3)	14,000.	0.			GENERAL OPERATING SUPPORT
OTTERBEIN UNIVERSITY 1 S GROVE ST WESTERVILLE, OH 43081	31-4379532	501(C)(3)	5,776.	0.			GENERAL OPERATING SUPPORT
PAJARITO ENVIRONMENTAL EDUCATION CENTER - 2600 CANYON RD - LOS ALAMOS, NM 87544	85-0478101	501(C)(3)	7,637.	0.			GENERAL OPERATING SUPPORT
PARTNERS IN EDUCATION FOUNDATION PO BOX 23374 SANTA FE, NM 87502	85-0392417	501(C)(3)	9,473.	0.			GENERAL OPERATING SUPPORT
PELTONIA 450 W BROAD ST COLUMBUS, OH 43215	82-4997087	501(C)(3)	13,536.	0.			GENERAL OPERATING SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II).

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
POPULATION CONNECTION 2120 L ST NW WASHINGTON, DC 20037	94-1703155	501(C)(3)	10,500.	0.			GENERAL OPERATING SUPPORT
REDEEMER CLASSICAL CHRISTIAN SCHOOL - 6415 MT VISTA RD - KINGSVILLE, MD 21087	52-1982159	501(C)(3)	11,000.	0.			GENERAL OPERATING SUPPORT
REGENTS OF THE UNIVERSITY OF MICHIGAN - 3003 SOUTH STATE - ANN ARBOR, MI 48109	38-6006309	501(C)(3)	6,500.	0.			GENERAL OPERATING SUPPORT
REGIONAL DEVELOPMENT CORPORATION PO BOX 2698 ESPANOLA, NM 87532	74-2805791	501(C)(3)	503,449.	0.			GENERAL OPERATING SUPPORT
ROANE STATE FOUNDATION 276 PATTON LANE HARRIMAN, TN 37748	58-1413034	501(C)(3)	34,000.	0.			GENERAL OPERATING SUPPORT
ROCKY MOUNTAIN PUBLIC BROADCASTING 2101 ARAPAHOE ST DENVER, CO 80202	84-0510785	501(C)(3)	5,385.	0.			GENERAL OPERATING SUPPORT
RONALD MCDONALD HOUSE 139 E WARM SPRINGS AVE BOISE, ID 83712	94-3030996	501(C)(3)	5,210.	0.			GENERAL OPERATING SUPPORT
SAINT ELIZABETH SHELTER 804 ALARID ST SANTA FE, NM 87505	85-0347650	501(C)(3)	8,249.	0.			GENERAL OPERATING SUPPORT
SANTA FE ANIMAL SHELTER HUMANE SOCIETY - 100 CAJA DEL RIO RD - SANTA FE, NM 87505	85-6000484	501(C)(3)	8,665.	0.			GENERAL OPERATING SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SANTA FE COMMUNITY COLLEGE FOUNDATION - 6401 S RICHARDS AVE - SANTA FE, NM 87508	20-1594570	501(C)(3)	5,995.	0.			GENERAL OPERATING SUPPORT
SANTA FE COMMUNITY FOUNDATION PO BOX 1827	85-0303044	501(C)(3)	28,498.	0.			GENERAL OPERATING SUPPORT
SCHOLARSHIP AMERICA 7900 INTERNATIONAL DR MINNEAPOLIS, MN 55425	04-2296967	501(C)(3)	25,000.	0.			GENERAL OPERATING SUPPORT
SECOND CHANCE SHELTER 130 COUNTY RD 398 BOAZ, AL 35957	26-2717351	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
SECOND HARVEST FOOD BANK 331 GREAT CIRCLE RD KNOXVILLE, TN 37228	62-1049447	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
SELF HELP 2390 NORTH RD LOS ALAMOS, NM 87544	85-0209449	501(C)(3)	16,696.	0.			GENERAL OPERATING SUPPORT
SHADOART PRODUCTIONS 503 S FRONT ST COLUMBUS, OH 43215	31-1340461	501(C)(3)	12,750.	0.			GENERAL OPERATING SUPPORT
SOCIAL GOOD FUND PO BOX 5473 RICHMOND, CA 94805	46-1323531	501(C)(3)	5,198.	0.			GENERAL OPERATING SUPPORT
SOUTHERN POVERTY LAW CENTER 400 WASHINGTON AVE MONTGOMERY, AL 36104	63-0598743	501(C)(3)	14,690.	0.			GENERAL OPERATING SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST JOSEPH MONTESSORI SCHOOL 933 HAMLET ST COLUMBUS, OH 43201	31-0912807	501(C)(3)	30,600.	0.			GENERAL OPERATING SUPPORT
ST JUDE CHILDRENS RESEARCH HOSPITAL - 501 ST JUDE PLACE - MEMPHIS, TN 38105	62-0646012	501(C)(3)	12,685.	0.			GENERAL OPERATING SUPPORT
STUDENT SUCCESS STORES PO BOX 14136 COLUMBUS, OH 43214	81-2080464	501(C)(3)	22,986.	0.			GENERAL OPERATING SUPPORT
TAOS COMMUNITY FOUNDATION PO BOX 1925 TAOS, NM 87571	85-0425147	501(C)(3)	15,025.	0.			GENERAL OPERATING SUPPORT
TETON REGIONAL LAND TRUST PO BOX 247 DRIGGS, ID 83422	94-3146525	501(C)(3)	6,000.	0.			GENERAL OPERATING SUPPORT
TIDES FOUNDATION 3440 WALNUT AVE FREMONT, CA 94538	51-0198509	501(C)(3)	29,878.	0.			GENERAL OPERATING SUPPORT
TRAGEDY ASSISTANCE PROGRAM FOR SURVIVORS - 3033 WILSON BLVD - ARLINGTON, VA 22201	92-0152268	501(C)(3)	8,975.	0.			GENERAL OPERATING SUPPORT
TULANE UNIVERSITY PO BOX 61075 NEW ORLEANS, LA 70161	72-0423889	501(C)(3)	8,000.	0.			GENERAL OPERATING SUPPORT
TYING VINES 1863 GETTYSBURG VILLAGE DR GETTYSBURG, PA 17325	45-0647869	501(C)(3)	5,850.	0.			GENERAL OPERATING SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II).

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED STATES COAST GUARD ACADEMY 47 MOHEGAN AVE NEW LONDON, CT 06320	06-1354978	501(C)(3)	11,160.	0.			GENERAL OPERATING SUPPORT
UNITED WAY 1301 HANNAH AVE KNOXVILLE, TN 37921	62-1818021	501(C)(3)	50,000.	0.			GENERAL OPERATING SUPPORT
UNITED WAY BONNEVILLE CNTY PO BOX 51114 IDAHO FALLS, ID 83405	82-0233588	501(C)(3)	146,850.	0.			GENERAL OPERATING SUPPORT
UNITED WAY OF CENTRAL OHIO 360 S 3RD ST COLUMBUS, OH 43215	31-4393712	501(C)(3)	7,181.	0.			GENERAL OPERATING SUPPORT
UNITED WAY OF IDAHO PO BOX 911 POCATELLO, ID 83204	82-0209625	501(C)(3)	15,300.	0.			GENERAL OPERATING SUPPORT
UNITED WAY OF LONG ISLAND 819 GRAND BLVD DEER PARK, NY 11729	11-6042392	501(C)(3)	123,790.	0.			GENERAL OPERATING SUPPORT
UNITED WAY OF NORTHERN NEW MEXICO PO BOX 539 LOS ALAMOS, NM 87544	23-7138947	501(C)(3)	237,308.	0.			GENERAL OPERATING SUPPORT
UNITED WAY OF SANTA FE COUNTY 440 CERRILLOS RD SANTA FE, NM 87501	85-0163601	501(C)(3)	36,784.	0.			GENERAL OPERATING SUPPORT
UNITED WAY OF THE BLUEGRASS 100 MIDLAND AVE LEXINGTON, KY 40508	61-0444679	501(C)(3)	12,030.	0.			GENERAL OPERATING SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II).

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF IDAHO FOUNDATION 875 PERIMETER DR MOSCOW, ID 83844	23-7098404	501(C)(3)	22,500.	0.			GENERAL OPERATING SUPPORT
UNIVERSITY OF NEW MEXICO FOUNDATION - 4000 UNIVERSITY DR - LOS ALAMOS, NM 87544	85-0275408	501(C)(3)	10,500.	0.			GENERAL OPERATING SUPPORT
UNIVERSITY OF TENNESSEE 800 ANDY HOLT TOWER KNOXVILLE, TN 37996	62-6001636	501(C)(3)	20,000.	0.			GENERAL OPERATING SUPPORT
UNIVERSITY OF TEXAS 9011 MOUNTAIN RIDGE DR AUSTIN, TX 78759	74-1587488	501(C)(3)	25,000.	0.			GENERAL OPERATING SUPPORT
UNIVERSITY OF WASHINGTON FOUNDATION - UW TOWER BOX 359505 - SEATTLE, WA 98195	94-3079432	501(C)(3)	20,750.	0.			GENERAL OPERATING SUPPORT
URBAN CONCERN 1000 BONHAM AVE COLUMBUS, OH 43211	31-1327346	501(C)(3)	9,531.	0.			GENERAL OPERATING SUPPORT
UUNIK ACADEMY P O BOX 5872 KNOXVILLE, TN 37928	20-0537113	501(C)(3)	5,150.	0.			GENERAL OPERATING SUPPORT
YMCA 1450 IRIS ST LOS ALAMOS, NM 87544	85-0130054	501(C)(3)	30,806.	0.			GENERAL OPERATING SUPPORT
YWCA 420 W CLINCH AVE KNOXVILLE, TN 37902	62-0475701	501(C)(3)	5,100.	0.			GENERAL OPERATING SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HABITAT FOR HUMANITY 643 MIDDLE COUNTRY RD MIDDLE ISLAND, NY 11953	11-2840553	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT

Part III

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

Part IV

Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

BATTELLE MEMORIAL INSTITUTE (BMI) SENDS A LETTER TO EACH ORGANIZATION THAT

STATES THAT BY SIGNING AND DEPOSITING THE CHECK THEY ARE CONFIRMING THAT

THEY ARE A 501(C)(3) CHARITABLE ORGANIZATION OR A 170(C)(1) QUALIFYING

GOVERNMENT ENTITY. FOR LARGER GRANTS, BMI REQUESTS IN CONNECTION WITH SOME

OF THE ORGANIZATIONS TO SIGN A DONOR OBJECTIVE LETTER THAT STATES THE SCOPE

AND PURPOSE OF THE DISTRIBUTION. THE BMI BOARD OF DIRECTORS HAS FINAL

APPROVAL FOR ANY DISTRIBUTIONS OVER \$500,000. BATTELLE ENERGY ALLIANCE LLC,

BATTELLE NATIONAL BIODEFENSE INSTITUTE LLC, BROOKHAVEN SCIENCE ASSOCIATES

Part IV Supplemental Information

LLC, TRIAD NATIONAL SECURITY LLC, AND UT-BATTELLE LLC EACH HAVE THEIR OWN

APPROACH TO MAKING SURE THAT GRANTS ARE ONLY MADE TO PROPER OBJECTS OF

CHARITY.

SUPPLEMENTAL EXPLANATION

BMI WAS CREATED PURSUANT TO THE WILL OF GORDON BATTELLE AS AN OHIO

NOT-FOR-PROFIT CORPORATION, SPECIFICALLY AS AN OHIO INCORPORATED

CHARITABLE TRUST. AS AN INCORPORATED CHARITABLE TRUST, BMI IS SUBJECT

TO THE GENERAL SUPERVISION OF THE OHIO ATTORNEY GENERAL AND TO THE

REQUIREMENTS OF OHIO NONPROFIT CORPORATION STATUTES. THE ORIGINAL

PURPOSE OF BMI WAS TO CONDUCT RESEARCH IN METALLURGY OF COAL, IRON,

STEEL AND ZINC AND TO MAKE DISTRIBUTIONS TO OTHER CHARITABLE

ORGANIZATIONS. PURSUANT TO AN AGREEMENT WITH THE OHIO ATTORNEY

GENERAL, BMI MAKES ANNUAL DISTRIBUTIONS FOR CHARITABLE PURPOSES EQUAL

TO AT LEAST 20% OF ITS PRIOR YEAR FINANCIAL STATEMENT NET INCOME BEFORE

ADJUSTMENTS FOR UNREALIZED GAINS AND LOSSES, BUT NOT LESS THAN ONE

MILLION DOLLARS. ON AUGUST 11, 2005 THE BOARD OF DIRECTORS OF BATTELLE

ADOPTED A RESOLUTION THAT ESTABLISHED A MINIMUM CHARITABLE DISTRIBUTION

GOAL OF \$3,000,000.

IN AUGUST 2005, BMI ESTABLISHED A DONOR ADVISED FUND, THE BATTELLE

FOUNDATION FUND (THE FUND), UNDER THE COLUMBUS FOUNDATION, A 501(C)(3)

PUBLIC CHARITY COMMUNITY FOUNDATION THAT IS LEGALLY AND FINANCIALLY

SEPARATE FROM BMI. A SUBSTANTIAL PORTION OF BMI'S CHARITABLE

DISTRIBUTIONS ARE MADE TO THE FUND. BMI RECOMMENDS DISTRIBUTIONS FROM

THE FUND TO QUALIFYING RECIPIENTS; HOWEVER, THE COLUMBUS FOUNDATION

MAKES FINAL DECISIONS ON THE ACTUAL DISTRIBUTIONS. THE FUNDS

TRANSFERRED FROM BMI TO THE FUND HAVE NO POSSIBILITY OF REVERSION TO

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2019

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

BATTELLE MEMORIAL INSTITUTE

Employer identification number

31-4379427

Part I Questions Regarding Compensation

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

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

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2019

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

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) JOHN K. WELCH CHAIRMAN AND DIRECTOR	(i) 171,679.	0.	0.	0.	0.	171,679.	0.
(ii)	0.	0.	0.	0.	0.	0.	0.
(2) SEAN C. O'KEEFE DIRECTOR	(i) 168,929.	0.	0.	0.	0.	168,929.	0.
(ii)	0.	0.	0.	0.	0.	0.	0.
(3) MICHAEL J. GASSER DIRECTOR	(i) 154,514.	0.	0.	0.	0.	154,514.	0.
(ii)	0.	0.	0.	0.	0.	0.	0.
(4) RONALD D. TOWNSEND EXECUTIVE VP, GLOBAL LAB OPS	(i) 653,955.	1,678,602.	457,694.	87,289.	443.	2,877,983.	0.
(ii)	0.	0.	0.	0.	0.	0.	0.
(5) LEWIS VON THAER PRESIDENT & CEO	(i) 857,908.	1,200,000.	60,489.	22,200.	23,112.	2,163,709.	0.
(ii)	0.	0.	0.	0.	0.	0.	0.
(6) RUSSELL P. AUSTIN SR VP, GEN COUNSEL & SECRETARY	(i) 428,969.	676,992.	3,866.	262,314.	15,467.	1,387,608.	0.
(ii)	0.	0.	0.	0.	0.	0.	0.
(7) EDWARD GRECCO EXECUTIVE VP, CFO	(i) 539,912.	605,000.	2,511.	13,875.	34,597.	1,195,895.	0.
(ii)	0.	0.	0.	0.	0.	0.	0.
(8) STEVEN F. ASHBY SR VP, LAB DIRECTOR	(i) 473,880.	235,862.	87,368.	146,691.	25,670.	969,471.	0.
(ii)	0.	0.	0.	0.	0.	0.	0.
(9) PATRICK F. JARVIS SR VP, MARKETING & COMMUNICATIONS	(i) 320,646.	516,307.	1,407.	45,310.	28,252.	911,922.	0.
(ii)	0.	0.	0.	0.	0.	0.	0.
(10) MATTHEW L. VAUGHAN SR VP, CONTRACT RESEARCH	(i) 413,377.	400,000.	23,323.	22,200.	26,667.	885,567.	0.
(ii)	0.	0.	0.	0.	0.	0.	0.
(11) MARK T. PETERS SR VP, LAB DIRECTOR	(i) 502,725.	269,235.	3,042.	21,216.	34,461.	830,679.	0.
(ii)	0.	0.	0.	0.	0.	0.	0.
(12) AIMEE KENNEDY SR VP, PHILANTHROPY & EDUCATION	(i) 261,072.	278,351.	1,860.	33,012.	18,057.	592,352.	0.
(ii)	0.	0.	0.	0.	0.	0.	0.
(13) THOMAS E. SHARPE ASST TREASURER & ASST SECRETARY	(i) 240,343.	57,296.	1,741.	177,591.	24,493.	501,464.	0.
(ii)	0.	0.	0.	0.	0.	0.	0.
(14) BRIAN R. SMITH TREASURER	(i) 236,168.	53,279.	2,011.	73,003.	22,092.	386,553.	0.
(ii)	0.	0.	0.	0.	0.	0.	0.
(15) MARIO WONG ASST TREAS. & CONTROLLER TO 04/20	(i) 224,427.	49,432.	974.	14,165.	20,022.	309,020.	0.
(ii)	0.	0.	0.	0.	0.	0.	0.
(16) BOBI A GARRETT DEPUTY PROGRAMS, PARTNERSHIPS	(i) 358,665.	141,575.	76,294.	417,853.	15,364.	1,009,751.	0.
(ii)	0.	0.	0.	0.	0.	0.	0.

Schedule J (Form 990) 2019

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

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(17) MATTHEW SHAW GENERAL MANAGER	201,715. 0.	184,071. 0.	249,379. 0.	187,019. 0.	19,482. 0.	841,666. 0.	0. 0.
(18) JANICE RHODES GOVT BUSINESS DEVELOPMENT	208,719. 0.	284,335. 0.	42,233. 0.	219,936. 0.	460. 0.	755,683. 0.	0. 0.
(19) MARIANNE WALCK CHIEF RESEARCH OFFICER	339,049. 0.	174,707. 0.	84,019. 0.	29,938. 0.	23,460. 0.	651,173. 0.	0. 0.
(20) GEORGE KORCH LAB DIRECTOR	364,584. 0.	168,000. 0.	6,912. 0.	20,138. 0.	373. 0.	560,007. 0.	0. 0.
(21) MALESA LITTERAL SR VP, CHIEF HR OFFICER TO 09/19	230,240. 0.	515,531. 0.	505,664. 0.	162,704. 0.	20,119. 0.	1,434,258. 0.	0. 0.
(22) THOMAS E. MASON SENIOR VP 07/17 TO 11/17	541,637. 0.	624,332. 0.	4,128. 0.	0. 0.	8,364. 0.	1,178,461. 0.	0. 0.
(23) JEFFREY WADSWORTH, PRESIDENT & CEO TO 09/17	0. 0.	962,834. 0.	0. 0.	0. 0.	0. 0.	962,834. 0.	0. 0.
(24) DAVID C. EVANS EXECUTIVE VP, CFO TO 02/18	365,790. 0.	0. 0.	0. 0.	0. 0.	0. 0.	365,790. 0.	0. 0.
(25) STEPHEN E. KELLY SENIOR VP TO 12/17	178,043. 0.	0. 0.	0. 0.	0. 0.	0. 0.	178,043. 0.	0. 0.
(26) BRETT BOSLEY ACTING CFO 7/17 TO 05/18	233,700. 0.	0. 0.	0. 0.	0. 0.	0. 0.	233,700. 0.	0. 0.
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							

Part III Supplemental Information

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

PART I, LINE 1A:

DIRECTORS, OFFICERS, AND STAFF TRAVEL ON THE CORPORATE PLANES. TRAVEL

EXPENSES COMPLY WITH A WRITTEN REIMBURSEMENT POLICY THAT FOLLOWS PUBLISHED

IRS GUIDANCE. ALL EXECUTIVES, INCLUDING THOSE INDIVIDUALS REPORTED ON PART

VII, ARE REQUIRED TO SUBSTANTIATE TRAVEL AND ENTERTAINMENT EXPENSES IN

ACCORDANCE WITH THE POLICY. INTERNAL AUDIT TESTED THE EXPENSE REPORTS

ASSOCIATED WITH DIRECTOR'S AND OFFICER'S TRAVEL AND ENTERTAINMENT EXPENSES.

FOR 2019 TWO OFFICERS HAD PERSONAL USE OF A CORPORATE AIRCRAFT AND THE

VALUE OF EACH OFFICER'S PERSONAL USE WAS INCLUDED IN THE COMPENSATION OF

SUCH OFFICER REPORTED ON W-2. THE PERSONAL USE OF A CORPORATE AIRCRAFT FOR

TWO OF THESE OFFICERS RELATED TO A FAMILY MEMBER'S TRAVEL ON A CORPORATE

AIRCRAFT.

BMI PROVIDES A TAX GROSS-UP FOR RELOCATION COSTS, AND OTHER MISCELLANEOUS

ITEMS. FOR 2019 NINE OFFICERS, AND ELEVEN DIRECTORS HAD TAX GROSS UPS.

SOCIAL CLUB DUES PERTAIN TO DUES THAT ALLOW BUSINESS MEETINGS AND BUSINESS

ACTIVITIES TO TAKE PLACE. FOR 2019 THERE WAS ONE CURRENT OFFICER WITH

SOCIAL CLUB DUES.

Part III Supplemental Information

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

PART I, LINES 4A-B:

SEVERANCE OR SEPARATION PAYMENTS WERE MADE TO THE FOLLOWING INDIVIDUALS

LISTED ON FORM 990, PART VII:

MALESA LITTERAL \$457,598

MATTHEW SHAW \$205,500

EFFECTIVE OCTOBER 1, 2015, BATTELLE MEMORIAL INSTITUTE IMPLEMENTED THE

BATTELLE MEMORIAL INSTITUTE RETIREMENT BENEFITS RESTORATION PLAN

("RESTORATION PLAN"), A TOP HAT PLAN THAT REPLACES THE NOW TERMINATED

BATTELLE MEMORIAL INSTITUTE EXECUTIVE'S SECTION 457(F) PENSION PLAN. THE

RESTORATION PLAN IS A COMPONENT OF BATTELLE'S TOTAL COMPENSATION PACKAGE,

AND IT PROVIDES A DEFINED CONTRIBUTION ACCRUAL SPECIFIC TO PAY EARNED IN

EXCESS OF IRS PAY LIMITS. THESE CONTRIBUTIONS ARE VESTED ON A CLASS-YEAR

BASIS (5-YEARS AFTER CONTRIBUTION, OR AT AGE 65 IF EARLIER), AND ARE

TAXABLE TO THE PARTICIPANT IN THE YEAR OF VESTING. THE AMOUNT THAT BECOMES

VESTED/TAXABLE IS REPORTED ON THE PARTICIPANT'S FORM W-2 IN YEAR OF

VESTING. IN 2019, FOUR WERE REPORTED WITH VESTED/TAXABLE COMPENSATION IN

COLUMN D OF PART VII AS APPLICABLE.

Part III Supplemental Information

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

STEVEN ASHBY \$64,619

RON TOWNSEND \$175,518

BOBI GARRETT \$68,686

GEORGE KORCH \$2,333

PART I, LINE 7:

SHORT AND LONG-TERM INCENTIVE COMPENSATION PROGRAMS ARE TIED TO CORPORATE AND INDIVIDUAL PERFORMANCE.

PART I, LINE 8:

PAYMENTS IN PART VII SUBJECT TO THE INITIAL CONTRACT EXCEPTION:

LEWIS VON THAER - RETENTION PAYMENT

MATTHEW VAUGHAN - RETENTION PAYMENT

EDWARD GRECCO - RETENTION PAYMENT

SCHEDULE J SUPPLEMENTAL INFORMATION

DIRECTORS ARE PAID AS INDEPENDENT CONTRACTORS IN PART VII.

EMPLOYEE WELFARE BENEFITS AND FRINGE BENEFITS:

Part III Supplemental Information

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

IN ADDITION TO THE COMPENSATION AND RETIREMENT PLANS OTHERWISE LISTED

IN PART VII, THOSE INDIVIDUALS REPORTED ON PART VII WHO ARE EMPLOYEES

OF BMI ARE ELIGIBLE TO PARTICIPATE IN BMI'S EMPLOYEE WELFARE BENEFIT

AND GROUP INSURANCE PLANS ON THE SAME TERMS AS ANY OTHER EMPLOYEE.

CONTRIBUTIONS TO EMPLOYEE WELFARE BENEFIT AND GROUP INSURANCE PLANS ARE

MADE IN AGGREGATE BASED UPON GROUP ACTUARIAL FACTORS AND HISTORICAL

CLAIMS EXPERIENCE AND APPORTIONING SPECIFIC DOLLAR AMOUNTS TO

INDIVIDUALS IS IMPRACTICAL. AS EMPLOYEES, SUCH INDIVIDUALS MAY ALSO

HAVE RECEIVED WORKING CONDITION FRINGE BENEFITS AND/OR DE MINIMIS

FRINGE BENEFITS EXCLUDED FROM INCOME UNDER INTERNAL REVENUE CODE

SECTIONS 132(A)(3) AND 132(A)(4) RESPECTIVELY.

TRAVEL AND ENTERTAINMENT EXPENSE REIMBURSEMENT:

BMI'S EXECUTIVES INCUR VARIOUS TRAVEL AND ENTERTAINMENT EXPENSES IN THE

CONDUCT OF THEIR OFFICIAL DUTIES AS REPRESENTATIVES OF BMI. BMI HAS

WRITTEN TRAVEL AND ENTERTAINMENT EXPENSE REIMBURSEMENT POLICIES THAT

COMPLY WITH PUBLISHED IRS GUIDANCE. ALL EXECUTIVES, INCLUDING THOSE

INDIVIDUALS REPORTED ON PART VII, ARE REQUIRED TO SUBSTANTIATE TRAVEL

AND ENTERTAINMENT EXPENSE IN ACCORDANCE WITH THAT POLICY. INTERNAL

Part III Supplemental Information

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

AUDIT TESTED THE EXPENSE REPORTS ASSOCIATED WITH DIRECTOR'S AND OFFICER'S TRAVEL AND ENTERTAINMENT EXPENSES.

BMI'S TOTAL COMPENSATION PACKAGE CONSISTS OF BASE SALARIES OR HOURLY RATES OF PAY; SHORT AND LONG-TERM INCENTIVE COMPENSATION PROGRAMS TIED TO CORPORATE AND INDIVIDUAL PERFORMANCE; QUALIFIED DEFINED BENEFIT FOR ELIGIBLE EMPLOYEES AND DEFINED CONTRIBUTION EMPLOYEE BENEFIT PLANS; NONQUALIFIED PLANS AND CASH PAYMENT ARRANGEMENTS; VARIOUS EMPLOYEE WELFARE BENEFIT PLANS AND GROUP INSURANCES; PAID LEAVE TIME; TUITION REIMBURSEMENT; AND MISCELLANEOUS DE MINIMIS, WORKING CONDITION FRINGE BENEFITS.

DEFERRED COMPENSATION FROM RETIREMENT PLANS REPORTED IN SCHEDULE J, PART II, COLUMN C REFLECTS THE IMPACT OF THE CHANGES IN THE DISCOUNT RATE AND ACTUARIAL IMPACTS OF SALARY GROWTH, AGE, AND ADDITIONAL SERVICE AND OTHER ACTUARIAL FACTORS, THEREBY INCREASING OR DECREASING THE AMOUNTS.

SCHEDULE J SUPPLEMENTAL INFORMATION - LOANS TO AND/OR FROM INTERESTED PERSON

Part III Supplemental Information

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

IN ORDER TO ATTRACT, RETAIN AND REWARD TALENTED KEY EMPLOYEES AND

PROVIDE AN ADDITIONAL BENEFIT FOR KEY HIRES IN RECOGNITION OF

EXTRAORDINARY CONTRIBUTIONS, BMI ADOPTED AND MAINTAINS BATTELLE CAPITAL

ACCUMULATION PROGRAM, A SPLIT-DOLLAR LIFE INSURANCE ARRANGEMENT AS

DEFINED IN TREASURY REGULATION SECTION 1.61-22(B) WHICH COMPLIES WITH

TREASURY REGULATION SECTION 1.7872-15 (THE "PLAN"). ELIGIBLE EMPLOYEES

MAY ELECT, IN LIEU OF CURRENT COMPENSATION, FOR BMI TO PAY THE PREMIUMS

TO FUND THE INSURANCE ARRANGEMENT. SUCH PAYMENTS ARE TREATED AS LOANS

FOR TAX PURPOSES AND ARE SECURED BY A COLLATERAL ASSIGNMENT OF THE

INSURANCE PROCEEDS IN THE AGGREGATE AMOUNT OF THE LOANS AND ACCRUED

INTEREST. PARTICIPATING EMPLOYEES ARE LISTED IN SCHEDULE L, PART II.

SCHEDULE L

(Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No. 1545-0047

2019

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

▶ 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.

Name of the organization

BATTELLE MEMORIAL INSTITUTE

Employer identification number

31-4379427

Part I Excess Benefit Transactions

(section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).

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

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

- 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____
- 3 Enter the amount of tax, if any, on 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 loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
LEWIS VON THAER	OFFICER	SPLIT-DO		X	45,833.	46,783.		X	X		X	
LEWIS VON THAER	OFFICER	SPLIT-DO		X	45,833.	46,687.		X	X		X	
LEWIS VON THAER	OFFICER	SPLIT-DO		X	45,833.	46,597.		X	X		X	
LEWIS VON THAER	OFFICER	SPLIT-DO		X	45,833.	46,512.		X	X		X	
LEWIS VON THAER	OFFICER	SPLIT-DO		X	45,833.	46,456.		X	X		X	
LEWIS VON THAER	OFFICER	SPLIT-DO		X	1,495,834.	1,514,245.		X	X		X	
LEWIS VON THAER	OFFICER	SPLIT-DO		X	45,833.	46,318.		X	X		X	
LEWIS VON THAER	OFFICER	SPLIT-DO		X	218,333.	220,278.		X	X		X	
LEWIS VON THAER	OFFICER	SPLIT-DO		X	45,833.	46,160.		X	X		X	
LEWIS VON THAER	OFFICER	SPLIT-DO		X	45,833.	46,086.		X	X		X	
Total						▶ \$	3,730,923.					

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

SEE PART V FOR CONTINUATIONS

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No

Part V Supplemental Information.

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

SCHEDULE L, PART II, LOANS TO AND FROM INTERESTED PERSONS:

(A) NAME OF PERSON: LEWIS VON THAER

(B) RELATIONSHIP WITH ORGANIZATION: OFFICER

(C) PURPOSE OF LOAN: SPLIT-DOLLAR LIFE INSURANCE

(D) LOAN TO OR FROM ORGANIZATION? = FROM

(E) ORIGINAL PRINCIPAL AMOUNT \$ 45,833. (F) BALANCE DUE \$ 46,032.

(G) LOAN IN DEFAULT? = NO

(H) APPROVED BY BOARD OR COMMITTEE? = YES

(I) WRITTEN AGREEMENT? = YES

(A) NAME OF PERSON: LEWIS VON THAER

(B) RELATIONSHIP WITH ORGANIZATION: OFFICER

(C) PURPOSE OF LOAN: SPLIT-DOLLAR LIFE INSURANCE

(D) LOAN TO OR FROM ORGANIZATION? = FROM

(E) ORIGINAL PRINCIPAL AMOUNT \$ 45,833. (F) BALANCE DUE \$ 45,987.

(G) LOAN IN DEFAULT? = NO

(H) APPROVED BY BOARD OR COMMITTEE? = YES

(I) WRITTEN AGREEMENT? = YES

(A) NAME OF PERSON: LEWIS VON THAER

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

(B) RELATIONSHIP WITH ORGANIZATION: OFFICER

(C) PURPOSE OF LOAN: SPLIT-DOLLAR LIFE INSURANCE

(D) LOAN TO OR FROM ORGANIZATION? = FROM

(E) ORIGINAL PRINCIPAL AMOUNT \$ 45,833. (F) BALANCE DUE \$ 45,959.

(G) LOAN IN DEFAULT? = NO

(H) APPROVED BY BOARD OR COMMITTEE? = YES

(I) WRITTEN AGREEMENT? = YES

(A) NAME OF PERSON: LEWIS VON THAER

(B) RELATIONSHIP WITH ORGANIZATION: OFFICER

(C) PURPOSE OF LOAN: SPLIT-DOLLAR LIFE INSURANCE

(D) LOAN TO OR FROM ORGANIZATION? = FROM

(E) ORIGINAL PRINCIPAL AMOUNT \$ 45,833. (F) BALANCE DUE \$ 45,914.

(G) LOAN IN DEFAULT? = NO

(H) APPROVED BY BOARD OR COMMITTEE? = YES

(I) WRITTEN AGREEMENT? = YES

(A) NAME OF PERSON: LEWIS VON THAER

(B) RELATIONSHIP WITH ORGANIZATION: OFFICER

(C) PURPOSE OF LOAN: SPLIT-DOLLAR LIFE INSURANCE

(D) LOAN TO OR FROM ORGANIZATION? = FROM

(E) ORIGINAL PRINCIPAL AMOUNT \$ 45,833. (F) BALANCE DUE \$ 45,872.

(G) LOAN IN DEFAULT? = NO

(H) APPROVED BY BOARD OR COMMITTEE? = YES

(I) WRITTEN AGREEMENT? = YES

(A) NAME OF PERSON: EDWARD GRECCO

(B) RELATIONSHIP WITH ORGANIZATION: OFFICER

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

(C) PURPOSE OF LOAN: SPLIT-DOLLAR LIFE INSURANCE

(D) LOAN TO OR FROM ORGANIZATION? = FROM

(E) ORIGINAL PRINCIPAL AMOUNT \$ 10,000. (F) BALANCE DUE \$ 10,186.

(G) LOAN IN DEFAULT? = NO

(H) APPROVED BY BOARD OR COMMITTEE? = YES

(I) WRITTEN AGREEMENT? = YES

(A) NAME OF PERSON: EDWARD GRECCO

(B) RELATIONSHIP WITH ORGANIZATION: OFFICER

(C) PURPOSE OF LOAN: SPLIT-DOLLAR LIFE INSURANCE

(D) LOAN TO OR FROM ORGANIZATION? = FROM

(E) ORIGINAL PRINCIPAL AMOUNT \$ 10,000. (F) BALANCE DUE \$ 10,167.

(G) LOAN IN DEFAULT? = NO

(H) APPROVED BY BOARD OR COMMITTEE? = YES

(I) WRITTEN AGREEMENT? = YES

(A) NAME OF PERSON: EDWARD GRECCO

(B) RELATIONSHIP WITH ORGANIZATION: OFFICER

(C) PURPOSE OF LOAN: SPLIT-DOLLAR LIFE INSURANCE

(D) LOAN TO OR FROM ORGANIZATION? = FROM

(E) ORIGINAL PRINCIPAL AMOUNT \$ 110,000. (F) BALANCE DUE \$ 111,629.

(G) LOAN IN DEFAULT? = NO

(H) APPROVED BY BOARD OR COMMITTEE? = YES

(I) WRITTEN AGREEMENT? = YES

(A) NAME OF PERSON: EDWARD GRECCO

(B) RELATIONSHIP WITH ORGANIZATION: OFFICER

(C) PURPOSE OF LOAN: SPLIT-DOLLAR LIFE INSURANCE

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

(D) LOAN TO OR FROM ORGANIZATION? = FROM

(E) ORIGINAL PRINCIPAL AMOUNT \$ 10,000. (F) BALANCE DUE \$ 10,136.

(G) LOAN IN DEFAULT? = NO

(H) APPROVED BY BOARD OR COMMITTEE? = YES

(I) WRITTEN AGREEMENT? = YES

(A) NAME OF PERSON: EDWARD GRECCO

(B) RELATIONSHIP WITH ORGANIZATION: OFFICER

(C) PURPOSE OF LOAN: SPLIT-DOLLAR LIFE INSURANCE

(D) LOAN TO OR FROM ORGANIZATION? = FROM

(E) ORIGINAL PRINCIPAL AMOUNT \$ 310,000. (F) BALANCE DUE \$ 313,816.

(G) LOAN IN DEFAULT? = NO

(H) APPROVED BY BOARD OR COMMITTEE? = YES

(I) WRITTEN AGREEMENT? = YES

(A) NAME OF PERSON: EDWARD GRECCO

(B) RELATIONSHIP WITH ORGANIZATION: OFFICER

(C) PURPOSE OF LOAN: SPLIT-DOLLAR LIFE INSURANCE

(D) LOAN TO OR FROM ORGANIZATION? = FROM

(E) ORIGINAL PRINCIPAL AMOUNT \$ 10,000. (F) BALANCE DUE \$ 10,106.

(G) LOAN IN DEFAULT? = NO

(H) APPROVED BY BOARD OR COMMITTEE? = YES

(I) WRITTEN AGREEMENT? = YES

(A) NAME OF PERSON: EDWARD GRECCO

(B) RELATIONSHIP WITH ORGANIZATION: OFFICER

(C) PURPOSE OF LOAN: SPLIT-DOLLAR LIFE INSURANCE

(D) LOAN TO OR FROM ORGANIZATION? = FROM

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

(E) ORIGINAL PRINCIPAL AMOUNT \$ 45,000. (F) BALANCE DUE \$ 45,401.

(G) LOAN IN DEFAULT? = NO

(H) APPROVED BY BOARD OR COMMITTEE? = YES

(I) WRITTEN AGREEMENT? = YES

(A) NAME OF PERSON: EDWARD GRECCO

(B) RELATIONSHIP WITH ORGANIZATION: OFFICER

(C) PURPOSE OF LOAN: SPLIT-DOLLAR LIFE INSURANCE

(D) LOAN TO OR FROM ORGANIZATION? = FROM

(E) ORIGINAL PRINCIPAL AMOUNT \$ 10,000. (F) BALANCE DUE \$ 10,071.

(G) LOAN IN DEFAULT? = NO

(H) APPROVED BY BOARD OR COMMITTEE? = YES

(I) WRITTEN AGREEMENT? = YES

(A) NAME OF PERSON: EDWARD GRECCO

(B) RELATIONSHIP WITH ORGANIZATION: OFFICER

(C) PURPOSE OF LOAN: SPLIT-DOLLAR LIFE INSURANCE

(D) LOAN TO OR FROM ORGANIZATION? = FROM

(E) ORIGINAL PRINCIPAL AMOUNT \$ 10,000. (F) BALANCE DUE \$ 10,055.

(G) LOAN IN DEFAULT? = NO

(H) APPROVED BY BOARD OR COMMITTEE? = YES

(I) WRITTEN AGREEMENT? = YES

(A) NAME OF PERSON: EDWARD GRECCO

(B) RELATIONSHIP WITH ORGANIZATION: OFFICER

(C) PURPOSE OF LOAN: SPLIT-DOLLAR LIFE INSURANCE

(D) LOAN TO OR FROM ORGANIZATION? = FROM

(E) ORIGINAL PRINCIPAL AMOUNT \$ 10,000. (F) BALANCE DUE \$ 10,043.

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

(G) LOAN IN DEFAULT? = NO

(H) APPROVED BY BOARD OR COMMITTEE? = YES

(I) WRITTEN AGREEMENT? = YES

(A) NAME OF PERSON: EDWARD GRECCO

(B) RELATIONSHIP WITH ORGANIZATION: OFFICER

(C) PURPOSE OF LOAN: SPLIT-DOLLAR LIFE INSURANCE

(D) LOAN TO OR FROM ORGANIZATION? = FROM

(E) ORIGINAL PRINCIPAL AMOUNT \$ 11,693. (F) BALANCE DUE \$ 11,732.

(G) LOAN IN DEFAULT? = NO

(H) APPROVED BY BOARD OR COMMITTEE? = YES

(I) WRITTEN AGREEMENT? = YES

(A) NAME OF PERSON: EDWARD GRECCO

(B) RELATIONSHIP WITH ORGANIZATION: OFFICER

(C) PURPOSE OF LOAN: SPLIT-DOLLAR LIFE INSURANCE

(D) LOAN TO OR FROM ORGANIZATION? = FROM

(E) ORIGINAL PRINCIPAL AMOUNT \$ 10,000. (F) BALANCE DUE \$ 10,027.

(G) LOAN IN DEFAULT? = NO

(H) APPROVED BY BOARD OR COMMITTEE? = YES

(I) WRITTEN AGREEMENT? = YES

(A) NAME OF PERSON: EDWARD GRECCO

(B) RELATIONSHIP WITH ORGANIZATION: OFFICER

(C) PURPOSE OF LOAN: SPLIT-DOLLAR LIFE INSURANCE

(D) LOAN TO OR FROM ORGANIZATION? = FROM

(E) ORIGINAL PRINCIPAL AMOUNT \$ 10,000. (F) BALANCE DUE \$ 10,018.

(G) LOAN IN DEFAULT? = NO

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

(H) APPROVED BY BOARD OR COMMITTEE? = YES

(I) WRITTEN AGREEMENT? = YES

(A) NAME OF PERSON: EDWARD GRECCO

(B) RELATIONSHIP WITH ORGANIZATION: OFFICER

(C) PURPOSE OF LOAN: SPLIT-DOLLAR LIFE INSURANCE

(D) LOAN TO OR FROM ORGANIZATION? = FROM

(E) ORIGINAL PRINCIPAL AMOUNT \$ 10,000. (F) BALANCE DUE \$ 10,008.

(G) LOAN IN DEFAULT? = NO

(H) APPROVED BY BOARD OR COMMITTEE? = YES

(I) WRITTEN AGREEMENT? = YES

(A) NAME OF PERSON: AIMEE KENNEDY

(B) RELATIONSHIP WITH ORGANIZATION: OFFICER

(C) PURPOSE OF LOAN: SPLIT-DOLLAR LIFE INSURANCE

(D) LOAN TO OR FROM ORGANIZATION? = FROM

(E) ORIGINAL PRINCIPAL AMOUNT \$ 2,500. (F) BALANCE DUE \$ 2,542.

(G) LOAN IN DEFAULT? = NO

(H) APPROVED BY BOARD OR COMMITTEE? = YES

(I) WRITTEN AGREEMENT? = YES

(A) NAME OF PERSON: AIMEE KENNEDY

(B) RELATIONSHIP WITH ORGANIZATION: OFFICER

(C) PURPOSE OF LOAN: SPLIT-DOLLAR LIFE INSURANCE

(D) LOAN TO OR FROM ORGANIZATION? = FROM

(E) ORIGINAL PRINCIPAL AMOUNT \$ 2,500. (F) BALANCE DUE \$ 2,537.

(G) LOAN IN DEFAULT? = NO

(H) APPROVED BY BOARD OR COMMITTEE? = YES

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

(I) WRITTEN AGREEMENT? = YES

(A) NAME OF PERSON: AIMEE KENNEDY

(B) RELATIONSHIP WITH ORGANIZATION: OFFICER

(C) PURPOSE OF LOAN: SPLIT-DOLLAR LIFE INSURANCE

(D) LOAN TO OR FROM ORGANIZATION? = FROM

(E) ORIGINAL PRINCIPAL AMOUNT \$ 2,500. (F) BALANCE DUE \$ 2,534.

(G) LOAN IN DEFAULT? = NO

(H) APPROVED BY BOARD OR COMMITTEE? = YES

(I) WRITTEN AGREEMENT? = YES

(A) NAME OF PERSON: AIMEE KENNEDY

(B) RELATIONSHIP WITH ORGANIZATION: OFFICER

(C) PURPOSE OF LOAN: SPLIT-DOLLAR LIFE INSURANCE

(D) LOAN TO OR FROM ORGANIZATION? = FROM

(E) ORIGINAL PRINCIPAL AMOUNT \$ 32,500. (F) BALANCE DUE \$ 32,900.

(G) LOAN IN DEFAULT? = NO

(H) APPROVED BY BOARD OR COMMITTEE? = YES

(I) WRITTEN AGREEMENT? = YES

(A) NAME OF PERSON: AIMEE KENNEDY

(B) RELATIONSHIP WITH ORGANIZATION: OFFICER

(C) PURPOSE OF LOAN: SPLIT-DOLLAR LIFE INSURANCE

(D) LOAN TO OR FROM ORGANIZATION? = FROM

(E) ORIGINAL PRINCIPAL AMOUNT \$ 2,500. (F) BALANCE DUE \$ 2,526.

(G) LOAN IN DEFAULT? = NO

(H) APPROVED BY BOARD OR COMMITTEE? = YES

(I) WRITTEN AGREEMENT? = YES

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

(A) NAME OF PERSON: AIMEE KENNEDY

(B) RELATIONSHIP WITH ORGANIZATION: OFFICER

(C) PURPOSE OF LOAN: SPLIT-DOLLAR LIFE INSURANCE

(D) LOAN TO OR FROM ORGANIZATION? = FROM

(E) ORIGINAL PRINCIPAL AMOUNT \$ 6,500. (F) BALANCE DUE \$ 6,558.

(G) LOAN IN DEFAULT? = NO

(H) APPROVED BY BOARD OR COMMITTEE? = YES

(I) WRITTEN AGREEMENT? = YES

(A) NAME OF PERSON: AIMEE KENNEDY

(B) RELATIONSHIP WITH ORGANIZATION: OFFICER

(C) PURPOSE OF LOAN: SPLIT-DOLLAR LIFE INSURANCE

(D) LOAN TO OR FROM ORGANIZATION? = FROM

(E) ORIGINAL PRINCIPAL AMOUNT \$ 2,500. (F) BALANCE DUE \$ 2,518.

(G) LOAN IN DEFAULT? = NO

(H) APPROVED BY BOARD OR COMMITTEE? = YES

(I) WRITTEN AGREEMENT? = YES

(A) NAME OF PERSON: AIMEE KENNEDY

(B) RELATIONSHIP WITH ORGANIZATION: OFFICER

(C) PURPOSE OF LOAN: SPLIT-DOLLAR LIFE INSURANCE

(D) LOAN TO OR FROM ORGANIZATION? = FROM

(E) ORIGINAL PRINCIPAL AMOUNT \$ 2,500. (F) BALANCE DUE \$ 2,514.

(G) LOAN IN DEFAULT? = NO

(H) APPROVED BY BOARD OR COMMITTEE? = YES

(I) WRITTEN AGREEMENT? = YES

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

(A) NAME OF PERSON: AIMEE KENNEDY

(B) RELATIONSHIP WITH ORGANIZATION: OFFICER

(C) PURPOSE OF LOAN: SPLIT-DOLLAR LIFE INSURANCE

(D) LOAN TO OR FROM ORGANIZATION? = FROM

(E) ORIGINAL PRINCIPAL AMOUNT \$ 2,500. (F) BALANCE DUE \$ 2,511.

(G) LOAN IN DEFAULT? = NO

(H) APPROVED BY BOARD OR COMMITTEE? = YES

(I) WRITTEN AGREEMENT? = YES

(A) NAME OF PERSON: AIMEE KENNEDY

(B) RELATIONSHIP WITH ORGANIZATION: OFFICER

(C) PURPOSE OF LOAN: SPLIT-DOLLAR LIFE INSURANCE

(D) LOAN TO OR FROM ORGANIZATION? = FROM

(E) ORIGINAL PRINCIPAL AMOUNT \$ 2,500. (F) BALANCE DUE \$ 2,508.

(G) LOAN IN DEFAULT? = NO

(H) APPROVED BY BOARD OR COMMITTEE? = YES

(I) WRITTEN AGREEMENT? = YES

(A) NAME OF PERSON: AIMEE KENNEDY

(B) RELATIONSHIP WITH ORGANIZATION: OFFICER

(C) PURPOSE OF LOAN: SPLIT-DOLLAR LIFE INSURANCE

(D) LOAN TO OR FROM ORGANIZATION? = FROM

(E) ORIGINAL PRINCIPAL AMOUNT \$ 2,500. (F) BALANCE DUE \$ 2,507.

(G) LOAN IN DEFAULT? = NO

(H) APPROVED BY BOARD OR COMMITTEE? = YES

(I) WRITTEN AGREEMENT? = YES

(A) NAME OF PERSON: AIMEE KENNEDY

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

(B) RELATIONSHIP WITH ORGANIZATION: OFFICER

(C) PURPOSE OF LOAN: SPLIT-DOLLAR LIFE INSURANCE

(D) LOAN TO OR FROM ORGANIZATION? = FROM

(E) ORIGINAL PRINCIPAL AMOUNT \$ 2,500. (F) BALANCE DUE \$ 2,504.

(G) LOAN IN DEFAULT? = NO

(H) APPROVED BY BOARD OR COMMITTEE? = YES

(I) WRITTEN AGREEMENT? = YES

(A) NAME OF PERSON: AIMEE KENNEDY

(B) RELATIONSHIP WITH ORGANIZATION: OFFICER

(C) PURPOSE OF LOAN: SPLIT-DOLLAR LIFE INSURANCE

(D) LOAN TO OR FROM ORGANIZATION? = FROM

(E) ORIGINAL PRINCIPAL AMOUNT \$ 2,500. (F) BALANCE DUE \$ 2,502.

(G) LOAN IN DEFAULT? = NO

(H) APPROVED BY BOARD OR COMMITTEE? = YES

(I) WRITTEN AGREEMENT? = YES

(A) NAME OF PERSON: MATTHEW VAUGHAN

(B) RELATIONSHIP WITH ORGANIZATION: OFFICER

(C) PURPOSE OF LOAN: SPLIT-DOLLAR LIFE INSURANCE

(D) LOAN TO OR FROM ORGANIZATION? = FROM

(E) ORIGINAL PRINCIPAL AMOUNT \$ 16,667. (F) BALANCE DUE \$ 16,893.

(G) LOAN IN DEFAULT? = NO

(H) APPROVED BY BOARD OR COMMITTEE? = YES

(I) WRITTEN AGREEMENT? = YES

(A) NAME OF PERSON: MATTHEW VAUGHAN

(B) RELATIONSHIP WITH ORGANIZATION: OFFICER

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

(C) PURPOSE OF LOAN: SPLIT-DOLLAR LIFE INSURANCE

(D) LOAN TO OR FROM ORGANIZATION? = FROM

(E) ORIGINAL PRINCIPAL AMOUNT \$ 416,667. (F) BALANCE DUE \$ 421,795.

(G) LOAN IN DEFAULT? = NO

(H) APPROVED BY BOARD OR COMMITTEE? = YES

(I) WRITTEN AGREEMENT? = YES

(A) NAME OF PERSON: MATTHEW VAUGHAN

(B) RELATIONSHIP WITH ORGANIZATION: OFFICER

(C) PURPOSE OF LOAN: SPLIT-DOLLAR LIFE INSURANCE

(D) LOAN TO OR FROM ORGANIZATION? = FROM

(E) ORIGINAL PRINCIPAL AMOUNT \$ 16,667. (F) BALANCE DUE \$ 16,843.

(G) LOAN IN DEFAULT? = NO

(H) APPROVED BY BOARD OR COMMITTEE? = YES

(I) WRITTEN AGREEMENT? = YES

(A) NAME OF PERSON: MATTHEW VAUGHAN

(B) RELATIONSHIP WITH ORGANIZATION: OFFICER

(C) PURPOSE OF LOAN: SPLIT-DOLLAR LIFE INSURANCE

(D) LOAN TO OR FROM ORGANIZATION? = FROM

(E) ORIGINAL PRINCIPAL AMOUNT \$ 60,000. (F) BALANCE DUE \$ 60,535.

(G) LOAN IN DEFAULT? = NO

(H) APPROVED BY BOARD OR COMMITTEE? = YES

(I) WRITTEN AGREEMENT? = YES

(A) NAME OF PERSON: MATTHEW VAUGHAN

(B) RELATIONSHIP WITH ORGANIZATION: OFFICER

(C) PURPOSE OF LOAN: SPLIT-DOLLAR LIFE INSURANCE

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

(D) LOAN TO OR FROM ORGANIZATION? = FROM

(E) ORIGINAL PRINCIPAL AMOUNT \$ 16,667. (F) BALANCE DUE \$ 16,785.

(G) LOAN IN DEFAULT? = NO

(H) APPROVED BY BOARD OR COMMITTEE? = YES

(I) WRITTEN AGREEMENT? = YES

(A) NAME OF PERSON: MATTHEW VAUGHAN

(B) RELATIONSHIP WITH ORGANIZATION: OFFICER

(C) PURPOSE OF LOAN: SPLIT-DOLLAR LIFE INSURANCE

(D) LOAN TO OR FROM ORGANIZATION? = FROM

(E) ORIGINAL PRINCIPAL AMOUNT \$ 16,667. (F) BALANCE DUE \$ 16,759.

(G) LOAN IN DEFAULT? = NO

(H) APPROVED BY BOARD OR COMMITTEE? = YES

(I) WRITTEN AGREEMENT? = YES

(A) NAME OF PERSON: MATTHEW VAUGHAN

(B) RELATIONSHIP WITH ORGANIZATION: OFFICER

(C) PURPOSE OF LOAN: SPLIT-DOLLAR LIFE INSURANCE

(D) LOAN TO OR FROM ORGANIZATION? = FROM

(E) ORIGINAL PRINCIPAL AMOUNT \$ 16,667. (F) BALANCE DUE \$ 16,739.

(G) LOAN IN DEFAULT? = NO

(H) APPROVED BY BOARD OR COMMITTEE? = YES

(I) WRITTEN AGREEMENT? = YES

(A) NAME OF PERSON: MATTHEW VAUGHAN

(B) RELATIONSHIP WITH ORGANIZATION: OFFICER

(C) PURPOSE OF LOAN: SPLIT-DOLLAR LIFE INSURANCE

(D) LOAN TO OR FROM ORGANIZATION? = FROM

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

(E) ORIGINAL PRINCIPAL AMOUNT \$ 16,667. (F) BALANCE DUE \$ 16,723.

(G) LOAN IN DEFAULT? = NO

(H) APPROVED BY BOARD OR COMMITTEE? = YES

(I) WRITTEN AGREEMENT? = YES

(A) NAME OF PERSON: MATTHEW VAUGHAN

(B) RELATIONSHIP WITH ORGANIZATION: OFFICER

(C) PURPOSE OF LOAN: SPLIT-DOLLAR LIFE INSURANCE

(D) LOAN TO OR FROM ORGANIZATION? = FROM

(E) ORIGINAL PRINCIPAL AMOUNT \$ 16,667. (F) BALANCE DUE \$ 16,712.

(G) LOAN IN DEFAULT? = NO

(H) APPROVED BY BOARD OR COMMITTEE? = YES

(I) WRITTEN AGREEMENT? = YES

(A) NAME OF PERSON: MATTHEW VAUGHAN

(B) RELATIONSHIP WITH ORGANIZATION: OFFICER

(C) PURPOSE OF LOAN: SPLIT-DOLLAR LIFE INSURANCE

(D) LOAN TO OR FROM ORGANIZATION? = FROM

(E) ORIGINAL PRINCIPAL AMOUNT \$ 16,667. (F) BALANCE DUE \$ 16,696.

(G) LOAN IN DEFAULT? = NO

(H) APPROVED BY BOARD OR COMMITTEE? = YES

(I) WRITTEN AGREEMENT? = YES

(A) NAME OF PERSON: MATTHEW VAUGHAN

(B) RELATIONSHIP WITH ORGANIZATION: OFFICER

(C) PURPOSE OF LOAN: SPLIT-DOLLAR LIFE INSURANCE

(D) LOAN TO OR FROM ORGANIZATION? = FROM

(E) ORIGINAL PRINCIPAL AMOUNT \$ 16,667. (F) BALANCE DUE \$ 16,681.

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

(G) LOAN IN DEFAULT? = NO

(H) APPROVED BY BOARD OR COMMITTEE? = YES

(I) WRITTEN AGREEMENT? = YES

(A) NAME OF PERSON: THOMAS MASON

(B) RELATIONSHIP WITH ORGANIZATION: OFFICER

(C) PURPOSE OF LOAN: SPLIT-DOLLAR LIFE INSURANCE

(D) LOAN TO OR FROM ORGANIZATION? = FROM

(E) ORIGINAL PRINCIPAL AMOUNT \$ 100,000. (F) BALANCE DUE \$ 101,231.

(G) LOAN IN DEFAULT? = NO

(H) APPROVED BY BOARD OR COMMITTEE? = YES

(I) WRITTEN AGREEMENT? = YES

(A) NAME OF PERSON: THOMAS MASON

(B) RELATIONSHIP WITH ORGANIZATION: OFFICER

(C) PURPOSE OF LOAN: SPLIT-DOLLAR LIFE INSURANCE

(D) LOAN TO OR FROM ORGANIZATION? = FROM

(E) ORIGINAL PRINCIPAL AMOUNT \$ 10,000. (F) BALANCE DUE \$ 10,089.

(G) LOAN IN DEFAULT? = NO

(H) APPROVED BY BOARD OR COMMITTEE? = YES

(I) WRITTEN AGREEMENT? = YES

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.

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

OMB No. 1545-0047

2019

Open to Public
Inspection

Name of the organization

BATTELLE MEMORIAL INSTITUTE

Employer identification number

31-4379427

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

BATTELLE MEMORIAL INSTITUTE ("BMI") IS ORGANIZED EXCLUSIVELY FOR

CHARITABLE, EDUCATIONAL AND SCIENTIFIC PURPOSES, INCLUDING THE

UTILIZATION OF SCIENCE, THE SCIENTIFIC METHOD AND RESEARCH FOR THE

BENEFIT AND EDUCATION OF MANKIND.

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

SCIENTIFIC KNOWLEDGE AND TECHNICAL SOLUTIONS IN KEY AREAS OF SCIENCE,

INCREASE THE AVAILABILITY OF CLEAN AND ABUNDANT ENERGY, RESTORE AND

PROTECT THE ENVIRONMENT, ENGAGE IN EDUCATIONAL ACTIVITIES, AND

CONTRIBUTE TO NATIONAL SECURITY.

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

A DETAILED ANALYSIS OF FORM 990 AND 990T AND FINAL COPIES OF EACH FORM ARE

PROVIDED TO EVERY MEMBER OF THE BOARD OF DIRECTORS PRIOR TO FILING. THE

AUDIT COMMITTEE OF THE BOARD OF DIRECTORS HOLDS A SPECIAL MEETING TO REVIEW

AND APPROVE THE FORMS FOR FILING. THE AUDIT COMMITTEE REPORTS ITS FINDINGS

AND CONCLUSIONS TO THE ENTIRE BOARD FOLLOWING THE COMMITTEE MEETING.

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

EACH YEAR, BMI REQUIRES ALL EMPLOYEES TO TAKE AN ONLINE TRAINING COURSE

THAT PROVIDES TRAINING ON BATTELLE'S CODE OF BUSINESS ETHICS AND CONDUCT.

BATTELLE'S CODE OF BUSINESS ETHICS AND CONDUCT INCLUDES PROVISIONS THAT SET

FORTH BATTELLE'S OBLIGATIONS AS A TAX EXEMPT ORGANIZATION AND THE

REQUIREMENTS WITH RESPECT TO PERSONAL AND ORGANIZATIONAL CONFLICTS OF

INTEREST THAT EACH EMPLOYEE IS EXPECTED TO FOLLOW. UPON COMPLETION OF THE

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

Schedule O (Form 990 or 990-EZ) (2019)

Name of the organization BATTELLE MEMORIAL INSTITUTE	Employer identification number 31-4379427
---	--

COURSE, EACH EMPLOYEE IS REQUIRED TO ELECTRONICALLY CERTIFY THAT THEY HAVE REVIEWED BATTELLE'S CODE OF BUSINESS ETHICS AND CONDUCT. BMI MAINTAINS AN ETHICS HOT LINE FOR ITS STAFF TO REPORT CONCERNS AND SUSPECTED VIOLATIONS OF BATTELLE'S POLICIES AND CODE OF BUSINESS ETHICS AND CONDUCT. REPORTED MATTERS AND CONCERNS ARE GIVEN DUE CONSIDERATION AND INVESTIGATED APPROPRIATELY.

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

COMPENSATION POLICY:

BMI HAS A COMPREHENSIVE TOTAL COMPENSATION POLICY WHICH IT APPLIES TO ALL EMPLOYEES. BMI'S POLICY IS TO COMPENSATE EACH EMPLOYEE IN A MANNER WHICH IS EQUITABLE AND CONSISTENT WITH THE MARKET VALUE OF HIS/HER POSITION, HIS/HER PERFORMANCE, AND COMPENSATION OF HIS/HER ASSOCIATES AND PEERS. THE GOAL UNDERLYING BMI'S POLICY IS TO ATTRACT, RETAIN, AND REWARD THE HIGH-QUALITY EMPLOYEES IT NEEDS TO CONTINUE AND ADVANCE ITS EXEMPT PURPOSES.

IN IMPLEMENTING ITS POLICY, BMI RIGOROUSLY UTILIZES NATIONAL, REGIONAL, AND LOCAL COMPENSATION SURVEYS AND BENCHMARKING OF OTHER ORGANIZATIONS TO ESTABLISH MARKET-COMPARABILITY OF TOTAL COMPENSATION AND TAKES GREAT CARE TO STRUCTURE COMPENSATION PROGRAMS TO COMPLY WITH ALL RELEVANT LEGAL, TAX AND REGULATORY REQUIREMENTS. WHEN CONSIDERING AND APPROVING KEY EXECUTIVE COMPENSATION, THE BMI BOARD OF DIRECTOR'S NORMAL PRACTICE IS TO FOLLOW PROCEDURES WHICH ESTABLISH A REBUTTABLE PRESUMPTION OF REASONABLENESS PURSUANT TO TREASURY REGULATION SECTION 53.4958-6.

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

BMI PROVIDES FORM 1023, APPLICATION FOR TAX EXEMPTION, ON REQUEST, FORM

Name of the organization BATTELLE MEMORIAL INSTITUTE	Employer identification number 31-4379427
---	--

1023 INCLUDES THE ARTICLES OF INCORPORATION AND THE CODE OF REGULATIONS.

THE CODE OF REGULATIONS IN FORM 1023 DOES NOT REFLECT THE CHANGES MADE ON

NOVEMBER 12, 2008. BMI MAKES FORMS 990 AND 990T AVAILABLE TO THE PUBLIC

FROM ITS WEB SITE. THE CONFLICT OF INTEREST POLICIES AND FINANCIAL

STATEMENTS ARE NOT MADE AVAILABLE TO THE PUBLIC.

FORM 990, PART IX, LINE 11G, OTHER FEES:

SUBCONTRACT & CONSULTING:

PROGRAM SERVICE EXPENSES 1,437,217,983.

MANAGEMENT AND GENERAL EXPENSES 740,011,820.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 2,177,229,803.

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 2,177,229,803.

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

CURRENCY TRANSLATION ADJUSTMENT 1,346,691.

TRANSFERS 310,724.

PENSION AND POST RETIREMENT BENEFITS 49,346,036.

NONCONTROLLING INTEREST 2,259,584.

TOTAL TO FORM 990, PART XI, LINE 9 53,263,035.

FORM 990, PART I, LINE 7A

FORM 990 IS PREPARED ON GAAP FINANCIAL ACCOUNTING BASIS AND FORM 990T

IS PREPARED ON AN INCOME TAX ACCOUNTING BASIS. THEREFORE THERE ARE BOOK

TO TAX DIFFERENCES THAT ARE RECONCILED IN THE FOLLOWING 990-T (

INCLUDING ALL THE VARIOUS SCHEDULE M) FOR THE UNRELATED BUSINESS

REVENUE TO FORM 990T, PART I, LINE 13, COLUMN A (INCLUDING THE VARIOUS

SCHEDULE M)

Name of the organization BATTELLE MEMORIAL INSTITUTE	Employer identification number 31-4379427
---	--

FORM 990 UNRELATED BUSINESS REVENUE	58,977,742
LESS INCOME TAX BASIS PARTNERSHIP INCOME	216,017
DEDUCT THE COSTS OF GOODS SOLD	52,708,151
EQUALS TOTAL ON FORM 990T & M PART I, LINE 13, COLUMN A	6,053,574

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

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

OMB No. 1545-0047

2019

Open to Public
Inspection

Name of the organization

BATTELLE MEMORIAL INSTITUTE

Employer identification number
31-4379427

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
BATTELLE NATIONAL BIODEFENSE INSTITUTE, LLC - 04-3851808, 8300 RESEARCH PLAZA, FREDERICK, MD 21702	MANAGEMENT OF NATIONAL LABORATORY	DELAWARE	42,330,166.	10,485,709.	BATTELLE MEMORIAL INSTITUTE
BATTELLE ENERGY ALLIANCE, LLC - 68-0588324 2525 N FREMONT AVE IDAHO FALLS, ID 83415	MANAGEMENT OF NATIONAL LABORATORY	DELAWARE	1,492,299,854.	6,551,694.	BATTELLE MEMORIAL INSTITUTE
BATTELLE SAVANNAH RIVER ALLIANCE LLC - 85-0942867, SAVANNAH RIVER SITE, AIKEN, SC 29808	MANAGEMENT OF NATIONAL LABORATORY	DELAWARE	0.	0.	BATTELLE MEMORIAL INSTITUTE

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
BATTELLE EDUCATION - 46-0585021 505 KING AVENUE COLUMBUS, OH 43201	PROMOTE STEM EDUCATION	OHIO	501(C)(3)	12 (A) I	BATTELLE MEMORIAL INSTITUTE		X
NATIONAL ECOLOGICAL OBSERVATORY NETWORK, INC. - 20-4510571, 1685 38TH ST. SUITE 100, BOULDER, CO 80301	ECOLOGICAL MONITORING	DISTRICT OF COLUMBIA	501(C)(3)	7	BATTELLE MEMORIAL INSTITUTE		X

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

Schedule R (Form 990) 2019

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
BATTLE ARABIA FOR SCIENCE & TECHNOLOGY AL-AKARIA PLAZA, LEVEL 6, NORTH WING, GATE D, RIYADH, SAUDI ARABIA 11673	SCIENTIFIC RESEARCH (DORMANT)	SAUDI ARABIA	BATTLE MEMORIAL INSTITUTE	C CORP	0.	0.	100%	X	X
BATTLE LABORATORY MANAGEMENT SERVICES LLC - 82-5131944, 505 KING AVENUE, COLUMBUS, OH 43201	LAB MANAGEMENT (DORMANT)	DE	BATTLE MEMORIAL INSTITUTE	C CORP	0.	0.	100%	X	X
BATTLE OKLAHOMA LLC - 20-0292062 505 KING AVENUE COLUMBUS, OH 43201	REAL ESTATE ACTIVITIES	OK	BATTLE MEMORIAL INSTITUTE	C CORP	0.	0.	100%	X	X
BATTLE SERVICES COMPANY INC. - 31-1792334 505 KING AVENUE COLUMBUS, OH 43201	EMPLOYEE LEASING	OH	BATTLE MEMORIAL INSTITUTE	C CORP	198.	3,310,643.	100%	X	X
BATTLE UK LIMITED 29 SPRINGFIELD LYONS APPROACH CHELMSFORD ESSEX, UNITED KINGDOM CM2 5LB	SCIENTIFIC RESEARCH	UNITED KINGDOM	BATTLE MEMORIAL INSTITUTE	C CORP	12,838,124.	14,679,465.	100%	X	X

Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
B-C, JV LLC - 47-1470805 1204 TECHNOLOGY DRIVE ABERDEEN, MD 21004	SCIENTIFIC RESEARCH (DORMANT)	MD	BATTELLE MEMORIAL INSTITUTE	C CORP	0.	0.	70.00%	X	
GEOSAFE AUSTRALIA PTY. LIMITED LEVEL 14, 140 ST GEORGES TERRACE PERTH, AUSTRALIA WA 6000	HAZARDOUS WASTE REMEDIATION (DORMANT)	AUSTRALIA	GEOSAFE CORPORATION	C CORP	0.	0.	100%	X	
GEOSAFE CORPORATION - 91-1404268 505 KING AVENUE COLUMBUS, OH 43201	WASTE CLEANUP	WA	BATTELLE MEMORIAL INSTITUTE	C CORP	8,719.	495,861.	100%	X	
RESEARCH INSURANCE COMPANY LTD 73 FRONT STREET, 3RD FLOOR HAMILTON, BERMUDA	INSURING BATTELLE RISKS	BERMUDA	BATTELLE MEMORIAL INSTITUTE	C CORP	16,494,329.	121,342,203.	100%	X	
SCIENTIFIC ADVANCES INC. - 31-6024333 505 KING AVENUE COLUMBUS, OH 43201	VENTURE CAPITAL MANAGEMENT	OH	BATTELLE MEMORIAL INSTITUTE	C CORP	0.	107,064.	100%	X	
SEEBYTE INC. - 98-0563142 2240 SHELTER ISLAND DRIVE SUITE 210 SAN DIEGO, CA 92106	SOFTWARE DEVELOPMENT	DE	BATTELLE MEMORIAL INSTITUTE	C CORP	1,558,946.	1,701,985.	100%	X	
SEEBYTE HOLDINGS LTD - 98-1140866 16 CHARLOTTE SQUARE EDINBURGH, UNITED KINGDOM	HOLDING COMPANY	UNITED KINGDOM	BATTELLE MEMORIAL INSTITUTE	C CORP	9,215,335.	28,840,595.	100%	X	
VITEX SYSTEMS INC. - 77-0526364 505 KING AVENUE COLUMBUS, OH 43201	LICENSING COMPANY	DE	BATTELLE MEMORIAL INSTITUTE	C CORP	44,900.	519,082.	100%	X	

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

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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) BATTELLE SERVICES COMPANY - SPECIFIED PAYMENT	A	16,798. FMV	
(2) GEOSAFE CORPORATION - SPECIFIED PAYMENT	A	172,352. FMV	
(3) BATTELLE UK LIMITED	L	228,881. FMV	
(4) BATTELLE UK LIMITED	M	224,817. FMV	
(5)			
(6)			

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 sections 512-514)	(e) Are all partners sec. 501(c)(3) orgs.?		(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
BROOKHAVEN SCIENCE ASSOCIATES, LLC - 11-3403915, P.O. BOX 5000, UPTON, NY 11973	MANAGEMENT OF NATIONAL LABORATORY	DELAWARE	RELATED	X		2,543,729.	3,331,458.	X		0.		X	50.00%
UT-BATTELLE, LLC - 62-1788235 1 BETHEL VALLEY ROAD BLDG 4500N, MS 6261, RM K-250, OAK RIDGE, TN 37831	MANAGEMENT OF NATIONAL LABORATORY	TENNESSEE	RELATED	X		5,258,202.	5,276,561.	X		0.		X	50.00%
TRIAD NATIONAL SECURITY LLC - 82-3291283, BIKINI ATOLL RD SM 30, LOS ALAMOS, NM 87545	MANAGEMENT OF NATIONAL LABORATORY	NEW MEXICO	RELATED	X		10,757,856.	10,942,281.	X		0.		X	42.61%

Part VII Supplemental Information

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

SCHEDULE R, PART V

BMI RELATED ENTITIES PROVIDED CONTRACT SCIENTIFIC RESEARCH AND DEVELOPMENT AND TECHNICAL SERVICES IN THE ORDINARY COURSE OF BUSINESS UNDER ARMS-LENGTH TERMS, CONDITIONS, AND PRICING. SERVICES TO BMI AND BMI'S SWITZERLAND AND UNITED KINGDOM AFFILIATES WERE PROVIDED UNDER ARMS-LENGTH TERMS AND AT PRICING WHICH COMPLIED WITH THE INTER-COMPANY TRANSFER PRICING RULES OF SWITZERLAND, UNITED KINGDOM, AND THE UNITED STATES. BMI ENGAGED IN TRANSACTIONS WITH RELATED ENTITIES SUCH AS: THE FURNISHING OF GOODS, SERVICES OR FACILITIES. ALL TRANSACTIONS WITH TAXABLE RELATED ENTITIES WERE CONDUCTED AT FAIR MARKET VALUE RATES AND ARE IN ACCORDANCE WITH INTERNAL REVENUE CODE SECTION 482 AND OTHER APPLICABLE INTER-COMPANY TRANSFER PRICING RULES. THESE TRANSACTIONS HAVE BEEN APPROVED AND DOCUMENTED AND CONDUCTED IN THE ORDINARY COURSE OF BUSINESS.

SCHEDULE R, PART VI

BMI IS REQUIRED TO CONSOLIDATE BROOKHAVEN SCIENCE ASSOCIATES, LLC, TRIAD NATIONAL SECURITY, LLC, AND UT-BATTELLE, LLC FOR FINANCIAL ACCOUNTING PURPOSES AND ACCORDINGLY, THEIR FINANCIAL ATTRIBUTES ARE REFLECTED IN THE REVENUES AND EXPENSES AND OTHER FINANCIAL INFORMATION IN THIS FORM AND RELATED SCHEDULES.

SCHEDULE R, PART V, LINE 1M AND 1N

BMI SHARES EMPLOYEES, FACILITIES, AND EQUIPMENT WITH BATTELLE EDUCATION.

EXTENDED TO AUGUST 16, 2021
Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

2019

For calendar year 2019 or other tax year beginning OCT 1, 2019, and ending SEP 30, 2020

▶ 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).

Department of the Treasury
Internal Revenue Service

Open to Public Inspection for
501(c)(3) Organizations Only

<p>A <input type="checkbox"/> Check box if address changed</p> <p>B Exempt under section <input checked="" type="checkbox"/> 501(c)(3)) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)</p>	Print or Type	<p>Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) BATTELLE MEMORIAL INSTITUTE</p> <p>Number, street, and room or suite no. If a P.O. box, see instructions. 505 KING AVENUE</p> <p>City or town, state or province, country, and ZIP or foreign postal code COLUMBUS, OH 43201-2693</p>	<p>D Employer identification number (Employees' trust, see instructions.) 31-4379427</p> <p>E Unrelated business activity code (See instructions.) 541700</p>
--	----------------------	---	---

<p>C Book value of all assets at end of year <u>1,336,035,166.</u></p>	<p>F Group exemption number (See instructions.) ▶</p>	<p>G Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust</p>
--	--	---

H Enter the number of the organization's unrelated trades or businesses. ▶ 5 Describe the only (or first) unrelated trade or business here ▶ **COMMERCIAL/UNRELATED SERVICES**. If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V.

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ Yes No
 If "Yes," enter the name and identifying number of the parent corporation. ▶

J The books are in care of ▶ **EDWARD GRECCO** Telephone number ▶ **614-424-7997**

Part I Unrelated Trade or Business Income		(A) Income		(B) Expenses		(C) Net	
1 a Gross receipts or sales <u>55,622,028.</u>							
b Less returns and allowances	c Balance	1c	55,622,028.				
2 Cost of goods sold (Schedule A, line 7)		2	50,467,801.				
3 Gross profit. Subtract line 2 from line 1c		3	5,154,227.			5,154,227.	
4 a Capital gain net income (attach Schedule D)		4a					
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)		4b					
c Capital loss deduction for trusts		4c					
5 Income (loss) from a partnership or an S corporation (attach statement)		5					
6 Rent income (Schedule C)		6					
7 Unrelated debt-financed income (Schedule E)		7					
8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F)		8					
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)		9					
10 Exploited exempt activity income (Schedule I)		10					
11 Advertising income (Schedule J)		11					
12 Other income (See instructions; attach schedule)		12					
13 Total. Combine lines 3 through 12		13	5,154,227.			5,154,227.	

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.)
 (Deductions must be directly connected with the unrelated business income.)

14 Compensation of officers, directors, and trustees (Schedule K)	14		
15 Salaries and wages	15		
16 Repairs and maintenance	16		
17 Bad debts	17		
18 Interest (attach schedule) (see instructions)	18	SEE STATEMENT 1	168,493.
19 Taxes and licenses	19		508,304.
20 Depreciation (attach Form 4562)	20	580,405.	
21 Less depreciation claimed on Schedule A and elsewhere on return	21a		580,405.
22 Depletion	22		
23 Contributions to deferred compensation plans	23		
24 Employee benefit programs	24		
25 Excess exempt expenses (Schedule I)	25		
26 Excess readership costs (Schedule J)	26		
27 Other deductions (attach schedule)	27	SEE STATEMENT 2	394,957.
28 Total deductions. Add lines 14 through 27	28		1,652,159.
29 Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13	29		3,502,068.
30 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	30		0.
31 Unrelated business taxable income. Subtract line 30 from line 29	31		3,502,068.

Part III Total Unrelated Business Taxable Income

32	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	32	4,209,928.
33	Amounts paid for disallowed fringes	33	
34	Charitable contributions (see instructions for limitation rules) STMT 4 STMT 5	34	420,893.
35	Total unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line 34 from the sum of lines 32 and 33	35	3,789,035.
36	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	36	
37	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	37	3,789,035.
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38	1,000.
39	Unrelated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37, enter the smaller of zero or line 37	39	3,788,035.

Part IV Tax Computation

40	Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21)	40	795,487.
41	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	41	
42	Proxy tax. See instructions	42	
43	Alternative minimum tax (trusts only)	43	
44	Tax on Noncompliant Facility Income. See instructions	44	
45	Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45	795,487.

Part V Tax and Payments

46a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	46a	
b	Other credits (see instructions)	46b	
c	General business credit. Attach Form 3800	46c	1,169.
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	46d	
e	Total credits. Add lines 46a through 46d	46e	1,169.
47	Subtract line 46e from line 45	47	794,318.
48	Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	48	
49	Total tax. Add lines 47 and 48 (see instructions)	49	794,318.
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50	0.
51a	Payments: A 2018 overpayment credited to 2019	51a	2,358.
b	2019 estimated tax payments	51b	950,000.
c	Tax deposited with Form 8868	51c	500,000.
d	Foreign organizations: Tax paid or withheld at source (see instructions)	51d	
e	Backup withholding (see instructions)	51e	262.
f	Credit for small employer health insurance premiums (attach Form 8941)	51f	
g	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total	51g	
52	Total payments. Add lines 51a through 51g	52	1,452,620.
53	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	53	
54	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54	
55	Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	55	658,302.
56	Enter the amount of line 55 you want: Credited to 2020 estimated tax 658,302. Refunded	56	0.

Part VI Statements Regarding Certain Activities and Other Information (see instructions)

57	At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here SEE STATEMENT 3	Yes	No
58	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
59	Enter the amount of tax-exempt interest received or accrued during the tax year \$		

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

Sign Here
 Signature of officer: *[Signature]* Date: 8-3-21 Title: ASST TREASURER
 May the IRS discuss this return with the preparer shown below (see instructions)? Yes No

Paid Preparer Use Only
 Print/Type preparer's name: _____ Preparer's signature: _____ Date: _____ Check if self-employed PTIN: _____
 Firm's name: _____ Firm's EIN: _____
 Firm's address: _____ Phone no.: _____

Schedule A - Cost of Goods Sold. Enter method of inventory valuation ▶ N/A							
1	Inventory at beginning of year	1	0.	6	Inventory at end of year	6	0.
2	Purchases	2		7	Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7	50,467,801.
3	Cost of labor	3		8	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
4a	Additional section 263A costs (attach schedule)	4a				X	
b	Other costs (attach schedule) **	4b	50,467,801.				
5	Total. Add lines 1 through 4b	5	50,467,801.				

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1. Description of property			
(1)			
(2)			
(3)			
(4)			
2. Rent received or accrued		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)	
(a) 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)		
(1)			
(2)			
(3)			
(4)			
Total	0.	Total	0.
(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A)		(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	
0.		0.	

Schedule E - Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property		2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals			Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
Total dividends-received deductions included in column 8			0.	0.

** SEE STATEMENT 6

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments 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)					

Nonexempt Controlled Organizations

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	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 page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).
Totals			0.	0.

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
		Enter here and on page 1, Part I, line 9, column (A).		Enter here and on page 1, Part I, line 9, column (B).
Totals		0.		0.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
	Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).				Enter here and on page 1, Part II, line 25.
Totals	0.	0.				0.

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))	0.	0.				0.

Part II **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I	0.	0.				0.
Totals, Part II (lines 1-5)	0.	0.				0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			0.

FORM 990-T	INTEREST PAID	STATEMENT 1
DESCRIPTION		AMOUNT
INTEREST EXPENSE		168,493.
TOTAL TO FORM 990-T, PAGE 1, LINE 18		168,493.

FORM 990-T	OTHER DEDUCTIONS	STATEMENT 2
DESCRIPTION		AMOUNT
CORPORATE AND DIVISIONAL OVERHEAD		394,957.
TOTAL TO FORM 990-T, PAGE 1, LINE 27		394,957.

FORM 990-T	NAME OF FOREIGN COUNTRY IN WHICH ORGANIZATION HAS FINANCIAL INTEREST	STATEMENT 3
NAME OF COUNTRY		
SWITZERLAND		
UNITED KINGDOM		

FORM 990-T	CONTRIBUTIONS	STATEMENT 4
DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT
50% CASH ONLY	N/A	295,381.
TOTAL TO FORM 990-T, PAGE 2, LINE 34		295,381.

FORM 990-T

CONTRIBUTIONS SUMMARY

STATEMENT 5

QUALIFIED CONTRIBUTIONS SUBJECT TO 100% LIMIT
 QUALIFIED CONTRIBUTIONS SUBJECT TO 25% LIMIT

CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS
 FOR TAX YEAR 2014
 FOR TAX YEAR 2015
 FOR TAX YEAR 2016
 FOR TAX YEAR 2017
 FOR TAX YEAR 2018 312,647

TOTAL CARRYOVER 312,647
 TOTAL CURRENT YEAR 10% CONTRIBUTIONS 295,381

TOTAL CONTRIBUTIONS AVAILABLE 608,028
 TAXABLE INCOME LIMITATION AS ADJUSTED 420,893

EXCESS CONTRIBUTIONS 187,135
 EXCESS 100% CONTRIBUTIONS 0
 TOTAL EXCESS CONTRIBUTIONS 187,135

ALLOWABLE CONTRIBUTIONS DEDUCTION 420,893

TOTAL CONTRIBUTION DEDUCTION 420,893

FORM 990-T

COST OF GOODS SOLD - OTHER COSTS

STATEMENT 6

DESCRIPTION

AMOUNT

COST OF SALES FOR COMMERCIAL/UNRELATED SERVICES

50,467,801.

TOTAL TO FORM 990-T, SCHEDULE A, LINE 4B

50,467,801.

**SCHEDULE M
(Form 990-T)**

**Unrelated Business Taxable Income from an
Unrelated Trade or Business**

ENTITY

2

OMB No. 1545-0047

2019

For calendar year 2019 or other tax year beginning OCT 1, 2019, and ending SEP 30, 2020.

▶ **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) Organizations Only

Department of the Treasury
Internal Revenue Service

Name of the organization BATTELLE MEMORIAL INSTITUTE Employer identification number 31-4379427

Unrelated Business Activity Code (see instructions) ▶ 339110

Describe the unrelated trade or business ▶ MANUFACTURING

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales	<u>3,166,564.</u>			
b Less returns and allowances				
c Balance ▶		1c <u>3,166,564.</u>		
2 Cost of goods sold (Schedule A, line 7)		2 <u>2,240,350.</u>		
3 Gross profit. Subtract line 2 from line 1c		3 <u>926,214.</u>		<u>926,214.</u>
4 a Capital gain net income (attach Schedule D)		4a		
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)		4b		
c Capital loss deduction for trusts		4c		
5 Income (loss) from a partnership or an S corporation (attach statement)		5		
6 Rent income (Schedule C)		6		
7 Unrelated debt-financed income (Schedule E)		7		
8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F)		8		
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)		9		
10 Exploited exempt activity income (Schedule I)		10		
11 Advertising income (Schedule J)		11		
12 Other income (See instructions; attach schedule)		12		
13 Total. Combine lines 3 through 12		13 <u>926,214.</u>		<u>926,214.</u>

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Deductions must be directly connected with the unrelated business income.)

14 Compensation of officers, directors, and trustees (Schedule K)		14	
15 Salaries and wages		15	
16 Repairs and maintenance		16	
17 Bad debts		17	
18 Interest (attach schedule) (see instructions)	<u>SEE STATEMENT 7</u>	18	<u>30,278.</u>
19 Taxes and licenses		19	<u>91,342.</u>
20 Depreciation (attach Form 4562)	<u>104,299.</u>	20	
21 Less depreciation claimed on Schedule A and elsewhere on return		21a	<u>104,299.</u>
22 Depletion		22	
23 Contributions to deferred compensation plans		23	
24 Employee benefit programs		24	
25 Excess exempt expenses (Schedule I)		25	
26 Excess readership costs (Schedule J)		26	
27 Other deductions (attach schedule)	<u>SEE STATEMENT 8</u>	27	<u>70,974.</u>
28 Total deductions. Add lines 14 through 27		28	<u>296,893.</u>
29 Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13		29	<u>629,321.</u>
30 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)		30	<u>0.</u>
31 Unrelated business taxable income. Subtract line 30 from line 29		31	<u>629,321.</u>

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2019

FORM 990-T (M)

INTEREST PAID

STATEMENT 7

DESCRIPTION

AMOUNT

INTEREST EXPENSE

30,278.

TOTAL TO SCHEDULE M, PART II, LINE 18

30,278.

FORM 990-T (M)

OTHER DEDUCTIONS

STATEMENT 8

DESCRIPTION

AMOUNT

CORPORATE AND DIVISIONAL OVERHEAD

70,974.

TOTAL TO SCHEDULE M, PART II, LINE 27

70,974.

BATTELLE MEMORIAL INSTITUTE

31-4379427

Schedule A - Cost of Goods Sold. Enter method of inventory valuation ▶ N/A									
1	Inventory at beginning of year	1							
2	Purchases	2							
3	Cost of labor	3							
4a	Additional section 263A costs (attach schedule)	4a							
b	Other costs (attach schedule) **	4b	2,240,350.						
5	Total. Add lines 1 through 4b	5	2,240,350.						
6	Inventory at end of year	6							
7	Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7	2,240,350.						
8	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		<table border="1"> <tr> <th>Yes</th> <th>No</th> </tr> <tr> <td></td> <td></td> </tr> <tr> <td>X</td> <td></td> </tr> </table>	Yes	No			X	
Yes	No								
X									

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

2. Rent received or accrued			3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(a) 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)		
(1)			
(2)			
(3)			
(4)			
Total		0.	Total 0.
(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A)			(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)
			0.

Schedule E - Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property		
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)	
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals			Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
			0.	0.
Total dividends-received deductions included in column 8				0.

** SEE STATEMENT 10

FORM 990-T (M)

COST OF GOODS SOLD - OTHER COSTS

STATEMENT 9

DESCRIPTION

AMOUNT

COSTS OF SALES FOR MANUFACTURING

2,240,350.

TOTAL TO FORM 990-T, SCHEDULE A, LINE 4B

2,240,350.

**SCHEDULE M
(Form 990-T)**

**Unrelated Business Taxable Income from an
Unrelated Trade or Business**

ENTITY

3

OMB No. 1545-0047

2019

For calendar year 2019 or other tax year beginning OCT 1, 2019, and ending SEP 30, 2020.

▶ **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) Organizations Only

Department of the Treasury
Internal Revenue Service

Name of the organization BATTELLE MEMORIAL INSTITUTE Employer identification number 31-4379427

Unrelated Business Activity Code (see instructions) ▶ 900099

Describe the unrelated trade or business ▶ QUALIFYING PARTNERSHIP INTEREST

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales				
b Less returns and allowances	c Balance ▶	1c		
2 Cost of goods sold (Schedule A, line 7)		2		
3 Gross profit. Subtract line 2 from line 1c		3		
4 a Capital gain net income (attach Schedule D)		4a		
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)		4b		
c Capital loss deduction for trusts		4c		
5 Income (loss) from a partnership or an S corporation (attach statement) <u>STATEMENT 9</u>		5 -216,017.		-216,017.
6 Rent income (Schedule C)		6		
7 Unrelated debt-financed income (Schedule E)		7		
8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F)		8		
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)		9		
10 Exploited exempt activity income (Schedule I)		10		
11 Advertising income (Schedule J)		11		
12 Other income (See instructions; attach schedule)		12		
13 Total. Combine lines 3 through 12		13 -216,017.		-216,017.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Deductions must be directly connected with the unrelated business income.)

14 Compensation of officers, directors, and trustees (Schedule K)		14		
15 Salaries and wages		15		
16 Repairs and maintenance		16		
17 Bad debts		17		
18 Interest (attach schedule) (see instructions)		18		
19 Taxes and licenses		19		
20 Depreciation (attach Form 4562)	20			
21 Less depreciation claimed on Schedule A and elsewhere on return	21a			
22 Depletion		22		
23 Contributions to deferred compensation plans		23		
24 Employee benefit programs		24		
25 Excess exempt expenses (Schedule I)		25		
26 Excess readership costs (Schedule J)		26		
27 Other deductions (attach schedule)		27		
28 Total deductions. Add lines 14 through 27		28		0.
29 Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13		29		-216,017.
30 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)		30		0.
31 Unrelated business taxable income. Subtract line 30 from line 29		31		-216,017.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2019

FORM 990-T (M)

INCOME (LOSS) FROM PARTNERSHIPS

STATEMENT 10

DESCRIPTION	NET INCOME OR (LOSS)
ALLIANCE BERNSTEIN HOLDING L.P. - ORDINARY BUSINESS INCOME (LOSS)	21,373.
AMERIGAS PARTNERS, L.P. - ORDINARY BUSINESS INCOME (LOSS)	-2,660.
BLUE POINT CAPITAL PARTNERS III, L.P. - ORDINARY BUSINESS INCOME (LOSS)	-148,076.
GS CAPITAL PARTNERS VI PARALLEL, L.P. - ORDINARY BUSINESS INCOME (LOSS)	-1.
MAGELLAN MIDSTREAM PARTNERS, L.P. - ORDINARY BUSINESS INCOME (LOSS)	-24,766.
ALIEN TECHNOLOGY, INC. - ORDINARY BUSINESS INCOME (LOSS)	-3.
CEDAR FAIR, L.P. - ORDINARY BUSINESS INCOME (LOSS)	-6,936.
ENTERPRISE PRODUCTS PARTNERS, L.P. - ORDINARY BUSINESS INCOME (LOSS)	-54,948.
TOTAL INCLUDED ON SCHEDULE M, PART I, LINE 5	-216,017.

**SCHEDULE M
(Form 990-T)**

**Unrelated Business Taxable Income from an
Unrelated Trade or Business**

ENTITY

4

OMB No. 1545-0047

2019

For calendar year 2019 or other tax year beginning OCT 1, 2019, and ending SEP 30, 2020.

▶ **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) Organizations Only

Department of the Treasury
Internal Revenue Service

Name of the organization BATTELLE MEMORIAL INSTITUTE Employer identification number 31-4379427

Unrelated Business Activity Code (see instructions) ▶ 900003

Describe the unrelated trade or business ▶ SPECIFIED PAYMENTS FROM CONTROLLED ENTITY (BSCI)

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales				
b Less returns and allowances	c Balance ▶	1c		
2 Cost of goods sold (Schedule A, line 7)		2		
3 Gross profit. Subtract line 2 from line 1c		3		
4 a Capital gain net income (attach Schedule D)		4a		
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)		4b		
c Capital loss deduction for trusts		4c		
5 Income (loss) from a partnership or an S corporation (attach statement)		5		
6 Rent income (Schedule C)		6		
7 Unrelated debt-financed income (Schedule E)		7		
8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F)		8 16,798.	9,728.	7,070.
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)		9		
10 Exploited exempt activity income (Schedule I)		10		
11 Advertising income (Schedule J)		11		
12 Other income (See instructions; attach schedule)		12		
13 Total. Combine lines 3 through 12		13 16,798.	9,728.	7,070.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Deductions must be directly connected with the unrelated business income.)

14 Compensation of officers, directors, and trustees (Schedule K)		14		
15 Salaries and wages		15		
16 Repairs and maintenance		16		
17 Bad debts		17		
18 Interest (attach schedule) (see instructions)		18		
19 Taxes and licenses		19		
20 Depreciation (attach Form 4562)		20		
21 Less depreciation claimed on Schedule A and elsewhere on return		21a		21b
22 Depletion		22		
23 Contributions to deferred compensation plans		23		
24 Employee benefit programs		24		
25 Excess exempt expenses (Schedule I)		25		
26 Excess readership costs (Schedule J)		26		
27 Other deductions (attach schedule)		27		
28 Total deductions. Add lines 14 through 27		28		0.
29 Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13		29		7,070.
30 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)		30		0.
31 Unrelated business taxable income. Subtract line 30 from line 29		31		7,070.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2019

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments 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) BATTELLE SERVICE					
(2) CORPORATION INC	31-1792334				
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	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)				STATEMENT 11
(2) -321,324.	7,070.	16,798.	16,798.	9,728.
(3)				
(4)				
Totals			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).
			16,798.	9,728.

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
Totals		Enter here and on page 1, Part I, line 9, column (A).		Enter here and on page 1, Part I, line 9, column (B).

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals		Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).			Enter here and on page 1, Part II, line 25.

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))						

FORM 990-T (M) SCHEDULE F - DEDUCTIONS OF CONTROLLED STATEMENT 11
ORGANIZATIONS DIRECTLY CONNECTED WITH
COLUMN 10 INCOME

<u>DESCRIPTION</u>	<u>ACTIVITY NUMBER</u>	<u>AMOUNT</u>	<u>TOTAL</u>
INTEREST EXPENSE		9,728.	
- SUBTOTAL -	4		9,728.
TOTAL OF FORM 990-T, SCHEDULE F, COLUMN 11			9,728.

**SCHEDULE M
(Form 990-T)**

**Unrelated Business Taxable Income from an
Unrelated Trade or Business**

ENTITY

5

OMB No. 1545-0047

2019

For calendar year 2019 or other tax year beginning OCT 1, 2019, and ending SEP 30, 2020.

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) Organizations Only

Department of the Treasury
Internal Revenue Service

Name of the organization: **BATTELLE MEMORIAL INSTITUTE**
Employer identification number: **31-43 79427**

Unrelated Business Activity Code (see instructions): **9 000 0 3**

Describe the unrelated trade or business: **SPECIFIED PAYMENTS FROM CONTROLLED ENTITY (GEOSAFE)**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales				
b Less returns and allowances	c Balance	1c		
2 Cost of goods sold (Schedule A, line 7)		2		
3 Gross profit. Subtract line 2 from line 1c		3		
4 a Capital gain net income (attach Schedule D)		4a		
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)		4b		
c Capital loss deduction for trusts		4c		
5 Income (loss) from a partnership or an S corporation (attach statement)		5		
6 Rent income (Schedule C)		6		
7 Unrelated debt-financed income (Schedule E)		7		
8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F)		8	1 72 , 3 5 2 .	1 00 , 8 8 3 .
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)		9		
10 Exploited exempt activity income (Schedule I)		10		
11 Advertising income (Schedule J)		11		
12 Other income (See instructions; attach schedule)		12		
13 Total. Combine lines 3 through 12		13	1 72 , 3 5 2 .	1 00 , 8 8 3 .

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Deductions must be directly connected with the unrelated business income.)

14 Compensation of officers, directors, and trustees (Schedule K)		14		
15 Salaries and wages		15		
16 Repairs and maintenance		16		
17 Bad debts		17		
18 Interest (attach schedule) (see instructions)		18		
19 Taxes and licenses		19		
20 Depreciation (attach Form 4562)	20			
21 Less depreciation claimed on Schedule A and elsewhere on return	21a			
22 Depletion		22		
23 Contributions to deferred compensation plans		23		
24 Employee benefit programs		24		
25 Excess exempt expenses (Schedule I)		25		
26 Excess readership costs (Schedule J)		26		
27 Other deductions (attach schedule)		27		
28 Total deductions. Add lines 14 through 27		28		0 .
29 Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13		29		7 1 , 4 6 9 .
30 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)		30		0 .
31 Unrelated business taxable income. Subtract line 30 from line 29		31		7 1 , 4 6 9 .

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2019

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments 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) G E O S A F E C O R P O R A T I O N	9 1 - 1 4 0 4 2	6 8			
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	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) - 1 , 1 2 8 .	7 1 , 4 6 9 .	1 7 2 , 3 5 2 .	1 7 2 , 3 5 2 .	1 0 0 , 8 8 3 .
(2)				
(3)				
(4)				
Totals			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).
			1 7 2 , 3 5 2 .	1 0 0 , 8 8 3 .

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
Totals		Enter here and on page 1, Part I, line 9, column (A).		Enter here and on page 1, Part I, line 9, column (B).

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals		Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).			Enter here and on page 1, Part II, line 25.

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))						

FORM 990-T (M) SCHEDULE F - DEDUCTIONS OF CONTROLLED STATEMENT 12
ORGANIZATIONS DIRECTLY CONNECTED WITH
COLUMN 10 INCOME

<u>DESCRIPTION</u>	<u>ACTIVITY NUMBER</u>	<u>AMOUNT</u>	<u>TOTAL</u>
INTEREST EXPENSE		100,883.	
- SUBTOTAL -	5		100,883.
TOTAL OF FORM 990-T, SCHEDULE F, COLUMN 11			100,883.

Battelle Memorial Institute

EIN: 31-4379427

Tax Year 2019 (October 1, 2019 to September 30, 2020)

Schedule A - Costs of Goods Sold Line 4b

	UBI Research Project Revenue	Cost of Goods Sold/Direct Expenses	UBI Gross Profit
Battelle Columbus Division	29,941,632	(24,284,639)	5,656,993
Pacific Northwest Division	5,389,579	(4,966,131)	423,448
UT-Battelle, LLC	8,852,036	(8,852,036)	0
Brookhaven Science Associates, LLC	5,949,181	(5,949,181)	0
Battelle Energy Alliance, LLC	5,257,422	(5,257,422)	0
Triad, LLC	3,398,742	(3,398,742)	0
Battelle National Biodefense Institute, LLC	0		0
Total - Battelle Memorial Institute	<u>58,788,592</u>	<u>(52,708,151)</u>	<u>6,080,441</u>

**SCHEDULE O
(Form 1120)**

(Rev. December 2018)
Department of the Treasury
Internal Revenue Service

**Consent Plan and Apportionment Schedule
for a Controlled Group**

▶ **Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-L, 1120-PC, 1120-RE IT, or 1120-RIC.**
▶ **Go to www.irs.gov/Form1120 for instructions and the latest information.**

OMB No. 1545-0123

Name BATT E L L E M E M O R I A L I N S T I T U T E	Employer identification number 31 - 437 942 7
--	--

Part I Apportionment Plan Information

1 Type of controlled group:

- a Parent-subsidiary group
- b Brother-sister group
- c Combined group
- d Life insurance companies only

2 This corporation has been a member of this group:

- a For the entire year.
- b From _____, until _____.

3 This corporation consents and represents to:

- a Adopt an apportionment plan. All the other members of this group are adopting an apportionment plan effective for the current tax year which ends on _____, and for all succeeding tax years.
- b Amend the current apportionment plan. All the other members of this group are currently amending a previously adopted plan, which was in effect for the tax year ending DECEMBER 31, 2019, and for all succeeding tax years.
- c Terminate the current apportionment plan and not adopt a new plan. All the other members of this group are not adopting an apportionment plan.
- d Terminate the current apportionment plan and adopt a new plan. All the other members of this group are adopting an apportionment plan effective for the current tax year which ends on _____, and for all succeeding tax years.

4 If you checked box 3c or 3d above, check the applicable box below to indicate if the termination of the current apportionment plan was:

- a Elected by the component members of the group.
- b Required for the component members of the group.

5 If you did not check a box on line 3 above, check the applicable box below concerning the status of the group's apportionment plan (see instructions).

- a No apportionment plan is in effect and none is being adopted.
- b An apportionment plan is already in effect. It was adopted for the tax year ending _____, and for all succeeding tax years.

6 If all the members of this group are adopting a plan or amending the current plan for a tax year after the due date (including extensions) of the tax return for this corporation, is there at least one year remaining on the statute of limitations from the date this corporation filed its amended return for such tax year for assessing any resulting deficiency? See instructions. **N/A**

- a Yes.
 - (i) The statute of limitations for this year will expire on _____.
 - (ii) On _____, this corporation entered into an agreement with the Internal Revenue Service to extend the statute of limitations for purposes of assessment until _____.
- b No. The members may not adopt or amend an apportionment plan.

7 If the corporation has a short tax year that does not include December 31, check the box. See instructions.

Part II Apportionment (See instructions)

	(a) Group member's name and employer identification number	(b) Tax year end (Yr/Mo)	Apportionment		
			(c) Accumulated earnings credit	(d) Penalty for failure to pay estimated tax	(e) Other
1	BATTELLE MEMORIAL INSTITUTE	20-09	31-4379427		
2	BATTELLE OKLAHOMA, LLC	20-09	20-0292062		
3	BATTELLE SERVICES COMPANY, INC.	20-09	31-1792334		
4	GEOSAFE CORPORATION	20-09	91-1404268		
5	SCIENTIFIC ADVANCES, INC.	20-09	31-6024333		
6	VITEX SYSTEMS, INC.	19-12	77-0526364		
7	SEEBYTE, INC.	20-09	98-0563142		
8	BATTELLE EDUCATION	20-09	46-0585021		
9	NATIONAL ECOLOGICAL OBSERVATORY NETWORK INC.	20-09	20-4510571		
10					
Total					

Schedule O (Form 1120) (Rev. 12-2018)

General Business Credit

▶ Go to www.irs.gov/Form3800 for instructions and the latest information.
 ▶ You must attach all pages of Form 3800, pages 1, 2, and 3, to your tax return.

BATTELLE MEMORIAL INSTITUTE

Identifying number

31-4379427

Part I Current Year Credit for Credits Not Allowed Against Tentative Minimum Tax (TMT)
 (See instructions and complete Part(s) III before Parts I and II.)

1	General business credit from line 2 of all Parts III with box A checked	1	
2	Passive activity credits from line 2 of all Parts III with box B checked	2	
3	Enter the applicable passive activity credits allowed for 2019. See instructions	3	
4	Carryforward of general business credit to 2019. Enter the amount from line 2 of Part III with box C checked. See instructions for statement to attach	4	
5	Carryback of general business credit from 2020. Enter the amount from line 2 of Part III with box D checked	5	
6	Add lines 1, 3, 4, and 5	6	

Part II Allowable Credit

7	Regular tax before credits: <ul style="list-style-type: none"> Individuals Enter the sum of the amounts from Form 1040 or 1040-SR, line 12a, and Schedule 2 (Form 1040 or 1040-SR), line 2, or the sum of the amounts from Form 1040-NR, lines 42 and 44 Corporations Enter the amount from Form 120, Schedule J, Part I, line 2; or the applicable line of your return Estates and trusts. Enter the sum of the amounts from Form 1041, Schedule G, lines 1a and 1b; or the amount from the applicable line of your return 	7	795,487.
8	Alternative minimum tax: <ul style="list-style-type: none"> Individuals Enter the amount from Form 6251, line 11 Corporations Enter -0- Estates and trusts. Enter the amount from Schedule I (Form 1041), line 54 	8	0.
9	Add lines 7 and 8	9	795,487.
10a	Foreign tax credit	10a	
b	Certain allowable credits (see instructions)	10b	
c	Add lines 10a and 10b	10c	
11	Net income tax. Subtract line 10c from line 9. If zero, skip lines 12 through 15 and enter -0- on line 16	11	795,487.
12	Net regular tax. Subtract line 10c from line 7. If zero or less, enter -0-	12	795,487.
13	Enter 25% (0.25) of the excess, if any, of line 12 over \$25,000. See instructions	13	192,622.
14	Tentative minimum tax: <ul style="list-style-type: none"> Individuals Enter the amount from Form 6251, line 9 Corporations Enter -0- Estates and trusts. Enter the amount from Schedule I (Form 1041), line 52 	14	
15	Enter the greater of line 13 or line 14	15	192,622.
16	Subtract line 15 from line 11. If zero or less, enter -0-	16	602,865.
17	Enter the smaller of line 6 or line 16 C corporations: See the line 17 instruction if there has been an ownership change, acquisition, or reorganization.	17	

LHA For Paperwork Reduction Act Notice, see separate instructions.

Part II Allowable Credit *(continued)*

Note: If you are not required to report any amounts on line 22 or 24 below, skip lines 18 through 25 and enter -0- on line 26.

18	Multiply line 14 by 75% (0.75). See instructions	18	
19	Enter the greater of line 13 or line 18	19	
20	Subtract line 19 from line 11. If zero or less, enter -0-	20	
21	Subtract line 17 from line 20. If zero or less, enter -0-	21	
22	Combine the amounts from line 3 of all Parts III with box A, C, or D checked	22	
23	Passive activity credit from line 3 of all Parts III with box B checked	23	
24	Enter the applicable passive activity credit allowed for 2019. See instructions	24	
25	Add lines 22 and 24	25	
26	Empowerment zone and renewal community employment credit allowed. Enter the smaller of line 21 or line 25	26	0.
27	Subtract line 13 from line 11. If zero or less, enter -0-	27	602,865.
28	Add lines 17 and 26	28	
29	Subtract line 28 from line 27. If zero or less, enter -0-	29	602,865.
30	Enter the general business credit from line 5 of all Parts III with box A checked	30	1,169.
31	Reserved	31	
32	Passive activity credits from line 5 of all Parts III with box B checked	32	
33	Enter the applicable passive activity credits allowed for 2019. See instructions	33	
34	Carryforward of business credit to 2019. Enter the amount from line 5 of Part III with box C checked and line 6 of Part III with box G checked. See instructions for statement to attach	34	
35	Carryback of business credit from 2020. Enter the amount from line 5 of Part III with box D checked. See instructions	35	
36	Add lines 30, 33, 34, and 35	36	1,169.
37	Enter the smaller of line 29 or line 36	37	1,169.
38	Credit allowed for the current year. Add lines 28 and 37. Report the amount from line 38 (if smaller than the sum of Part I, line 6, and Part II, lines 25 and 36, see instructions) as indicated below on the applicable line of your return. <ul style="list-style-type: none"> • Individuals Schedule 3 (Form 1040 or 1040-SR), line 6, or Form 1040-NR, line 51 • Corporations Form 1120, Schedule J, Part I, line 5c • Estates and trusts, Form 1041, Schedule G, line 2b 	38	1,169.

Name(s) shown on return

Identifying number

BATTELLE MEMORIAL INSTITUTE

31-4379427

Part III General Business Credits or Eligible Small Business Credits (see instructions)

Complete a separate Part III for each box checked below. See instructions.

- A General Business Credit From a Non-Passive Activity
- B General Business Credit From a Passive Activity
- C General Business Credit Carryforwards
- D General Business Credit Carrybacks
- E Reserved
- F Reserved
- G Eligible Small Business Credit Carryforwards
- H Reserved

If you are filing more than one Part III with box A or B checked, complete and attach first an additional Part III combining amounts from all Parts III with box A or B checked. Check here if this is the consolidated Part III

(a) Description of credit	(b)	(c)
Note: On any line where the credit is from more than one source, a separate Part III is needed for each pass-through entity.	If claiming the credit from a pass-through entity, enter the EIN	Enter the appropriate amount
1a Investment (Form 468, Part II only) (attach Form 3468)	1a	
b Reserved	1b	
c Increasing research activities (Form 6765)	1c	
d Low-income housing (Form 5586, Part I only)	1d	
e Disabled access (Form 8826) (see instructions for limitation)	1e	
f Renewable electricity, refined coal, and Indian coal production (Form 835)	1f	
g Indian employment (Form 845)	1g	
h Orphan drug (Form 8820)	1h	
i New markets (Form 874)	1i	
j Small employer pension plan startup costs (Form 881) (see instructions for limitation)	1j	
k Employer-provided child care facilities and services (Form 882) (see instructions for limitation)	1k	
l Biodiesel and renewable diesel fuels (attach Form 864)	1l	
m Low-sulfur diesel fuel production (Form 896)	1m	
n Distilled spirits (Form 906)	1n	
o Nonconventional source fuel (carryforward only)	1o	
p Energy efficient home (Form 908)	1p	
q Energy efficient appliance (carryforward only)	1q	
r Alternative motor vehicle (Form 910)	1r	
s Alternative fuel vehicle refueling property (Form 911)	1s	
t Enhanced oil recovery credit (Form 8830)	1t	
u Mine rescue team training (Form 923)	1u	
v Agricultural chemicals security (carryforward only)	1v	
w Employer differential wage payments (Form 932)	1w	
x Carbon oxide sequestration (Form 933)	1x	
y Qualified plug-in electric drive motor vehicle (Form 936)	1y	
z Qualified plug-in electric vehicle (carryforward only)	1z	
aa Employee retention (Form 5884-A)	1aa	
bb General credits from an electing large partnership (carryforward only)	1bb	
zz Other. Oil and gas production from marginal wells (Form 904) and certain other credits (see instructions)	1zz	
2 Add lines 1a through 1zz and enter here and on the applicable line of Part I	2	
3 Enter the amount from Form 8844 here and on the applicable line of Part II	3	
4a Investment (Form 468, Part III) (attach Form 3468)	4a	
b Work opportunity (Form 5884)	4b	
c Biofuel producer (Form 6478)	4c	
d Low-income housing (Form 5586, Part II)	4d	
e Renewable electricity, refined coal, and Indian coal production (Form 835)	4e	
f Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4f	
g Qualified railroad track maintenance (Form 900)	4g	
h Small employer health insurance premium (Form 941)	4h	
i Increasing research activities (Form 6765)	4i	
j Employer credit for paid family and medical leave (Form 994)	4j	82-3291283 1,169.
z Other	4z	
5 Add lines 4a through 4z and enter here and on the applicable line of Part II	5	1,169.
6 Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6	1,169.

Limitation on Business Interest Expense Under Section 163(j)

▶ **Attach to your tax return.**

▶ **Go to www.irs.gov/Form8990 for instructions and the latest information.**

Taxpayer name(s) shown on tax return BATTELLE MEMORIAL INSTITUTE	Identification number 31-4379427
--	--

If Form 8990 relates to an information return for a foreign entity (for example, Form 5471), enter:

Name of foreign entity ▶ _____

Employer identification number, if any ▶ _____

Reference ID number ▶ _____

Part I Computation of Allowable Business Interest Expense

Part I is completed by all taxpayers subject to section 163(j). Schedule A and Schedule B need to be completed before Part I when the taxpayer is a partner or shareholder of a pass-through entity subject to section 163(j).

Section I - Business Interest Expense

1 Current year business interest expense (not including floor plan financing interest expense), before the section 163(j) limitation	1	198,771.		
2 Disallowed business interest expense carryforwards from prior years. (Does not apply to a partnership)	2			
3 Partner's excess business interest expense treated as paid or accrued in current year (Schedule A, line 44, column (h))	3			
4 Floor plan financing interest expense. See instructions	4			
5 Total business interest expense. Add lines 1 through 4	5			198,771.

Section II - Adjusted Taxable Income

Taxable Income

6 Taxable income. See instructions	6			3,572,018.
---	----------	--	--	------------

Additions (adjustments to be made if amounts are taken into account on line 6)

7 Any item of loss or deduction that is not properly allocable to a trade or business of the taxpayer. See instructions	7			
8 Any business interest expense not from a pass-through entity. See instructions	8	198,771.		
9 Amount of any net operating loss deduction under section 172	9			
10 Amount of any qualified business income deduction allowed under section 199A	10			
11 Deduction allowable for depreciation, amortization, or depletion attributable to a trade or business. See instructions	11	684,704.		
12 Amount of any loss or deduction items from a pass-through entity. See instructions	12	237,390.		
13 Other additions. See instructions	13			
14 Total current year partner's excess taxable income (Schedule A, line 44, column (f))	14			
15 Total current year S corporation shareholder's excess taxable income (Schedule B, line 46, column (c))	15			
16 Total. Add lines 7 through 15	16			1,120,865.

Reductions (adjustments to be made if amounts are taken into account on line 6)

17 Any item of income or gain that is not properly allocable to a trade or business of the taxpayer. See instructions	17			
18 Any business interest income not from a pass-through entity. See instructions	18	(189,150.)		
19 Amount of any income or gain items from a pass-through entity. See instructions	19	(21,373.)		
20 Other reductions. See instructions	20			
21 Total. Combine lines 17 through 20	21			(210,523.)
22 Adjusted taxable income. Combine lines 6, 16, and 21. (If zero or less, enter -0-.)	22			4,482,360.

LHA For Paperwork Reduction Act Notice, see the instructions.

Section III - Business Interest Income

23	Current year business interest income. See instructions	23		
24	Excess business interest income from pass-through entities (total of Schedule A, line 44, column (g), and Schedule B, line 46, column (d))	24		
25	Total. Add lines 23 and 24			25

Section IV - Section 163(j) Limitation Calculations

Limitation on Business Interest Expense

26	Multiply adjusted taxable income (line 22) by the applicable percentage. See instructions	26	2,241,180.	
27	Business interest income (line 25)	27		
28	Floor plan financing interest expense (line 4)	28		
29	Total. Add lines 26, 27, and 28			29 2,241,180.

Allowable Business Interest Expense

30	Total current year business interest expense deduction. See instructions	30		198,771.
-----------	---	-----------	--	----------

Carryforward

31	Disallowed business interest expense. Subtract line 29 from line 5. (If zero or less, enter -0-.)	31		
-----------	--	-----------	--	--

Part II Partnership Pass-Through Items

Part II is only completed by a partnership that is subject to section 163(j). The partnership items below are allocated to the partners and are not carried forward by the partnership. See the instructions for more information.

Excess Business Interest Expense

32	Excess business interest expense. Enter amount from line 31	32		
-----------	--	-----------	--	--

Excess Taxable Income (If you entered an amount on line 32, skip lines 33 through 37.)

33	Subtract the sum of lines 4 and 25 from line 5. (If zero or less, enter -0-.)	33		
34	Subtract line 33 from line 26. (If zero or less, enter -0-.)	34		
35	Divide line 34 by line 26. Enter the result as a decimal. (If line 26 is zero, enter -0-.)	35		
36	Excess taxable income. Multiply line 35 by line 22	36		

Excess Business Interest Income

37	Excess business interest income. Subtract the sum of lines 1, 2, and 3 from line 25. (If zero or less, enter -0-.)	37		
-----------	---	-----------	--	--

Part III S Corporation Pass-Through Items

Part III is only completed by S corporations that are subject to section 163(j). The S corporation items below are allocated to the shareholders. See the instructions for more information.

Excess Taxable Income

38	Subtract the sum of lines 4 and 25 from line 5. (If zero or less, enter -0-.)	38		
39	Subtract line 38 from line 26. (If zero or less, enter -0-.)	39		
40	Divide line 39 by line 26. Enter the result as a decimal. (If line 26 is zero, enter -0-.)	40		
41	Excess taxable income. Multiply line 40 by line 22	41		

Excess Business Interest Income

42	Excess business interest income. Subtract the sum of lines 1, 2, and 3 from line 25. (If zero or less, enter -0-.)	42		
-----------	---	-----------	--	--