

**Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Department of the Treasury  
Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

**A** For the 2004 calendar year, or tax year beginning **OCT 1, 2004** and ending **SEP 30, 2005**

<p><b>B</b> Check if applicable:</p> <p><input type="checkbox"/> Address change</p> <p><input type="checkbox"/> Name change</p> <p><input type="checkbox"/> Initial return</p> <p><input type="checkbox"/> Final return</p> <p><input type="checkbox"/> Amended return</p> <p><input type="checkbox"/> Application pending</p>	<p>Please use IRS label or print or type. See Specific Instructions.</p>	<p><b>C</b> Name of organization <b>BATTELLE MEMORIAL INSTITUTE</b></p> <p>Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>505 KING AVENUE</b></p> <p>City or town, state or country, and ZIP + 4 <b>COLUMBUS, OH 43201-2693</b></p>	<p><b>D</b> Employer identification number <b>31-4379427</b></p> <p><b>E</b> Telephone number <b>(614) 424-4372</b></p> <p><b>F</b> Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ▶</p>
		<p>• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).</p>	<p><i>H and I are not applicable to section 527 organizations.</i></p> <p><b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>H(b)</b> If "Yes," enter number of affiliates ▶</p> <p><b>H(c)</b> Are all affiliates included? <b>N/A</b> <input type="checkbox"/> Yes <input type="checkbox"/> No (If "No," attach a list.)</p> <p><b>H(d)</b> Is this a separate return filed by an organization covered by a group ruling? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>I</b> Group Exemption Number ▶</p>
		<p><b>G</b> Website: ▶ <b>WWW.BATTELLE.ORG</b></p>	<p><b>M</b> Check <input checked="" type="checkbox"/> if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).</p>
		<p><b>J</b> Organization type (check only one) ▶ <input checked="" type="checkbox"/> 501(c) ( <b>3</b> ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527</p>	<p><b>L</b> Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ <b>3,478,155,002.</b></p>
		<p><b>K</b> Check here <input type="checkbox"/> if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. <b>Some states require a complete return.</b></p>	

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

	<p><b>1</b> Contributions, gifts, grants, and similar amounts received:</p> <p><b>a</b> Direct public support ..... <b>1a</b></p> <p><b>b</b> Indirect public support ..... <b>1b</b></p> <p><b>c</b> Government contributions (grants) ..... <b>1c</b> <b>2770608989.</b></p> <p><b>d</b> Total (add lines 1a through 1c) (cash \$ <b>2770608989.</b> noncash \$ _____ ) ... <b>1d</b> <b>2770608989.</b></p> <p><b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93) ..... <b>2</b> <b>639,568,115.</b></p> <p><b>3</b> Membership dues and assessments ..... <b>3</b></p> <p><b>4</b> Interest on savings and temporary cash investments ..... <b>4</b> <b>2,519,543.</b></p> <p><b>5</b> Dividends and interest from securities ..... <b>5</b> <b>8,581,515.</b></p> <p><b>6 a</b> Gross rents ..... <b>6a</b> <b>2,922,923.</b></p> <p><b>b</b> Less: rental expenses ..... <b>6b</b> <b>2,438,677.</b></p> <p><b>c</b> Net rental income or (loss) (subtract line 6b from line 6a) ..... <b>6c</b> <b>484,246.</b></p> <p><b>7</b> Other investment income (describe ▶ _____ ) ..... <b>7</b></p> <p><b>8 a</b> Gross amount from sales of assets other than inventory ..... <b>8a</b> <b>47,456,538.</b> (A) Securities <b>8a</b> <b>687,160.</b> (B) Other</p> <p><b>b</b> Less: cost or other basis and sales expenses ..... <b>8b</b> <b>38,857,091.</b> <b>8b</b> <b>218,028.</b></p> <p><b>c</b> Gain or (loss) (attach schedule) ..... <b>8c</b> <b>8,599,447.</b> <b>8c</b> <b>469,132.</b></p> <p><b>d</b> Net gain or (loss) (combine line 8c, columns (A) and (B)) ..... <b>8d</b> <b>9,068,579.</b> <b>STMT 1</b> <b>STMT 2</b></p> <p><b>9</b> Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/></p> <p><b>a</b> Gross revenue (not including \$ _____ of contributions reported on line 1a) ..... <b>9a</b></p> <p><b>b</b> Less: direct expenses other than fundraising expenses ..... <b>9b</b></p> <p><b>c</b> Net income or (loss) from special events (subtract line 9b from line 9a) ..... <b>9c</b></p> <p><b>10 a</b> Gross sales of inventory, less returns and allowances ..... <b>10a</b></p> <p><b>b</b> Less: cost of goods sold ..... <b>10b</b></p> <p><b>c</b> Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a) ..... <b>10c</b></p> <p><b>11</b> Other revenue (from Part VII, line 103) ..... <b>11</b> <b>5,810,219.</b></p> <p><b>12</b> Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11) ..... <b>12</b> <b>3436641206.</b></p>		
Expenses	<p><b>13</b> Program services (from line 44, column (B)) ..... <b>13</b> <b>2727817759.</b></p> <p><b>14</b> Management and general (from line 44, column (C)) ..... <b>14</b> <b>677,680,987.</b></p> <p><b>15</b> Fundraising (from line 44, column (D)) ..... <b>15</b></p> <p><b>16</b> Payments to affiliates (attach schedule) ..... <b>16</b></p> <p><b>17</b> Total expenses (add lines 16 and 44, column (A)) ..... <b>17</b> <b>3405498746.</b></p>		
Net Assets	<p><b>18</b> Excess or (deficit) for the year (subtract line 17 from line 12) ..... <b>18</b> <b>31,142,460.</b></p> <p><b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A)) ..... <b>19</b> <b>686,434,010.</b></p> <p><b>20</b> Other changes in net assets or fund balances (attach explanation) ..... <b>20</b> <b>SEE STATEMENT 3</b></p> <p><b>21</b> Net assets or fund balances at end of year (combine lines 18, 19, and 20) ..... <b>21</b> <b>734,331,650.</b></p>		

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

OMB No. 1545-1709

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box  . . . . . ▶
  - If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**

**Part I Automatic 3-Month Extension of Time**—Only submit original (no copies needed)

**Form 990-T corporations** requesting an automatic 6-month extension—check this box and complete Part I only . . . . . ▶   
*All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs, and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.*

**Electronic Filing (e-file).** Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile).

<b>Type or print</b> <small>File by the due date for filing your return. See instructions.</small>	Name of Exempt Organization <b>BATTELLE MEMORIAL INSTITUTE</b>	Employer identification number <b>31-4379427</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>505 KING AVENUE</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>COLUMBUS, OH 43201</b>	

**Check type of return to be filed** (file a separate application for each return):

- |  |   |                                    |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)                 | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)      | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041-A                              | <input type="checkbox"/> Form 8870 |

• The books are in the care of ▶ MARTIN INGLIS

Telephone No. ▶ (614) 424-4372 FAX No. ▶ (614) 424-7417

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

**1** I request an automatic 3-month (6-months for a **Form 990-T corporation**) extension of time until   MAY 15  , 20 06 to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ▶  calendar year 20    or  
 ▶  tax year beginning   OCTOBER 1  , 20 04 and ending   SEPTEMBER 30  , 20 05

**2** If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

**3a** If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. . . . . \$                     

**b** If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit . . . . . \$                     

**c Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions . . . . . \$                     

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

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

- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only Part II and check this box  **Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

**Part II Additional (not automatic) 3-Month Extension of Time—Must File Original and One Copy.**

Type or print  File by the extended due date for filing the return. See instructions.	Name of Exempt Organization <b>BATTELLE MEMORIAL INSTITUTE</b>	Employer identification number <b>31-4379427</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>505 KING AVENUE</b>	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>COLUMBUS, OH 43201</b>	

Check type of return to be filed (File a separate application for each return):

- Form 990
- Form 990-BL
- Form 990-EZ
- Form 990-PF
- Form 990-T (sec. 401(a) or 408(a) trust)
- Form 990-T (trust other than above)
- Form 1041-A
- Form 4720
- Form 5227
- Form 6069
- Form 8870

**STOP: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

- The books are in the care of **MARTIN INGLIS**  
Telephone No. **(614) 424-4372** FAX No. **(614) 424-7417**
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the **whole** group, check this box . If it is for **part** of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

- 4 I request an additional 3-month extension of time until **AUGUST 15** **2006**
- 5 For calendar year \_\_\_\_\_, or other tax year beginning **OCTOBER 1**, 2004, and ending **SEPTEMBER 30**, 2005.
- 6 If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period
- 7 State in detail why you need the extension **ADDITIONAL TIME IS NEEDED TO GATHER THE NECESSARY INFORMATION TO FILE A COMPLETE AND ACCURATE RETURN.**

- 8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. \$ \_\_\_\_\_
- b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. \$ \_\_\_\_\_
- c **Balance Due.** Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. \$ **0.00**

**Signature and Verification**

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

Signature *[Signature]* Title **ASSISTANT TREASURER** Date **4/13/06**

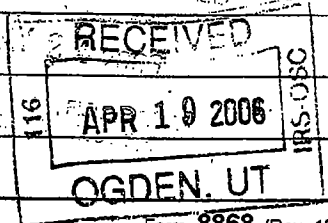
**Notice to Applicant—To Be Completed by the IRS**

- We have approved this application. Please attach this form to the organization's return.
- We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return.
- We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.
- We cannot consider this application because it was filed after the extended due date of the return for which an extension was requested.
- Other \_\_\_\_\_

Director \_\_\_\_\_ By: \_\_\_\_\_ Date \_\_\_\_\_

**Alternate Mailing Address** — Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Type or print	Name <b>NICK MADIAS - BATTELLE MEMORIAL INSTITUTE</b>
	Number and street (include suite, room, or apt. no.) or a P.O. box number <b>505 KING AVENUE, ROOM A210</b>
	City or town, province or state, and country (including postal or ZIP code) <b>COLUMBUS, OH 43201</b>



Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) (cash \$ <b>16455748</b> noncash \$ <b>638,044</b> )	17,093,792.	17,093,792.	SEE STATEMENT	16
23	Specific assistance to individuals (attach schedule)				
24	Benefits paid to or for members (attach schedule)				
25	Compensation of officers, directors, etc.	8,527,213.	6,821,770.	1,705,443.	0.
26	Other salaries and wages	1346633097.	1077306478.	269,326,619.	
27	Pension plan contributions	73,492,450.	58,793,960.	14,698,490.	
28	Other employee benefits	198,822,732.	159,058,186.	39,764,546.	
29	Payroll taxes	97,178,981.	77,743,185.	19,435,796.	
30	Professional fundraising fees				
31	Accounting fees	897,046.	717,637.	179,409.	
32	Legal fees	6,999,716.	5,599,773.	1,399,943.	
33	Supplies	211,760,689.	169,408,551.	42,352,138.	
34	Telephone	13,803,032.	11,042,426.	2,760,606.	
35	Postage and shipping	11,090,412.	8,872,330.	2,218,082.	
36	Occupancy	86,064,440.	68,851,552.	17,212,888.	
37	Equipment rental and maintenance	57,253,232.	45,802,586.	11,450,646.	
38	Printing and publications	24,730,751.	19,784,601.	4,946,150.	
39	Travel	70,924,899.	56,739,919.	14,184,980.	
40	Conferences, conventions, and meetings				
41	Interest	7,449,047.	5,959,238.	1,489,809.	
42	Depreciation, depletion, etc. (attach schedule)	25,932,320.	20,745,856.	5,186,464.	SEE STATEMENT 17
43	Other expenses not covered above (itemize):				
a					
b					
c					
d					
e	SEE STATEMENT 4				
44	Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15.	3405498746.	2727817759.	677,680,987.	0.

Joint Costs. Check  if you are following SOP 98-2.  
 Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No  
 If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_; (ii) the amount allocated to Program services \$ \_\_\_\_\_;  
 (iii) the amount allocated to Management and general \$ \_\_\_\_\_; and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

**Part III Statement of Program Service Accomplishments**

What is the organization's primary exempt purpose? <b>SEE STATEMENT 18</b>	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
a SEE STATEMENT 19	
(Grants and allocations \$ 17,093,792.)	2727817759.
b	
(Grants and allocations \$ )	
c	
(Grants and allocations \$ )	
d	
(Grants and allocations \$ )	
e Other program services (attach schedule)	(Grants and allocations \$ )
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	2727817759.

**Part IV Balance Sheets**

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
Assets	45 Cash - non-interest-bearing	1,681,590.	45	13,194,825.
	46 Savings and temporary cash investments	22,000,000.	46	16,414,450.
	47 a Accounts receivable	47a 246,184,815.		
	b Less: allowance for doubtful accounts	47b 12,745,297.	185,836,767.	47c 233,439,518.
	48 a Pledges receivable	48a		48c
	b Less: allowance for doubtful accounts	48b		
	49 Grants receivable			49
	50 Receivables from officers, directors, trustees, and key employees			50
	51 a Other notes and loans receivable	51a 5,040,692.		
	b Less: allowance for doubtful accounts	51b	5,694,555.	51c 5,040,692.
	52 Inventories for sale or use		6,046,749.	52 5,742,729.
	53 Prepaid expenses and deferred charges		3,573,333.	53 16,816,799.
	54 Investments - securities <b>STMT 5</b> <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV		367,829,611.	54 383,156,797.
	55 a Investments - land, buildings, and equipment basis	55a		
b Less: accumulated depreciation	55b		55c	
56 Investments - other <b>SEE STATEMENT 6</b>		104,537,718.	56 106,820,661.	
57 a Land, buildings, and equipment basis	57a 524,191,465.			
b Less: accumulated depreciation <b>STMT 17</b>	57b 265,027,753.	244,515,223.	57c 259,163,712.	
58 Other assets (describe <b>▶ OTHER ASSETS</b> )		10,844,322.	58 24,270,103.	
59 <b>Total assets</b> (add lines 45 through 58) (must equal line 74)		952,559,868.	59 1064060286.	
Liabilities	60 Accounts payable and accrued expenses	96,754,765.	60	150,456,277.
	61 Grants payable		61	
	62 Deferred revenue	22,343,251.	62	38,117,233.
	63 Loans from officers, directors, trustees, and key employees		63	
	64 a Tax-exempt bond liabilities <b>STMT 7</b>		18,429,699.	64a 18,374,090.
	b Mortgages and other notes payable <b>STMT 8</b>		112,432,000.	64b 98,444,000.
65 Other liabilities (describe <b>▶ SEE STATEMENT 9</b> )		16,166,143.	65 24,337,036.	
66 <b>Total liabilities</b> (add lines 60 through 65)		266,125,858.	66 329,728,636.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted		67	
	68 Temporarily restricted		68	
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds	0.	70	0.
	71 Paid-in or capital surplus, or land, building, and equipment fund	0.	71	0.
	72 Retained earnings, endowment, accumulated income, or other funds	686,434,010.	72	734,331,650.
73 <b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)	686,434,010.	73	734,331,650.	
74 <b>Total liabilities and net assets / fund balances</b> (add lines 66 and 73)	952,559,868.	74	1064060286.	

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

