

Form **990**

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

**2013**

Department of the Treasury,  
Internal Revenue Service

Do not enter Social Security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

Open to Public Inspection

**A** For the 2013 calendar year, or tax year beginning **OCT 1, 2013** and ending **SEP 30, 2014**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization BATTELLE MEMORIAL INSTITUTE Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite 505 KING AVENUE City or town, state or province, country, and ZIP or foreign postal code COLUMBUS, OH 43201-2693 <b>F</b> Name and address of principal officer: DR. JEFFREY WADSWORTH SAME AS C ABOVE	<b>D</b> Employer identification number 31-4379427 <b>E</b> Telephone number (614) 424-6424 <b>G</b> Gross receipts \$ 5,355,014,417. <b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J</b> Website: WWW.BATTELLE.ORG		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		
<b>L</b> Year of formation: 1925		<b>M</b> State of legal domicile: OH

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b>	Briefly describe the organization's mission or most significant activities: <u>SEE MISSION STATEMENT ON SCHEDULE O</u>			
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	9	
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	3	
	<b>5</b>	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	<b>5</b>	22617	
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	0	
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	47,074,711.	
	<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	0.		
<b>Revenue</b>	<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>	
	<b>9</b>	Program service revenue (Part VIII, line 2g)	4,044,734,254.	4,036,275,724.	
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	698,265,823.	675,686,687.	
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	33,952,084.	44,034,122.	
	<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	14,933,770.	19,211,134.	
	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	4,791,885,931.	4,775,207,667.	
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	3,830,346.	7,755,174.	
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.	
	<b>Expenses</b>	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	2,492,363,980.	2,468,165,548.
		<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25)	0.	0.
		<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,317,477,952.	2,394,419,206.
		<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	4,813,672,278.	4,870,339,928.
<b>19</b>		Revenue less expenses. Subtract line 18 from line 12	-21,786,347.	-95,132,261.	
<b>Net Assets or Fund Balances</b>	<b>20</b>	Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>	
	<b>21</b>	Total liabilities (Part X, line 26)	1,273,610,617.	1,178,659,091.	
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	543,231,553.	607,771,268.	
			730,379,064.	570,887,823.	

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer	Date <u>7/28/2015</u>
	THOMAS E SHARPE, ASST. TREASURER Type or print name and title	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	Firm's name	Firm's EIN		Phone no.	
	Firm's address				

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 \$ 2,901,180,342. including grants of \$ 0. ) (Revenue \$ 282,883,184. )
BATTELLE MEMORIAL INSTITUTE ("BMI") AND ITS AFFILIATES OPERATE FIVE UNITED STATES DEPARTMENT OF ENERGY ("DOE") NATIONAL LABORATORIES: PACIFIC NORTHWEST NATIONAL LABORATORY; OAK RIDGE NATIONAL LABORATORY; IDAHO NATIONAL LABORATORY; BROOKHAVEN NATIONAL LABORATORY AND NATIONAL RENEWABLE ENERGY LABORATORY. BMI IS AN INTEGRATED SUBCONTRACTOR AT A SIXTH 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. ANOTHER BMI AFFILIATE WAS PART OF A CONSORTIUM THAT OPERATES THE NATIONAL NUCLEAR LABORATORY FOR THE UNITED KINGDOM'S DEPARTMENT FOR ENERGY AND CLIMATE CHANGE. THROUGH OPERATION OF THE NATIONAL LABORATORIES, BMI AND ITS AFFILIATES

4b (Code: ) (Expenses \$ 498,615,658. including grants of \$ 0. ) (Revenue \$ 346,521,122. )
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 \$ 7,755,174. including grants of \$ 7,755,174. ) (Revenue \$ 0. )
EACH YEAR, BMI DISTRIBUTES AT LEAST TWENTY PERCENT OF ITS CONSOLIDATED NET INCOME TO PUBLIC CHARITIES AND GOVERNMENT AGENCIES. DISTRIBUTIONS ARE PRIMARILY FOCUSED UPON EDUCATION, HUMAN SERVICES, ARTS AND SCIENCES, AND ECONOMIC DEVELOPMENT. BMI ACTIVELY SUPPORTS EDUCATIONAL INITIATIVES IN OHIO AND ACROSS THE UNITED STATES THAT MEASURE 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 in Schedule O.)
(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 3,407,551,174.

**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	<b>Section 501(c)(3) organizations.</b> 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 temporarily restricted endowments, permanent endowments, or 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? .....		

**Part IV Checklist of Required Schedules** (continued)

		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	X	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States 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
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
24b			
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
24c			
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
24d			
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> 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
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....		X
25b			X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II .....		X
26			X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....		X
27			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):		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....	X	
28a		X	
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....	X	
28b		X	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .....	X	
28c		X	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....		X
29			X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
30			X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
31			X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
32			X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....	X	
33		X	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....	X	
34		X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....	X	
35a		X	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	X	
35b		X	
36	<b>Section 501(c)(3) organizations.</b> 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	
36		X	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....	X	
37		X	
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? .....	X	
38		X	

**Note.** All Form 990 filers are required to complete Schedule O .....

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

X

Main form area containing questions 1a through 14b with input fields and Yes/No columns.

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 in 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 in 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, or 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 in 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, IN, KY, MA, NY, OH, OR, VA
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 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 in Schedule O)
19 Describe in 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, physical address, and telephone number of the person who possesses the books and records of the organization: DAVID C. EVANS - 614-424-4777 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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					137,504.	0.	0.	
(2) VICKY A. BAILEY DIRECTOR	3.00	X					111,500.	0.	0.	
(3) FRANK L. DOUGLAS DIRECTOR	3.00	X					109,000.	0.	0.	
(4) MICHAEL J. GASSER DIRECTOR	3.00	X					111,500.	0.	0.	
(5) LESTER L. LYLES DIRECTOR	3.00	X					122,004.	0.	0.	
(6) SEAN C. O'KEEFE DIRECTOR	3.00	X					121,004.	0.	0.	
(7) JOHN B. MCCOY DIRECTOR	3.00	X					114,004.	0.	0.	
(8) MICHAEL G. MORRIS DIRECTOR	3.00	X					112,000.	0.	0.	
(9) SUBRA SURESH DIRECTOR AS OF 08/2014	3.00	X					0.	0.	0.	
(10) JEFFREY WADSWORTH PRESIDENT & CEO	39.00 1.00		X				1,250,904.	0.	115,476.	
(11) I. MARTIN INGLIS EXECUTIVE VP, COO TO 07/2014	39.00 1.00		X				694,180.	0.	31,699.	
(12) DAVID C. EVANS EXECUTIVE VP, CFO	40.00		X				642,030.	0.	38,281.	
(13) RONALD D. TOWNSEND EXECUTIVE VP, GLOBAL LAB OPS	40.00		X				730,079.	0.	36,825.	
(14) RUSSELL P. AUSTIN SR VP, GEN COUNSEL & SEC	40.00		X				400,552.	0.	-50,820.	
(15) JOHN J. GROSSENBACHER SENIOR VP	40.00		X				539,106.	0.	43,209.	
(16) STEPHEN E. KELLY SENIOR VP	40.00		X				442,928.	0.	-118,895.	
(17) MICHAEL KLUSE SENIOR VP	40.00		X				608,295.	0.	-262,799.	

**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) THOMAS E. MASON SENIOR VP	40.00			X				621,365.	0.	-16,360.
(19) THOMAS D. SNOWBERGER SENIOR VP TO 06/2014	40.00			X				444,529.	0.	29,348.
(20) MARTIN TOOMAJIAN SENIOR VP	40.00			X				344,568.	0.	-30,971.
(21) GWENDOLYN C. VONHOLTEN VP FINANCE & ASST TREASURER	39.00 1.00			X				253,347.	0.	-73,942.
(22) BRIAN R. SMITH TREASURER	39.00 1.00			X				174,687.	0.	-6,217.
(23) THOMAS E. SHARPE ASST TREAS & ASST SEC	39.50 0.50			X				217,160.	0.	-11,413.
(24) LAURENCE DOON GIBBS LABORATORY DIRECTOR	40.00				X			523,837.	0.	59,029.
(25) JEFFREY W. SMITH DEPUTY FOR OPERATIONS	40.00					X		438,495.	0.	53,318.
(26) JOSEPH FITCH LABORATORY DIRECTOR	40.00					X		443,228.	0.	1,299.
<b>1b Sub-total</b>								9,707,806.	0.	-162,933.
<b>c Total from continuation sheets to Part VII, Section A</b>								2,487,716.	0.	-40,138.
<b>d Total (add lines 1b and 1c)</b>								12,195,522.	0.	-203,071.

**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 **6,921**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	X	
<b>4</b> 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	
<b>5</b> 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
AREVA FEDERAL SERVICES, LLC 7207 IBM DRIVE, CHARLOTE, NC 28262	DESIGN ENGINEERING	20,450,190.
NATIONAL SECURITY TECHNOLOGIES LLC P. O. BOX 98521, LAS VEGAS, NV 89193	NUCLEAR RESEARCH	19,737,060.
CENTRE FOR ENERGY RESEARCH, HUNGARIAN ACADE 1121 BUDAPEST KONKOLY THEGE UT 29-33, BUDAP	NUCLEAR RESEARCH	15,884,993.
BABCOCK & WILCOX NUCLEAR OPERATIONS GROUP, P. O. BOX 741733, ATLANTA, GA 30374	FABRICATION	12,429,480.
NATIONAL RESOURCE MANAGEMENT, LLC P. O. BOX 23858, KNOXVILLE, TN 37933	STAFFING SUPPORT	12,203,465.

**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 **963**



**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) BOBI GARRETT DEPUTY PROGRAMS ,PARTNERSHIPS	40.00					X		440,959.	0.	-40,384.
(28) TODD ALLEN DEPUTY SCIENCE & TECHNOLOGY	40.00					X		423,580.	0.	18,785.
(29) JILL ENGEL-COX SAUDI ARABIA PROGRAM MANAGER	40.00					X		496,387.	0.	19,136.
(30) RUSSELL A. HULSE FORMER DIRECTOR TO 11/2012	3.00						X	60,000.	0.	0.
(31) BARBARA L. KUNZ FORMER SENIOR VP TO 02/2013	40.00						X	397,512.	0.	-15,515.
(32) BRIAN GRAHAM FORMER TREASURER TO 02/2013	40.00						X	236,257.	0.	-6,086.
(33) JUDITH L. MOBLEY FORMER ASST TREAS TO 02/2013	40.00						X	182,938.	0.	-43,057.
(34) SAMUEL ARONSON FORMER KEY EMPLOYEE-LAB DIR.	40.00						X	250,083.	0.	26,983.
<b>Total to Part VII, Section A, line 1c</b>								<b>2,487,716.</b>		<b>-40,138.</b>

**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	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>					
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>	4,027,923,092.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	8,352,632.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$						
	<b>h Total.</b> Add lines 1a-1f			4,036,275,724.			
	<b>Program Service Revenue</b>	<b>2 a</b> GOVERNMENT CONTRACTS	<b>Business Code</b>	541700	528,536,728.	528,536,728.	
<b>b</b> SCIENTIFIC RESEARCH			541700	147,149,959.	100,867,578.	46,282,381.	
<b>c</b>							
<b>d</b>							
<b>e</b>							
<b>f</b> All other program service revenue							
<b>g Total.</b> Add lines 2a-2f				675,686,687.			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)			7,378,536.		792,330.	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties			10,317,953.			
	<b>6 a</b> Gross rents	(i) Real	484,833.				
		(ii) Personal					
		<b>b</b> Less: rental expenses	562,030.				
		<b>c</b> Rental income or (loss)	-77,197.				
	<b>d</b> Net rental income or (loss)			-77,197.		-77,197.	
	<b>7 a</b> Gross amount from sales of assets other than inventory	(i) Securities	615,779,138.				
		(ii) Other	121,168.				
		<b>b</b> Less: cost or other basis and sales expenses	578,517,188.		727,532.		
		<b>c</b> Gain or (loss)	37,261,950.		-606,364.		
	<b>d</b> Net gain or (loss)			36,655,586.		36,655,586.	
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	<b>a</b>					
		<b>b</b> Less: direct expenses					
<b>c</b> Net income or (loss) from fundraising events							
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>						
	<b>b</b> Less: direct expenses						
	<b>c</b> Net income or (loss) from gaming activities						
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>a</b>						
	<b>b</b> Less: cost of goods sold						
	<b>c</b> Net income or (loss) from sales of inventory						
<b>Miscellaneous Revenue</b>		<b>Business Code</b>					
<b>11 a</b> INCOME TAX BENEFIT		541700	5,009,291.			5,009,291.	
<b>b</b> OTHER REVENUE		541700	3,797,882.			3,797,882.	
<b>c</b> VENTURE FUNDS		541700	129,727.			129,727.	
<b>d</b> All other revenue		541700	33,478.			33,478.	
<b>e Total.</b> Add lines 11a-11d			8,970,378.				
<b>12 Total revenue.</b> See instructions.			4,775,207,667.	629,404,306.	47,074,711.	62,452,926.	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	7,755,174.	7,755,174.		
<b>2</b> Grants and other assistance to individuals in the United States. See Part IV, line 22				
<b>3</b> Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	8,113,824.		8,113,824.	
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	1,762,054,074.	1,211,656,567.	550,397,507.	
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	138,371,234.	83,980,056.	54,391,178.	
<b>9</b> Other employee benefits	448,478,399.	267,555,040.	180,923,359.	
<b>10</b> Payroll taxes	111,148,017.	66,432,833.	44,715,184.	
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management	779,556,080.	779,556,080.		
<b>b</b> Legal	12,960,081.		12,960,081.	
<b>c</b> Accounting	126,690.		126,690.	
<b>d</b> Lobbying	916,385.	916,385.		
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees	1,304,985.		1,304,985.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	399,008,220.	224,270,101.	174,738,119.	
<b>12</b> Advertising and promotion	1,738,167.	1,738,167.		
<b>13</b> Office expenses	12,848,251.	3,420,600.	9,427,651.	
<b>14</b> Information technology	39,734,602.	22,894,778.	16,839,824.	
<b>15</b> Royalties				
<b>16</b> Occupancy	152,734,928.	94,093,482.	58,641,446.	
<b>17</b> Travel	80,514,529.	50,678,391.	29,836,138.	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	2,452,165.	1,580,746.	871,419.	
<b>20</b> Interest	8,889,841.	4,685,761.	4,204,080.	
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	38,676,420.	20,593,781.	18,082,639.	
<b>23</b> Insurance	5,123,319.		5,123,319.	
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> PURCHASES	659,681,226.	461,389,870.	198,291,356.	
<b>b</b> FIXED ASSET IMPAIRMENT	126,990,410.	67,628,619.	59,361,791.	
<b>c</b> RENTAL & MAINTENANCE	32,614,052.	19,341,373.	13,272,679.	
<b>d</b> NON-INCOME TAX EXPENSE	22,115,514.	13,982,221.	8,133,293.	
<b>e</b> All other expenses	16,433,341.	3,401,149.	13,032,192.	
<b>25</b> Total functional expenses. Add lines 1 through 24e	4,870,339,928.	3,407,551,174.	1,462,788,754.	0.
<b>26</b> 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)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	40,908,288.	<b>1</b>	57,853,209.
	<b>2</b> Savings and temporary cash investments .....	80,947,881.	<b>2</b>	59,410,545.
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>	
	<b>4</b> Accounts receivable, net .....	248,062,141.	<b>4</b>	269,728,378.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....	9,752,566.	<b>8</b>	6,347,543.
	<b>9</b> Prepaid expenses and deferred charges .....	26,667,649.	<b>9</b>	18,331,362.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 689,397,394.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 404,073,179.	431,695,267.	<b>10c</b> 285,324,215.
	<b>11</b> Investments - publicly traded securities .....	269,158,520.	<b>11</b>	301,742,623.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	144,923,611.	<b>12</b>	156,792,424.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	21,494,694.	<b>15</b>	23,128,792.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	1,273,610,617.	<b>16</b>	1,178,659,091.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	137,916,589.	<b>17</b>	129,203,075.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	20,352,255.	<b>19</b>	32,815,960.
	<b>20</b> Tax-exempt bond liabilities .....	17,820,000.	<b>20</b>	0.
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	188,999,665.	<b>23</b>	218,200,000.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> 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 .....	178,143,044.	<b>25</b>	227,552,233.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	543,231,553.	<b>26</b>	607,771,268.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets .....		<b>27</b>	
	<b>28</b> Temporarily restricted net assets .....		<b>28</b>	
	<b>29</b> Permanently restricted net assets .....		<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds .....	0.	<b>30</b>	0.
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....	0.	<b>31</b>	0.
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....	730,379,064.	<b>32</b>	570,887,823.
<b>33</b> Total net assets or fund balances .....	730,379,064.	<b>33</b>	570,887,823.	
<b>34</b> Total liabilities and net assets/fund balances .....	1,273,610,617.	<b>34</b>	1,178,659,091.	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	4,775,207,667.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	4,870,339,928.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-95,132,261.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	730,379,064.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	4,404.
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	-64,363,384.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	570,887,823.

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
<b>2b</b>	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
<b>2c</b>	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
<b>3a</b>	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?	X	
<b>3b</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 in Schedule O and describe any steps taken to undergo such audits	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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**

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>
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**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 11, 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.)
- 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 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.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  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 that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I      b  Type II      c  Type III - Functionally integrated      d  Type III - Non-functionally integrated
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? .....	11g(i)	
(ii) A family member of a person described in (i) above? .....	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above? .....	11g(iii)	
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

**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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	4505277128.	4550460328.	4368714116.	4044734254.	4036275724.	21505461550.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	4505277128.	4550460328.	4368714116.	4044734254.	4036275724.	21505461550.
<b>5</b> 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) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						21505461550.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>7</b> Amounts from line 4 .....	4505277128.	4550460328.	4368714116.	4044734254.	4036275724.	21505461550.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	22,502,132.	26,524,039.	18,032,578.	15,940,398.	17,696,880.	100,696,027.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....	61,658.	93,310.	896,781.	708,913.	894,717.	2,655,379.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>11 Total support.</b> Add lines 7 through 10						21608812956.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					<b>12</b> 4,030,511,521.	
<b>13 First five years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	99.52 %
<b>15</b> Public support percentage from 2012 Schedule A, Part II, line 14 .....	<b>15</b>	99.29 %
<b>16a 33 1/3% support test - 2013.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input checked="" type="checkbox"/>	
<b>b 33 1/3% support test - 2012.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>17a 10% -facts-and-circumstances test - 2013.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>b 10% -facts-and-circumstances test - 2012.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>18 Private foundation.</b> 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 9 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>13 Total support.</b> (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**

<b>15</b> Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2012 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2012 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2013.** 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 - 2012.** 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





**SCHEDULE C**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Political Campaign and Lobbying Activities**

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.
- ▶ **See separate instructions.** ▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**

**Open to Public Inspection**

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

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

Name of organization <p style="text-align: center;">BATTELLE MEMORIAL INSTITUTE</p>	Employer identification number <p style="text-align: center;">31-4379427</p>
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**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 expenditures ..... ▶ \$ 0.
- 3 Volunteer hours ..... 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-.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2013

**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.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
<b>1 a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying) .....			
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....			
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....			
<b>d</b> Other exempt purpose expenditures .....			
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....			
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.			
<b>If the amount on line 1e, column (a) or (b) is:</b>	<b>The lobbying nontaxable amount is:</b>		
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.		
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....			
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....			
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....			
<b>j</b> 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? .....		<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>

**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 instructions for lines 2a through 2f on page 4.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> 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 to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
<b>1</b> 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:			
<b>a</b> Volunteers? .....		X	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? .....	X		
<b>c</b> Media advertisements? .....		X	
<b>d</b> Mailings to members, legislators, or the public? .....		X	
<b>e</b> Publications, or published or broadcast statements? .....		X	
<b>f</b> Grants to other organizations for lobbying purposes? .....		X	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....	X		739,805.
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....		X	
<b>i</b> Other activities? .....	X		42,568.
<b>j</b> Total. Add lines 1c through 1i .....			782,373.
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....		X	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b> 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
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members? .....	<b>1</b>	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....	<b>2</b>	
<b>3</b> Did the organization agree to carry over lobbying and political expenditures from the prior year? .....	<b>3</b>	

**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."**

<b>1</b> Dues, assessments and similar amounts from members .....	<b>1</b>	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year .....	<b>2a</b>	
<b>b</b> Carryover from last year .....	<b>2b</b>	
<b>c</b> Total .....	<b>2c</b>	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .....	<b>3</b>	
<b>4</b> 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? .....	<b>4</b>	
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions) .....	<b>5</b>	

**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, line 2; 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

SIXTEEN ORGANIZATIONS REPORTED THAT A PORTION OF MEMBERSHIP DUES PAID

BY BATTELLE WERE USED FOR LOBBYING.

**Part IV** Supplemental Information (continued)

INTERNAL LOBBYING EXPENSES TOTALED \$193,559 AND EXTERNAL

LOBBYING EXPENSES TOTALED \$546,246 FOR A TOTAL OF \$739,805.

THE GENERAL ISSUE AREA FOR LOBBYING IS INCREASED APPROPRIATIONS IN THE

FEDERAL BUDGET FOR SCIENTIFIC RESEARCH AND DEVELOPMENT PROGRAMS THROUGH

APPROPRIATIONS AND REPORT LANGUAGE.

THE SPECIFIC LOBBYING ISSUES INCLUDE THE HOUSE AND SENATE AUTHORIZATION

AND APPROPRIATIONS BILLS FOR ENERGY AND WATER DEVELOPMENT; DEFENSE;

INTERIOR, ENVIRONMENT, AND RELATED AGENCIES; LABOR, HEALTH AND HUMAN

SERVICES, EDUCATION, AND RELATED AGENCIES; TRANSPORTATION, HOUSING AND

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

RELATED AGENCIES; INTELLIGENCE, AND HOMELAND SECURITY.

THE HOUSE(S) OF CONGRESS AND FEDERAL AGENCIES CONTACTED INCLUDE: U.S.

HOUSE, U.S. SENATE, DEPARTMENT OF ENERGY, DEPARTMENT OF DEFENSE,

DEPARTMENT OF TRANSPORTATION, DEPARTMENT OF HOMELAND SECURITY,

ENVIRONMENTAL PROTECTION AGENCY, DEPARTMENT OF HEALTH AND HUMAN SERVICES

(NATIONAL INSTITUTES OF HEALTH), U.S. ARMY CORPS OF ENGINEERS, AND

NATIONAL OCEANIC AND ATMOSPHERIC ADMINISTRATION.

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

AND LOCAL GOVERNMENTS AND/OR AGENCIES.

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

▶ **Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)**

OMB No. 1545-0047

**2013**

**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" to Form 990, Part IV, line 6.

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

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

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

Preservation of land for public use (e.g., recreation or education)       Preservation of an historically important land area

Protection of natural habitat       Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Tax Year
<b>a</b> Total number of conservation easements .....	<b>2a</b>
<b>b</b> Total acreage restricted by conservation easements .....	<b>2b</b>
<b>c</b> Number of conservation easements on a certified historic structure included in (a) .....	<b>2c</b>
<b>d</b> Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register .....	<b>2d</b>

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

**4** Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

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

Yes       No

**6** Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ \_\_\_\_\_

**7** Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

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

Yes       No

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

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

**1a** If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

**b** If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

**(i)** Revenues included in Form 990, Part VIII, line 1 .....

▶ \$ \_\_\_\_\_

**(ii)** Assets included in Form 990, Part X .....

▶ \$ \_\_\_\_\_

**2** If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

**a** Revenues included in Form 990, Part VIII, line 1 .....

▶ \$ \_\_\_\_\_

**b** Assets included in Form 990, Part X .....

▶ \$ \_\_\_\_\_

**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 are a 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 programs
  - 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" to 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             | <b>1c</b> |
| d Additions during the year     | <b>1d</b> |
| e Distributions during the year | <b>1e</b> |
| f Ending balance                | <b>1f</b> |
- 2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" to 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 Temporarily restricted endowment  %
- The percentages in 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   | <b>3a(i)</b>  |    |
| (ii) related organizations  | <b>3a(ii)</b> |    |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | <b>3b</b>     |    |
- 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" to 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	15,417,303.			15,417,303.
b Buildings	480,469,415.		271,222,907.	209,246,508.
c Leasehold improvements				
d Equipment	181,825,049.		132,850,272.	48,974,777.
e Other	11,685,627.			11,685,627.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				<b>285,324,215.</b>

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" to 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 .....	149,014,640.	COST
(3) Other .....		
(A) RABBI TRUSTS	7,777,784.	END-OF-YEAR MARKET VALUE
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	156,792,424.	

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" to 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)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

Complete if the organization answered "Yes" to 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	5,808,749.
(3) OTHER LONG TERM LIABILITIES	6,515,586.
(4) LIABILITY FOR POSTRETIREMENT & OTHER BENEFITS	215,227,898.
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	227,552,233.

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 FIN 48 (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" to Form 990, Part IV, line 12a.

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

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

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

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

**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. ▶ See separate instructions.

▶ Information about Schedule F (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**

Open to Public Inspection

Name of the organization <b>BATTELLE MEMORIAL INSTITUTE</b>	Employer identification number 31-4379427
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**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 region	(d) Activities conducted in region (by type) (e.g., 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 region	(f) Total expenditures for and investments in region
EAST ASIA AND THE PACIFIC	4	6	PROGRAM SERVICES	SCIENTIFIC RESEARCH/SERVICES	1,259,752.
EUROPE	6	17	PROGRAM SERVICES	SCIENTIFIC RESEARCH/SERVICES AND LABORATORY MANAGEMENT	17,182,593.
MIDDLE EAST AND NORTH AFRICA	6	8	PROGRAM SERVICES	SCIENTIFIC RESEARCH/SERVICES	7,428,861.
NORTH AMERICA	2	2	PROGRAM SERVICES	SCIENTIFIC RESEARCH/SERVICES	433,031.
RUSSIA AND NEIGHBORING STATES	4	58	PROGRAM SERVICES	SCIENTIFIC RESEARCH/SERVICES AND LABORATORY MANAGEMENT	7,272,335.
EAST ASIA AND THE PACIFIC	0	0	INVESTMENTS		11,890,738.
EUROPE	0	0	INVESTMENTS		15,686.
MIDDLE EAST AND NORTH AFRICA	0	0	INVESTMENTS		411,136.
<b>3 a</b> Sub-total .....	22	91			45,894,132.
<b>b</b> Total from continuation sheets to Part I .....	0	0			6,002,022.
<b>c Totals</b> (add lines 3a and 3b) .....	22	91			51,896,154.



**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.

<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> 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.

<b>(a)</b> Type of grant or assistance	<b>(b)</b> Region	<b>(c)</b> Number of recipients	<b>(d)</b> Amount of cash grant	<b>(e)</b> Manner of cash disbursement	<b>(f)</b> Amount of non-cash assistance	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> 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 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)* .....  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 file Form 5713, International Boycott Report. (see Instructions for Form 5713)* .....  Yes  No

Schedule F (Form 990) 2013

**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.

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" to Form 990, Part IV, line 21 or 22.  
▶ **Attach to Form 990.**

OMB No. 1545-0047

**2013**

**Open to Public  
Inspection**

▶ **Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)**

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 Governments and Organizations in the United States.** Complete if the organization answered "Yes" to 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.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
AMERICAN NATIONAL RED CROSS 1050 FRANKLIN AVE. GARDEN CITY, NY 11530	53-0196605	501(C)(3)	15,115.	0.			DISASTER SUPPORT
BATTELLE EDUCATION 505 KING AVENUE COLUMBUS, OH 43201	46-0585021	501(C)(3)	179,000.	0.			GENERAL OPERATING SUPPORT
BOISE STATE UNIVERSITY FOUNDATION 1910 UNIVERSITY DR. BOISE, ID 83725	82-6010706	501(C)(3)	12,000.	0.			GENERAL OPERATING SUPPORT
BONNEVILLE SCHOOL DISTRICT 3497 NORTH AMMON ROAD IDAHO FALLS, ID 83401	82-6001213	170(C)(1)	15,000.	0.			STEM SUPPORT
BOY SCOUTS OF AMERICA P. O. BOX 51865 KNOXVILLE, TN 37950	62-0476811	501(C)(3)	75,000.	0.			GENERAL OPERATING SUPPORT
CENTER FOR CHILD AND FAMILY ADV 700 CHILDREN'S DRIVE COLUMBUS, OH 43205	02-0627166	501(C)(3)	13,532.	0.			BRONZE MEDAL SPONSORSHIP

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 60.
- 3** Enter total number of other organizations listed in the line 1 table ▶ 1.

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

Schedule I (Form 990) (2013)

**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
CHILDREN'S HUNGER ALLIANCE 370 SOUTH FIFTH STREET COLUMBUS, OH 43215	23-7303509	501(C)(3)	24,550.	0.			HEALTHY MEALS PROGRAM
COLLEGE OF SOUTHERN ID FOUNDATION 315 FALLS AVENUE TWIN FALLS, ID 83303	82-0388193	501(C)(3)	19,500.	0.			GENERAL OPERATING SUPPORT
COLUMBUS COUNCIL ON WORLD AFFAIRS 51 JEFFERSON AVE COLUMBUS, OH 43215	51-0180760	501(C)(3)	24,550.	0.			EDUCATING THE COMMUNITY ON GLOBAL MATTERS
COLUMBUS FOUNDATION 1234 E BROAD STREET COLUMBUS, OH 43205	31-6044264	501(C)(3)	6,100,000.	0.			GENERAL OPERATING SUPPORT
COLUMBUS LITERACY COUNCIL 195 NORTH GRANT AVE COLUMBUS, OH 43215	23-7433168	501(C)(3)	13,300.	0.			SPONSORSHIP ALPHABET ATTRACTIONS
COLUMBUS METROPOLITAN CLUB 100 E BROAD ST, SUITE 100 COLUMBUS, OH 43215	31-0889324	501(C)(3)	9,655.	0.			DIAMOND LEVEL SPONSORSHIP
COMMUNITY SHELTER BOARD 111 LIBERTY ST, SUITE 150 COLUMBUS, OH 43215	31-1181284	501(C)(3)	24,550.	0.			REBUILDING LIVES OPERATION
EAST TENNESSEE CHILDRENS HOSPITAL 2018 W. CLINCH AVENUE KNOXVILLE, TN 37830	62-6002604	501(C)(3)	100,000.	0.			GENERAL OPERATING SUPPORT
EASTERN ID ECONOMIC DEVELOPMENT 151 NORTH RIDGE AVE IDAHO FALLS, ID 83402	82-0460529	501(C)(3)	36,500.	0.			GIFCCS SUCCESS FOR YOUTH PROGRAM

**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
EASTERN IDAHO TECHNICAL COLLEGE 1600 SOUTH 25TH EAST IDAHO FALLS, ID 83404	94-3160729	501(C)(3)	6,500.	0.			SUMMER CAMP FOR UNDER PRIVILEGED CHILDREN
EMORY VALLEY CENTER 1051 OAK RIDGE TURNPIKE OAK RIDGE, TN 37830	62-0762198	501(C)(3)	101,000.	0.			GENERAL OPERATING SUPPORT
FEDERAL BUREAU OF INVESTIGATION 477 MICHIGAN AVE DETROIT, MI 48226	53-0209945	170(C)(1)	0.	7,375.	FMV	TECHNICAL EQUIPMENT	GENERAL OPERATING SUPPORT
FOUNDATION FOR ECOLOGICAL RESEARCH PO BOX 862 UPTON, NY 11973	20-1338931	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
FREDERICK COUNTY PUBLIC SCHOOLS 6 NORTH EAST STREET SUITE 201 FREDERICK, MD 21702	52-6000941	170(C)(1)	50,000.	0.			STEM SUPPORT
FREDERICK COUNTY PUBLIC SCHOOLS 6 NORTH EAST STREET SUITE 201 FREDERICK, MD 21702	52-6000941	170(C)(1)	0.	6,491.	FMV	BACKPACKS	BACKPACKS DONATED TO SCHOOL
HABITAT FOR HUMANITY 111 RANDOLPH ROAD OAK RIDGE, TN 37830	62-1500113	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
HARDIN VALLEY ACADEMY 11345 HARDIN VALLEY RD KNOXVILLE, TN 37932	46-0737187	501(C)(3)	6,250.	0.			FIRST ROBOTICS
HISTORIC OLD TOWN POCATELLO P.O. BOX 222 POCATELLO, ID 83204	16-1768019	501(C)(3)	18,000.	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
HURRICANE SANDY RELIEF FOUNDATION 1 MAPLE AVE S HACKENSACK, NJ 07606	46-1310943	501(C)(3)	25,000.	0.			GENERAL OPERATING SUPPORT
IDAHO DEPARTMENT OF EDUCATION 650 W. STATE ST. BOISE, ID 83720	82-6000952	170(C)(1)	9,850.	0.			SPONSORSHIP
IDAHO FALLS ARTS COUNCIL 498 A STREET IDAHO FALLS, ID 83402	82-0434714	501(C)(3)	7,500.	0.			GENERAL OPERATING SUPPORT
IDAHO FALLS ENERGY PROJECT 955 GARFIELD IDAHO FALLS, ID 83401	82-6001158	501(C)(3)	50,442.	0.			STEM SUPPORT
IDAHO FALLS SCHOOL DISTRICT 91 690 JOHN ADAMS PARKWAY IDAHO FALLS, ID 83401	82-0456533	170(C)(1)	7,446.	0.			IDAHO FALLS MAYORS SCHOLARSHIP
IDAHO FALLS SYMPHONY SOCIETY INC. 450 A. STREET IDAHO FALLS, ID 83402	82-6007411	501(C)(3)	8,000.	0.			YOUNG AMBASSADOR PROGRAM
IDAHO GOVERNOR'S CUP SCHOLARSHIP P.O. BOX 983 BOISE, ID 83701	20-8277116	501(C)(3)	12,000.	0.			GENERAL OPERATING SUPPORT
JEROME MIDDLE SCHOOL 520 10TH AVENUE WEST JEROME, ID 83338	82-6003634	170(C)(1)	9,970.	0.			CLASSROOM MAKEOVER GRANT
METHODIST MEDICAL CENTER FDTN 990 OAK RIDGE TURNPIKE OAK RIDGE, TN 37830	62-1414205	501(C)(3)	50,500.	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
MUSEUM OF MATHEMATICS 134 WEST 29TH ST. NEW YORK, NY 10001	27-1450809	501(C)(3)	5,000.	0.			GENERAL OPERATING SUPPORT
MUSEUM OF SCIENCE 1 SCIENCE PARK BOSTON, MA 02114	04-2103916	501(C)(3)	6,576.	0.			HOSTING RATE TEACHER EDUCATOR INSTITUTE
NATIONWIDE CHILDREN'S HOSPITAL 700 CHILDREN'S DRIVE COLUMBUS, OH 43205	31-1036370	501(C)(3)	5,046.	0.			SPONSORSHIP
NEW JERSEY STATE POLICE P.O. BOX 7068 WEST TRENTON, NJ 08628	21-6000928	170(C)(1)	0.	5,673.	FMV	TECHNICAL EQUIPMENT	GENERAL OPERATING SUPPORT
NORTHWEST NAZARENE UNIVERSITY 623 HOLLY STREET NAMPA, ID 83686	82-0200907	501(C)(3)	8,000.	0.			HANDS-ON SCIENCE LESSONS
OAK RIDGE PUBLIC SCHOOLS EDUCATION P. O. BOX 117, MS-22 OAK RIDGE, TN 37831	62-1809810	501(C)(3)	110,000.	0.			GENERAL OPERATING SUPPORT
OHIO CENTER FOR ESSENTIAL SCHOOLS 12954A STONECREEK DRIVE PICKERINGTON, OH 43147	32-0030699	501(C)(3)	21,000.	0.			PRINCIPAL IN RESIDENCE
PARTNERSHIP FOR SCIENCE & TECH. 425 N. CAPITAL AVENUE IDAHO FALLS, ID 83402	20-4914160	501(C)(6)	16,000.	0.			SCHOLARSHIPS
PEOPLE AGAINST IMPAIRED DRIVERS 1270 CREEKSIDE CT. IDAHO FALLS, ID 83404	06-1790523	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
PHILADELPHIA POLICE 8501 STATE ROAD PHILADELPHIA, PA 19136	23-6003047	170(C)(1)	0.	5,673.	FMV	TECHNICAL EQUIPMENT	GENERAL OPERATING SUPPORT
PROVISION HEALTHCARE FOUNDATION 6450 PROVISION CARE WAY OAK RIDGE, TN 37909	27-0954431	501(C)(3)	5,000.	0.			GENERAL OPERATING SUPPORT
REGION VI DEVELOPMENT ASSOCIATION 315 FALLS AVE TWIN FALLS, ID 83301	82-0311062	501(C)(3)	20,990.	0.			GENERAL OPERATING SUPPORT
SEATTLE UNION GOSPEL MISSION 3800 S OTHELLO STREET SEATTLE, WA 98133	91-0595029	501(C)(3)	0.	10,815.	FMV	OFFICE EQUIPMENT	GENERAL OPERATING SUPPORT
SECOND HARVEST FOOD BANK 136 HARVEST LANE MARYVILLE, TN 37801	58-1450139	501(C)(3)	22,250.	0.			GENERAL OPERATING SUPPORT
SECRET CITY FESTIVAL P. O. BOX 4 OAK RIDGE, TN 37831	62-6018662	501(C)(3)	5,000.	0.			GENERAL OPERATING SUPPORT
SENIOR CITIZENS COMMUNITY CENTER 535 W 21ST STREET IDAHO FALLS, ID 83402	82-0306329	501(C)(3)	16,700.	0.			NUTRITION PROGRAM
SNAKE RIVER ANIMAL SHELTER PO BOX 51741 IDAHO FALLS, ID 83405	20-5175430	501(C)(3)	10,000.	0.			MAKEOVER SUPPORT
TECHNOLOGY 2020 1020 COMMERCE PARK DR. OAK RIDGE, TN 37830	62-1624472	501(C)(3)	10,000.	0.			SCIENCE & MATH EDUCATION

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
TENNESSEE TECHNOLOGICAL UNIVERSITY 1010 N. PEACH TREE DRIVE OAK RIDGE, TN 37830	59-1779111	170(C)(1)	5,000.	0.			GENERAL OPERATING SUPPORT
THE MILKEN INSTITUTE 1250 4TH STREET, 2ND FLOOR SANTA MONICA, CA 90401	95-4240775	501(C)(3)	6,750.	0.			GENERAL OPERATING SUPPORT
THE SALVATION ARMY 605 N. BLVD. IDAHO FALLS, ID 83402	33-0553626	501(C)(3)	5,500.	0.			GENERAL OPERATING SUPPORT
THE UNIVERSITY OF TENNESSEE 800 ANDY HOLT TOWER KNOXVILLE, TN 37996	62-6001636	170(C)(1)	21,000.	0.			SCHOLARSHIPS
TOOELE COUNTY SCHOOL DISTRICT 92 LODESTONE WAY TOOELE, UT 84074	36-4688664	170(C)(1)	0.	29,368.	FMV	OFFICE EQUIPMENT	GENERAL OPERATING SUPPORT
UNITED WAY OF ANDERSON COUNTY 161 C ROBERTSVILLE ROAD OAK RIDGE, TN 37831	62-6041371	501(C)(3)	103,500.	0.			GENERAL OPERATING SUPPORT
UNITED WAY OF LONG ISLAND 819 GRAND BLVD. DEER PARK, NY 11729	11-6042392	501(C)(3)	14,650.	0.			GENERAL OPERATING SUPPORT
UNITED WAY OF SOUTH CENTRAL IDAHO 1426 ADDISON AVE E STE B TWIN FALLS, ID 83301	82-0256978	501(C)(3)	42,625.	0.			GENERAL OPERATING SUPPORT
UNITED WAY OF SOUTHEASTERN IDAHO PO BOX 911 POCATELLO, ID 83204	82-0209625	501(C)(3)	12,901.	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
WAYKIN WARRIOR FOUNDATION 9249 W BAY STREAM CT GARDEN CITY, ID 83714	27-1674941	501(C)(3)	5,000.	0.			GENERAL OPERATING SUPPORT



**Part III** **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to 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 non-cash 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. FOR LARGER GRANTS, BMI ASKS 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, BROOKHAVEN SCIENCE ASSOCIATES LLC, AND UT-BATTELLE LLC EACH HAVE THEIR OWN APPROACH TO MAKING SURE THAT GRANTS ARE ONLY MADE TO

**Part IV** Supplemental Information

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 FINANCIAL STATEMENT NET INCOME, 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 EXPECTED TO BE 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 BMI. DISTRIBUTIONS TO THE FUND FULFILL THE OBLIGATIONS UNDER THE WILL OF GORDON BATTELLE AND THE AGREEMENT WITH THE OHIO ATTORNEY GENERAL.



**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

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

**2013**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
▶ Attach to Form 990. ▶ See separate instructions.

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

Name of the organization

BATTELLE MEMORIAL INSTITUTE

Employer identification number

31-4379427

**Part I Questions Regarding Compensation**

	Yes	No								
<p><b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input checked="" type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input checked="" type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input checked="" type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<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 (e.g., maid, chauffeur, chef)		
<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 (e.g., maid, chauffeur, chef)									
<p><b>b</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 .....</p>	X									
<p><b>2</b> 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 in line 1a? .....</p>	X									
<p><b>3</b> Indicate which, if any, of the following the filing 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.</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input checked="" type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input checked="" type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<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				
<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									
<p><b>4</b> During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p><b>a</b> Receive a severance payment or change-of-control payment? .....</p>		X								
<p><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....</p>	X									
<p><b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? .....</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>		X								
<p><b>Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.</b></p>										
<p><b>5</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p><b>a</b> The organization? .....</p>		X								
<p><b>b</b> Any related organization? .....</p> <p>If "Yes" to line 5a or 5b, describe in Part III.</p>		X								
<p><b>6</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p><b>a</b> The organization? .....</p>		X								
<p><b>b</b> Any related organization? .....</p> <p>If "Yes" to line 6a or 6b, describe in Part III.</p>		X								
<p><b>7</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III .....</p>	X									
<p><b>8</b> Were any amounts reported in 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 .....</p>		X								
<p><b>9</b> If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....</p>										

**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 in 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 are not 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 reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) JEFFREY WADSWORTH PRESIDENT & CEO	(i)	975,060.	244,500.	31,344.	103,314.	12,162.	1,366,380.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) I. MARTIN INGLIS EXECUTIVE VP, COO TO 07/2014	(i)	578,186.	104,523.	11,471.	27,804.	3,895.	725,879.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) DAVID C. EVANS EXECUTIVE VP, CFO	(i)	412,920.	225,000.	4,110.	24,733.	13,548.	680,311.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) RONALD D. TOWNSEND EXECUTIVE VP, GLOBAL LAB OPS	(i)	511,445.	200,000.	18,634.	24,272.	12,553.	766,904.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) RUSSELL P. AUSTIN SR VP, GEN COUNSEL & SEC	(i)	364,160.	35,000.	1,392.	-66,789.	15,969.	349,732.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) JOHN J. GROSSENBACHER SENIOR VP	(i)	373,569.	152,486.	13,051.	32,344.	10,865.	582,315.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) STEPHEN E. KELLY SENIOR VP	(i)	376,278.	60,000.	6,650.	-132,268.	13,373.	324,033.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) MICHAEL KLUSE SENIOR VP	(i)	329,124.	174,600.	104,571.	-276,390.	13,591.	345,496.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) THOMAS E. MASON SENIOR VP	(i)	380,019.	234,197.	7,149.	-48,133.	31,773.	605,005.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) THOMAS D. SNOWBERGER SENIOR VP TO 06/2014	(i)	385,367.	54,000.	5,162.	13,248.	16,100.	473,877.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) MARTIN TOOMAJIAN SENIOR VP	(i)	296,788.	45,000.	2,780.	-51,925.	20,954.	313,597.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) GWENDOLYN C. VONHOLTEN VP FINANCE & ASST TREASURER	(i)	241,172.	10,000.	2,175.	-87,150.	13,208.	179,405.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) BRIAN R. SMITH TREASURER	(i)	166,460.	8,000.	227.	-7,004.	787.	168,470.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) THOMAS E. SHARPE ASST TREAS & ASST SEC	(i)	208,400.	7,000.	1,760.	-29,762.	18,349.	205,747.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) LAURENCE DOON GIBBS LABORATORY DIRECTOR	(i)	339,782.	173,350.	10,705.	25,000.	34,029.	582,866.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(16) JEFFREY W. SMITH DEPUTY FOR OPERATIONS	(i)	311,526.	120,954.	6,015.	33,791.	19,527.	491,813.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.

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

For each individual whose compensation must be reported in 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 are not 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 reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(17) JOSEPH FITCH LABORATORY DIRECTOR	(i)	297,112.	145,000.	1,116.	-14,674.	15,973.	444,527.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(18) BOBI GARRETT DEPUTY PROGRAMS, PARTNERSHIPS	(i)	276,142.	107,582.	57,235.	-55,889.	15,505.	400,575.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(19) TODD ALLEN DEPUTY SCIENCE & TECHNOLOGY	(i)	282,683.	96,769.	44,128.	0.	18,785.	442,365.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(20) JILL ENGEL-COX SAUDI ARABIA PROGRAM MANAGER	(i)	193,255.	0.	303,132.	7,191.	11,945.	515,523.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(21) RUSSELL A. HULSE FORMER DIRECTOR TO 11/2012	(i)	60,000.	0.	0.	0.	0.	60,000.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(22) BARBARA L. KUNZ FORMER SENIOR VP TO 02/2013	(i)	28,338.	0.	369,174.	-16,588.	1,073.	381,997.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(23) BRIAN GRAHAM FORMER TREASURER TO 02/2013	(i)	235,688.	0.	569.	-26,951.	20,865.	230,171.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(24) JUDITH L. MOBLEY FORMER ASST TREAS TO 02/2013	(i)	174,312.	8,000.	626.	-54,236.	11,179.	139,881.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(25) SAMUEL ARONSON FORMER KEY EMPLOYEE-LAB DIR.	(i)	243,786.	0.	6,297.	24,615.	2,368.	277,066.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(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 EXAMINES ALL EXPENSE

REPORTS ASSOCIATED WITH DIRECTORS AND OFFICERS TRAVEL AND ENTERTAINMENT

EXPENSES. ANY TRAVEL NOT DEEMED AS NON-TAXABLE IS REPORTABLE AS TAXABLE

COMPENSATION IN THE W-2. FOR 2013 ONE CURRENT OFFICER HAD REPORTABLE TRAVEL

LISTED IN THE W-2 WITH A GROSS UP FOR TAXES.

BMI PROVIDES A TAX GROSS-UP FOR FOREIGN TAXES, FOREIGN ALLOWANCES AND

RELOCATION COSTS. FOR 2013 ONE HIGH FIVE EMPLOYEE HAD GROSS UPS.

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

ACTIVITIES TO TAKE PLACE. FOR 2013 THERE WERE TWO CURRENT OFFICERS WITH

SOCIAL CLUB DUES.

PART I, LINE 4B:

**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.

NO SEVERANCE PAYMENTS WERE MADE TO ANY INDIVIDUALS LISTED ON

FORM 990, PART VII.

EFFECTIVE JANUARY 1, 2006, BMI IMPLEMENTED THE BATTELLE MEMORIAL INSTITUTE

EXECUTIVES SECTION 457(F) PENSION PLAN (THE 457(F) PLAN), AN ERISA TOP HAT

PLAN. THE 457(F) PLAN IS A COMPONENT OF BMI'S TOTAL COMPENSATION PACKAGE

AND REFLECTS ITS BASIC PHILOSOPHY WITH RESPECT TO DEFINED BENEFIT PENSIONS:

THE SAME PENSION FORMULAS ARE TO BE APPLIED IN DETERMINING THE PENSION OF

ALL EMPLOYEES, REGARDLESS OF POSITION OR COMPENSATION LEVEL. THE 457(F)

PLAN PROVIDES AN ACCRUAL OF THAT PORTION OF AN OFFICERS OR EXECUTIVES

ANNUAL PENSION BENEFIT ACCRUAL WHICH CAN NOT BE PAID UNDER ANY OTHER

QUALIFIED OR NON-QUALIFIED PENSION PLAN MAINTAINED BY BMI DUE TO OPERATION

OF VARIOUS RULES AND LIMITATIONS IN THE INTERNAL REVENUE CODE. AS OF

JANUARY 1, 2013, 100% PERCENT OF THE 457(F) PLAN ACCRUAL EARNED DURING A

YEAR IS PAID IN CASH TO THE OFFICERS OR EXECUTIVES AS SOON AS POSSIBLE

AFTER THE END OF THE YEAR. THE FULL AMOUNT OF THE 457(F) PLAN ACCRUAL WAS

REPORTED ON THE OFFICER'S OR EXECUTIVE'S 2013 FORM W-2. THE FOLLOWING 2013

ACCRUAL UNDER THE 457(F) PLAN IS INCLUDED IN THE AMOUNT OF COMPENSATION

REPORTED 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.

MICHAEL KLUSE \$41,122

BOBI GARRETT \$54,570

PART I, LINE 7:

SHORT AND LONG-TERM INCENTIVE COMPENSATION PROGRAMS ARE TIED

TO CORPORATE AND INDIVIDUAL PERFORMANCE.

SCHEDULE J SUPPLEMENTAL INFORMATION

DIRECTORS ARE PAID AS INDEPENDENT CONTRACTORS IN PART VII.

EMPLOYEE WELFARE BENEFITS AND FRINGE BENEFITS:

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

**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.

HAVE RECEIVED WORKING CONDITION FRINGE BENEFITS AND/OR DE MINIMIS

FRINGE BENEFITS AND/OR QUALIFIED MOVING EXPENSE REIMBURSEMENTS EXCLUDED

FROM INCOME UNDER INTERNAL REVENUE CODE SECTIONS

132(A)(3), 132(A)(4), AND 132(A)(6) 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 A

WRITTEN TRAVEL AND ENTERTAINMENT EXPENSE REIMBURSEMENT POLICY THAT

COMPLIES 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

AUDIT EXAMINES ALL EXPENSE REPORTS ASSOCIATED WITH DIRECTORS AND

OFFICERS 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;

**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.

NONQUALIFIED PLANS AND CASH PAYMENT ARRANGEMENTS WHICH PROVIDE THE

ECONOMIC VALUE OF BENEFITS OTHERWISE PAYABLE UNDER THE NORMAL

PROVISIONS OF BMI'S QUALIFIED DEFINED BENEFIT AND DEFINED CONTRIBUTION

EMPLOYEE BENEFIT PLANS (QUALIFIED PLANS) BUT FOR OPERATION OF THE

INTERNAL REVENUE CODES LIMITATIONS UPON THE AMOUNT OF COMPENSATION

WHICH CAN BE TAKEN INTO ACCOUNT IN DETERMINING BENEFITS UNDER A

QUALIFIED PLAN, THE AMOUNT OF CONTRIBUTIONS WHICH CAN BE MADE TO A

QUALIFIED PLAN, AND/OR THE AMOUNT OF BENEFITS WHICH CAN BE PAID FROM A

QUALIFIED PLAN; VARIOUS EMPLOYEE WELFARE BENEFIT PLANS AND GROUP

INSURANCES; PAID LEAVE TIME; TUITION REIMBURSEMENT; AND MISCELLANEOUS

DE MINIMIS, WORKING CONDITION FRINGE BENEFITS, AND QUALIFIED MOVING

EXPENSE REIMBURSEMENTS.

DEFERRED COMPENSATION FROM RETIREMENT PLANS REPORTED IN SCHEDULE J,

PART II, COLUMN C REFLECTS THE IMPACT OF THE CHANGES IN THE DISCOUNT

RATE FROM 4.39% TO 5.39% AND ACTUARIAL IMPACTS OF SALARY GROWTH, AGE,

AND ADDITIONAL SERVICE AND OTHER ACTUARIAL FACTORS, THEREBY INCREASING

OR DECREASING THE AMOUNTS. DUE TO THE INCREASE IN DISCOUNT RATE FROM

4.39% FOR CALCULATIONS AS OF 12/31/2012 TO 5.39% FOR CALCULATIONS AS OF

**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.

12/31/2013, MANY PARTICIPANTS HAD DECREASES IN THEIR PRESENT VALUE OF

BENEFITS FROM 12/31/2012 TO 12/31/2013.

SCHEDULE L

(Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No. 1545-0047

2013

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

Open To Public Inspection

Name of the organization

BATTELLE MEMORIAL INSTITUTE

Employer identification number

31-4379427

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) 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.

Table with 4 main columns: (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.

Table with 9 main columns: (a) Name of interested person, (b) Relationship with organization, (c) Purpose of loan, (d) Loan to or from the organization? (To/From), (e) Original principal amount, (f) Balance due, (g) In default? (Yes/No), (h) Approved by board or committee? (Yes/No), (i) Written agreement? (Yes/No)

Total \$

Part III Grants or Assistance Benefiting Interested Persons.

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

Table with 5 main columns: (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

**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
360IP PTE. LTD.	JEFFREY WADSWORTH A	277,084.	360IP PTE.		X
AMERICAN ELECTRIC POWER	MICHAEL MORRIS IS A	2,861,853.	AMERICAN EL		X
AMERICAN ELECTRIC POWER	MICHAEL MORRIS IS A	4,046,039.	BMI PAID AM		X
AT&T	JOHN MCCOY IS A DIR	4,827,292.	BMI PAID AT		X
COMPUTER SCIENCES CORP	SEAN O'KEEFE IS A D	4,865,985.	COMPUTER SC		X
GENERAL DYNAMICS	LESTER LYLES IS A D	7,250,079.	BMI PAID GE		X
GENERAL DYNAMICS	LESTER LYLES IS A D	1,629,451.	GENERAL DYN		X
GREIF, INC.	MICHAEL J. GASSER I	352,529.	GREIF, INC.		X
USEC	JOHN WELCH IS A DIR	26,967,188.	BMI PAID US		X
USEC	JOHN WELCH IS A DIR	2,059,784.	USEC PAID B		X

**Part V Supplemental Information**

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

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: 360IP PTE. LTD.

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

JEFFREY WADSWORTH AND I MARTIN INGLIS ARE OFFICERS

(D) DESCRIPTION OF TRANSACTION: 360IP PTE. LTD. PAID BMI FOR RESEARCH

SERVICES

(A) NAME OF PERSON: AMERICAN ELECTRIC POWER

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

MICHAEL MORRIS IS A DIRECTOR

(D) DESCRIPTION OF TRANSACTION: AMERICAN ELECTRIC POWER PAID BMI FOR

RESEARCH SERVICES

(A) NAME OF PERSON: AMERICAN ELECTRIC POWER

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

MICHAEL MORRIS IS A DIRECTOR

(D) DESCRIPTION OF TRANSACTION: BMI PAID AMERICAN ELECTRIC POWER FOR

ELECTRICITY

(A) NAME OF PERSON: AT&amp;T

**Part V Supplemental Information**

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

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

JOHN MCCOY IS A DIRECTOR

(D) DESCRIPTION OF TRANSACTION: BMI PAID AT&T FOR SERVICES

(A) NAME OF PERSON: COMPUTER SCIENCES CORP

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

SEAN O'KEEFE IS A DIRECTOR

(D) DESCRIPTION OF TRANSACTION: COMPUTER SCIENCE CORP PAID BMI FOR

RESEARCH SERVICES

(A) NAME OF PERSON: GENERAL DYNAMICS

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

LESTER LYLES IS A DIRECTOR

(D) DESCRIPTION OF TRANSACTION: BMI PAID GENERAL DYNAMICS FOR PROJECT

SERVICES

(A) NAME OF PERSON: GENERAL DYNAMICS

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

LESTER LYLES IS A DIRECTOR

(D) DESCRIPTION OF TRANSACTION: GENERAL DYNAMICS PAID BMI FOR RESEARCH

SERVICES

(A) NAME OF PERSON: GREIF, INC.

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

MICHAEL J. GASSER IS A DIRECTOR

(D) DESCRIPTION OF TRANSACTION: GREIF, INC. PAID BMI FOR RESEARCH

SERVICES

**Part V Supplemental Information**

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

(A) NAME OF PERSON: USEC

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

JOHN WELCH IS A DIRECTOR

(D) DESCRIPTION OF TRANSACTION: BMI PAID USEC FOR PROJECT SERVICES

(A) NAME OF PERSON: USEC

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

JOHN WELCH IS A DIRECTOR

(D) DESCRIPTION OF TRANSACTION: USEC PAID BMI FOR RESEARCH SERVICES

(A) NAME OF PERSON: BLAKE KLUSE

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FAMILY MEMBER OF MICHAEL KLUSE

(C) AMOUNT OF TRANSACTION \$ 98,112.

(D) DESCRIPTION OF TRANSACTION: PAYROLL

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: DAVID KELLY

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FAMILY MEMBER OF STEPHEN KELLY

(C) AMOUNT OF TRANSACTION \$ 330,303.

(D) DESCRIPTION OF TRANSACTION: PAYROLL

(E) SHARING OF ORGANIZATION REVENUES? = NO

SCHEDULE L, PART IV

SIX OF BMI DIRECTORS ALSO SIT ON THE BOARDS OF CERTAIN PUBLIC COMPANIES

FROM WHICH BMI ACQUIRES COMMUNICATIONS, ELECTRICAL, AND PROJECT

SERVICES OR WHICH CONTRACT WITH BMI FOR RESEARCH SERVICES. THESE



**Part V Supplemental Information**

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

BUSINESS TRANSACTIONS IN THE NORMAL COURSE OF BMI'S BUSINESS CAUSE

THESE SIX DIRECTORS TO BE INTERESTED PERSONS THUS NOT CONSIDERED TO BE

INDEPENDENT DIRECTORS FOR FORM 990 PURPOSES. HOWEVER, UNDER OHIO

CORPORATE LAW ALL NINE DIRECTORS WOULD BE CONSIDERED INDEPENDENT UNDER

EXISTING CIRCUMSTANCES.

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

**2013**

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:

ADDRESS CRITICAL ELEMENTS OF THE NATION'S SCIENTIFIC RESEARCH AGENDA,

PERFORM BASIC AND APPLIED SCIENTIFIC RESEARCH, CREATE 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 V, LINE 4B, LIST OF FOREIGN COUNTRIES:

GEORGIA, INDIA, JAPAN, MALAYSIA,

SAUDI ARABIA, SINGAPORE, SOUTH KOREA, SWITZERLAND,

TAIWAN, UKRAINE, UNITED KINGDOM

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

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.

Name of the organization BATTELLE MEMORIAL INSTITUTE	Employer identification number 31-4379427
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FORM 990, PART VI, SECTION B, LINE 12C:

EACH YEAR, BMI USES A DETAILED CONFLICT OF INTEREST CERTIFICATE TO OBTAIN INFORMATION FROM DIRECTORS, OFFICERS AND ANY KEY EMPLOYEE. IN ADDITION, DIRECTORS AND OFFICERS PERIODICALLY UPDATE LISTS OF THEIR AFFILIATIONS WITH OTHER ENTITIES. BMI PERIODICALLY DISTRIBUTES AN ETHICAL CODE OF CONDUCT TRAINING COURSE THAT MUST BE REVIEWED AND SIGNED BY EVERY EMPLOYEE. TRAINING WITH RESPECT TO SECTION 501(C)(3) COMPLIANCE REQUIREMENTS, LIMITATIONS AND PROHIBITIONS, INCLUDING IMPROPER PRIVATE BENEFIT AND OTHER CONFLICT OF INTEREST-RELATED MATTERS IS INCLUDED IN THE ETHICAL CODE OF CONDUCT TRAINING COURSE THAT MUST BE REVIEWED AND SIGNED BY EVERY EMPLOYEE. BMI MAINTAINS AN ETHICS HOT-LINE FOR ITS STAFF FOR USE WITH RESPECT TO ANY ETHICS-RELATED MATTER, AND ALSO MAINTAINS A DEDICATED E-MAIL BOX FOR USE WITH RESPECT TO SECTION 501(C)(3) RELATED MATTERS. MATTERS REPORTED OR CONCERNS RAISED BY CONTACT WITH THE HOT-LINE OR THROUGH THE E-MAIL BOX 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

Name of the organization BATTELLE MEMORIAL INSTITUTE	Employer identification number 31-4379427
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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 1023 INCLUDES THE ARTICLES OF INCORPORATION AND THE CODE OF REGULATIONS. THE CODE OF REGULATIONS IN FORM 1023 DOES NOT REFLECT THE RECENT 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 XI, LINE 9, CHANGES IN NET ASSETS:

MARKET VALUE ADJUSTMENT ON MARKETABLE SECURITIES	-3,056,869.
CURRENCY TRANSLATION ADJUSTMENT	29,443.
PENSION AND POST RETIREMENT BENEFITS	-60,492,840.
NONCONTROLLING INTEREST	-843,118.
DIVIDENDS	0.
TOTAL TO FORM 990, PART XI, LINE 9	-64,363,384.

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

Name of the organization BATTELLE MEMORIAL INSTITUTE	Employer identification number 31-4379427
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SCHEDULE FOR THE GROSS UNRELATED BUSINESS REVENUE TO FORM 990T, PART I,

COLUMN A, LINE 13,

FORM 990 GROSS UNRELATED BUSINESS REVENUE	47,074,711
DEDUCT INCOME TAX BASIS PARTNERSHIP LOSS	648,506
DEDUCT THE COSTS OF GOODS SOLD	43,504,122
ADD INSURANCE PREMIUMS FROM TAXABLE SUBSIDIARIES	84,238
EQUALS TOTAL ON FORM 990T PART I, LINE 13	3,006,321

**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. ▶ See separate instructions.

▶ Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

OMB No. 1545-0047

**2013**

**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, 110 THOMAS JOHNSON DR., SUITE 300, FREDERICK, MD 21702	MANAGEMENT OF NATIONAL LABORATORY	DELAWARE	33,317,570.	9,275,409.	BATTELLE MEMORIAL INSTITUTE
BATTELLE ASIA, LLC - 20-3790334 505 KING AVENUE COLUMBUS, OH 43201	SCIENTIFIC RESEARCH (DORMANT)	DELAWARE	0.	0.	BATTELLE MEMORIAL INSTITUTE
BATTELLE ENERGY ALLIANCE, LLC - 68-0588324 2525 N FREMONT AVE IDAHO FALLS, ID 83415	MANAGEMENT OF NATIONAL LABORATORY	DELAWARE	827,096,287.	9,080,398.	BATTELLE MEMORIAL INSTITUTE
BATTELLE ENERGY UK, LLC - 42-1767455 505 KING AVENUE COLUMBUS, OH 43201	MANAGEMENT OF NATIONAL LABORATORY	DELAWARE	320,392.	773,954.	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
BATTELLEED.ORG - 46-0585021 505 KING AVENUE COLUMBUS, OH 43201	PROMOTE STEM EDUCATION	OHIO	501(C)(3)	11(A)I	BATTELLE MEMORIAL INSTITUTE		X

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

Schedule R (Form 990) 2013

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
BATTELLE VENTURES, LP - 47-0924456, 100 PRINCETON SOUTH CORPORATE CENTER, SUITE 150, EWING, NJ 08628	VENTURE CAPITAL	DE	BATTELLE MEMORIAL INSTITUTE	RELATED	-7,825,344.	38,275,398.	X		N/A	X		99.50%

**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
360IP (CHINA) PTE LTD 391B ORCHARD ROAD #16-03/04 NGEE ANN CITY TOWER B, SINGAPORE 238874	INTELLECUTAL PROP MANAGEMENT AND INVESTMENT	SINGAPORE	360IP PTE LTD	C CORP	1,677.	22,342.	71.05%	X	
360IP CORPORATION - 26-1970537 100 PRINCETON SOUTH ST 150 EWING, NJ 08628	INTELLECUTAL PROP MANAGEMENT AND INVESTMENT	DE	360IP PTE LTD	C CORP	101.	2,081.	71.05%	X	
360IP JAPAN PTE. LTD. 6-6-1 GINZA, CHUO-KU TOKYO, JAPAN	INTELLECUTAL PROP MANAGEMENT AND INVESTMENT	JAPAN	360IP PTE LTD	C CORP	5,453.	73,139.	70.33%	X	
360IP INVESTMENT COMPANY 190 ELGIN AVENUE, GEORGE TOWN GRAND CAYMAN, CAYMAN ISLANDS	INTELLECUTAL PROP MANAGEMENT AND INVESTMENT	CAYMAN ISLANDS	360IP (CHINA) PTE LTD	C CORP	0.	0.	71.05%	X	
360IP KOREA 14 FLOOR SH TOWER 278-22 NONHYUN-DONG GANGNAM SEOUL, KOREA, SOUTH	INTELLECUTAL PROP MANAGEMENT AND INVESTMENT	KOREA, SOUTH	360IP PTE LTD	C CORP	115,927.	46,205.	71.05%	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
360IP PTE LTD - 20-0817081									
391B ORCHARD ROAD #16-03/04	OTHER INVESTMENT		BATTELLE						
NGEE ANN CITY TOWER B, SINGAPORE 238874	HOLDING COMPANY	SINGAPORE	VENTURES, LP	C CORP	-817,047.	784,786.	71.05%	X	
BATTELLE ARABIA FOR SCIENCE & TECHNOLOGY			BATTELLE						
AL-AKARIA PLAZA, LEVEL 6, NORTH WING, GATE D, RIYADH, SAUDI ARABIA 11673	SCIENTIFIC RESEARCH	SAUDI ARABIA	MEMORIAL INSTITUTE	C CORP	119,735.	369,799.	100.00%	X	
BATTELLE INSTITUTE (DELAWARE) - 31-4379427			BATTELLE						
505 KING AVENUE	HOLDING COMPANY		MEMORIAL						
COLUMBUS, OH 43201	(DORMANT)	DE	INSTITUTE	C CORP	0.	0.	100.00%	X	
BATTELLE INSTITUTE E.V.			BATTELLE						
FRANKFURT AM MAIN	SCIENTIFIC RESEARCH		MEMORIAL						
FRANKFURT, GERMANY	(DORMANT)	GERMANY	INSTITUTE	C CORP	0.	0.	100.00%	X	
BATTELLE JAPAN CORPORATION			BATTELLE						
2-CHOME UCHISAIWAI-CHO CHIYODA-KU			MEMORIAL						
TOKYO, JAPAN	SCIENTIFIC RESEARCH	JAPAN	INSTITUTE	C CORP	433,145.	240,971.	60.00%	X	
BATTELLE OKLAHOMA LLC - 20-0292062			BATTELLE						
505 KING AVENUE	REAL ESTATE		MEMORIAL						
COLUMBUS, OH 43201	ACTIVITIES	OK	INSTITUTE	C CORP	229,828.	329,750.	100.00%	X	
BATTELLE SCIENCE & TECHNOLOGY INDIA PVT. LTD			BATTELLE						
UNIT 302 PANCHSHIL TECH PARK			MEMORIAL						
HINJEWADI, PUNE, INDIA 411057	SCIENTIFIC RESEARCH	INDIA	INSTITUTE	C CORP	354,797.	990,519.	100.00%	X	
BATTELLE SCIENCE & TECHNOLOGY MALAYSIA			BATTELLE						
BLOCK B, LOT 3288, OFF JALAN AYER ITAM	SCIENTIFIC RESEARCH		MEMORIAL						
KAWASAN INSTITUSI BANGI, MALAYSIA 43000	(DORMANT)	MALAYSIA	INSTITUTE	C CORP	0.	0.	100.00%	X	
BATTELLE SERVICES COMPANY INC. - 31-1792334			BATTELLE						
505 KING AVENUE			MEMORIAL						
COLUMBUS, OH 43201	EMPLOYEE LEASING	OH	INSTITUTE	C CORP	1,579,794.	2,427,227.	100.00%	X	
BATTELLE UK LIMITED			BATTELLE						
29 SPRINGFIELD LYONS APPROACH		UNITED	MEMORIAL						
CHELSEFORD ESSEX, UNITED KINGDOM CM2 5LB	SCIENTIFIC RESEARCH	KINGDOM	INSTITUTE	C CORP	13,366,956.	18,556,877.	100.00%	X	
B-C, JV LLC - 47-1470805			BATTELLE						
1204 TECHNOLOGY DRIVE			MEMORIAL						
ABERDEEN, MD 21004	SCIENTIFIC RESEARCH	MD	INSTITUTE	C CORP	0.	0.	70.00%	X	
BLUEFIN ROBOTICS CORPORATION - 20-2576696			BATTELLE						
237 PUTNAM AVE.			MEMORIAL						
CAMBRIDGE, MA 02139	MARINE ROBOTICS	MA	INSTITUTE	C CORP	13,896,181.	32,351,760.	100.00%	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
BLUEFIN ROBOTICS UK HOLDINGS, LTD - 98-1140866, ORCHARD BRAE HOUSE QUEENSFERRY RD, EDINBURGH, UNITED KINGDOM	HOLDING COMPANY	UNITED KINGDOM	BLUEFIN ROBOTICS CORPORATION	C CORP	0.	30,286,798.	100.00%	X	
GEOSAFE AUSTRALIA PTY. LIMITED LEVEL 14, 140 ST GEORGES TERRACE PERTH, AUSTRALIA WA 6000	HAZARDOUS WASTE REMIEDIATION (DORMANT)	AUSTRALIA	GEOSAFE CORPORATION	C CORP	0.	0.	100.00%	X	
GEOSAFE CORPORATION - 91-1404268 505 KING AVENUE COLUMBUS, OH 43201	WASTE CLEANUP	WA	BATTELLE MEMORIAL INSTITUTE	C CORP	15,946.	499,829.	100.00%	X	
THE HEALTHCARE COLLOQUIUM INC. - 26-2347432 505 KING AVENUE COLUMBUS, OH 43201	CONSULTING	OH	BATTELLE MEMORIAL INSTITUTE	C CORP	327,014.	1,292,203.	100.00%	X	
RESEARCH INSURANCE COMPANY LTD. 73 FRONT STREET, 3RD FLOOR HAMILTON, BERMUDA HM11	INSURING BATTELLE RISKS	BERMUDA	BATTELLE MEMORIAL INSTITUTE	C CORP	5,059,799.	90,110,665.	100.00%	X	
SCIENTIFIC ADVANCES INC. - 31-6024333 505 KING AVENUE COLUMBUS, OH 43201	VENTURE CAPITAL MANAGEMENT	OH	BATTELLE MEMORIAL INSTITUTE	C CORP	39.	105,209.	100.00%	X	
SEEBYTE INC. - 98-0563142 2240 SHELTER ISLAND DRIVE SUITE 210 SAN DIEGO, CA 92106	SOFTWARE DEVELOPMENT	DE	SEEBYTE LIMITED	C CORP	342,879.	742,543.	100.00%	X	
SEEBYTE LIMITED - 98-1146573 ORCHARD BRAE HOUSE QUEENSFERRY RD EDINBURGH, UNITED KINGDOM	SOFTWARE DEVELOPMENT	UNITED KINGDOM	BLUEFIN ROBOTICS CORPORATION	C CORP	1,537,008.	5,584,162.	100.00%	X	
VITEX SYSTEMS INC. - 77-0526364 505 KING AVENUE COLUMBUS, OH 43201	LICENSING COMPANY	DE	BATTELLE MEMORIAL INSTITUTE	C CORP	24,036.	208,943.	100.00%	X	
WINNER WATER SERVICES INC. - 46-1707320 WINNER BLDG, 32W. STATE ST. SHARON, PA 16146	WATER TREATMENT	PA	BATTELLE MEMORIAL INSTITUTE	S CORP	-618,149.	1,712,861.	58.00%	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
<b>a</b> Receipt of <b>(i)</b> interest <b>(ii)</b> annuities <b>(iii)</b> royalties or <b>(iv)</b> rent from a controlled entity .....	X	
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....	X	
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....		X
<b>d</b> Loans or loan guarantees to or for related organization(s) .....	X	
<b>e</b> Loans or loan guarantees by related organization(s) .....		X
<b>f</b> Dividends from related organization(s) .....	X	
<b>g</b> Sale of assets to related organization(s) .....		X
<b>h</b> Purchase of assets from related organization(s) .....		X
<b>i</b> Exchange of assets with related organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....	X	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....	X	
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....	X	
<b>o</b> Sharing of paid employees with related organization(s) .....	X	
<b>p</b> Reimbursement paid to related organization(s) for expenses .....		X
<b>q</b> Reimbursement paid by related organization(s) for expenses .....		X
<b>r</b> Other transfer of cash or property to related organization(s) .....	X	
<b>s</b> 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
<b>(1)</b> 360IP PTE LTD - SPECIFIED PAYMENT	A	317,574.FMV	
<b>(2)</b> BATTELLE ARABIA FOR SCIENCE & TECHNOLOGY - SPECIFIED PAYMENT	A	5,126.FMV	
<b>(3)</b> BATTELLE SCIENCE & TECHNOLOGY PVT LTD INDIA - SPECIFIED PAYMENT	A	89,428.FMV	
<b>(4)</b> BATTELLE JAPAN CORPORATION - SPECIFIED PAYMENT	A	91,986.FMV	
<b>(5)</b> BATTELLE UK LIMITED - SPECIFIED PAYMENT	A	94,625.FMV	
<b>(6)</b> BLUEFIN ROBOTICS CORPORATION - SPECIFIED PAYMENT	A	1,019,190.FMV	

**Part V** Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(7)BATTELLE SERVICES COMPANY INC - SPECIFIED PAYMENT	A	3,842.	FMV
(8)GEOSAFE CORPORATION - SPECIFIED PAYMENT	A	110,576.	FMV
(9)THE HEALTHCARE COLLOQUIUM - SPECIFIED PAYMENT	A	44,879.	FMV
(10)VITEX SYSTEMS INC - SPECIFIED PAYMENT	A	6,724.	FMV
(11)VITEX SYSTEMS INC - QUALIFYING SPECIFIED PAYMENT	A	308,198.	FMV
(12)HEALTHCARE COLLOQUIUM INC	B	1,213,000.	FMV
(13)BLUEFIN ROBOTICS CORPORATION	B	36,735,000.	FMV
(14)BATTELLE ARABIA FOR SCIENCE & TECHNOLOGY	D	200,000.	FMV
(15)BATTELLE SCIENCE & TECHNOLOGY INDIA PVT LTD	D	500,000.	FMV
(16)BATTELLE JAPAN CORPORATION	D	750,000.	FMV
(17)BATTELLE SERVICES COMPANY INC	D	300,000.	FMV
(18)BATTELLE UK LIMITED	D	1,860,500.	FMV
(19)BLUEFIN ROBOTICS CORPORATION	D	10,750,000.	FMV
(20)HEALTHCARE COLLOQUIUM INC	D	2,200,000.	FMV
(21)VITEX SYSTEMS INC	D	210,000.	FMV
(22)BATTELLE SERVICES COMPANY INC	L	66,492.	FMV
(23)BLUEFIN ROBOTICS CORPORATION	L	1,514,420.	FMV
(24)HEALTHCARE COLLOQUIUM INC	L	2,019,051.	FMV

**Part V** Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(7) VITEX SYSTEMS INC	L	91,466	FMV
(8) WINNER WATER SERVICES INC	L	246,334	FMV
(9) BATTELLE ARABIA FOR SCIENCE & TECHNOLOGY	M	116,227	FMV
(10) BATTELLE SCIENCE & TECHNOLOGY INDIA PVT LTD	M	88,948	FMV
(11) BATTELLE SERVICES COMPANY INC	M	729,525	FMV
(12) BATTELLE UK LIMITED	M	1,890,995	FMV
(13) BLUEFIN ROBOTICS CORPORATION	M	642,435	FMV
(14) RESEARCH INSURANCE COMPANY LIMITED	M	2,299,249	FMV
(15) BATTELLE SCIENCE & TECHNOLOGY MAYLAYSIA SND BHD	S	329,898	FMV
(16)			
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			

**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 section 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		2,003,127.	3,029,982.	X		N/A	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		4,377,183.	4,625,520.	X		N/A	X		50.00%

**Part VII Supplemental Information**

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

SCHEDULE R, PART V,

DURING FISCAL YEAR 2014, 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 JAPAN, KOREA, INDIA, SAUDI

ARABIA, SINGAPORE, AND UNITED KINGDOM AFFILIATES WERE PROVIDED UNDER

ARMS-LENGTH TERMS AND AT PRICING WHICH COMPLIED WITH THE INTER-COMPANY

TRANSFER PRICING RULES OF JAPAN, KOREA, INDIA, SAUDI ARABIA, SINGAPORE,

UNITED KINGDOM, AND THE UNITED STATES. BMI ENGAGED IN TRANSACTIONS

WITH RELATED ENTITIES SUCH AS: THE LEASING OF REAL OR PERSONAL

PROPERTY; THE PROVISION OF CAPITAL; AND, 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 V, LINE 1A

QUALIFYING SPECIFIED PAYMENTS AND SPECIFIED PAYMENTS

RELATED TO IRS SECTION 512(B)(13) PERTAINING TO 990T PAGE 1, PART I,

LINE 8

QUALIFYING SPECIFIED PAYMENTS	\$308,198
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SPECIFIED PAYMENTS	\$1,783,950
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TOTAL	\$2,092,148
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**Part VII** Supplemental Information

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

SCHEDULE R, PART VI

BMI IS REQUIRED TO CONSOLIDATE THESE ENTITIES 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 VOLUNTARY EMPLOYEES' BENEFICIARY ASSOCIATION AND BATTELLE  
EDUCATION.

Form **990-T**

**Exempt Organization Business Income Tax Return**  
(and proxy tax under section 6033(e))

OMB No. 1545-0687

For calendar year 2013 or other tax year beginning OCT 1, 2013, and ending SEP 30, 2014

**2013**

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

Department of the Treasury  
Internal Revenue Service

▶ Information about Form 990-T and its instructions is available at [www.irs.gov/form990t](http://www.irs.gov/form990t).  
▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

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

**C** Book value of all assets at end of year 1,178,659,091.

**F** Group exemption number (See instructions.)

**G** Check organization type  501(c) corporation  501(c) trust  401(a) trust  Other trust

**H** Describe the organization's primary unrelated business activity. ▶ **SCIENTIFIC RESEARCH AND DEVELOPMENT**

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

**J** The books are in care of ▶ **DAVID C. EVANS** Telephone number ▶ **614-424-4777**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
<b>1 a</b> Gross receipts or sales	<u>46,282,381.</u>			
<b>b</b> Less returns and allowances		<b>1c</b> <u>46,282,381.</u>		
<b>2</b> Cost of goods sold (Schedule A, line 7)		<b>2</b> <u>43,504,122.</u>		
<b>3</b> Gross profit. Subtract line 2 from line 1c		<b>3</b> <u>2,778,259.</u>		<u>2,778,259.</u>
<b>4 a</b> Capital gain net income (attach Form 8949 and Schedule D)		<b>4a</b>		
<b>b</b> Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)		<b>4b</b>		
<b>c</b> Capital loss deduction for trusts		<b>4c</b>		
<b>5</b> Income (loss) from partnerships and S corporations (attach statement)		<b>5</b> <u>-648,506.</u>	<b>STMT 1</b>	<u>-648,506.</u>
<b>6</b> Rent income (Schedule C)		<b>6</b>		
<b>7</b> Unrelated debt-financed income (Schedule E)		<b>7</b>		
<b>8</b> Interest, annuities, royalties, and rents from controlled organizations (Sch. F)		<b>8</b> <u>1,783,950.</u>	<u>991,620.</u>	<u>792,330.</u>
<b>9</b> Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)		<b>9</b>		
<b>10</b> Exploited exempt activity income (Schedule I)		<b>10</b>		
<b>11</b> Advertising income (Schedule J)		<b>11</b>		
<b>12</b> Other income (See instructions; attach schedule.) <b>SEE STATEMENT 2</b>		<b>12</b> <u>84,238.</u>		<u>84,238.</u>
<b>13 Total.</b> Combine lines 3 through 12		<b>13</b> <u>3,997,941.</u>	<u>991,620.</u>	<u>3,006,321.</u>

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

<b>14</b> Compensation of officers, directors, and trustees (Schedule K)		<b>14</b>	
<b>15</b> Salaries and wages		<b>15</b>	
<b>16</b> Repairs and maintenance		<b>16</b>	
<b>17</b> Bad debts		<b>17</b>	
<b>18</b> Interest (attach schedule)		<b>18</b>	
<b>19</b> Taxes and licenses		<b>19</b>	
<b>20</b> Charitable contributions (See instructions for limitation rules.)		<b>20</b>	
<b>21</b> Depreciation (attach Form 4562)	<b>21</b>		
<b>22</b> Less depreciation claimed on Schedule A and elsewhere on return	<b>22a</b>	<b>22b</b>	
<b>23</b> Depletion		<b>23</b>	
<b>24</b> Contributions to deferred compensation plans		<b>24</b>	
<b>25</b> Employee benefit programs		<b>25</b>	
<b>26</b> Excess exempt expenses (Schedule I)		<b>26</b>	
<b>27</b> Excess readership costs (Schedule J)		<b>27</b>	
<b>28</b> Other deductions (attach schedule) <b>SEE STATEMENT 3</b>		<b>28</b>	<u>2,111,604.</u>
<b>29 Total deductions.</b> Add lines 14 through 28		<b>29</b>	<u>2,111,604.</u>
<b>30</b> Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13		<b>30</b>	<u>894,717.</u>
<b>31</b> Net operating loss deduction (limited to the amount on line 30) <b>SEE STATEMENT 4</b>		<b>31</b>	<u>894,717.</u>
<b>32</b> Unrelated business taxable income before specific deduction. Subtract line 31 from line 30		<b>32</b>	<u>0.</u>
<b>33</b> Specific deduction (Generally \$1,000, but see instructions for exceptions.)		<b>33</b>	<u>1,000.</u>
<b>34 Unrelated business taxable income.</b> Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32		<b>34</b>	<u>0.</u>



**Part III Tax Computation**

35 Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here <input checked="" type="checkbox"/> See instructions and: a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): (1) \$ 0. (2) \$ 0. (3) \$ 0. b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ 0. (2) Additional 3% tax (not more than \$100,000) \$ 0. c Income tax on the amount on line 34 ▶		35c	0.
36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041) ▶		36	
37 Proxy tax. See instructions ▶		37	
38 Alternative minimum tax		38	9,874.
39 Total. Add lines 37 and 38 to line 35c or 36, whichever applies		39	9,874.

**Part IV Tax and Payments**

40a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	40a		
b Other credits (see instructions)	40b		
c General business credit. Attach Form 3800	40c		
d Credit for prior year minimum tax (attach Form 8801 or 8827)	40d		
e Total credits. Add lines 40a through 40d	40e		
41 Subtract line 40e from line 39	41		9,874.
42 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)	42		
43 Total tax. Add lines 41 and 42	43		9,874.
44a Payments: A 2012 overpayment credited to 2013	44a	5,221.	
b 2013 estimated tax payments	44b	35,000.	
c Tax deposited with Form 8868	44c		
d Foreign organizations: Tax paid or withheld at source (see instructions)	44d		
e Backup withholding (see instructions)	44e		
f Credit for small employer health insurance premiums (Attach Form 8941)	44f		
g Other credits and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total ▶	44g		
45 Total payments. Add lines 44a through 44g	45		40,221.
46 Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	46		
47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed ▶	47		
48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid ▶	48		30,347.
49 Enter the amount of line 48 you want: Credited to 2014 estimated tax 30,347. Refunded ▶	49		0.

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

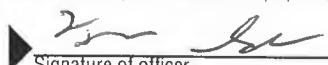
1 At any time during the 2013 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here ▶ SEE STATEMENT 6	Yes	No
2 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	
3 Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$		X

**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	43,504,122.
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 (att. schedule)	4a			X	
b Other costs (attach schedule) Stmt. 10	4b	43,504,122.			
5 Total. Add lines 1 through 4b	5	43,504,122.			

Sign Here

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.

Signature of officer:  Date: 7/28/2011 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 C - Rent Income (From Real Property and Personal Property Leased With Real Property)** (see instructions)

1. Description of property		
(1)		
(2)		
(3)		
(4)		
<b>2. Rent received or accrued</b>		
<b>(a)</b> From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	<b>(b)</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)	<b>3(a)</b> Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total 0.	Total 0.	
<b>(c) Total income.</b> Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) 0.		<b>(b) Total deductions.</b> 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)		%		
<b>Totals</b> .....			0.	0.
<b>Total dividends-received deductions</b> included in column 8 .....			0.	0.

**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) SEE STATEMENT 7					

Nonexempt Controlled Organizations		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
7. Taxable Income	8. Net unrelated income (loss) (see instructions)			SEE STATEMENT 8
(1)				
(2)				
(3)				
(4)				
<b>Totals</b> .....			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A). 1,783,950.	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B). 991,620.

**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)				
<b>Totals</b> .....	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)						
<b>Totals</b> .....	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)						
<b>Totals</b> (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)						
<b>Totals from Part I</b>	0.	0.				0.
<b>Totals, Part II</b> (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)		%	
<b>Total.</b> Enter here and on page 1, Part II, line 14 .....			0.

**SCHEDULE O  
(Form 1120)**

(Rev. December 2012)  
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-REIT, or 1120-RIC.  
▶ Information about Schedule O (Form 1120) and its instructions is available at [www.irs.gov/form1120](http://www.irs.gov/form1120).

OMB No. 1545-0123

Name

Employer identification number

BATTELLE MEMORIAL INSTITUTE

31-4379427

**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, 2013, 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 Required information and elections for component members. Check the applicable box(es) (see instructions).

- a  The corporation will determine its tax liability by applying the maximum tax rate imposed by section 11 to the entire amount of its taxable income.
- b  The corporation and the other members of the group elect the FIFO method (rather than defaulting to the proportionate method) for allocating the additional taxes for the group imposed by section 11(b)(1).
- c  The corporation has a short tax year that does not include December 31.

**Part II Taxable Income Apportionment** (See instructions)**Caution:** Each total in Part II, column (g) for each component member must equal taxable income from Form 1120, page 1, line 30 or the comparable line of such member's tax return.

	(a) Group member's name and employer identification number	(b) Tax year end (Yr-Mo)	Taxable Income Amount Allocated to Each Bracket				
			(c) 15%	(d) 25%	(e) 34%	(f) 35%	(g) Total (add columns (c) through (f))
<b>1</b>	BATTELLE MEMORIAL INSTITUTE	31-4379427 14-09	0.	0.	0.		0.
<b>2</b>	B-C JC, LLC	47-1470805 14-09	0.	0.	0.		0.
<b>3</b>	BATTELLE OKLAHOMA, LLC	20-0292062 14-09	50,000.	25,000.	122,860.		197,860.
<b>4</b>	BATTELLE SERVICES COMPANY, INC.	31-1792334 14-09	0.	0.	0.		0.
<b>5</b>	THE HEALTHCARE COLLOQUIUM, INC.	26-2347432 14-09	0.	0.	0.		0.
<b>6</b>	GEOSAFE CORPORATION	91-1404268 14-09	0.	0.	0.		0.
<b>7</b>	SCIENTIFIC ADVANCES, INC.	31-6024333 14-09	0.	0.	0.		0.
<b>8</b>	VITEX SYSTEMS, INC.	77-0526364 13-12	0.	0.	0.		0.
<b>9</b>	BLUEFIN ROBOTIC CORPORATION	20-2576696 13-12	0.	0.	0.		0.
<b>10</b>							
<b>11</b>							
<b>12</b>							
<b>Total</b>			50,000.	25,000.	122,860.		197,860.

Schedule O (Form 1120) (Rev. 12-2012)

**Part III** Income Tax Apportionment (See instructions)

(a) Group member's name	Income Tax Apportionment						
	(b) 15%	(c) 25%	(d) 34%	(e) 35%	(f) 5%	(g) 3%	(h) Total income tax (combine lines (b) through (g))
<b>1</b> BATTELLE MEMORIAL INSTITUTE	0.	0.	0.		0.		
<b>2</b> B-C JC, LLC	0.	0.	0.		0.		
<b>3</b> BATTELLE OKLAHOMA, LLC	7,500.	6,250.	41,772.		4,893.		60,415.
<b>4</b> BATTELLE SERVICES COMPANY, INC.	0.	0.	0.		0.		
<b>5</b> THE HEALTHCARE COLLOQUIUM, INC.	0.	0.	0.		0.		
<b>6</b> GEOSAFE CORPORATION	0.	0.	0.		0.		
<b>7</b> SCIENTIFIC ADVANCES, INC.	0.	0.	0.		0.		
<b>8</b> VITEX SYSTEMS, INC.	0.	0.	0.		0.		
<b>9</b> BLUEFIN ROBOTIC CORPORATION	0.	0.	0.		0.		
<b>10</b>							
<b>11</b>							
<b>12</b>							
<b>Total</b>	7,500.	6,250.	41,772.		4,893.		60,415.

Schedule O (Form 1120) (Rev. 12-2012)

**Part IV Other Apportionments** (See instructions)

(a) Group member's name	Other Apportionments				
	(b) Accumulated earnings credit	(c) AMT exemption amount	(d) Phaseout of AMT exemption amount	(e) Penalty for failure to pay estimated tax	(f) Other
<b>1</b> BATTELLE MEMORIAL INSTITUTE		40,000.	150,000.		
<b>2</b> B-C JC, LLC					
<b>3</b> BATTELLE OKLAHOMA, LLC					
<b>4</b> BATTELLE SERVICES COMPANY, INC.					
<b>5</b> THE HEALTHCARE COLLOQUIUM, INC.					
<b>6</b> GEOSAFE CORPORATION					
<b>7</b> SCIENTIFIC ADVANCES, INC.					
<b>8</b> VITEX SYSTEMS, INC.					
<b>9</b> BLUEFIN ROBOTIC CORPORATION					
<b>10</b>					
<b>11</b>					
<b>12</b>					
<b>Total</b>		40,000.	150,000.		

Schedule O (Form 1120) (Rev. 12-2012)

**Alternative Minimum Tax - Corporations**

▶ Attach to the corporation's tax return.

▶ Information about Form 4626 and its separate instructions is at [www.irs.gov/form4626](http://www.irs.gov/form4626).

**2013**

Name <b>BATTELLE MEMORIAL INSTITUTE</b>		Employer identification number <b>31-4379427</b>
<b>Note:</b> See the instructions to find out if the corporation is a small corporation exempt from the alternative minimum tax (AMT) under section 55(e).		
<b>1</b> Taxable income or (loss) before net operating loss deduction .....	<b>1</b>	<b>893,717.</b>
<b>2 Adjustments and preferences:</b>		
<b>a</b> Depreciation of post-1986 property .....	<b>2a</b>	
<b>b</b> Amortization of certified pollution control facilities .....	<b>2b</b>	
<b>c</b> Amortization of mining exploration and development costs .....	<b>2c</b>	
<b>d</b> Amortization of circulation expenditures (personal holding companies only) .....	<b>2d</b>	
<b>e</b> Adjusted gain or loss .....	<b>2e</b>	
<b>f</b> Long-term contracts .....	<b>2f</b>	
<b>g</b> Merchant marine capital construction funds .....	<b>2g</b>	
<b>h</b> Section 833(b) deduction (Blue Cross, Blue Shield, and similar type organizations only) .....	<b>2h</b>	
<b>i</b> Tax shelter farm activities (personal service corporations only) .....	<b>2i</b>	
<b>j</b> Passive activities (closely held corporations and personal service corporations only) .....	<b>2j</b>	
<b>k</b> Loss limitations .....	<b>2k</b>	
<b>l</b> Depletion .....	<b>2l</b>	
<b>m</b> Tax-exempt interest income from specified private activity bonds .....	<b>2m</b>	
<b>n</b> Intangible drilling costs .....	<b>2n</b>	
<b>o</b> Other adjustments and preferences .....	<b>2o</b>	
<b>3</b> Pre-adjustment alternative minimum taxable income (AMTI). Combine lines 1 through 2o .....	<b>3</b>	<b>893,717.</b>
<b>4 Adjusted current earnings (ACE) adjustment:</b>		
<b>a</b> ACE from line 10 of the ACE worksheet in the instructions .....	<b>4a</b>	<b>893,717.</b>
<b>b</b> Subtract line 3 from line 4a. If line 3 exceeds line 4a, enter the difference as a negative amount (see instructions) .....	<b>4b</b>	<b>0.</b>
<b>c</b> Multiply line 4b by 75% (.75). Enter the result as a positive amount .....	<b>4c</b>	
<b>d</b> Enter the excess, if any, of the corporation's total increases in AMTI from prior year ACE adjustments over its total reductions in AMTI from prior year ACE adjustments (see instructions). <b>Note:</b> You <b>must</b> enter an amount on line 4d (even if line 4b is positive) .....	<b>4d</b>	
<b>e</b> ACE adjustment.		
• If line 4b is zero or more, enter the amount from line 4c	}	
• If line 4b is less than zero, enter the <b>smaller</b> of line 4c or line 4d as a negative amount		
<b>5</b> Combine lines 3 and 4e. If zero or less, stop here; the corporation does not owe any AMT .....	<b>5</b>	<b>893,717.</b>
<b>6</b> Alternative tax net operating loss deduction (see instructions) .....	<b>6</b>	<b>804,345.</b>
<b>SEE STATEMENT 9</b>		
<b>7</b> <b>Alternative minimum taxable income.</b> Subtract line 6 from line 5. If the corporation held a residual interest in a REMIC, see instructions .....	<b>7</b>	<b>89,372.</b>
<b>8 Exemption phase-out</b> (if line 7 is \$310,000 or more, skip lines 8a and 8b and enter -0- on line 8c):		
<b>a</b> Subtract \$150,000 from line 7 (if completing this line for a member of a controlled group, see instructions). If zero or less, enter -0- .....	<b>8a</b>	<b>0.</b>
<b>b</b> Multiply line 8a by 25% (.25) .....	<b>8b</b>	<b>0.</b>
<b>c</b> Exemption. Subtract line 8b from \$40,000 (if completing this line for a member of a controlled group, see instructions). If zero or less, enter -0- .....	<b>8c</b>	<b>40,000.</b>
<b>9</b> Subtract line 8c from line 7. If zero or less, enter -0- .....	<b>9</b>	<b>49,372.</b>
<b>10</b> Multiply line 9 by 20% (.20) .....	<b>10</b>	<b>9,874.</b>
<b>11</b> Alternative minimum tax foreign tax credit (AMTFTC) (see instructions) .....	<b>11</b>	
<b>12</b> Tentative minimum tax. Subtract line 11 from line 10 .....	<b>12</b>	<b>9,874.</b>
<b>13</b> Regular tax liability before applying all credits except the foreign tax credit .....	<b>13</b>	
<b>14</b> <b>Alternative minimum tax.</b> Subtract line 13 from line 12. If zero or less, enter -0-. Enter here and on Form 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return .....	<b>14</b>	<b>9,874.</b>

JWA For Paperwork Reduction Act Notice, see separate instructions.

Form **4626** (2013)



### Adjusted Current Earnings (ACE) Worksheet

▶ See ACE Worksheet Instructions.

<b>1</b> Pre-adjustment AMTI. Enter the amount from line 3 of Form 4626 .....	<b>1</b>	893,717.
<b>2</b> ACE depreciation adjustment:		
<b>a</b> AMT depreciation .....	<b>2a</b>	
<b>b</b> ACE depreciation:		
(1) Post-1993 property .....	<b>2b(1)</b>	
(2) Post-1989, pre-1994 property .....	<b>2b(2)</b>	
(3) Pre-1990 MACRS property .....	<b>2b(3)</b>	
(4) Pre-1990 original ACRS property .....	<b>2b(4)</b>	
(5) Property described in sections 168(f)(1) through (4) .....	<b>2b(5)</b>	
(6) Other property .....	<b>2b(6)</b>	
(7) Total ACE depreciation. Add lines 2b(1) through 2b(6) .....	<b>2b(7)</b>	
<b>c</b> ACE depreciation adjustment. Subtract line 2b(7) from line 2a .....	<b>2c</b>	
<b>3</b> Inclusion in ACE of items included in earnings and profits (E&P):		
<b>a</b> Tax-exempt interest income .....	<b>3a</b>	
<b>b</b> Death benefits from life insurance contracts .....	<b>3b</b>	
<b>c</b> All other distributions from life insurance contracts (including surrenders) .....	<b>3c</b>	
<b>d</b> Inside buildup of undistributed income in life insurance contracts .....	<b>3d</b>	
<b>e</b> Other items (see Regulations sections 1.56(g)-1(c)(6)(iii) through (ix) for a partial list) .....	<b>3e</b>	
<b>f</b> Total increase to ACE from inclusion in ACE of items included in E&P. Add lines 3a through 3e .....	<b>3f</b>	
<b>4</b> Disallowance of items not deductible from E&P:		
<b>a</b> Certain dividends received .....	<b>4a</b>	
<b>b</b> Dividends paid on certain preferred stock of public utilities that are deductible under section 247 .....	<b>4b</b>	
<b>c</b> Dividends paid to an ESOP that are deductible under section 404(k) .....	<b>4c</b>	
<b>d</b> Nonpatronage dividends that are paid and deductible under section 1382(c) .....	<b>4d</b>	
<b>e</b> Other items (see Regulations sections 1.56(g)-1(d)(3)(i) and (ii) for a partial list) .....	<b>4e</b>	
<b>f</b> Total increase to ACE because of disallowance of items not deductible from E&P. Add lines 4a through 4e .....	<b>4f</b>	
<b>5</b> Other adjustments based on rules for figuring E&P:		
<b>a</b> Intangible drilling costs .....	<b>5a</b>	
<b>b</b> Circulation expenditures .....	<b>5b</b>	
<b>c</b> Organizational expenditures .....	<b>5c</b>	
<b>d</b> LIFO inventory adjustments .....	<b>5d</b>	
<b>e</b> Installment sales .....	<b>5e</b>	
<b>f</b> Total other E&P adjustments. Combine lines 5a through 5e .....	<b>5f</b>	
<b>6</b> Disallowance of loss on exchange of debt pools .....	<b>6</b>	
<b>7</b> Acquisition expenses of life insurance companies for qualified foreign contracts .....	<b>7</b>	
<b>8</b> Depletion .....	<b>8</b>	
<b>9</b> Basis adjustments in determining gain or loss from sale or exchange of pre-1994 property .....	<b>9</b>	
<b>10</b> <b>Adjusted current earnings.</b> Combine lines 1, 2c, 3f, 4f, and 5f through 9. Enter the result here and on line 4a of Form 4626 .....	<b>10</b>	893,717.

FORM 990-T INCOME (LOSS) FROM PARTNERSHIPS AND S CORPORATIONS STATEMENT 1

DESCRIPTION	AMOUNT
ALLIANCE BERNSTEIN HOLDING L.P.	-18,339.
AMERIGAS PARTNERS L.P.	-8,875.
GS CAPITAL PARTNERS VI PARALLEL L.P.	3,225.
BREITBURN ENERGY PARTNERS L.P.	-6,368.
WINNER WATER INC	-618,149.
TOTAL TO FORM 990-T, PAGE 1, LINE 5	-648,506.

FORM 990-T OTHER INCOME STATEMENT 2

DESCRIPTION	AMOUNT
INSURANCE PREMIUMS FROM TAXABLE SUBSIDIARIES	84,238.
TOTAL TO FORM 990-T, PAGE 1, LINE 12	84,238.

FORM 990-T OTHER DEDUCTIONS STATEMENT 3

DESCRIPTION	AMOUNT
CORPORATE AND DIVISIONAL OVERHEAD	2,111,604.
TOTAL TO FORM 990-T, PAGE 1, LINE 28	2,111,604.

FORM 990-T NET OPERATING LOSS DEDUCTION STATEMENT 4

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
09/30/06	2,972,118.	1,760,662.	1,211,456.	1,211,456.
09/30/07	6,474,997.	0.	6,474,997.	6,474,997.
09/30/08	7,436,230.	0.	7,436,230.	7,436,230.
09/30/09	821,863.	0.	821,863.	821,863.
NOL CARRYOVER AVAILABLE THIS YEAR			15,944,546.	15,944,546.

FORM 990-T COST OF GOODS SOLD - OTHER COSTS STATEMENT 5

DESCRIPTION	AMOUNT
COST OF SALES FOR COMMERCIAL/UNRELATED SERVICES	43,504,122.
TOTAL TO FORM 990-T, SCHEDULE A, LINE 4B	43,504,122.

FORM 990-T NAME OF FOREIGN COUNTRY IN WHICH ORGANIZATION HAS FINANCIAL INTEREST STATEMENT 6

NAME OF COUNTRY

- GEORGIA
- INDIA
- JAPAN
- MALAYSIA
- SAUDI ARABIA
- SINGAPORE
- KOREA (SOUTH)
- SWITZERLAND
- TAIWAN
- UKRAINE
- UNITED KINGDOM

FORM 990-T SCHEDULE F - INTEREST, ANNUITIES, ROYALTIES AND RENTS FROM CONTROLLED ORGANIZATIONS STATEMENT 7

1. NAME OF CONTROLLED ORGANIZATION	ACTIVITY NUMBER	2. EMPLOYER ID NO.	
BLUEFIN ROBOTICS CORPORATION	2	20-2576696	
EXEMPT CONTROLLED ORGANIZATIONS			
3. NET UNRELATED INCOME (LOSS)	4. TOTAL OF SPECIFIED PAYMENTS MADE	5. PART OF COL (4) INCLUDED IN GROSS INCOME	6. DEDUCTIONS DIRECTLY CONNECTED WITH COL (5) INCOME

NONEXEMPT CONTROLLED ORGANIZATIONS

7. TAXABLE INCOME	8. NET UNRELATED INCOME (LOSS)	9. TOTAL OF SPECIFIED PMTS	10. PART OF COL (9) INCLUDED IN GROSS INCOME	11. DEDUCTIONS DIRECTLY CONNECTED
555,760.	1,019,190.	1,019,190.	1,019,190.	510,995.

1.

NAME OF CONTROLLED ORGANIZATION

ACTIVITY  
NUMBER

2.  
EMPLOYER  
ID NO.

GEOSAFE CORPORATION

3

91-1404268

EXEMPT CONTROLLED ORGANIZATIONS

3.

4.

5.

6.

NET UNRELATED  
INCOME (LOSS)

TOTAL OF SPECIFIED  
PAYMENTS MADE

PART OF COL (4)  
INCLUDED IN  
GROSS INCOME

DEDUCTIONS DIRECTLY  
CONNECTED WITH  
COL (5) INCOME

NONEXEMPT CONTROLLED ORGANIZATIONS

7.

8.

9.

10.

11.

TAXABLE INCOME

NET UNRELATED  
INCOME (LOSS)

TOTAL OF  
SPECIFIED PMTS

PART OF COL (9)  
INCLUDED IN  
GROSS INCOME

DEDUCTIONS  
DIRECTLY  
CONNECTED

-112,422.

110,576.

110,576.

110,576.

93,811.

1.

NAME OF CONTROLLED ORGANIZATION

ACTIVITY  
NUMBER

2.  
EMPLOYER  
ID NO.

360IP PTE LTD

4

47-0924456

EXEMPT CONTROLLED ORGANIZATIONS

3.

4.

5.

6.

NET UNRELATED  
INCOME (LOSS)

TOTAL OF SPECIFIED  
PAYMENTS MADE

PART OF COL (4)  
INCLUDED IN  
GROSS INCOME

DEDUCTIONS DIRECTLY  
CONNECTED WITH  
COL (5) INCOME

NONEXEMPT CONTROLLED ORGANIZATIONS

7.

8.

9.

10.

11.

TAXABLE INCOME

NET UNRELATED  
INCOME (LOSS)

TOTAL OF  
SPECIFIED PMTS

PART OF COL (9)  
INCLUDED IN  
GROSS INCOME

DEDUCTIONS  
DIRECTLY  
CONNECTED

-3,693,422.

317,574.

317,574.

317,574.

145,048.

1.

NAME OF CONTROLLED ORGANIZATION

ACTIVITY  
NUMBER

2.  
EMPLOYER  
ID NO.

BATTELLE-JAPAN CORPORATION

13

EXEMPT CONTROLLED ORGANIZATIONS

3.

4.

5.

6.

NET UNRELATED  
INCOME (LOSS)

TOTAL OF SPECIFIED  
PAYMENTS MADE

PART OF COL (4)  
INCLUDED IN  
GROSS INCOME

DEDUCTIONS DIRECTLY  
CONNECTED WITH  
COL (5) INCOME

NONEXEMPT CONTROLLED ORGANIZATIONS

7.

8.

9.

10.

11.

TAXABLE INCOME

NET UNRELATED  
INCOME (LOSS)

TOTAL OF  
SPECIFIED PMTS

PART OF COL (9)  
INCLUDED IN  
GROSS INCOME

DEDUCTIONS  
DIRECTLY  
CONNECTED

-849,288.

91,986.

91,986.

91,986.

78,859.

1.

NAME OF CONTROLLED ORGANIZATION

ACTIVITY  
NUMBER

2.  
EMPLOYER  
ID NO.

BATTELLE ARABIA

17

EXEMPT CONTROLLED ORGANIZATIONS

3.

4.

5.

6.

NET UNRELATED  
INCOME (LOSS)

TOTAL OF SPECIFIED  
PAYMENTS MADE

PART OF COL (4)  
INCLUDED IN  
GROSS INCOME

DEDUCTIONS DIRECTLY  
CONNECTED WITH  
COL (5) INCOME

NONEXEMPT CONTROLLED ORGANIZATIONS

7.

8.

9.

10.

11.

TAXABLE INCOME

NET UNRELATED  
INCOME (LOSS)

TOTAL OF  
SPECIFIED PMTS

PART OF COL (9)  
INCLUDED IN  
GROSS INCOME

DEDUCTIONS  
DIRECTLY  
CONNECTED

-448,428.

5,126.

5,126.

5,126.

4,345.

1.

NAME OF CONTROLLED ORGANIZATION

ACTIVITY  
NUMBER

2.  
EMPLOYER  
ID NO.

BATTELLE SERVICE COMPANY INC

18

31-1792334

EXEMPT CONTROLLED ORGANIZATIONS

3.

4.

5.

6.

NET UNRELATED  
INCOME (LOSS)

TOTAL OF SPECIFIED  
PAYMENTS MADE

PART OF COL (4)  
INCLUDED IN  
GROSS INCOME

DEDUCTIONS DIRECTLY  
CONNECTED WITH  
COL (5) INCOME

NONEXEMPT CONTROLLED ORGANIZATIONS

7.

8.

9.

10.

11.

TAXABLE INCOME

NET UNRELATED  
INCOME (LOSS)

TOTAL OF  
SPECIFIED PMTS

PART OF COL (9)  
INCLUDED IN  
GROSS INCOME

DEDUCTIONS  
DIRECTLY  
CONNECTED

-460,275.

3,842.

3,842.

3,842.

3,304.

1.

NAME OF CONTROLLED ORGANIZATION

ACTIVITY  
NUMBER

2.  
EMPLOYER  
ID NO.

VITEX SYSTEMS INC

19

77-0526364

EXEMPT CONTROLLED ORGANIZATIONS

3.

4.

5.

6.

NET UNRELATED  
INCOME (LOSS)

TOTAL OF SPECIFIED  
PAYMENTS MADE

PART OF COL (4)  
INCLUDED IN  
GROSS INCOME

DEDUCTIONS DIRECTLY  
CONNECTED WITH  
COL (5) INCOME

NONEXEMPT CONTROLLED ORGANIZATIONS

7.

8.

9.

10.

11.

TAXABLE INCOME

NET UNRELATED  
INCOME (LOSS)

TOTAL OF  
SPECIFIED PMTS

PART OF COL (9)  
INCLUDED IN  
GROSS INCOME

DEDUCTIONS  
DIRECTLY  
CONNECTED

-349,857.

6,724.

6,724.

6,724.

5,781.

1.

2.

NAME OF CONTROLLED ORGANIZATION

ACTIVITY NUMBER

EMPLOYER ID NO.

HEALTHCARE COLLOQUIUM INC

20

26-2347432

EXEMPT CONTROLLED ORGANIZATIONS

3.

4.

5.

6.

NET UNRELATED INCOME (LOSS)

TOTAL OF SPECIFIED PAYMENTS MADE

PART OF COL (4) INCLUDED IN GROSS INCOME

DEDUCTIONS DIRECTLY CONNECTED WITH COL (5) INCOME

NONEXEMPT CONTROLLED ORGANIZATIONS

7.

8.

9.

10.

11.

TAXABLE INCOME

NET UNRELATED INCOME (LOSS)

TOTAL OF SPECIFIED PMTS

PART OF COL (9) INCLUDED IN GROSS INCOME

DEDUCTIONS DIRECTLY CONNECTED

-3,451,695.

44,879.

44,879.

44,879.

20,482.

1.

2.

NAME OF CONTROLLED ORGANIZATION

ACTIVITY NUMBER

EMPLOYER ID NO.

BATTELLE SCIENCE & TECHNOLOGY INDIA PVT. LTD

21

EXEMPT CONTROLLED ORGANIZATIONS

3.

4.

5.

6.

NET UNRELATED INCOME (LOSS)

TOTAL OF SPECIFIED PAYMENTS MADE

PART OF COL (4) INCLUDED IN GROSS INCOME

DEDUCTIONS DIRECTLY CONNECTED WITH COL (5) INCOME

NONEXEMPT CONTROLLED ORGANIZATIONS

7.

8.

9.

10.

11.

TAXABLE INCOME

NET UNRELATED INCOME (LOSS)

TOTAL OF SPECIFIED PMTS

PART OF COL (9) INCLUDED IN GROSS INCOME

DEDUCTIONS DIRECTLY CONNECTED

-1,162,726.

89,428.

89,428.

89,428.

34,370.



1.

2.

1.	ACTIVITY NUMBER	EMPLOYER ID NO.
NAME OF CONTROLLED ORGANIZATION		
BATTELLE UK LIMITED	22	

EXEMPT CONTROLLED ORGANIZATIONS

3.

4.

5.

6.

3.	4.	5.	6.
NET UNRELATED INCOME (LOSS)	TOTAL OF SPECIFIED PAYMENTS MADE	PART OF COL (4) INCLUDED IN GROSS INCOME	DEDUCTIONS DIRECTLY CONNECTED WITH COL (5) INCOME

NONEXEMPT CONTROLLED ORGANIZATIONS

7.

8.

9.

10.

11.

7.	8.	9.	10.	11.
TAXABLE INCOME	NET UNRELATED INCOME (LOSS)	TOTAL OF SPECIFIED PMTS	PART OF COL (9) INCLUDED IN GROSS INCOME	DEDUCTIONS DIRECTLY CONNECTED
486,013.	94,625.	94,625.	94,625.	94,625.

ADD COLUMNS 5 AND 10	ADD COLUMNS 6 AND 11
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TOTALS TO FORM 990-T, SCHEDULE F

1,783,950.	991,620.
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FORM 990-T SCHEDULE F - DEDUCTIONS OF CONTROLLED ORGANIZATIONS STATEMENT 8  
DIRECTLY CONNECTED WITH COLUMN 10 INCOME

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
INTEREST EXPENSE		510,995.	
- SUBTOTAL -	2		510,995.
INTEREST EXPENSE		93,811.	
- SUBTOTAL -	3		93,811.
INTEREST EXPENSE		145,048.	
- SUBTOTAL -	4		145,048.
INTEREST EXPENSE		78,859.	
- SUBTOTAL -	13		78,859.
INTEREST EXPENSE		4,345.	
- SUBTOTAL -	17		4,345.
INTEREST EXPENSE		3,304.	
- SUBTOTAL -	18		3,304.
INTEREST EXPENSE		5,781.	
- SUBTOTAL -	19		5,781.
INTEREST EXPENSE		20,482.	

	- SUBTOTAL -	20		20,482.
INTEREST EXPENSE			34,370.	
	- SUBTOTAL -	21		34,370.
INTEREST EXPENSE			94,625.	
	- SUBTOTAL -	22		94,625.
TOTAL OF FORM 990-T, SCHEDULE F, COLUMN 11				991,620.

FORM 4626 ALTERNATIVE MINIMUM TAX NOL DEDUCTION STATEMENT 9

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING
09/30/06	2,972,118.	1,688,871.	1,283,247.
09/30/07	6,474,997.	0.	6,474,997.
09/30/08	7,436,230.	0.	7,436,230.
09/30/09	821,863.	0.	821,863.
AMT NOL CARRYOVER AVAILABLE THIS YEAR			16,016,337.

**Battelle Memorial Institute**

EIN: 31-4379427

Tax Year 2013 (October 1, 2013 to September 30, 2014)

**Form 990-T, Part I, Line 3 - Gross Profit**

	<b>UBI Research Project Revenue</b>	<b>Cost of Goods Sold/Direct Expenses</b>	<b>UBI Gross Profit</b>
Battelle Columbus Division	22,003,250	(19,549,997)	2,453,253
Pacific Northwest Division	5,298,810	(4,973,804)	325,006
Battelle Geneva Division	0	0	0
UT-Battelle, LLC	6,667,504	(6,667,504)	0
Brookhaven Science Associates, LLC	1,076,331	(1,076,331)	0
Battelle Energy Alliance, LLC	11,236,486	(11,236,486)	0
Battelle Ventures, LP	0	0	0
Battelle Asia, LLC	0	0	0
Battelle Energy UK, LLC	0	0	0
Battelle National Biodefense Institute, LLC	0	0	0
Total - Battelle Memorial Institute	<u>46,282,381</u>	<u>(43,504,122)</u>	<u>2,778,259</u>