

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

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.

2015
Open to Public Inspection

A For the 2015 calendar year, or tax year beginning OCT 1, 2015 and ending SEP 30, 2016

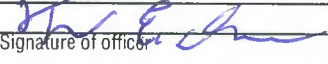
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization BATTELLE MEMORIAL INSTITUTE		D Employer identification number 31-4379427	
	Doing business as			
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 505 KING AVENUE		E Telephone number (614) 424-6424	
	City or town, state or province, country, and ZIP or foreign postal code COLUMBUS, OH 43201-2693		G Gross receipts \$ 5,241,590,574.	
F Name and address of principal officer: DR. JEFFREY WADSWORTH SAME AS C ABOVE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)		
I 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				
J Website: WWW.BATTELLE.ORG				
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶				
			L Year of formation: 1925	
			M State of legal domicile: OH	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SEE MISSION STATEMENT ON SCHEDULE O			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3	Number of voting members of the governing body (Part VI, line 1a)	3	9
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	9
	5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	22388
	6	Total number of volunteers (estimate if necessary)	6	0
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	47,433,379.
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	3,989,960,217.	4,051,515,397.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	738,551,860.	691,921,914.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	30,890,947.	35,423,377.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,774,717,370.	4,789,153,691.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	5,585,808.	7,383,242.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,490,962,318.	2,625,165,367.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
		b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,312,633,901.	2,278,126,185.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	4,809,182,027.	4,910,674,794.	
19	Revenue less expenses. Subtract line 18 from line 12	-34,464,657.	-121,521,103.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	1,125,324,072.	1,053,933,344.
	22	Net assets or fund balances. Subtract line 21 from line 20	729,519,902.	713,515,276.
		395,804,170.	340,418,068.	

Part II Signature Block

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

Sign Here	Signature of officer: 		Date: 8/4/2017	
	THOMAS E SHARPE, ASST. TREASURER Type or print name and title			
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/> PTIN
	Firm's name ▶	Firm's EIN ▶		
	Firm's address ▶	Phone no.		

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

Part III Statement of Program Service Accomplishments

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

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

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

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

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

4a (Code:) (Expenses \$ 2,672,930,239. including grants of \$) (Revenue \$ 299,068,932.)
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. THROUGH OPERATION OF THE NATIONAL LABORATORIES, BMI AND ITS AFFILIATES ADDRESS CRITICAL ELEMENTS OF THE NATION'S SCIENTIFIC RESEARCH AGENDA, PERFORM BASIC AND APPLIED SCIENTIFIC RESEARCH, CREATE SCIENTIFIC KNOWLEDGE AND TECHNICAL

4b (Code:) (Expenses \$ 547,295,391. including grants of \$) (Revenue \$ 346,004,884.)
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 \$ 7,383,242. including grants of \$ 7,383,242.) (Revenue \$)
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 3,227,608,872.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?		X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in 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

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
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
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? <i>If "Yes," complete Schedule L, Part II</i>		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
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
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	
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	
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	X	
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
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	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	X	
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	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

Table with columns for question number, description, and Yes/No boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited transactions, and charitable contributions.

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 CA, DC, IL, KY, MA, NY, 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, address, and telephone number of the person who possesses the organization's books and records: 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					133,195.	0.	0.	
(2) VICKY A. BAILEY DIRECTOR	3.00	X					113,200.	0.	0.	
(3) FRANK L. DOUGLAS DIRECTOR	3.00	X					108,191.	0.	0.	
(4) MICHAEL J. GASSER DIRECTOR	3.00	X					118,196.	0.	0.	
(5) LESTER L. LYLES DIRECTOR	3.00	X					112,695.	0.	0.	
(6) MICHAEL G. MORRIS DIRECTOR	3.00	X					113,676.	0.	0.	
(7) SEAN C. O'KEEFE DIRECTOR	3.00	X					119,695.	0.	0.	
(8) SUBRA SURESH DIRECTOR	3.00	X					109,192.	0.	0.	
(9) KIRKLAND H. DONALD DIRECTOR AS OF 12/15	3.00	X					15,128.	0.	0.	
(10) SUZANNE M. VAUTRINOT DIRECTOR AS OF 12/15	3.00	X					15,128.	0.	0.	
(11) JEFFREY WADSWORTH PRESIDENT & CEO	39.00			X			2,919,243.	0.	183,126.	
(12) DAVID C. EVANS EXECUTIVE VP, CFO	40.00			X			1,038,017.	0.	51,911.	
(13) RONALD D. TOWNSEND EXECUTIVE VP, GLOBAL LAB OFFICER	40.00			X			1,049,945.	0.	48,637.	
(14) RUSSELL P. AUSTIN SR VP, GEN COUNSEL & SEC	40.00			X			590,553.	0.	126,432.	
(15) UZMA S. BURKI SR VP, CHIEF HR OFFICER TO 01/16	40.00			X			279,511.	0.	8,665.	
(16) PATRICK F. JARVIS SR VP, MKTG & COMM	40.00			X			426,433.	0.	49,837.	
(17) STEPHEN E. KELLY SENIOR VP	40.00			X			599,232.	0.	228,209.	

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) STEVEN F. ASHBY SENIOR VP	40.00			X				506,412.	0.	62,592.
(19) THOMAS E. MASON SENIOR VP	40.00			X				686,713.	0.	136,438.
(20) MARK T. PETERS SENIOR VP AS OF 10/15	40.00			X				178,055.	0.	17,422.
(21) GWENDOLYN C. VONHOLTEN VP FINANCE & ASST TREAS TO 10/15	40.00			X				264,142.	0.	818,133.
(22) ROBERT J DILLON VP FINANCE & ASST TREAS AS OF 11/15	40.00			X				233,808.	0.	71,442.
(23) MALESA LITTERAL VP HUMAN RESOURCES AS OF 02/16	40.00			X				226,148.	0.	85,703.
(24) BRIAN R. SMITH TREASURER	39.00 1.00			X				192,829.	0.	45,068.
(25) THOMAS E. SHARPE ASST TREAS & ASST SEC	39.50 0.50			X				256,150.	0.	91,356.
(26) LAURENCE DOON GIBBS LABORATORY DIRECTOR	40.00				X			584,373.	0.	68,020.
1b Sub-total								10,989,860.	0.	2,092,991.
c Total from continuation sheets to Part VII, Section A								4,754,929.	0.	1,512,797.
d Total (add lines 1b and 1c)								15,744,789.	0.	3,605,788.

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 7,696

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	X	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
AMERICAN CENTRIFUGE OPERATING LLC, 6903 ROCKLEDGE DRIVE # 400, BETHESDA, MD 20817	TECHNICAL SERVICES	69,440,510.
GENERAL ATOMICS, 3350 GENERAL ATOMICS COURT, SAN DIEGO, CA 92121	RESEARCH IN BIOTECHNOLOGY	26,777,021.
BABCOCK & WILCOX NUCLEAR OPERATIONS GROUP P. O. BOX 741733, ATLANTA, GA 30374	FABRICATION	17,904,736.
ITER ORGANIZATION 13067 ST PAUL-LEZ-DURANCE, PROVENCE, FRANCE	TECHNICAL SERVICES	16,835,102.
NATIONAL SECURITY TECHNOLOGIES LLC MS NLV087, LAS VEGAS, NV 89193-8521	FABRICATION	12,141,296.

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 1,599

SEE PART VII, SECTION A CONTINUATION SHEETS

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

Table with columns (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, and (F) Estimated amount of other compensation. Rows include employees like JEFFREY W. SMITH, IRENE C. MCVEETY, JOHN V. WADE, JULIE B. SWICK, MARTIN KELLER, JOHN J. GROSSENBACHER, MICHAEL KLUSE, and MARTIN TOOMAJIAN.

Total to Part VII, Section A, line 1c 4,754,929. 1,512,797.

Part VIII Statement of Revenue

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

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a						
	b Membership dues	1b						
	c Fundraising events	1c						
	d Related organizations	1d						
	e Government grants (contributions)	1e	4,041,796,194.					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	9,719,203.					
	g Noncash contributions included in lines 1a-1f: \$							
	h Total. Add lines 1a-1f			4,051,515,397.				
Program Service Revenue	2 a GOVERNMENT CONTRACTS	Business Code	541700	547,244,588.	547,244,588.			
	b SCIENTIFIC RESEARCH		541700	144,677,326.	97,829,228.	46,848,098.		
	c							
	d							
	e							
	f All other program service revenue							
	g Total. Add lines 2a-2f			691,921,914.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			8,136,171.		585,281.	7,550,890.	
	4 Income from investment of tax-exempt bond proceeds							
	5 Royalties			8,128,135.			8,128,135.	
	6 a Gross rents	(i) Real		574,057.				
		(ii) Personal						
		b Less: rental expenses		941,186.				
		c Rental income or (loss)		-367,129.				
	d Net rental income or (loss)			-367,129.			-367,129.	
	7 a Gross amount from sales of assets other than inventory	(i) Securities		478,743,187.				
		(ii) Other		39,716.				
		b Less: cost or other basis and sales expenses		451,090,599.	405,098.			
		c Gain or (loss)		27,652,588.	-365,382.			
	d Net gain or (loss)			27,287,206.			27,287,206.	
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a						
		b Less: direct expenses						
c Net income or (loss) from fundraising events								
9 a Gross income from gaming activities. See Part IV, line 19	a							
	b Less: direct expenses							
	c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	a							
	b Less: cost of goods sold							
	c Net income or (loss) from sales of inventory							
Miscellaneous Revenue			Business Code					
11 a EQUITY GAIN INVESTMENT			541700	1,958,357.			1,958,357.	
	b OTHER REVENUE		541700	573,640.			573,640.	
	c							
	d All other revenue		541700					
e Total. Add lines 11a-11d				2,531,997.				
12 Total revenue. See instructions.				4,789,153,691.	645,073,816.	47,433,379.	45,131,099.	

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

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	7,343,597.	7,343,597.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	39,645.	39,645.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	11,067,569.		11,067,569.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	2,017,180,158.	1,192,528,115.	824,652,043.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	134,485,088.	80,685,052.	53,800,036.	
9 Other employee benefits	342,544,024.	203,461,307.	139,082,717.	
10 Payroll taxes	119,888,528.	70,439,832.	49,448,696.	
11 Fees for services (non-employees):				
a Management	946,513,285.	946,513,285.		
b Legal	6,353,236.		6,353,236.	
c Accounting	1,064,103.		1,064,103.	
d Lobbying	800,071.	800,071.		
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	1,279,315.		1,279,315.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	245,039,921.	140,144,432.	104,895,489.	
12 Advertising and promotion	1,276,224.	1,276,224.		
13 Office expenses	11,693,456.	1,355,497.	10,337,959.	
14 Information technology	49,566,630.	29,286,739.	20,279,891.	
15 Royalties	10,745.	4,641.	6,104.	
16 Occupancy	135,091,529.	80,528,093.	54,563,436.	
17 Travel	97,068,608.	56,967,451.	40,101,157.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,174,484.	739,544.	434,940.	
20 Interest	8,710,968.	4,457,495.	4,253,473.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	32,744,393.	16,384,832.	16,359,561.	
23 Insurance	4,962,779.		4,962,779.	
24 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.)				
a PURCHASES	557,157,900.	329,890,133.	227,267,767.	
b LOSS SALE OF SUBSIDIARY	65,889,962.		65,889,962.	
c RESTRUCTURING COSTS	36,997,932.	19,068,861.	17,929,071.	
d NON-INCOME TAX EXPENSE	23,698,239.	14,540,861.	9,157,378.	
e All other expenses	51,032,405.	31,153,165.	19,879,240.	
25 Total functional expenses. Add lines 1 through 24e	4,910,674,794.	3,227,608,872.	1,683,065,922.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	41,561,305.	1	37,393,717.
	2 Savings and temporary cash investments	67,458,591.	2	31,510,683.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	249,425,895.	4	275,283,325.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 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		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	8,058,689.	8	5,349,363.
	9 Prepaid expenses and deferred charges	21,189,992.	9	28,056,051.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 655,841,550.		
	b Less: accumulated depreciation	10b 426,130,118.	249,165,448.	10c 229,711,432.
	11 Investments - publicly traded securities	283,789,423.	11	322,188,338.
	12 Investments - other securities. See Part IV, line 11	174,826,402.	12	75,380,456.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	29,848,327.	15	49,059,979.
16 Total assets. Add lines 1 through 15 (must equal line 34)	1,125,324,072.	16	1,053,933,344.	
Liabilities	17 Accounts payable and accrued expenses	130,590,426.	17	141,187,957.
	18 Grants payable		18	
	19 Deferred revenue	37,819,158.	19	24,419,912.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	222,200,000.	23	202,700,000.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	338,910,318.	25	345,207,407.
	26 Total liabilities. Add lines 17 through 25	729,519,902.	26	713,515,276.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets		27	
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds	0.	30	0.
	31 Paid-in or capital surplus, or land, building, or equipment fund	0.	31	0.
	32 Retained earnings, endowment, accumulated income, or other funds	395,804,170.	32	340,418,068.
33 Total net assets or fund balances	395,804,170.	33	340,418,068.	
34 Total liabilities and net assets/fund balances	1,125,324,072.	34	1,053,933,344.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,789,153,691.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,910,674,794.
3	Revenue less expenses. Subtract line 2 from line 1	3	-121,521,103.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	395,804,170.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	19,533,900.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	46,601,101.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	340,418,068.

Part XII Financial Statements and Reporting

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

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

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization BATELLE MEMORIAL INSTITUTE	Employer identification number 31-4379427
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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 (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	4368714116.	4044734254.	4036275724.	3989960217.	4051515397.	20491199708.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
4 Total. Add lines 1 through 3	4368714116.	4044734254.	4036275724.	3989960217.	4051515397.	20491199708.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						20491199708.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4	4368714116.	4044734254.	4036275724.	3989960217.	4051515397.	20491199708.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...	18,032,578.	15,940,398.	17,696,880.	16,103,324.	16,826,722.	84,599,902.
9 Net income from unrelated business activities, whether or not the business is regularly carried on ...	896,781.	708,913.	894,717.	26,784.	3,133,898.	5,661,093.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						20581460703.
12 Gross receipts from related activities, etc. (see instructions)					12	3,451,039,674.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	99.56 %
15 Public support percentage from 2014 Schedule A, Part II, line 14	15	99.54 %
16a 33 1/3% support test - 2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

(Complete only if you checked the box on line 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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2015. 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 - 2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations *(continued)*

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

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

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

Schedule A (Form 990 or 990-EZ) 2015

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2015:			
a			
b			
c			
d From 2013			
e From 2014			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2015 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2016. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c Excess from 2013			
d Excess from 2014			
e Excess from 2015			

Schedule A (Form 990 or 990-EZ) 2015

Part VI

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

Ruled area for providing supplemental information, consisting of multiple horizontal lines.

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527

- ▶ **Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.**
- ▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

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

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

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

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

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

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

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)														
c Total lobbying expenditures (add lines 1a and 1b)														
d Other exempt purpose expenditures														
e Total exempt purpose expenditures (add lines 1c and 1d)														
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:35%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width:65%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
g Grassroots nontaxable amount (enter 25% of line 1f)														
h Subtract line 1g from line 1a. If zero or less, enter -0-														
i Subtract line 1f from line 1c. If zero or less, enter -0-														
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No												

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		766,485.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?	X		33,586.
j Total. Add lines 1c through 1i			800,071.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

PART II-B, LINE 1, LOBBYING ACTIVITIES:

LINE 1 (I) OTHER ACTIVITIES

ELEVEN ORGANIZATIONS REPORTED THAT A PORTION OF MEMBERSHIP DUES PAID BY

BATTELLE WERE USED FOR LOBBYING.

Part IV Supplemental Information (continued)

INTERNAL LOBBYING EXPENSES TOTALED \$244,221 AND EXTERNAL LOBBYING EXPENSES

TOTALED \$522,263 FOR A TOTAL OF \$766,484.

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; LABOR,

HEALTH AND HUMAN SERVICES, EDUCATION, AND RELATED AGENCIES; COMMERCE,

JUSTICE, SCIENCE, AND RELATED AGENCIES; 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)AND NATIONAL OCEANIC AND ATMOSPHERIC

ADMINISTRATION.

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

AND LOCAL GOVERNMENTS AND/OR AGENCIES.

Multiple horizontal lines for additional text input.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization BATELLE MEMORIAL INSTITUTE	Employer identification number 31-4379427
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Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

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

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

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

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

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

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

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

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

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

Yes No

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

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

8 Does each conservation easement reported on line 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" on 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) Revenue included on Form 990, Part VIII, line 1

▶ \$ _____

(ii) Assets included in Form 990, Part X

▶ \$ _____

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

a Revenue included on 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" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

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

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

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

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment _____ %
- b Permanent endowment _____ %
- c Temporarily restricted endowment _____ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

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

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	13,665,132.			13,665,132.
b Buildings	417,889,056.		266,652,598.	151,236,458.
c Leasehold improvements				
d Equipment	217,784,363.		159,477,520.	58,306,843.
e Other	6,502,999.			6,502,999.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				229,711,432.

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests	66,354,785.	COST
(3) Other		
(A) RABBI TRUSTS	9,025,671.	END-OF-YEAR MARKET VALUE
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	75,380,456.	

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) LONG TERM BENEFIT RELATED LIABILITIES	9,272,996.
(3) OTHER LONG TERM LIABILITIES	8,222,705.
(4) LIABILITY FOR POSTRETIREMENT & OTHER BENEFITS	327,711,706.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	345,207,407.

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" on Form 990, Part IV, line 12a.

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

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

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

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

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SUPPLEMENTAL INFORMATION

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

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

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

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

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

POSITIONS WERE REQUIRED AND NONE WERE RECORDED IN THE FINANCIAL

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

FINANCIAL STATEMENTS.

Part XIII Supplemental Information (continued)

Area with horizontal lines for supplemental information.

**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.

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

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization BATTELLE MEMORIAL INSTITUTE	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.

- 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**
- For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 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	0	0	INVESTMENTS		11,805,473.
EUROPE	0	0	INVESTMENTS		27,298,728.
EAST ASIA AND THE PACIFIC	2	3	PROGRAM SERVICES	SCIENTIFIC RESEARCH/SERVICES	687,458.
EUROPE	5	73	PROGRAM SERVICES	SCIENTIFIC RESEARCH/SERVICES AND LABORATORY MANAGEMENT	13,364,139.
MIDDLE EAST AND NORTH AFRICA	4	5	PROGRAM SERVICES	SCIENTIFIC RESEARCH/SERVICES	2,790,119.
RUSSIA AND NEIGHBORING STATES - ARMENIA, AZERBIJAN, BELARUS,	4	52	PROGRAM SERVICES	SCIENTIFIC RESEARCH/SERVICES AND LABORATORY MANAGEMENT	5,177,088.
3 a Sub-total	15	133			61,123,005.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	15	133			61,123,005.

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

Schedule F (Form 990) 2015

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		UNITED KINGDOM	TO SUPPORT STUDENTS PURSUING THEIR PHD	37,080.	WIRE TRANSFER	0.		

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

3 Enter total number of other organizations or entities ▶ _____

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

Part III can be duplicated if additional space is needed.

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

Part IV Foreign Forms

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

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 F, PART I, LINE 2 FOREIGN GRANT PROCEDURES

SEEBYTE LIMITED, A DISREGARDED ENTITY OWNED BY BATTELLE MEMORIAL

INSTITUTE PROVIDED A \$37,080 GRANT TO THE HERIOT WATT UNIVERSITY TO

SUPPORT THE UNIVERSITY'S PHD PROGRAM IN ROBOTICS AND AUTONOMOUS

SYSTEMS. THE HERIOT WATT UNIVERSITY IS A PUBLIC UNIVERSITY BASED IN

EDINBURGH, SCOTLAND.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2015

**Open to Public
Inspection**

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

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AID TO DISTRESSED FAMILIES OF ANDERSON COUNTY, INC. - P. O. BOX 5953 - OAK RIDGE, TN 37831	58-1727751	501(C)3	10,450.	0.			GENERAL OPERATING SUPPORT
ALBANY COLLEGE OF PHARMACY 106 NEW SCOTLAND AVE ALBANY, NY 12208	14-1423161	501(C)3	10,075.	0.			GENERAL OPERATING SUPPORT
BOISE STATE UNIVERSITY FOUNDATION 1910 UNIVERSITY DR BOISE, ID 83725	82-6010706	501(C)3	200,000.	0.			STEM
CATHOLIC RELIEF SERVICES 228 WEST LEXINGTON ST BALTIMORE, MD 21201	13-5563422	501(C)3	13,230.	0.			GENERAL OPERATING SUPPORT
CENTER FOR CHILD AND FAMILY ADVOCACY AT NATIONWIDE CHILDREN'S HOSPITAL - 1 WHITEBARN RD - NEW ALBANY, OH 43054	02-0627166	501(C)3	25,000.	0.			NEW ALBANY CLASSIC
FRANKLIN COUNTY HISTORICAL SOCIETY, CENTER OF SCIENCE AND INDUSTRY - 333 W BROAD STREET - COLUMBUS, OH 43215	31-4383802	501(C)3	10,000.	0.			2015 BLAST & CATALYST

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **59.**
- 3** Enter total number of other organizations listed in the line 1 table **0.**

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

Schedule I (Form 990) (2015)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COLUMBUS FOUNDATION 1234 E BROAD STREET COLUMBUS, OH 43205	31-6044264	501(C)3	4,900,025.	0.			GENERAL OPERATING SUPPORT
COLUMBUS METROPOLITAN LIBRARY FOUNDATION - 96 S. GRANT AVENUE - COLUMBUS, OH 43215	31-1692755	501(C)3	46,669.	0.			GENERAL OPERATING SUPPORT
COLUMBUS MUSEUM OF ART 480 E BROAD STREET COLUMBUS, OH 43215	31-4379447	501(C)3	30,199.	0.			ART CELEBRATION
COMMUNITY FOUNDATION OF FREDERICK COUNTY, MARYLAND - 312 E CHURCH ST - FREDERICK, MD 21701	52-1488711	501(C)3	15,000.	0.			GENERAL OPERATING SUPPORT
COMMUNITY SHELTER BOARD 111 LIBERTY STREET COLUMBUS, OH 43215	31-1181284	501(C)3	387,013.	0.			GENERAL OPERATING SUPPORT
REDI FOUNDATION, INC 901 PIER VIEW DRIVE IDAHO FALLS, ID 83402	82-0460529	501(C)3	20,000.	0.			GENERAL OPERATING SUPPORT
EASTERN IDAHO TECHNICAL COLLEGE FOUNDATION - 1600 S 25 E - IDAHO FALLS, ID 83404	94-3160729	501(C)3	15,000.	0.			GENERAL OPERATING SUPPORT
EXECUTIVE WOMEN NTERNATIONAL BUSINESS CAREER DEVELOPMENT - 250 CIVIC CENTER DRIVE - COLUMBUS, OH 43215	31-1249142	501(C)3	25,000.	0.			GENERAL OPERATING SUPPORT
FAITH MISSION 500 W WILSON BRIDGE RD WORTHINGTON, OH 43085	31-0809759	501(C)3	6,480.	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
FIRST COMMUNITY FOUNDATION 1320 CAMBRIDGE BLVD COLUMBUS, OH 43212	31-6027662	501(C)3	9,750.	0.			GENERAL OPERATING SUPPORT
FRIENDS OF THE CONSERVATORY 1777 E BROAD STREET COLUMBUS, OH 43203	31-1657027	501(C)3	9,500.	0.			GENERAL OPERATING SUPPORT
BOY SCOUTS OF AMERICA TRUST 373 CAMP BUCK TOMS ROAD ROCKWOOD, TN 37854	62-0476811	501(C)3	9,020.	0.			GENERAL OPERATING SUPPORT
HABITAT FOR HUMANITY OF SUFFOLK 643 MIDDLE COUNTRY ROAD MIDDLE ISLAND, NY 11953	11-2840553	501(C)3	10,000.	0.			GENERAL OPERATING SUPPORT
HABITAT FOR HUMANITY OF ANDERSON COUNTY - 111 RANDOLPH ROAD - OAK RIDGE, TN 37830	62-1500113	501(C)3	25,000.	0.			GENERAL OPERATING SUPPORT
HABITAT FOR HUMANITY OF SAN ANTONIO - 311 PROBANDT - SAN ANTONIO, TX 78204	74-1897502	501(C)3	0.	11,799.	FMV	OFFICE EQUIPMEN	GENERAL OPERATING SUPPORT
HABITAT FOR HUMANITY INTERNATIONAL 121 HABITAT STREET AMERCUS, GA 31709	91-1914868	501(C)3	0.	5,510.	FMV	OFFICE EQUIPMEN	GENERAL OPERATING SUPPORT
HABITAT FOR HUMANITY OF METRO LOUISVILLE - 2777 S FLOYD ST - LOUISVILLE, KY 40209	58-1735528	501(C)3	10,000.	0.			GENERAL OPERATING SUPPORT
HISTORIC OLD TOWN POCATELLO FOUNDATION - P.O. BOX 222 - POCATELLO, ID 83204	16-1768019	501(C)3	22,410.	0.			YOUR FIT PROGRAM

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IDAHO FALLS ENERGY PROJECT 601 S HOLMES AVE IDAHO FALLS, ID 83401	82-6001158	GOVERNMENT	54,371.	0.			GENERAL OPERATING SUPPORT
IDAHO FALLS SYMPHONY SOCIETY 450 A STREET IDAHO FALLS, ID 83402	82-6007411	501(C)3	7,500.	0.			GENERAL OPERATING SUPPORT
IDAHO GOVERNORS CUP SCHOLARSHIP FUND - PO BOX 983 - BOISE, ID 83701	20-8277116	501(C)3	10,000.	0.			GENERAL OPERATING SUPPORT
JUNIOR LEAGUE OF COLUMBUS 583 FRANKLIN AVE COLUMBUS, OH 43215	31-4387461	501(C)3	6,934.	0.			GENERAL OPERATING SUPPORT
KNOXVILLE SYMPHONY SOCIETY 100 SOUTH GAY STREET KNOXVILLE, TN 37902	62-6008097	501(C)3	11,360.	0.			GENERAL OPERATING SUPPORT
LEUKEMIA & LYMPHOMA SOCIETY 1311 MAMARONECK AVENUE WHITE PLAINS, NY 10605	13-5644916	501(C)3	9,603.	0.			GENERAL OPERATING SUPPORT
LITTLE SISTERS OF THE POOR OF BALTIMORE - 601 MAIDEN CHOICE LN - BALTIMORE, MD 21228	52-0715244	501(C)3	10,000.	0.			GENERAL OPERATING SUPPORT
MEDICAL MISSIONARIES 9590 SURVEYOR CT MANASSAS, VA 20110	54-1990595	501(C)3	6,667.	0.			GENERAL OPERATING SUPPORT
METRO EARLY COLLEGE HIGH SCHOOL 1929 KENNY ROAD COLUMBUS, OH 43210	90-0838465	501(C)3	0.	8,090.	FMV	TECHNICAL EQUIPMENT	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
MID-OHIO FOODBANK 3960 BROOKHAM DRIVE GROVE CITY, OH 43123	31-0865343	501(C)3	26,048.	0.			GENERAL OPERATING SUPPORT
MINERALS METALS & MATERIALS SOCIETY - 184 THORN HILL ROAD - WARRENDALE, PA 15086	25-1484913	501(C)3	10,000.	0.			GENERAL OPERATING SUPPORT
BONNEVILLE COUNTY HISTORICAL SOCIETY - MUSEUM OF IDAHO - 200 N EASTERN AVE - IDAHO FALLS, ID 83402	82-0363177	501(C)3	25,000.	0.			GENERAL OPERATING SUPPORT
CHILDRENS HOSPITAL FOUNDATION 700 CHILDREN'S DRIVE COLUMBUS, OH 43205	31-1036370	501(C)3	5,277.	0.			GENERAL OPERATING SUPPORT
OAK RIDGE CIVIC MUSIC ASSOCIATION 320 ROBERTSVILLE ROAD OAK RIDGE, TN 37830	62-0649604	501(C)3	10,000.	0.			GENERAL OPERATING SUPPORT
OAK RIDGE PUBLIC SCHOOLS EDUCATION FOUNDATION - P. O. BOX 117 - OAK RIDGE, TN 37830	62-1809810	501(C)3	22,862.	0.			GENERAL OPERATING SUPPORT
OAK RIDGE ROTARY COMMUNITY FUND P. O. BOX 631 OAK RIDGE, TN 37831	20-1693222	501(C)3	150,000.	0.			FRIENDSHIP BELL
OHIO ACADEMY OF SCIENCE 1500 W THIRD AVENUE COLUMBUS, OH 43212	31-4441867	501(C)3	10,000.	0.			STATE SCIENCE DAY
OHIO HANDS & VOICES 4348 BRICKWOOD DR HILLIARD, OH 43026	27-2395561	501(C)3	6,097.	0.			GENERAL OPERATING SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OHIO STATE UNIVERSITY RESEARCH FOUNDATION - 1960 KENNY RD - COLUMBUS, OH 43210	31-6401599	501(C)3	54,071.	0.			GENERAL OPERATING SUPPORT
OTTERBEIN UNIVERSITY 1 SOUTH GROVE STREET WESTERVILLE, OH 43081	31-4379532	501(C)3	5,310.	0.			GENERAL OPERATING SUPPORT
PURDUE RESEARCH FOUNDATION 1281 WIN HENTSCHEL BLVD WEST LAFAYETTE, IN 47906	35-1052049	501(C)3	6,250.	0.			GENERAL OPERATING SUPPORT
REGION IV DEVELOPMENT ASSOCIATION 315 FALLS AVE TWIN FALLS, ID 83301	82-0311062	501(C)3	20,000.	0.			GENERAL OPERATING SUPPORT
RESEARCH AND BUSINESS DEVELOPMENT CENTER - 310 N 2ND E STE 145 - REXBURG, ID 83440	27-3465046	501(C)3	20,000.	0.			GENERAL OPERATING SUPPORT
SECOND CHANCE SHELTER 4542 41ST STREET SUNNYSIDE, NY 11104	11-3435368	501(C)3	10,000.	0.			GENERAL OPERATING SUPPORT
SHOSHONE BANNOCK SCHOOL PO BOX 790 FORT HALL, ID 83203	82-0197554	GOVERNMENT	6,473.	0.			GENERAL OPERATING SUPPORT
FIRST - US FOUNDATION FOR INSPIRATION & RECOGNITION OF SCIENCE AND TECH - 1020 COMMERCE PARK DRIVE - OAK RIDGE, TN 37830	22-2990908	501(C)3	32,453.	0.			FIRST ROBOTICS
ST JUDE CHILDREN'S RESEARCH HOSPITAL - 262 DANNY THOMAS PLACE - MEMPHIS, TN 38105	62-0646012	501(C)3	11,770.	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
THE ART MUSEUM OF EASTERN IDAHO 300 S CAPITAL AVE IDAHO FALLS, ID 83402	48-1273754	501(C)3	5,500.	0.			GENERAL OPERATING SUPPORT
UNITED WAY OF CENTRAL OHIO 360 S THIRD ST COLUMBUS, OH 43215	31-4393712	501(C)3	13,479.	0.			GENERAL OPERATING SUPPORT
UNITED WAY OF GREATER KNOXVILLE 1301 HANNAH AVENUE KNOXVILLE, TN 37921	62-0475748	501(C)3	100,000.	0.			GENERAL OPERATING SUPPORT
UNITED WAY OF SOUTHEASTERN IDAHO PO BOX 911 POCATELLO, ID 83204	82-0209625	501(C)3	10,615.	0.			GENERAL OPERATING SUPPORT
UNITED WAY OF IDAHO FALLS & BONNEVILLE COUNTY INC - 151 NORTH RIDGE AVE - IDAHO FALLS, ID 83402	82-0233588	501(C)3	43,065.	0.			GENERAL OPERATING SUPPORT
UNITED WAY OF LONG ISLAND 819 GRAND BLVD DEER PARK, NY 11729	11-6042392	501(C)3	11,508.	0.			GENERAL OPERATING SUPPORT
REGENTS OF THE UNIVERSITY OF CALIFORNIA, DAVIS - 2801 SECOND STREET - DAVIS, CA 95618	94-6036494	501(C)3	0.	20,099.	FMV	TECHNICAL EQUIPMENT	GENERAL OPERATING SUPPORT
UNIVERSITY OF SOUTH CAROLINA 1600 HAMPTON STREET COLUMBIA, SC 29208	57-6001153	GOVERNMENT	0.	18,643.	FMV	TECHNICAL EQUIPMENT	GENERAL OPERATING SUPPORT

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of 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, BATTELLE NATIONAL BIODEFENSE INSTITUTE LLC, BROOKHAVEN SCIENCE ASSOCIATES LLC, AND UT-BATTELLE LLC EACH HAVE THEIR OWN APPROACH TO MAKING SURE THAT

Part IV Supplemental Information

GRANTS ARE ONLY MADE TO PROPER OBJECTS OF CHARITY.

SUPPLEMENTAL EXPLANATION

BMI WAS CREATED PURSUANT TO THE WILL OF GORDON BATTELLE AS AN OHIO NOT-FOR-PROFIT CORPORATION, SPECIFICALLY AS AN OHIO INCORPORATED CHARITABLE TRUST. AS AN INCORPORATED CHARITABLE TRUST, BMI IS SUBJECT TO THE GENERAL SUPERVISION OF THE OHIO ATTORNEY GENERAL AND TO THE REQUIREMENTS OF OHIO NONPROFIT CORPORATION STATUTES. THE ORIGINAL PURPOSE OF BMI WAS TO CONDUCT RESEARCH IN METALLURGY OF COAL, IRON, STEEL AND ZINC AND TO MAKE DISTRIBUTIONS TO OTHER CHARITABLE ORGANIZATIONS. PURSUANT TO AN AGREEMENT WITH THE OHIO ATTORNEY GENERAL, BMI MAKES ANNUAL DISTRIBUTIONS FOR CHARITABLE PURPOSES EQUAL TO AT LEAST 20% OF ITS 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 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

2015

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

▶ Attach to Form 990.

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.

Name of the organization

BATTELLE MEMORIAL INSTITUTE

Employer identification number

31-4379427

Part I Questions Regarding Compensation

- 1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.
- | | |
|---|---|
| <input checked="" type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input checked="" type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input checked="" type="checkbox"/> Tax indemnification and gross-up payments | <input checked="" type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |
- b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain
- 2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?
- 3** 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.
- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |
- 4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:
- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.
- Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**
- 5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:
- a** The organization?
- b** Any related organization?
- If "Yes" to line 5a or 5b, describe in Part III.
- 6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:
- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.
- 7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III
- 8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III
- 9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

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

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

Schedule J (Form 990) 2015

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that 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 in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) JEFFREY WADSWORTH PRESIDENT & CEO	(i)	1,088,707.	1,026,563.	803,973.	161,217.	21,909.	3,102,369.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) DAVID C. EVANS EXECUTIVE VP, CFO	(i)	579,432.	447,525.	11,060.	29,871.	22,040.	1,089,928.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) RONALD D. TOWNSEND EXECUTIVE VP, GLOBAL LAB OFFICER	(i)	585,000.	447,525.	17,420.	46,056.	2,581.	1,098,582.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) RUSSELL P. AUSTIN SR VP, GEN COUNSEL & SEC	(i)	385,362.	202,393.	2,798.	105,890.	20,542.	716,985.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) UZMA S. BURKI SR VP, CHIEF HR OFFICER TO 01/16	(i)	150,555.	92,000.	36,956.	5,521.	3,144.	288,176.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) PATRICK F. JARVIS SR VP, MKTG & COMM	(i)	289,810.	134,999.	1,624.	24,356.	25,481.	476,270.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) STEPHEN E. KELLY SENIOR VP	(i)	398,557.	193,624.	7,051.	211,279.	16,930.	827,441.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) STEVEN F. ASHBY SENIOR VP	(i)	333,262.	148,750.	24,400.	37,186.	25,406.	569,004.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) THOMAS E. MASON SENIOR VP	(i)	443,819.	234,000.	8,894.	108,488.	27,950.	823,151.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) MARK T. PETERS SENIOR VP AS OF 10/15	(i)	105,715.	50,000.	22,340.	9,675.	7,747.	195,477.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) GWENDOLYN C. VONHOLTEN VP FINANCE & ASST TREAS TO 10/15	(i)	211,341.	39,166.	13,635.	804,698.	13,435.	1,082,275.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) ROBERT J DILLON VP FINANCE & ASST TREAS AS OF 11/15	(i)	201,592.	28,080.	4,136.	55,465.	15,977.	305,250.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) MALESA LITTERAL VP HUMAN RESOURCES AS OF 02/16	(i)	194,144.	31,291.	713.	60,694.	25,009.	311,851.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) BRIAN R. SMITH TREASURER	(i)	172,426.	20,140.	263.	26,097.	18,971.	237,897.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) THOMAS E. SHARPE ASST TREAS & ASST SEC	(i)	221,062.	34,276.	812.	69,691.	21,665.	347,506.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(16) LAURENCE DOON GIBBS LABORATORY DIRECTOR	(i)	416,633.	148,750.	18,990.	26,500.	41,520.	652,393.	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 on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that 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 in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(17) JEFFREY W. SMITH DEPUTY OF OPERATIONS	(i)	342,092.	204,982.	8,464.	328,120.	19,321.	902,979.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(18) IRENE C. MCVEETY VP PLANNING & INTEGRATION	(i)	121,980.	26,653.	497,165.	117,860.	13,383.	777,041.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(19) JOHN V. WADE VICE PRESIDENT, GENERAL MANAGER	(i)	272,689.	292,422.	3,186.	86,403.	2,353.	657,053.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(20) JULIE B. SWICK VICE PRESIDENT	(i)	250,382.	305,016.	916.	95,638.	13,522.	665,474.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(21) MARTIN KELLER LABORATORY DIRECTOR	(i)	228,079.	296,347.	49,600.	173,057.	26,455.	773,538.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(22) JOHN J. GROSSENBACHER FORMER SENIOR VP TO 09/15	(i)	299,845.	221,824.	9,140.	65,406.	8,357.	604,572.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(23) MICHAEL KLUSE FORMER SENIOR VP TO 3/15	(i)	68,070.	101,780.	300,053.	344,142.	11,474.	825,519.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(24) MARTIN TOOMAJIAN FORMER SENIOR VP TO 6/15	(i)	158,007.	136,508.	346,155.	71,397.	13,519.	725,586.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(25) JUDITH L. MOBLEY FORMER ASST TREAS TO 2/13	(i)	188,493.	23,804.	1,277.	109,039.	13,351.	335,964.	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 TESTED THE EXPENSE REPORTS

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

ANY TRAVEL NOT DEEMED AS NON-TAXABLE IS REPORTABLE AS TAXABLE COMPENSATION

IN THE W-2. FOR 2015 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,

RELOCATION COSTS, AND OTHER MISCELLANEOUS ITEMS. FOR 2015 ONE EMPLOYEE, TWO

OFFICERS, AND TEN DIRECTORS HAD TAX GROSS UPS.

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

ACTIVITIES TO TAKE PLACE. FOR 2015 THERE WERE TWO CURRENT OFFICERS WITH

SOCIAL CLUB DUES.

Part III Supplemental Information

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

PART I, LINES 4A-B:

SEVERANCE PAYMENTS WERE MADE TO THREE INDIVIDUALS LISTED ON FORM 990, PART

VII.

IRENE MCVEETY \$495,751

MARTIN TOOMAJIAN \$343,876

GWENDOLYN VAN HOLTEN \$11,518

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

EXECUTIVE'S 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 OFFICER'S OR EXECUTIVE'S

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, 2015, 100% PERCENT OF THE 457(F) PLAN ACCRUAL EARNED DURING A

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.

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 2015 FORM W-2. THE FOLLOWING 2015

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

REPORTED IN COLUMN D OF PART VII AS APPLICABLE:

MICHAEL KLUSE \$93,937

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.

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.

CONTRIBUTIONS TO EMPLOYEE WELFARE BENEFIT AND GROUP INSURANCE PLANS ARE

MADE IN AGGREGATE BASED UPON GROUP ACTUARIAL FACTORS AND HISTORICAL

CLAIMS EXPERIENCE AND APPORTIONING SPECIFIC DOLLAR AMOUNTS TO

INDIVIDUALS IS IMPRACTICAL. AS EMPLOYEES, SUCH INDIVIDUALS MAY ALSO

HAVE RECEIVED WORKING CONDITION FRINGE BENEFITS AND/OR DE MINIMIS

FRINGE BENEFITS 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 TESTED THE EXPENSE REPORTS ASSOCIATED WITH DIRECTOR'S AND

OFFICER'S TRAVEL AND ENTERTAINMENT EXPENSES.

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.

BMI'S TOTAL COMPENSATION PACKAGE CONSISTS OF BASE SALARIES OR HOURLY
RATES OF PAY; SHORT AND LONG-TERM INCENTIVE COMPENSATION PROGRAMS TIED
TO CORPORATE AND INDIVIDUAL PERFORMANCE; QUALIFIED DEFINED BENEFIT FOR
ELIGIBLE EMPLOYEES AND DEFINED CONTRIBUTION EMPLOYEE BENEFIT PLANS;
NONQUALIFIED PLANS AND CASH PAYMENT ARRANGEMENTS 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

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.

RATE AND ACTUARIAL IMPACTS OF SALARY GROWTH, AGE, AND ADDITIONAL
SERVICE AND OTHER ACTUARIAL FACTORS, THEREBY INCREASING OR DECREASING
THE AMOUNTS.

SCHEDULE L
(Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No. 1545-0047

2015

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

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

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).

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

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

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons.

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

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

Total ▶ \$ _____

Part III Grants or Assistance Benefiting Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

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
BLAKE KLUSE	FAMILY-MICHAEL KLUS	107,682.	PAYROLL		X
DAVID KELLY	FAMILY-STEPHEN KELL	17,517.	PAYROLL		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: BLAKE KLUSE

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FAMILY-MICHAEL KLUSE

(A) NAME OF PERSON: DAVID KELLY

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FAMILY-STEPHEN KELLY

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.

OMB No. 1545-0047

2015

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:

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, SAUDI ARABIA,

SINGAPORE, SOUTH KOREA, SWITZERLAND, UNITED KINGDOM,

CHINA

FORM 990, PART VI:

SECTION B, LINE 10B

EACH AFFILIATE HAS ITS OWN POLICIES AND PROCEDURES.

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.

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

Schedule O (Form 990 or 990-EZ) (2015)

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 ELECTRONICALLY 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	15,130,684.
CURRENCY TRANSLATION ADJUSTMENT	-434,927.
PENSION AND POST RETIREMENT BENEFITS	30,083,095.
NONCONTROLLING INTEREST	1,822,249.
TOTAL TO FORM 990, PART XI, LINE 9	46,601,101.

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 SCHEDULE FOR THE UNRELATED BUSINESS REVENUE TO FORM 990T, PART I, LINE 13, COLUMN C

Name of the organization BATTELLE MEMORIAL INSTITUTE	Employer identification number 31-4379427
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FORM 990 UNRELATED BUSINESS REVENUE	47,433,379
DEDUCT INCOME TAX BASIS PARTNERSHIP LOSS	692,045
DEDUCT THE COSTS OF GOODS SOLD	42,136,238
ADD INSURANCE PREMIUMS FROM TAXABLE SUBSIDIARIES	110,541
EQUALS TOTAL ON FORM 990T PART I, LINE 13, COLUMN C	4,715,637

**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.

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

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Name of the organization BATTELLE MEMORIAL INSTITUTE	Employer identification number 31-4379427
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Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
BATTELLE NATIONAL BIODEFENSE INSTITUTE, LLC - 04-3851808, 8300 RESEARCH PLAZA, FREDERICK, MD 21702	MANAGEMENT OF NATIONAL LABORATORY	DELAWARE	32,901,647.	12,347,355.	BATTELLE MEMORIAL INSTITUTE
BATTELLE ENERGY ALLIANCE, LLC - 68-0588324 2525 N FREMONT AVE IDAHO FALLS, ID 83415	MANAGEMENT OF NATIONAL LABORATORY	DELAWARE	1,029,509,956.	7,652,291.	BATTELLE MEMORIAL INSTITUTE
BATTELLE SANDIA LLC - 81-2597561 505 KING AVENUE COLUMBUS, OH 43201	MANAGEMENT OF NATIONAL LABORATORY	DELAWARE	0.	0.	BATTELLE MEMORIAL INSTITUTE
SEEBYTE LIMITED - 98-1146573 ORCHARD BRAE HOUSE 30 QUEENSFERRY RO EDINBURGH, UNITED KINGDOM	CUSTOM COMPUTER PROGRAMING SERVICES	UNITED KINGDOM	6,757,267.	4,702,135.	SEEBYTE HOLDINGS LTD.

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
BATTELLE EDUCATION - 46-0585021 505 KING AVENUE COLUMBUS, OH 43201	PROMOTE STEM EDUCATION	OHIO	501(C)(3)	11(A)I	BATTELLE MEMORIAL INSTITUTE		X
NATIONAL ECOLOGICAL OBSERVATORY NETWORK, INC. - 20-4510571, 1685 38TH ST. SUITE 100, BOULDER, CO 80301	ECOLOGICAL MONITORING	DISTRICT OF COLUMBIA	501(C)(3)	7	BATTELLE MEMORIAL INSTITUTE		X

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

Schedule R (Form 990) 2015

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	99,173.	0.	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	11,944.	15,103.	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	0.	350.	71.05%	X	
360IP JAPAN PTE. LTD. 6-6-1 GINZA, CHUO-KU TOKYO, JAPAN	CONTRACT RESEARCH IP CONSULTING	JAPAN	360IP PTE LTD	C CORP	112,233.	142,821.	70.33%	X	
360IP INVESTMENT COMPANY 190 ELGIN AVENUE, GEORGE TOWN GRAND CAYMAN, CAYMAN ISLANDS	MANAGEMENT SERVICES	CAYMAN ISLANDS	360IP (CHINA) PTE LTD	C CORP	739,687.	1,733,131.	71.05%	X	
360IP KOREA 14 FLOOR SH TOWER 278-22 NONHYEON-DONG GANGNAM-GU, SOUTH KOREA	INTELLECUTAL PROP MANAGEMENT AND INVESTMENT	SOUTH KOREA	360IP PTE LTD	C CORP	2.	941.	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 NGEE ANN CITY TOWER B, SINGAPORE 238874	OTHER INVESTMENT HOLDING COMPANY	SINGAPORE	BATTELLE VENTURES, LP	C CORP	102,777.	160,594.	71.05%	X	
BATTELLE ARABIA FOR SCIENCE & TECHNOLOGY AL-AKARIA PLAZA, LEVEL 6, NORTH WING, GATE D, RIYADH, SAUDI ARABIA 11673	SCIENTIFIC RESEARCH	SAUDI ARABIA	BATTELLE MEMORIAL INSTITUTE	C CORP	16,216.	0.	100.00%	X	
BATTELLE INSTITUTE (DELAWARE) - 31-4379427 505 KING AVENUE COLUMBUS, OH 43201	HOLDING COMPANY (DORMANT)	DE	BATTELLE MEMORIAL INSTITUTE	C CORP	0.	0.	100.00%	X	
BATTELLE INSTITUTE E.V. FRANKFURT AM MAIN FRANKFURT, GERMANY	SCIENTIFIC RESEARCH (DORMANT)	GERMANY	BATTELLE MEMORIAL INSTITUTE	C CORP	0.	0.	100.00%	X	
BATTELLE JAPAN CORPORATION 2-CHOME UCHISAIWAI-CHO CHIYODA-KU TOKYO, JAPAN	SCIENTIFIC RESEARCH	JAPAN	BATTELLE MEMORIAL INSTITUTE	C CORP	541,827.	0.	60.00%	X	
BATTELLE OKLAHOMA LLC - 20-0292062 505 KING AVENUE COLUMBUS, OH 43201	REAL ESTATE ACTIVITIES	OK	BATTELLE MEMORIAL INSTITUTE	C CORP	268,502.	332,832.	100.00%	X	
BATTELLE SCIENCE & TECHNOLOGY INDIA PVT. LTD UNIT 302 PANCHSHIL TECH PARK HINJEWADI, PUNE, INDIA 411057	SCIENTIFIC RESEARCH	INDIA	BATTELLE MEMORIAL INSTITUTE	C CORP	0.	0.	100.00%	X	
BATTELLE SERVICES COMPANY INC. - 31-1792334 505 KING AVENUE COLUMBUS, OH 43201	EMPLOYEE LEASING	OH	BATTELLE MEMORIAL INSTITUTE	C CORP	1,330,566.	2,076,539.	100.00%	X	
BATTELLE UK LIMITED 29 SPRINGFIELD LYONS APPROACH CHELSFORD ESSEX, UNITED KINGDOM CM2 5LB	SCIENTIFIC RESEARCH	UNITED KINGDOM	BATTELLE MEMORIAL INSTITUTE	C CORP	13,868,715.	16,715,616.	100.00%	X	
B-C, JV LLC - 47-1470805 1204 TECHNOLOGY DRIVE ABERDEEN, MD 21004	SCIENTIFIC RESEARCH	MD	BATTELLE MEMORIAL INSTITUTE	C CORP	0.	0.	70.00%	X	
BLUEFIN ROBOTICS CORPORATION - 20-2576696 237 PUTNAM AVE. CAMBRIDGE, MA 02139	MARINE ROBOTICS	MA	BATTELLE MEMORIAL INSTITUTE	C CORP	5,774,319.	21,351,922.	100.00%	X	
BLUEFIN ROBOTICS UK HOLDINGS, LTD - 98-1140866, ORCHARD BRAE HOUSE QUEENSFERRY RD, EDINBURGH, UNITED KINGDOM	HOLDING COMPANY	UNITED KINGDOM	BLUEFIN ROBOTICS CORPORATION	C CORP	1,224,971.	0.	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
GEOSAFE AUSTRALIA PTY. LIMITED LEVEL 14, 140 ST GEORGES TERRACE PERTH, AUSTRALIA WA 6000	HAZARDOUS WASTE REMEDICATION (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	13,953.	491,559.	100.00%	X	
THE HEALTHCARE COLLOQUIUM INC. - 26-2347432 505 KING AVENUE COLUMBUS, OH 43201	CONSULTING	OH	BATTELLE MEMORIAL INSTITUTE	C CORP	32,516.	74.	100.00%	X	
RESEARCH INSURANCE COMPANY LTD. 73 FRONT STREET, 3RD FLOOR HAMILTON, BERMUDA HM11	INSURING BATTELLE RISKS	BERMUDA	BATTELLE MEMORIAL INSTITUTE	C CORP	3,674,095.	99,950,100.	100.00%	X	
SCIENTIFIC ADVANCES INC. - 31-6024333 505 KING AVENUE COLUMBUS, OH 43201	VENTURE CAPITAL MANAGEMENT	OH	BATTELLE MEMORIAL INSTITUTE	C CORP	148.	106,182.	100.00%	X	
SEEBYTE INC. - 98-0563142 2240 SHELTER ISLAND DRIVE SUITE 210 SAN DIEGO, CA 92106	SOFTWARE DEVELOPMENT	DE	SEEBYTE LIMITED	C CORP	1,453,628.	882,657.	100.00%	X	
SEEBYTE LIMITED - 98-1146573 ORCHARD BRAE HOUSE QUEENSFERRY RD EDINBURGH, UNITED KINGDOM	SOFTWARE DEVELOPMENT	UNITED KINGDOM	BLUEFIN UK HOLDINGS LTD	C CORP	5,123,481.	0.	100.00%	X	
VITEX SYSTEMS INC. - 77-0526364 505 KING AVENUE COLUMBUS, OH 43201	LICENSING COMPANY	DE	BATTELLE MEMORIAL INSTITUTE	C CORP	27,817.	49,916.	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	315,358.	3,573,544.	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.

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) 360IP CORPORATION-SPECIFIED PAYMENT	A	200,000.	FMV
(2) BATTELLE ARABIA-SPECIFIED PAYMENT	A	5,767.	FMV
(3) BATTELLE JAPAN-SPECIFIED PAYMENT	A	128,669.	FMV
(4) BATTELLE OKLAHOMA LLC-SPECIFIED PAYMENT	A	1,644.	FMV
(5) BATTELLE UK LIMITED-SPECIFIED PAYMENT	A	88,987.	FMV
(6) BLUEFIN ROBOTICS-SPECIFIED PAYMENT	A	515,038.	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)GEOSAFE CORPORATION-SPECIFIED PAYMENT	A	123,358.	FMV
(8)THE HEALTHCARE COLLOQUIUM-SPECIFIED PAYMENT	A	434,139.	FMV
(9)VITEX SYSTEMS INC-QUALIFING SPECIFIED PAYMENT	A	9,538.	FMV
(10)VITEX SYSTEMS INC-SPECIFIED PAYMENT	A	28,253.	FMV
(11)BATTELLE SERVICES COMPANY INC	B	1,000,000.	FMV
(12)BLUEFIN ROBOTICS CORPORATION	B	18,577,162.	FMV
(13)BATTELLE JAPAN CORPORATION	D	750,000.	FMV
(14)BLUEFIN ROBOTICS CORPORATION	D	4,400,000.	FMV
(15)THE HEALTHCARE COLLOQUIUM INC	D	172,750.	FMV
(16)BATTELLE JAPAN CORPORATION	L	87,865.	FMV
(17)BATTELLE UK LIMITED	L	203,123.	FMV
(18)BLUEFIN ROBOTICS CORPORATION	L	807,963.	FMV
(19)SEEBYTE INC	L	337,785.	FMV
(20)WINNER WATER SERVICES INC	L	209,724.	FMV
(21)BATTELLE SERVICES COMPANY INC	M	253,365.	FMV
(22)BATTELLE UK LIMITED	M	347,806.	FMV
(23)RESEARCH INSURANCE COMPANY LTD	M	2,331,749.	FMV
(24)SEEBYTE INC	M	242,881.	FMV

Part VII Supplemental Information

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

SCHEDULE R, PART V

DURING FISCAL YEAR 2016, 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, 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, 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	\$9,538
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SPECIFIED PAYMENTS	\$1,525,855
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TOTAL	\$1,535,393
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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 EDUCATION.

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

For calendar year 2015 or other tax year beginning OCT 1, 2015, and ending SEP 30, 2016

2015

Department of the Treasury Internal Revenue Service

Information about Form 990-T and its instructions is available at 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).

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

Form 990-T header section containing: A Check box if address changed; B Exempt under section 501(c)(3); C Book value of all assets at end of year; D Employer identification number; E Unrelated business activity codes; F Group exemption number; G Check organization type; H Describe the organization's primary unrelated business activity; I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?; J The books are in care of; Name of organization; Number, street, and room or suite no.; City or town, state or province, country, and ZIP or foreign postal code.

Form 990-T header section containing: C Book value of all assets at end of year; F Group exemption number; G Check organization type; H Describe the organization's primary unrelated business activity; I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?; J The books are in care of; Telephone number.

Table with 4 columns: (A) Income, (B) Expenses, (C) Net. Rows include: 1a Gross receipts or sales, 1b Less returns and allowances, 1c Balance, 2 Cost of goods sold, 3 Gross profit, 4a Capital gain net income, 4b Net gain (loss), 4c Capital loss deduction for trusts, 5 Income (loss) from partnerships and S corporations, 6 Rent income, 7 Unrelated debt-financed income, 8 Interest, annuities, royalties, and rents from controlled organizations, 9 Investment income, 10 Exploited exempt activity income, 11 Advertising income, 12 Other income, 13 Total.

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.)

Table with 4 columns: (A) Income, (B) Expenses, (C) Net. Rows include: 14 Compensation of officers, directors, and trustees, 15 Salaries and wages, 16 Repairs and maintenance, 17 Bad debts, 18 Interest, 19 Taxes and licenses, 20 Charitable contributions, 21 Depreciation, 22 Less depreciation claimed on Schedule A and elsewhere on return, 23 Depletion, 24 Contributions to deferred compensation plans, 25 Employee benefit programs, 26 Excess exempt expenses, 27 Excess readership costs, 28 Other deductions, 29 Total deductions, 30 Unrelated business taxable income before net operating loss deduction, 31 Net operating loss deduction, 32 Unrelated business taxable income before specific deduction, 33 Specific deduction, 34 Unrelated business taxable income.

Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation.
 Controlled group members (sections 1561 and 1563) check here 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:
 Tax rate schedule or Schedule D (Form 1041) 36

37 Proxy tax. See instructions 37

38 Alternative minimum tax 38 62,658.

39 Total. Add lines 37 and 38 to line 35c or 36, whichever applies 39 62,658.

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 62,658.

42 Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule) 42

43 Total tax. Add lines 41 and 42 43 62,658.

44a Payments: A 2014 overpayment credited to 2015 44a 70,347.
 b 2015 estimated tax payments 44b
 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: Form 2439 Form 4136 Other Total 44g

45 Total payments. Add lines 44a through 44g 45 70,347.

46 Estimated tax penalty (see instructions). Check if Form 2220 is attached 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 7,689.

49 Enter the amount of line 48 you want: Credited to 2016 estimated tax 7,689. Refunded 49 0.

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

1 At any time during the 2015 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here SEE STATEMENT 5 Yes No X

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. Yes No X

3 Enter the amount of tax-exempt interest received or accrued during the tax year \$

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	42,136,238.
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	X
4a Additional section 263A costs (att. schedule)	4a				
b Other costs (attach schedule) 9A	4b	42,136,238.			
5 Total. Add lines 1 through 4b	5	42,136,238.			

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

Sign Here: Signature of officer *[Signature]* Date 8/4/2017 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)			
2. Rent received or accrued		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)	
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)		
(1)			
(2)			
(3)			
(4)			
Total	0.	Total	0.
(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A)		(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) ...	
		0.	

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

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

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10 SEE STATEMENT 8
(1)				
(2)				
(3)				
(4)				
Totals			1,525,855.	940,574.

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

(see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
Totals		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)						
Totals		0.	0.			0.

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

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

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

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

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

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

**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.**

OMB No. 1545-0123

Name BATTELLE MEMORIAL INSTITUTE	Employer identification number 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, 2015, 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				(g) Total (add columns (c) through (f))
			(c) 15%	(d) 25%	(e) 34%	(f) 35%	
1	BATTELLE MEMORIAL INSTITUTE	31-4379427	16-09	0.	0.	0.	0.
2	BATTELLE OKLAHOMA, LLC	20-0292062	16-09	50,000.	25,000.	173,267.	248,267.
3	BATTELLE SERVICES COMPANY, INC.	31-1792334	16-09	0.	0.	0.	0.
4	THE HEALTHCARE COLLOQUIUM, INC.	26-2347432	16-09	0.	0.	0.	0.
5	GEOSAFE CORPORATION	91-1404268	16-09	0.	0.	0.	0.
6	SCIENTIFIC ADVANCES, INC.	31-6024333	16-09	0.	0.	0.	0.
7	VITEX SYSTEMS, INC.	77-0526364	15-12	0.	0.	0.	0.
8	BLUEFIN ROBOTIC CORPORATION	20-2576696	15-12	0.	0.	0.	0.
9	SEEBYTE, INC.	98-0563142	16-09	0.	0.	0.	0.
10							
11							
12							
Total				50,000.	25,000.	173,267.	248,267.

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

Part III Income Tax Apportionment (See instructions)

(a) Group member's name	Income Tax Apportionment						(h) Total income tax (combine lines (b) through (g))
	(b) 15%	(c) 25%	(d) 34%	(e) 35%	(f) 5%	(g) 3%	
1 BATTELLE MEMORIAL INSTITUTE	0.	0.	0.		0.		
2 BATTELLE OKLAHOMA, LLC	7,500.	6,250.	58,911.		7,413.		80,074.
3 BATTELLE SERVICES COMPANY, INC.	0.	0.	0.		0.		
4 THE HEALTHCARE COLLOQUIUM, INC.	0.	0.	0.		0.		
5 GEOSAFE CORPORATION	0.	0.	0.		0.		
6 SCIENTIFIC ADVANCES, INC.	0.	0.	0.		0.		
7 VITEX SYSTEMS, INC.	0.	0.	0.		0.		
8 BLUEFIN ROBOTIC CORPORATION	0.	0.	0.		0.		
9 SEEBYTE, INC.	0.	0.	0.		0.		
10							
11							
12							
Total	7,500.	6,250.	58,911.		7,413.		80,074.

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
1	BATTELLE MEMORIAL INSTITUTE		39,985.	149,985.		
2	BATTELLE OKLAHOMA, LLC					
3	BATTELLE SERVICES COMPANY, INC.					
4	THE HEALTHCARE COLLOQUIUM, INC.					
5	GEOSAFE CORPORATION					
6	SCIENTIFIC ADVANCES, INC.		15.	15.		
7	VITEX SYSTEMS, INC.					
8	BLUEFIN ROBOTIC CORPORATION					
9	SEEBYTE, INC.					
10						
11						
12						
	Total		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.

2015

Name BATTELLE MEMORIAL INSTITUTE		Employer identification number 31-4379427
Note: See the instructions to find out if the corporation is a small corporation exempt from the alternative minimum tax (AMT) under section 55(e).		
1	Taxable income or (loss) before net operating loss deduction	3,132,898.
2	Adjustments and preferences:	
a	Depreciation of post-1986 property	
b	Amortization of certified pollution control facilities	
c	Amortization of mining exploration and development costs	
d	Amortization of circulation expenditures (personal holding companies only)	
e	Adjusted gain or loss	
f	Long-term contracts	
g	Merchant marine capital construction funds	
h	Section 833(b) deduction (Blue Cross, Blue Shield, and similar type organizations only)	
i	Tax shelter farm activities (personal service corporations only)	
j	Passive activities (closely held corporations and personal service corporations only)	
k	Loss limitations	
l	Depletion	
m	Tax-exempt interest income from specified private activity bonds	
n	Intangible drilling costs	
o	Other adjustments and preferences	
3	Pre-adjustment alternative minimum taxable income (AMTI). Combine lines 1 through 2o	3,132,898.
4	Adjusted current earnings (ACE) adjustment:	
a	ACE from line 10 of the ACE worksheet in the instructions	3,132,898.
b	Subtract line 3 from line 4a. If line 3 exceeds line 4a, enter the difference as a negative amount (see instructions)	0.
c	Multiply line 4b by 75% (.75). Enter the result as a positive amount	
d	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). Note: You must enter an amount on line 4d (even if line 4b is positive)	
e	ACE adjustment. • If line 4b is zero or more, enter the amount from line 4c • If line 4b is less than zero, enter the smaller of line 4c or line 4d as a negative amount	0.
5	Combine lines 3 and 4e. If zero or less, stop here; the corporation does not owe any AMT	3,132,898.
6	Alternative tax net operating loss deduction (see instructions) SEE STATEMENT 9	2,819,608.
7	Alternative minimum taxable income. Subtract line 6 from line 5. If the corporation held a residual interest in a REMIC, see instructions	313,290.
8	Exemption phase-out (if line 7 is \$310,000 or more, skip lines 8a and 8b and enter -0- on line 8c):	
a	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	Multiply line 8a by 25% (.25)	
c	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-	0.
9	Subtract line 8c from line 7. If zero or less, enter -0-	313,290.
10	Multiply line 9 by 20% (.20)	62,658.
11	Alternative minimum tax foreign tax credit (AMTFTC) (see instructions)	
12	Tentative minimum tax. Subtract line 11 from line 10	62,658.
13	Regular tax liability before applying all credits except the foreign tax credit	
14	Alternative minimum tax. 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	62,658.

JWA For Paperwork Reduction Act Notice, see separate instructions.

Form 4626 (2015)

Adjusted Current Earnings (ACE) Worksheet

▶ See ACE Worksheet Instructions.

1 Pre-adjustment AMTI. Enter the amount from line 3 of Form 4626	1	3,132,898.																											
2 ACE depreciation adjustment: <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 55%;">a AMT depreciation</td> <td style="width: 10%; text-align: center;">2a</td> <td style="width: 35%;"></td> </tr> <tr> <td colspan="3">b ACE depreciation:</td> </tr> <tr> <td style="padding-left: 20px;">(1) Post-1993 property</td> <td style="text-align: center;">2b(1)</td> <td></td> </tr> <tr> <td style="padding-left: 20px;">(2) Post-1989, pre-1994 property</td> <td style="text-align: center;">2b(2)</td> <td></td> </tr> <tr> <td style="padding-left: 20px;">(3) Pre-1990 MACRS property</td> <td style="text-align: center;">2b(3)</td> <td></td> </tr> <tr> <td style="padding-left: 20px;">(4) Pre-1990 original ACRS property</td> <td style="text-align: center;">2b(4)</td> <td></td> </tr> <tr> <td style="padding-left: 20px;">(5) Property described in sections 168(f)(1) through (4)</td> <td style="text-align: center;">2b(5)</td> <td></td> </tr> <tr> <td style="padding-left: 20px;">(6) Other property</td> <td style="text-align: center;">2b(6)</td> <td></td> </tr> <tr> <td style="padding-left: 20px;">(7) Total ACE depreciation. Add lines 2b(1) through 2b(6)</td> <td style="text-align: center;">2b(7)</td> <td></td> </tr> </table>	a AMT depreciation	2a		b ACE depreciation:			(1) Post-1993 property	2b(1)		(2) Post-1989, pre-1994 property	2b(2)		(3) Pre-1990 MACRS property	2b(3)		(4) Pre-1990 original ACRS property	2b(4)		(5) Property described in sections 168(f)(1) through (4)	2b(5)		(6) Other property	2b(6)		(7) Total ACE depreciation. Add lines 2b(1) through 2b(6)	2b(7)		2c	
a AMT depreciation	2a																												
b ACE depreciation:																													
(1) Post-1993 property	2b(1)																												
(2) Post-1989, pre-1994 property	2b(2)																												
(3) Pre-1990 MACRS property	2b(3)																												
(4) Pre-1990 original ACRS property	2b(4)																												
(5) Property described in sections 168(f)(1) through (4)	2b(5)																												
(6) Other property	2b(6)																												
(7) Total ACE depreciation. Add lines 2b(1) through 2b(6)	2b(7)																												
3 Inclusion in ACE of items included in earnings and profits (E&P): <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 55%;">a Tax-exempt interest income</td> <td style="width: 10%; text-align: center;">3a</td> <td style="width: 35%;"></td> </tr> <tr> <td>b Death benefits from life insurance contracts</td> <td style="text-align: center;">3b</td> <td></td> </tr> <tr> <td>c All other distributions from life insurance contracts (including surrenders)</td> <td style="text-align: center;">3c</td> <td></td> </tr> <tr> <td>d Inside buildup of undistributed income in life insurance contracts</td> <td style="text-align: center;">3d</td> <td></td> </tr> <tr> <td>e Other items (see Regulations sections 1.56(g)-1(c)(6)(iii) through (ix) for a partial list)</td> <td style="text-align: center;">3e</td> <td></td> </tr> </table>	a Tax-exempt interest income	3a		b Death benefits from life insurance contracts	3b		c All other distributions from life insurance contracts (including surrenders)	3c		d Inside buildup of undistributed income in life insurance contracts	3d		e Other items (see Regulations sections 1.56(g)-1(c)(6)(iii) through (ix) for a partial list)	3e		3f													
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4 Disallowance of items not deductible from E&P: <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 55%;">a Certain dividends received</td> <td style="width: 10%; text-align: center;">4a</td> <td style="width: 35%;"></td> </tr> <tr> <td>b Dividends paid on certain preferred stock of public utilities that are deductible under section 247</td> <td style="text-align: center;">4b</td> <td></td> </tr> <tr> <td>c Dividends paid to an ESOP that are deductible under section 404(k)</td> <td style="text-align: center;">4c</td> <td></td> </tr> <tr> <td>d Nonpatronage dividends that are paid and deductible under section 1382(c)</td> <td style="text-align: center;">4d</td> <td></td> </tr> <tr> <td>e Other items (see Regulations sections 1.56(g)-1(d)(3)(i) and (ii) for a partial list)</td> <td style="text-align: center;">4e</td> <td></td> </tr> </table>	a Certain dividends received	4a		b Dividends paid on certain preferred stock of public utilities that are deductible under section 247	4b		c Dividends paid to an ESOP that are deductible under section 404(k)	4c		d Nonpatronage dividends that are paid and deductible under section 1382(c)	4d		e Other items (see Regulations sections 1.56(g)-1(d)(3)(i) and (ii) for a partial list)	4e		4f													
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5 Other adjustments based on rules for figuring E&P: <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 55%;">a Intangible drilling costs</td> <td style="width: 10%; text-align: center;">5a</td> <td style="width: 35%;"></td> </tr> <tr> <td>b Circulation expenditures</td> <td style="text-align: center;">5b</td> <td></td> </tr> <tr> <td>c Organizational expenditures</td> <td style="text-align: center;">5c</td> <td></td> </tr> <tr> <td>d LIFO inventory adjustments</td> <td style="text-align: center;">5d</td> <td></td> </tr> <tr> <td>e Installment sales</td> <td style="text-align: center;">5e</td> <td></td> </tr> </table>	a Intangible drilling costs	5a		b Circulation expenditures	5b		c Organizational expenditures	5c		d LIFO inventory adjustments	5d		e Installment sales	5e		5f													
a Intangible drilling costs	5a																												
b Circulation expenditures	5b																												
c Organizational expenditures	5c																												
d LIFO inventory adjustments	5d																												
e Installment sales	5e																												
6 Disallowance of loss on exchange of debt pools	6																												
7 Acquisition expenses of life insurance companies for qualified foreign contracts	7																												
8 Depletion	8																												
9 Basis adjustments in determining gain or loss from sale or exchange of pre-1994 property	9																												
10 Adjusted current earnings. Combine lines 1, 2c, 3f, 4f, and 5f through 9. Enter the result here and on line 4a of Form 4626	10	3,132,898.																											

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

DESCRIPTION	AMOUNT
ALLIANCE BERNSTEIN HOLDING L.P.	-4,526.
AMERIGAS PARTNERS L.P.	-5,546.
BLUE POINT CAPITAL PARTNERS III L.P.	59,845.
CHART VENTURES PARTNERS L.P.	-4,306.
GS CAPITAL PARTNERS VI PARALLEL L.P.	-27.
MEMORIAL PRODUCTION PARTNERS L.P.	2,941.
WILLIAMS PARTNERS L.P.	-5,061.
WINNER WATER SERVICES INC	-735,365.
TOTAL TO FORM 990-T, PAGE 1, LINE 5	-692,045.

FORM 990-T OTHER INCOME STATEMENT 2

DESCRIPTION	AMOUNT
INSURANCE PREMIUMS FROM TAXABLE SUBSIDIARIES	110,541.
TOTAL TO FORM 990-T, PAGE 1, LINE 12	110,541.

FORM 990-T OTHER DEDUCTIONS STATEMENT 3

DESCRIPTION	AMOUNT
CORPORATE AND DIVISIONAL OVERHEAD	1,581,739.
TOTAL TO FORM 990-T, PAGE 1, LINE 28	1,581,739.

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.	2,682,259.	289,859.	289,859.
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			15,022,949.	15,022,949.

FORM 990-T	NAME OF FOREIGN COUNTRY IN WHICH ORGANIZATION HAS FINANCIAL INTEREST	STATEMENT	5
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NAME OF COUNTRY

GEORGIA
 INDIA
 JAPAN
 SAUDI ARABIA
 SINGAPORE
 KOREA (SOUTH)
 SWITZERLAND
 CHINA
 UNITED KINGDOM

FORM 990-T	COST OF GOODS SOLD - OTHER COSTS	STATEMENT	6
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DESCRIPTION

AMOUNT

COST OF SALES FOR COMMERCIAL/UNRELATED SERVICES

42,136,238.

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

42,136,238.

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
-12,526,006.		515,038.	515,038.	223,192.

1.	2.
NAME OF CONTROLLED ORGANIZATION	ACTIVITY NUMBER 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
-125,482.		123,358.	123,358.	121,627.

1.	2.
NAME OF CONTROLLED ORGANIZATION	ACTIVITY NUMBER 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
-784,097.		200,000.	200,000.	108,634.

1.	2.
NAME OF CONTROLLED ORGANIZATION	ACTIVITY NUMBER 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
-185,914.		128,669.	128,669.	128,669.

1.	2.
NAME OF CONTROLLED ORGANIZATION	ACTIVITY NUMBER EMPLOYER ID NO.
BATTELLE ARABIA FOR SCIENCE & TECHNOLOGY	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
-7,919.		5,767.	5,767.	5,675.

1.	2.
NAME OF CONTROLLED ORGANIZATION	ACTIVITY NUMBER EMPLOYER ID NO.
BATTELLE OKLAHOMA	18 20-0292062

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
248,267.		1,644.	1,644.	890.

1.	2.
NAME OF CONTROLLED ORGANIZATION	ACTIVITY NUMBER 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
-211,571.		28,253.	28,253.	27,593.

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
-425,532.		434,139.	434,139.	235,307.

1.	2.
NAME OF CONTROLLED ORGANIZATION	ACTIVITY NUMBER EMPLOYER ID NO.
BATTELLE UK LIMITED	22

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
1,676,380.		88,987.	88,987.	88,987.

TOTALS TO FORM 990-T, SCHEDULE F	ADD COLUMNS 5 AND 10	ADD COLUMNS 6 AND 11
	1,525,855.	940,574.

FORM 990-T SCHEDULE F - DEDUCTIONS OF CONTROLLED ORGANIZATIONS STATEMENT 8
 DIRECTLY CONNECTED WITH COLUMN 10 INCOME

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
INTEREST EXPENSE		223,192.	
- SUBTOTAL -	2		223,192.
INTEREST EXPENSE		121,627.	
- SUBTOTAL -	3		121,627.
INTEREST EXPENSE		108,634.	
- SUBTOTAL -	4		108,634.
INTEREST EXPENSE		128,669.	
- SUBTOTAL -	13		128,669.
INTEREST EXPENSE		5,675.	
- SUBTOTAL -	17		5,675.
INTEREST EXPENSE		890.	
- SUBTOTAL -	18		890.
INTEREST EXPENSE		27,593.	
- SUBTOTAL -	19		27,593.
INTEREST EXPENSE		235,307.	
- SUBTOTAL -	20		235,307.
INTEREST EXPENSE		88,987.	
- SUBTOTAL -	22		88,987.
TOTAL OF FORM 990-T, SCHEDULE F, COLUMN 11			940,574.

FORM 4626 ALTERNATIVE MINIMUM TAX NOL DEDUCTION STATEMENT 9

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING
09/30/06	2,972,118.	2,516,508.	455,610.
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			15,188,700.

Battelle Memorial Institute

EIN: 31-4379427

Tax Year 2015 (October 1, 2015 to September 30, 2016)

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

	UBI Research Project Revenue	Cost of Goods Sold/Direct Expenses	UBI Gross Profit
Battelle Columbus Division	19,343,377	(15,387,973)	3,955,404
Pacific Northwest Division	7,003,296	(6,585,222)	418,074
UT-Battelle, LLC	8,396,200	(8,396,200)	0
Brookhaven Science Associates, LLC	2,375,033	(2,375,033)	0
Battelle Energy Alliance, LLC	9,068,751	(9,068,751)	0
Seebyte Limited	661,441	(323,059)	338,382
Battelle National Biodefense Institute, LLC	0	0	0
Total - Battelle Memorial Institute	46,848,098	(42,136,238)	4,711,860

▶ **Attach to the corporation's tax return.**

2015

▶ **Information about Form 8827 and its instructions is at www.irs.gov/form8827.**

Name BATTELLE MEMORIAL INSTITUTE		Employer identification number 31-4379427
1 Alternative minimum tax (AMT) for 2014. Enter the amount from line 14 of the 2014 Form 4626	1	
2 Minimum tax credit carryforward from 2014. Enter the amount from line 9 of the 2014 Form 8827	2	18,982.
3 Enter any 2014 unallowed qualified electric vehicle credit (see instructions)	3	
4 Add lines 1, 2, and 3	4	18,982.
5 Enter the corporation's 2015 regular income tax liability minus allowable tax credits (see instructions)	5	0.
6 Is the corporation a "small corporation" exempt from the AMT for 2015 (see instructions)? <ul style="list-style-type: none"> • Yes. Enter 25% of the excess of line 5 over \$25,000. If line 5 is \$25,000 or less, enter -0- • No. Complete Form 4626 for 2015 and enter the tentative minimum tax from line 12 	6	62,658.
7a Subtract line 6 from line 5. If zero or less, enter -0-	7a	0.
b For a corporation electing to accelerate the minimum tax credit, enter the bonus depreciation amount attributable to the minimum tax credit (see instructions)	7b	
c Add lines 7a and 7b	7c	
8a Enter the smaller of line 4 or line 7c. If the corporation had a post-1986 ownership change or has pre-acquisition excess credits, see instructions	8a	
b Current year minimum tax credit. Enter the smaller of line 4 or line 7a here and on Form 1120, Schedule J, Part I, line 5d (or the applicable line of your return). If the corporation had a post-1986 ownership change or has pre-acquisition excess credits, see instructions. If you made an entry on line 7b, go to line 8c. Otherwise, skip line 8c	8b	0.
c Subtract line 8b from line 8a. This is the refundable amount for a corporation electing to accelerate the minimum tax credit. Include this amount on Form 1120, Schedule J, Part II, line 19c (or the applicable line of your return)	8c	
9 Minimum tax credit carryforward to 2016. Subtract line 8a from line 4. Keep a record of this amount to carry forward and use in future years	9	18,982.