				AUGUST 15, 2018			1	OMB No. 1545-0047
Form	99	n		Organization Exemp 7, or 4947(a)(1) of the Internal Reve				0046
				r social security numbers on this for			auonsj	2010
		the Treasury us Service		about Form 990 and its instruction	-			Open to Public Inspection
AF	or the	2016 calend	lar year, or tax year begini			EP 30, 2017		
8 Ci	neck if splicable	C Name o	of organization			D Employer ide	ntificatio	on number
	Addres	BATTE	LLE MEMORIAL INSTITUT	ſE				
L	change		business as		1-		1-43794	127
	]Final ]Final (oturn/	505 K	r and street (or P.O. box if ma ING AVENUE	ail is not delivered to street address)	Room/suite	E Telephone nu (61	mber .4)424-	6424
[	termin- inted Amend	City or	town, state or province, cou BUS , OH 43201-2693	intry, and ZIP or foreign postal code		G Gross receipts \$	up rofuer	5,087,516,849.
	Jreturn Applice Ition	F Name a		Cer DR. JEFFREY WADSWORTH		H(a) Is this a gro for subordir		
	pondin		C ABOVE			H(b) Are all subordin		
			<b>X</b> 501(c)(3) 501(c)	( )    (insert no.)    4947(a)	(1) or 527	If "No," atta	ch a list.	(see instructions)
			ATTELLE.ORG			H(c) Group exen	ption nu	imber 🕨
		organization:		t Association Other ►	L Year	of formation: 1925	M St	ate of legal domicite: OH
Pa	rt I	Summary						
e				on or most significant activities: SEE	MISSION ST	ATEMENT ON		
Governance		SCHEDULE C						
erne		Check this be	-	tion discontinued its operations or dis	sposed of more	than 25% of its ne		
NO			oting members of the govern				3	9
				of the governing body (Part VI, line 1			4	9
Activities &				calendar year 2016 (Part V, line 2a)			5	22472
ivit			r of volunteers (estimate if n				6	0
Act			ed business revenue from P				7a	64,109,782.
	b	Net unrelated	d business taxable income fi	rom Form 990-T, line 34			7b	0.
						Prior Year		Current Year
9	8	Contributions	s and grants (Part VIII, line 1	h)		4,051,515,3	97.	4,021,423,284.
nu:	9	Program serv	vice revenue (Part VIII, line 2	g)		691,921,9	14.	884,647,052.
Revenue	10	Investment in	ncome (Part VIII, column (A),	lines 3, 4, and 7d)		35,423,3	77.	31,391,496.
œ	11	Other revenu	e (Part VIII, column (A), lines	s 5, 6d, 8c, 9c, 10c, and 11e)		10,293,0	03.	9,888,222.
	12	Total revenue	e - add lines 8 through 11 (m	nust equal Part VIII, column (A), line 1	2)	4,789,153,6	91.	4,947,350,054.
	13	Grants and s	imilar amounts paid (Part IX	, column (A), lines 1.3)		7,383,2	42.	7,552,130.
	14	Benefits paid	to or for members (Part IX,	column (A), line 4)			0.	0.
s	15	Salaries, oth	er compensation, employee	benefits (Part IX, column (A), lines 5-	10)	2,625,165,3	67.	2,657,047,923.
Expenses	16a	Professional	fundraising fees (Part IX, co	lumn (A), line 11e)			0.	0.
ber			sing expenses (Part IX, colu					
ŭ				s 11a-11d, 11f-24e)		2,278,126,1	.85.	2,293,338,682.
				qual Part IX, column (A), line 25)	and the second se	4,910,674,7	94.	4,957,938,735.
				3 from line 12		-121,521,1	.03.	-10,588,681.
or						ginning of Current	(ear	End of Year
ets	20	Total assets	(Part X, line 16)			1,053,933,3		1,050,938,764.
t Assets	}		es (Part X, line 26)	and an and a second s		713,515,2	276.	631,686,654.
Net.			1 1 1 1111	ne 21 from line 20		340,418,0		419,252,110.
Pa	irt II	Signatu						
		Ities of periury	I declare that I have examined	I this return, including accompanying sche	dules and statem	ents and to the best	of my kno	nwledge and belief, it is
				er than officer) is based on all information			/	
0.007	001100				or motor propulsi		-17.	110
Sigi		Signatu	ire of officer			Date	14	110
		1	S E. SHARPE, ASST. T	REASURER				
Her	C	ALCA AND AND AND AND AND AND AND AND AND AN	print name and title					
			eparer's name	Preparer's signature		Date Ch	eck	PTIN
Paid	1	Lennershe bi	charge 2 mante	Fichaigi 2 giñigiaic		100	I-employed	
	parer	Cirmia nam-	<b>N</b>	1	J	Firm's El		_I
	Only	Firm's name	<b>P</b>			11115 21	·· ·	
056	only	Firm's addres	00			Disease		
Me				nhaun ahaung (ana instructiona)		Phone no	J.	Vac Dala

May the IRS discuss this return with the preparer shown above? (see instructions) 632001 11-11-16 LHA For Paperwork Reduction Act Notice, see the separate instructions. SEE SCHEDULE 0 FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Yes No Form 990 (2016)

orm	990 (2016) BATTELLE MEMORIAL INSTITUTE	31-437	9427	Page
Pai	t III Statement of Program Service Accomplishments			
	Check if Schedule O contains a response or note to any line in this Part III			X
	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	A		
-			Vac	XN
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O		195	
		0		TY
\$	Did the organization cease conducting, or make significant changes in how it conducts, any program service	ces?	Yes	XNO
	If "Yes," describe these changes on Schedule O.			
ŀ	Describe the organization's program service accomplishments for each of its three largest program service			
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to	others, the total e	expenses, a	ind
	revenue, if any, for each program service reported.			
la	(Code:) (Expanses \$2,653,264,309. including grants of \$)	(Revenue \$	351,88	16,529.
	BATTELLE MEMORIAL INSTITUTE ("BMI") AND ITS APPILIATES 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			
łb	(Code) (Expenses \$617,412,554. including grants of \$)	(Revenue \$	468,83	36,833.
	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.			
	SECONITI, AND READIN AND LIFE SCIENCES.			
lc.	(Code) (Expenses \$ 7,552,130. including grants of \$ 7,552,130. )	(Revenue \$		
	EACH YEAR, BMI DISTRIBUTES AT LEAST TWENTY PERCENT OF ITS CONSOLIDATED			
	NET INCOME TO PUBLIC CHARITIES AND EDUCATIONAL INSTITUTIONS.			
	DISTRIBUTIONS ARE PRIMARILY FOCUSED UPON EDUCATION, HUMAN SERVICES,			
	ARTS AND SCIENCES, AND ECONOMIC DEVELOPMENT. BMI ACTIVELY SUPPORTS			
	EDUCATIONAL INITIATIVES IN OHIO, TENNESSEE AND ACROSS THE UNITED STATES			
	THAT MEASURE STUDENT ACHIEVEMENT, ASSIST WITH PROFESSIONAL DEVELOPMENT			
	FOR TEACHERS, AND PROMOTE INQUIRY-BASED LEARNING, ESPECIALLY IN THE			
	SCIENCE, TECHNOLOGY, ENGINEERING, AND MATHEMATICS (STEM) DISCIPLINES.			
4 . 3				
4d	Other program services (Describe in Schedule O.)			
4d	Other program services (Describe in Schedule O.)       (Expanses \$ including grents at \$ ) (Revanue \$       Total program service expenses \$ 3,278,228,993.		)	

832002 11-11-16

foreign organization? /f "Yes," complete Schedule F, Parts II and IV       15         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? /f "Yes," complete Schedule F, Parts III and IV       16         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? /f "Yes," complete Schedule G, Part I       17		990 (2016) BATTELLE MEMORIAL INSTITUTE 31-43794	27	P	age 3
1         Ite organization described in section 501(q)(g) or 4947(q)(1) (other than a private foundation?         1         X           1         Yes, " complete Schedule A         2         2           2         Did the organization required to complete Schedule D, Earl I         2         2           3         Did the organization engage in direct or indirect political campaign activities on behalf d or in opposition to candidates for upublic office: complete Schedule D, Earl I         3           4         Section 501(q)3 organizations. Did the organization engage in lobbying activities, or have a section 501(n) dection in effect during the tax year? If "Yes, "complete Schedule C, Farl II         4         X           5         Is the organization neavement Procedure 39:197 If "Yes," complete Schedule D, Parl II         5         5           6         Did the organization require in hold a conservation easement, including easements to preserve one papec.         7           7         Did the organization require nobla a conservation easement, including easements to preserve one papec.         7           8         Did the organization means on hold a conservation easement, including easements to preserve one papec.         7           9         Did the organization means on the adled organization, fold assets in temporarity restricted endowments, premanet endowments, or provide credit courseling, det management, credit repair, ord ebt negoliation services?         9           9         Did the organiz	Pal	TIV Checklist of Required Schedules			
# Yes, "complete Schedule A       1         2       Is the organization required to complete Schedule B, Schedule of Contributors?       2         3       Did the organization engage in direct or inflect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I       3         4       Section 50((G)S) organizations. Did the organization engage in lobbying activities, or have a section 501(f) dectorin in effect during the tax year? If "Yes," complete Schedule C, Part II       4         5       Is the organization a section 501(c)(S), or 501(c)	4	Is the organization described in section $501(c)(3)$ or $4047(a)(1)$ (other than a private foundation)?		Yes	No
2         Is the organization required to complete Schedule B, Schedule of Contributors?         2           3         Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office (I*Yes," camplete Schedule C, Part I         3           4         Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(b) dection in effect during the tax year? If "Yes," camplete Schedule C, Part II         4           5         Did the organization materian any doora divised 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 for minut anors have the right to provide advice on the distribution or investment of amounts in such funds or accounts to reserve one space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II         7           9         Did the organization report on hold a conservation causeneid, durit repair, or debt negoliation services?         7           9         Did the organization matima collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II         7           9         Did the organization matima collections of works of art, historical treasures, or debt repoliation services?         9           9         Did the organization diverse in amount in Part X, line 21, for escrow or custolal account lability, serve as a custodian for amounts on tister in Part X, corporate schardule D, Part V         10	,		1	х	
<ul> <li>3 Did the organization engage in direct political campaign activities on behalf of or in opposition to candidates for public officer if "regs" camplete Schedule C, Part II</li> <li>Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "regs" camplete Schedule C, Part II</li> <li>Is the organization a section 501(c)(6) 501(6)(6), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "regs" complete Schedule C, Part II</li> <li>Did the organization ansittain any doner advices funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice or hold a conservation easement, including easements to preserve open space.</li> <li>Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yegs," complete Schedule D, Part II</li> <li>Did the organization report an amount in Part X, line 21, for escrow or custodial account hability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit regair, or debt negotiation services?</li> <li>If "Yes," complete Schedule D, Part IV</li> <li>Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V</li> <li>Did the organization report an amount for investments - program related in Part X, line 15% or more of its total assets reported in Part X, line 167 If "yes," complete Schedule D, Part X</li> <li>Did the organization report an amount for investments - program related in Part X, line 15% or more of its total assets reported in Part X, line 167 If "yes," complete Schedule D, Part X</li> <li>Did the organization report an amount for investments - program related</li></ul>	2	Is the organization required to complete Schodula R. Schodula of Contributors?			x
public office? If "Yes," complete Schedule C, Part I         3           4         Section 501(c)(3) organizations, Did the organization engage in lobbying activities, or have a section 501(n) election in effect during the tax yea? If "Yes," complete Schedule C, Part II         4           5         Is the organization ascience 501(n)(0, 501(n)(0, or 501(n)(0, organization that receives membership dues, assessments, or similar amounts as defined in Revenue Proceedure 98-197 (* Yes," complete Schedule C, Part II         5           6         Did the organization reactives on hold a conservation easiment, including assessments to preserve open space, the environment, historic land areas, or historic structures? If Yes, "complete Schedule D, Part II         6           7         Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listel in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?         7           9         Did the organization report an amount for law class chedule D, Part IV         7           11         If the organization report an amount for law class chedule D, Part IV         9           12         If the organization report an amount for law class chedule D, Part VI         10           11         If the organization report an amount for investments - other securities in Part X, line 10? If 'Yes, ' complete Schedule D, Part VI         11           13         X         Did the organization report an amount for investments - other securities i		Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	*		
<ul> <li>Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax yea? II 'res' complete Schedule C, Part II</li> <li>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 38-197 II 'res', <i>complete Schedule C, Part II</i></li> <li>Did the organization maintain any donor advised funds or any similar Indos or accounts for which donors have the right to provide advice on the distribution or investment of manounts in such funds or accounts or which donors have the right to provide advice or hold a conservation examemat. Including assessments to preserve open space, the environment, historic land areas, or historic structures? II 'Yes,' complete Schedule D, Part II</li> <li>Did the organization report an amount in Part X, line 21, for escrow or custodial account lability, serve as a custodian for amounts no tisted In Part X, ine 71, for escrow or custodial account lability, serve as a custodian for amounts no tisted In Part X, ine 71, for escrow or custodial account lability, serve as a custodian for amounts no tisted In Part X, ine 72, for escrew or custodial account lability, serve as a custodian for amounts no report an amount for label dorganization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-adonis answer to any of the following questions is 'Yes,'' then complete Schedule D, Part V.</li> <li>Did the organization report an amount for investments - other securities in Part X, line 10? If 'Yes,' complete Schedule D, Part VI.</li> <li>Did the organization report an amount for investments - other securities in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VI.</li> <li>Did the organization report an amount for investments - tore securities in Part X, line 13 that is 5% or more of</li></ul>	0		2		х
during the tax yea? If "Yes," complete Schedule C, Part II       4       X         5       Is the organization a section 501(c)(6), 501(c)(6), organization that receives membership dues, assessments, or similar amounts as defined in Revenue Proceedure 98.19? If "Yes," complete Schedule C, Part II       5         6       Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II       6         7       Did the organization maintain objections dworks of art, historical treasures, or other similar asset? If 'Yes," complete Schedule D, Part II       7         8       Did the organization maintain collections dworks of art, historical treasures, or other similar asset? If 'Yes," complete Schedule D, Part II       8         9       Did the organization memory arelated organization, hold assets in temporarity restricted endowments, parament endowments, or quasi-endowments? If 'Yes," complete Schedule D, Part V       9         10       Did the organization report an amount for indu, buildings, and equipment in Part X, line 10? If 'Yes," complete Schedule D, Part VII       10         11       He organization report an amount for investments - other securities in Part X, line 12? If 'Yes," complete Schedule D, Part VII       11         0       Did the organization report an amount for investments - other securities in Part X, line 12? If 'Yes," complete Schedule D, Part VII       11         11       If the o	л		3		
<ul> <li>5 Is the organization a section 501(c)(6), 501(c)(6), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "res," complete Schedule C, Part II</li> <li>6 Did the organization reaintain 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 for which donors have the right to provide advice or the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice or thold a conservation easements in preserve open space.</li> <li>7 Did the organization receive or hold a conservation easement in charding easements to preserve open space.</li> <li>7 Did the organization report an amount in Part X, line 21, for escrow or custodial account kability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?</li> <li>9 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yas," complete Schedule D, Part IV</li> <li>10 the organization report an amount for investments - other securities in Part X, line 10? If "Yas," complete Schedule D, Part VII</li> <li>11 Did the organization report an amount for investments - other securities in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII</li> <li>11 Did the organization report an amount for other assets in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII</li> <li>11 Did the organization oreport an amount for other assets in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII</li> <li>11 Did the organization orbit in the file MB (ASC 740)?</li></ul>	-			x	
similar amounts as defined in Revenue Procedure 98-197       # "Yes," complete Schedule C, Part III       5         6       Did the organization maintain any donor advised funds or any similar funds or accounts? If "Yes," complete Schedule D, Part I       6         7       Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II       7         7       Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II       7         9       Did the organization genot a mount 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?       9         10       Did the organization amount for and yother cleated organization, include assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V       10         11       It the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VI       10         111a       X       112         2       Did the organization report an amount for investments - other securities in Part X, line 12 If that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII       114         2       Did the organization rep	E		4	44	
<ul> <li>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? // "Yes," complete Schedule D, Part I</li> <li>Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? // "Yes," complete Schedule D, Part II</li> <li>Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts in tisted in Part X, ior provide credit counseling, debt management, credit repair, or debt negotiation services?</li> <li>"Yes," complete Schedule D, Part IV</li> <li>Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? // "Yes," complete Schedule D, Part V</li> <li>If the organization report an amount for land, buildings, and equipment in Part X, line 10? // "Yes," complete Schedule D, Part V</li> <li>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? // "Yes," complete Schedule D, Part V</li> <li>Did the organization report an amount for investments - other securities in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? // "Yes," complete Schedule D, Part V</li> <li>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? // "Yes," complete Schedule D, Part X</li> <li>Did the organization report an amount for investments - program related in Part X, line 18 that is 5% or more of its total assets reported in Part X, line 16? // "Yes," complete Schedule D, Part X</li> <li>Did the organization report an amount for intersthemets is the ta</li></ul>	2		F		х
provide advice on the distribution or investment of amounts in such funds or accounts? // "Yes," complete Schedule D, Part //       6         7       Did the organization receive or hold a conservation easement, including easements to preserve open space.       7         8       Did the organization maintain collections of works of art, historical treasures, or other similar assets? // "Yes," complete Schedule D, Part //       7         8       Did the organization organization diversed a mount 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?       9         9       Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasiendowments? // *ves," complete Schedule D, Part V       9         0       Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasiendowments? // *ves," complete Schedule D, Part V       10         11       It ne organization report an amount for land, buildings, and equipment in Part X, line 10? // *ves," complete Schedule D, Part V       11a         2       Did the organization report an amount for investments - orber securities in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? // *ves," complete Schedule D, Part V       11a         2       Did the organization report an amount for other assets in Part X, line 13 that is 5% or more of its total as	6		5		
<ul> <li>7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic lara areas, or historic structures? If "Yes," complete Schedule D, Part II</li> <li>8 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?</li> <li>9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quaris endowments?</li> <li>9 Did the organization asswer to any of the following questions is "Yes," then complete Schedule D, Part VI.</li> <li>11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.</li> <li>12 Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VI.</li> <li>13 Did the organization report an amount for investments - other securities in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI.</li> <li>14 Did the organization report an amount for other assets in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.</li> <li>11 Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.</li> <li>11 Did the organization report an amount for other assets in Part X, line 25 If "Yes," complete Schedule D, Part X.</li> <li>11 Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X.</li> <li>11 Did the organization report an amount for other assets in P</li></ul>	0				x
the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II       7         8       Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete       8         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?       9         0       Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V       10         11       If the organization is answer to any of the following questions is "Yes," then complete Schedule D, Part V       10         2       Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VII       11         2       Did the organization report an amount for investments - order securities in Part X, line 10? If "Yes," complete Schedule D, Part VII       11         4       Did the organization report an amount for other assets in Part X, line 15 hat is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII       11         4       Did the organization report an amount for other assets in Part X, line 15 hat is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII       11         4	7		0		
<ul> <li>B) Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II</li> <li>B) 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?</li> <li>II "Yes," complete Schedule D, Part IV</li> <li>D) Did the organization, forcely or through a related organization, hold assets in temporarily restricted endowments, permanent endowments? If "Yes," complete Schedule D, Part V</li> <li>D) Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V</li> <li>D) Did the organization report an amount for investments - other securities in Part X, line 12? that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII</li> <li>D) Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII</li> <li>Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII</li> <li>Did the organization separate or consolidated financial statements for the tax year include a footnote that addresses the organization separate independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X and XII is optional</li> <li>S be organization asset and XII.</li> <li>Did the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X and XII is optional</li> <li>S the organization nation answered "No" to line 162, there," complete Schedule D, Part X and XII is optional</li> <li>S bid the organization</li></ul>	'		7		х
Schedule D, Part III       8         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?         9       Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V       9         0       Did the organization asswer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, VX, or X as applicable.       10         11       It the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI       11a         2       Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII       11b         2       Did the organization report an amount for on westments - other securities in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII       11c         11       Did the organization report an amount for other lasbitilities in Part X, line 25? If "Yes," complete Schedule D, Part X       11e         2       Did the organization report an amount for other lasbitilities in Part X, line 25? If "Yes," complete Schedule D, Part X       11e         2       Did the organization schedu	0	The environment, instance and areas, or instance succures r in res, complete Schedule D, Part II			
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amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?       9         0       Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? // 'Yes," complete Schedule D, Part V       10         1       If the organization report an amount for land, buildings, and equipment in Part X, line 10? // 'Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.       11         2       Did the organization report an amount for investments - other securities in Part X, line 10? // 'Yes," complete Schedule D, Part VI       11a         2       Did the organization report an amount for investments - other securities in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? // 'Yes," complete Schedule D, Part VII       11b         2       Did the organization report an amount for other assets in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? // 'Yes," complete Schedule D, Part VII       11c         1       Did the organization report an amount for other assets in Part X, line 25? // 'Yes," complete Schedule D, Part X       111e         4       Did the organization report an amount for other liabilities in Part X, line 25? // 'Yes," complete Schedule D, Part X       11e         4       Did the organization report an amount for other liabilities in Part X, line 25? // 'Yes," complete Schedule D, Part X       11e         5       Did the organization report an amount	~		8		~
If "Yes," complete Schedule D, Part IV       9         10       Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V       10         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.       10         a       Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VII       11a         b       Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII       11b         c       Did the organization report an amount for other assets in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII       11c         d       Did the organization report an amount for other assets in Part X, line 25? If "Yes," complete Schedule D, Part X       11d         d       Did the organization separate, independent audited financial statements for the tax year include a toothore that addresses the organization obtain separate, independent audited financial statements for the tax year?       11t         d       Did the organization aschool described in section 170(b)(1/k)(ii)? If "Yes," complete Schedule D, Part X       11t         12a       Was the organization answered "No" to line 12a, then com	э				
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1       If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, VII, IX, or X as applicable.       In the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI       11a         2       Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII       11b       X         2       Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII       11c       11c         4       Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X       11c       11c         4       Did the organization report an amount for other assets in Part X, line 25? If "Yes," complete Schedule D, Part X       11d       11c       11c         5       Did the organization separate, independent audited financial statements for the tax year?       11f" Yes," complete Schedule D, Part X       11d       12a         20       Did the organization obtain separate, independent audited financial statements for the tax year?       11f"       11d       12a         210       Did the organization answered "No" to line 12a, then completing Schedule D, Part X X line 30 line 00000 form grantmaking, fundr	0				
as applicable.       a) Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If *Yes," complete Schedule D, Part VI       11a       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? If *Yes," complete Schedule D, Part VI       11b       x.         c) Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If *Yes," complete Schedule D, Part VII       11c       11c         d) Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If *Yes," complete Schedule D, Part X, line 15? If *Yes," complete Schedule D, Part X       11c       11c         d) Did the organization report an amount for other liabilities in Part X, line 25? If *Yes," complete Schedule D, Part X       11e       x         f) Did the organization obtain separate, independent audited financial statements for the tax year? If *Yes," complete Schedule D, Part X       11e       x         2a) Did the organization included in consolidated, independent audited financial statements for the tax year?       12a       12b       x         13       14 the organization maintain an office, employees, or agents outside the United States?       13a       13a         2a) Did the organization asserder *No* to line 12a, then completing Schedule D, Part X and XII is optional       13a       14a		endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
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Part VI       11a       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? If "Yes," complete Schedule D, Part VII       11b       x         c       Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII       11c       11c         d       Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII       11c       11c         d       Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X       11t       x         e       Did the organization's separate or consolidated financial statements for the tax year include a tootnote that addresses the organization biability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X       11t       x         12a       Did the organization included in consolidated, independent audited financial statements for the tax year?       11t       x         13a       Is the organization maintain an office, employees, or agents outside of the United States?       12a       x         14a       X       Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundralsing, business, investment, and program servic	2				>
<ul> <li>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</i> "Yes," <i>complete Schedule D, Part VII</i></li> <li>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</i> "Yes," <i>complete Schedule D, Part VII</i></li> <li>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</i> "Yes," <i>complete Schedule D, Part VIII</i></li> <li>e Did the organization report an amount for other assets in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i></li> <li>f Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i></li> <li>f Did the organization obtain separate or consolidated financial statements for the tax year include a footnote that addresses the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," <i>complete Schedule D, Part X</i></li> <li>111 20</li> <li>b Was the organization answered "No" to line 12a, then completing Schedule D, Part X and XII is optional</li> <li>112 12a</li> <li>b Was the organization aschool described in section 170(b)(1)(A)(ii)? <i>If</i> "Yes," complete Schedule E</li> <li>113 13</li> <li>13 Is the organization have aggregate revenues or expenses of more than \$10,000 form grantmaking, fundraising, business, investment, and program service activities outside the United States?</li> <li>b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for any foreign 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</i> "Yes," <i>complete Schedule G, Part I</i></li> <li>16 Did the organization report on Part IX, column (A), line 3, more than</li></ul>	а			v	
assets reported in Part X, line 16? // "Yes," complete Schedule D, Part V/I       11b       X         c       Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? // "Yes," complete Schedule D, Part V/II       11c         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? // "Yes," complete Schedule D, Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? // "Yes," complete Schedule D, Part X       11c         e       Did the organization report an amount for other assets in Part X, line 25? // "Yes," complete Schedule D, Part X       11e       X         f       Did the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? // "Yes," complete Schedule D, Part X       11t       X         2a       Did the organization included in consolidated, independent audited financial statements for the tax year?       // "Yes," complete       11t         y       Was the organization answered "No" to line 12a, then completing Schedule D, Part X AI and X/I is optional       13       13         a       Did the organization maintain an office, employees, or agents outside of the United States?       14a       X         b       Did the organization neopert on Part IX, column (A), line 3, more than \$5,000 of garnats or other assistance to or for any foreign organization report on Part IX, column (A), line 3, more than \$5,000 of gagregate grants or o			11a	~	
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assets reported in Part X, line 16? /f "Yes," complete Schedule D, Part V/II       11c         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       11d         Part X, line 16? /f "Yes," complete Schedule D, Part IX       11d         e Did the organization report an amount for other liabilities in Part X, line 25? /f "Yes," complete Schedule D, Part X       11e         f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization obtain separate, independent audited financial statements for the tax year? /f "Yes," complete Schedule D, Part X       11f         22a Did the organization included in consolidated, independent audited financial statements for the tax year? /f "Yes," complete Schedule D, Part X and X/I       12a         33 Is the organization aschool described in section 170(b)(1)(A)(ii)? /f "Yes," complete Schedule E       13a         44a 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?       14a         b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of garts or other assistance to or for any foreign organization? /f "Yes," complete Schedule F, Parts II and IV       15         44b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of garts or other assistance to or for any foreign individuals? /f "Yes," complete Schedule F, Parts II and IV       15         44b Did the organizati			115	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? /f "Yes," complete Schedule D, Part IX       11d         e       Did the organization report an amount for other liabilities in Part X, line 25? /f "Yes," complete Schedule D, Part X       11e       X         f       Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization obtain separate, independent audited financial statements for the tax year?       11f       X         12a       Did the organization included in consolidated, independent audited financial statements for the tax year?       /f "Yes," complete Schedule D, Parts XI and XII       12a         b       Was the organization aschool described in section 170(b)(1)(A)(ii)?       /f "Yes," complete Schedule E       13         13       Is the organization maintain an office, employees, or agents outside of the United States?       14a       X         b       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?       14b       X         15       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?       16       16         14a       X       15       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 in	¢				
<ul> <li>Part X, line 16? If "Yes," complete Schedule D, Part IX</li> <li>Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X</li> <li>Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X</li> <li>Did the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X I and XII</li> <li>Was the organization included in consolidated, independent audited financial statements for the tax year?</li> <li>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</li> <li>Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E</li> <li>Ida Did the organization maintain an office, employees, or agents outside of the United States?</li> <li>b 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 report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for any foreign organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for any foreign organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for any foreign organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for any foreign organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for any foreign organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I<td></td><td></td><td>110</td><td></td><td>Х</td></li></ul>			110		Х
<ul> <li>e Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i></li></ul>	d				
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)? If "Yes," complete Schedule D, Part X       111         12a       Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete       12a         12b       Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete       12a         13       Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E       13         14a       Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV       14b         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 report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for any foreign individuals? If "Yes," complete Schedule F, Parts II and IV       16         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? If "Yes," complete Schedule G, Part I       17		Part X, line 16? If "Yes," complete Schedule D, Part IX			X
the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X       11f         12a       Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete       12a         12b       Was the organization included in consolidated, independent audited financial statements for the tax year?       11         13       Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E       13         14a       Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV       14b         14       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for any foreign individuals? If "Yes," complete Schedule F, Parts II and IV       15         16       Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV       16			11e	X	
12a       Did the organization obtain separate, independent audited financial statements for the tax year? // "Yes," complete       12a         12b       Schedule D, Parts XI and XII       12a         12b       Was the organization included in consolidated, independent audited financial statements for the tax year?       12b         13       Is the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional       13         13       Is the organization a school described in section 170(b)(1)(A)(ii)? // "Yes," complete Schedule E       13         14a       Did the organization maintain an office, employees, or agents outside of the United States?       14a         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? If "Yes," complete Schedule F, Parts I and IV       14b         15       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV       15         16       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? If "Yes," complete Schedule F, Parts II and IV       16	f				
Schedule D, Parts XI and XII       12a         b       Was the organization included in consolidated, independent audited financial statements for the tax year?       12b         If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional       12b         I3       Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E       13         I4a       Did the organization maintain an office, employees, or agents outside of the United States?       14a       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? If "Yes," complete Schedule F, Parts I and IV       14b       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? If "Yes," complete Schedule F, Parts II and IV       15         16       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV       16         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? If "Yes," complete Schedule G, Part I       17			111		X
b       Was the organization included in consolidated, independent audited financial statements for the tax year?       If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional       12b       X         13       Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E       13       13         14a       Did the organization maintain an office, employees, or agents outside of the United States?       14a       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? If "Yes," complete Schedule F, Parts I and IV       14b       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? If "Yes," complete Schedule F, Parts II and IV       15         16       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV       16         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? If "Yes," complete Schedule G, Part I       17	2a				
If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional       12b       X         13       Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E       13         14a       Did the organization maintain an office, employees, or agents outside of the United States?       14a       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? If "Yes," complete Schedule F, Parts I and IV       14b       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? If "Yes," complete Schedule F, Parts II and IV       15         16       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV       16         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? If "Yes," complete Schedule G, Part I       17		Schedule D, Parts XI and XII	12a		X
<ul> <li>Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E</li> <li>Is the organization maintain an office, employees, or agents outside of the United States?</li> <li>Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV</li> <li>Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV</li> <li>Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV</li> <li>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? If "Yes," complete Schedule G, Part I</li> </ul>	b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
<ul> <li>14a Did the organization maintain an office, employees, or agents outside of the United States?</li> <li>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? If "Yes," complete Schedule F, Parts I and IV</li> <li>15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV</li> <li>16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV</li> <li>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? If "Yes," complete Schedule G, Part I</li> </ul>		If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	
<ul> <li>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</i> "Yes," <i>complete Schedule F, Parts I and IV</i>.</li> <li>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</i> "Yes," <i>complete Schedule F, Parts II and IV</i>.</li> <li>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 any foreign individuals? <i>If</i> "Yes," <i>complete Schedule F, Parts III and IV</i>.</li> <li>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</i> "Yes," <i>complete Schedule G, Part I</i>.</li> </ul>			13		X
<ul> <li>investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000</li> <li>or more? If "Yes," complete Schedule F, Parts I and IV</li> <li>Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV</li> <li>Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for any foreign individuals? If "Yes," complete Schedule F, Parts III and IV</li> <li>Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV</li> <li>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? If "Yes," complete Schedule G, Part I</li> </ul>	4a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	X	
or more? If "Yes," complete Schedule F, Parts I and IV       14b       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? If "Yes," complete Schedule F, Parts II and IV       15         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 any foreign individuals? If "Yes," complete Schedule F, Parts III and IV       15         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? If "Yes," complete Schedule G, Part I       17	ъ	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
15       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV       15         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 any foreign individuals? If "Yes," complete Schedule F, Parts II and IV       15         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? If "Yes," complete Schedule G, Part I       17		investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
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</i> "Yes," <i>complete Schedule F, Parts II and IV</i> 15         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</i> "Yes," <i>complete Schedule F, Parts III and IV</i> 16         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</i> "Yes," <i>complete Schedule G, Part I</i> 17		or more? If "Yes," complete Schedule F, Parts I and IV	14b	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> 16         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> 17	5	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
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> 16         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> 17		foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	ļ	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</i> "Yes," <i>complete Schedule G, Part I</i> 17	6				
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</i> "Yes," <i>complete Schedule G, Part I</i> 17		or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17				
			17		X
	8				
1c and 8a? If "Yes," complete Schedule G, Part II			18		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? // "Yes,"	19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? // "Yes."			
			19		X
1c and 8a? If "Yes," complete Schedule G, Part II		Did the organization maintain an office, employees, or agents outside of the United States? 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> 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> 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> 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> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	14b 15 16 17		
		complete Schedule G. Part III		990	

Dath the organization operate one or more hospital facilities? If Yes," complete Schedule H         Yes         No           20         Diff the organization append more than \$5,000 of grants or other assistance to any connectic organization or domestic government on Part X, column (2), line 1/1 Yres," complete Schedule (P and 1 and III)         21         X           21         Diff the organization report more than \$5,000 of grants or other assistance to any connectic organization or domestic organization and (2)         21         X           22         Diff the organization report more than \$5,000 of grants or other assistance to a for domestic organization science: any fore-science of the organization science: any fore-science of the organization and forms of fores, directors, trustees, key employees, and highest compensated employees? If 'Yes," complete Schedule J.         24         X           23         Diff the organization have at an excerne bond issue with an outstanding principal amount of more than \$100,000 as of the list day of the year, that was issued atter Docember 31, 2002? If 'Yes," answer lines 24b through 24d and complete 24d is 25         24d         X           24         Diff the organization matrixin an escrow account other than a retunding scrow at any time during the year?         24d         X           25         Bit the organization matrixin an escrow account other than a retunding scrow at any time during the year?         24d         X           26         Bit the organization any that is the angoed in an access benefit transaction with a didequalified person in a prior year, and that the tra		990 (2016) BATTELLE MEMORIAL INSTITUTE 31-4379	427	P	age 4
20. Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H         20. <td< th=""><th>Pai</th><th>t IV Checklist of Required Schedules (continued)</th><th></th><th></th><th>*</th></td<>	Pai	t IV Checklist of Required Schedules (continued)			*
b         Model         20b         22b         22b <th></th> <th></th> <th></th> <th>Yes</th> <th>÷</th>				Yes	÷
11         Did the organization report more than \$5,000 of prants or other assistance to any domestic organization or domestic organization report more than \$5,000 of prants or other assistance to or for domestic individuals on Prart IX, column (A), line 27, rf Yas, "complete Schedule (J, Parts I and III 20         22         X           20         Did the organization server Yas, "complete Schedule (J, Parts I and III 22         22         X           21         Did the organization server Yas, "complete Schedule (J, Parts I and III 22         23         X           24         Did the organization naver Yas, "complete Schedule (J, Parts I and III 22         X         22         X           24         Did the organization naver Yas, "complete Schedule (J, Parts I and III         22         X           25         Did the organization naves in subcoder N in Schedule (J, Parts I and III         22         X           24         Did the organization nave a tax-exempt bond suce with an outstanding principal amount of more than \$100,000 as of the list dia yof the year, TA was, "complete Schedule (J, Part I         24         X           25         Did the organization area as an orbishal of "issuer for bonds outstanding at any time during the year?         24d         X           26         Did the organization area the reported on any of the organization sign in an excess benefit transaction wave that 1 engaged in an excess benefit transaction with a disqualified persons' III 'Yes, "complete Schedule L, Part I         25a         X     <	20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H			<u>x</u>
domestic government on Part IX, column (A), line 17 // Yes, * complete Schedule (, Pars L and II     21     X       20     Did the organization report mesh than 55,000 (or grants or other assistance to or for domestic individuals on Part X, column (A), line 27 if Yes,* complete Schedule J, Parts I and III     22     X       23     Did the organization naveer 'Yes' to Part VII, Section A, line 3, 4, of s about compensation of the organization sourcert and former officers, directors, uturelse, key employees, and rights compensate domoparty Part VII, section S, unret the Stochaule J.     23     X       24     Did the organization naves a tax-exempt bond issue with an outstanding principal amount of more than 5100,000 as of the Schedule J. Who: go to line 253.     24     X       25     Did the organization mixest any proceeds of tax-exempt bond beyond a temporary period exception?     24     X       26     Did the organization mixest any proceeds of tax-exempt bonds beyond a temporary period exception?     24     X       26     Did the organization are start as an 'on behalf of issuer for bonds outstanding at any time during the year?     24     X       27     Via the organization area than the dragged in an excess benefit mataction with a disqualified person during the year?     25     X       28     Section 501(x)3, 501(c)(4), and 501(x)(29) organizations prior Forms 590 or 590 C590 C590 C590 C7 // Yes, 'complete Schedule L, Part I     25     X       29     Did the organization area nave in the angenot nave on the angenotic prior of start discuston with and in the			20b	<b> </b>	
<ul> <li>22 Old the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part KL, column (A), line 21 ** res_* complete Schedule J and III.</li> <li>23 Old the organization answer "Yes" to Part VII. Section A. line 3. 4, or 6 about compensation of the organization summary and former officers, directors, trustees, key employees, and highest compensated employees? if 'Yes, 'complete Schedule J.</li> <li>24 Du the organization have a tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the list day of the year, hat was issued after Docember 31, 2002? If 'Yes, 'answer lines 24 bir cough 24 da and complete Schedule A. If 'No', go to line 25a</li> <li>24a Du the organization maintain an estrom account offer than a refunding encrow at any time during the year?</li> <li>24a Du the organization and tas an 'on behalf O' lissuer for bonds outstanding at any time during the year?</li> <li>24d du the organization and tas an 'on behalf O' lissuer for bonds outstanding at any time during the year?</li> <li>24d du the organization was at the encode of tax exempt bonds second a temporary period exception?</li> <li>24d du the organization and tas an 'on behalf O' lissuer for bonds outstanding at any time during the year?</li> <li>24d du the organization and tas an 'on behalf O' lissuer for bonds outstanding principal ama excess benefit transaction with a disqualified person during the year? If 'reg, 'complete Schedule L, Part I</li> <li>25a Section 501(c)(3), 501(c)(4), and 501(c)(2) organizations prior Forms 900 or 990CE? II 'reg, 'complete Schedule L, Part I</li> <li>25b X</li> <li>26d the organization and year on other assistance to an officer, director, trustee, or discusting the year?</li> <li>26d the organization and year on other assistance to an officer, director, trustee, or discusting the year?</li> <li>27d the organization factor further director further discusters or to a SSR contr</li></ul>	21				
Part IX, column (A), line 27 if Yreg, "complete Schedule I, Parts I and III     22     X       23 Did the organization asser: PYes To Part IX, lise to A, Ibi a A, of a baout compensation of the organization sourcent and former officers, directors, trustees, key employees, and highest compensated employees? If Yes, "complete Schedule J, Thois," of the Part I, Ital Was issued after December 31, 2007? If Yes, "answer lines 24b Through 24d and complete Schedule J.     23     X       24a Did the organization have a tax-exempt bonds beyond a temporary period exception?     24a     X       24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?     24a     X       24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?     24a     X       24c Did the organization and an an obehalf of Tissue for bonds outstanding at any time during the year?     24d     24d       25a Section 691(e)(3), 601(e)(4) and 601(e)(29) organizations. Did the organization and the tangaged in a excess benefit transaction with a dispublied person in a proryear, and that the transaction may a disqualified person in a proryear, and that the transaction may and backgualified person. If Yes, "complete Schedule L, Part I     25a     X       25 Did the organization are prorted on any of the organizations brior Forms 280 or 990-E27. If Yes, "complete Schedule L, Part I     26a     X       26 Did the organization are provide a grant or other assistance to an officer, director, tustee, key employee, substantial contributor of target areas and the second officer, director, tustee, key employee, substantial contributor of target areasse	00	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
23       Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization sourcent and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J, and Yes," complete Schedule J, Part II       23       X         240       Did the organization invest any proceeds of tax-exempt bond's beyond a temporary period exception?       240       241         250       Did the organization maintain an escrow account other than a refunding escrow at any time during the year?       246       242         253       Section 501(c)(3), 501(c)(4), and 501(c)(20) organizations. Did the organization are tax an 'one behalf of' issuer for bond's outstanding at any time during the year?       246       246         254       X       In the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has no been reported on any of the organization spores. In the organization any amount on Part X, line 5, 6, 72 for receivables from or payables to any current or former officer, director, trustee, rever employees, bighest compensated employee, substantial contributor or employee thereo(1, grant selection comitiene member, or to 35% controlled entity or tamily member of any of thick organization approves thereo(1, grant selection comitiene member, or to 35% controlled person? 1, "Yes," complete Schedule L, Part IV       28       X       27       X </td <td>22</td> <td></td> <td></td> <td></td> <td></td>	22				
and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J     23     X       24a     Old the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24a hitrough 24d and complete Schedule I, 1%o," go to line as 25a.     24a     X       24a     Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?     24a     X       25a     Did the organization invest any proceeds of tax-exempt bonds outstanding at any time during the year?     24d     X       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?     24d     25a       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?     24d     25a       25a     Did the organization aver that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction tax on the crease benefit transaction with a disqualified person of a prior year, and that the ransaction report any amount on Part X, line 5, 6, or 22 tor receivables from or payhales to any current of former officers, directors, trustee, sky employees, highest compensated employees, or disqualified persons?     1*Yes," complete Schedule L, Part I       25b     X     X     X     X     X       2	00	Part IX, column (A), line 27 if "Yes," complete Schedule I, Parts I and III	22		×
Schedule J       23       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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a       24a       X         24b Did the organization narista an escrow account other than a refunding escrow at any taxee dimes 24b through 24d and complete Schedule A. If "No", go to line 25a       24a       X         25       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 in a prive, "complete Schedule L, Part I       25a       X         26       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 in a prive, "complete Schedule L, Part I       25a       X         27       Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, substantial contributor or employee thereol, a grant selection conmittee member, or to a 55% controlled entry or family member of any of these persons? II "Yes," complete Schedule L, Part II       26       X         28       A current former officer, director, trustee, or key employee? II "Yes," complete Schedule L, Part IV       28a       X         29       Did the organization provide a grant or other assistance to an officer, director, trustee, or direct or indirect ormer officer, director, trustee, or	20			}	
24a Did the organization have a taxe-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the yarx, that was issued after December 31, 2002? If Yes," answer lines 24b through 24d and complete Schedule K. If 'No', go to line 25a       24a       X         24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?       24b       24a       X         25a Section 501(cl(3), 501(c)(4), and 501(c)(29) organizations. Did the organization and sexess benefit transaction with a disqualified person during the year?       24d       25a         25a Section 501(cl(3), 501(c)(4), and 501(c)(29) organizations. Did the organization angage 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-E27. If Yes, " complete Schedule L, Part I       25a       X         26 Did the organization onzer that it engaged in an excess benefit transaction with a disqualified person? If Yes, " complete Schedule L, Part I       25a       X         27 Did the organization approve that it engaged in an excess benefit transaction with one of the organization approve thered, a grant selection committee member, or to a 35% controlled entity or tamily member of any of these persons? If Yes, " complete Schedule L, Part IV       25a       X         28 Was the organization approve there of ficer, director, trustee, or key employee (to a tamily member of any of these persons? If Yes, " complete Schedule L, Part IV       28a       X         29 Did the organization cevere of former officer, director, trustee, or			00	v	
Isat day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete     24s       Scheduk K, If "No", go to line 25a     24a       b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to delease any tax-exempt bonds     24d       c Did the organization maintain an escrow account other than a refunding escrow at any time during the year?     24d       c Did the organization maintain an escrow account other than a refunding escrow at any time during the year?     24d       25a Section 501(cK3), 501(cH4), and 501(cH2) organizations. Did the organization engage in an excess benefit transaction with a disqualified person in a prory year, and that the anguaded in an excess benefit transaction with a disqualified person any of the organization any of the organization spitor Forms 990 cE2? If "Yes," complete Schedule L, Part I     25b       c Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payable to any current or former officer, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II     26       27     X     28     X       28     Dud the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thered, a grant selection committee member, or to a 55% controlled entity or taminy member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV       28     A an entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Sched	24.2	Did the organization have a tax-evemot hand ussue with an outstanding principal amount of more than \$100,000 as of the	23		
Schedule K. If 'No', go to line 25a       24a       X         Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?       24b       24b         c Did the organization attain an escrow account other than a refunding escrow at any time during the year?       24d       24d         25a       Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization are that it engaged in an excess benefit transaction with a disqualified person during the year?       24d       25a         25a       Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization are proved 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 990-627 // 'Yes," complete Schedule L, Part I       25b       X         25b       Uh the organization area are bare benefit transaction with a disqualified persons? // 'Yes,"       25b       X         26       Uh the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant barection committee member, or to a 35% controlled entity or family member of any of these persons? // 'Yes," complete Schedule L, Part IV       26       X         27       Did the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV       28a       X         27       A current or former officer, director, trustee, or key employee? If 'Yes," complete Schedule L, Part IV <td></td> <td></td> <td></td> <td></td> <td></td>					
b       Did the organization mixest any proceeds of tax exempt bonds beyond a temporary period exception?       244         c       Did the organization maintain an escrow account other than a refunding escrow at any time during the year?       244         d       Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?       244         253       Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization and as an othean expanded on any of the organization and as an excess benefit transaction with a disqualified person in a prory year, and that the transaction report any amount on Part X. line 5, 6, or 22 for receivables from or payables to any current or former officer, director, trustes, key employees, highest complexes, complete Schedule L, Part I       256       X         270       Did the organization report any amount on Part X. line 5, 6, or 22 for receivables from or payables to any current or former officer, director, trustes, key employees, highest complexes, behaltilled persons? If "Yes," complete Schedule L, Part II       26       X         271       Did the organization provide a grant or other assistance to an officer, director, trustee, expensions? If "Yes," complete Schedule L, Part II       27       X         283       Was the organization appresents? (If "Yes," complete Schedule L, Part IV       28       X         294       A tarnily member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV       28       X         295       Did the organiza			242		x
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?       24d         d       Did the organization cats as n° on behalf of "issuer for bonds outstanding at any time during the year?       24d         25a       Section 501(c)3), 501(c)(4), and 501(c)(29) organizations. Did the organization on a price schedule L, Part I       25a         25a       Section 501(c)3), 501(c)(4), and 501(c)(29) organizations. Did the organization 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-E2? If 'Yes," complete Schedule L, Part I       25b       X.         25a       Did the organization cavaer 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-E2? If 'Yes," complete Schedule L, Part I       25b       X.         25a       Did the organization provide a grant or other assistance to an officer, director, trustee, or seve persons? If 'Yes," complete Schedule L, Part II       266       X         27       Did the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV       28a       X         28       A current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director indirect	b				
any tax-exempt bonds?       24c         24       Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?       24c         25a       Section 601(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? // 'Yes,' complete Schedule L, Part I       25g       X         b       Is the organization average 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 program and that the angaged in an excess benefit transaction with a disqualified person? If 'Yes,' complete Schedule L, Part I       25b       X         25       Did the organization prove a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereol, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part II       26       X         28       Was the organization provide a grant or other assistance to an officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV       27       X         28       Was the organization provide indicer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV       28b       X         29       Did the organization provide indicer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV       28b       X         29       A       A current					
d Did the organization act as an 'on behalf of 'issuer for bonds outstanding at any time during the year?       24d         25a Section 507(c)3), 507(c)4), and 501(c)429 organizations. Did the organization engage 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-E27 // *yes, "complete Schedule L, Part I       25a       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 officer, director, trustees, key employee, or disqualified persons? // *yes," complete Schedule L, Part I       26b       X         27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employse theredo, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? // *yes," complete Schedule L, Part II       27       X         28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for aphicable filing thresholds, conditions, and exceptions):       a Acurent or former officer, director, trustee, or key employee? If *Yes," complete Schedule L, Part IV       28b       X         29 Did the organization receive more than 250,000 in non-cash contributions? If *Yes," complete Schedule L, Part IV       28b       X         29 Did the organization receive contributions of the result within a data sets, or qualified conservation contributions? If *Yes," complete Schedule L, Part IV       28b       X         29 Did th			240		
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? If "Yes," complete Schedule L, Part I       25a       X         25b       Is the organization naves 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-E27 If 'Yes," complete Schedule L, Part I       25b       X         26       Did the organization propriation orport any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officer, directors, trustees, key employees, highest compensated employees, or disqualified persons? If 'Yes," complete Schedule L, Part II       26       X         27       Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part II       27       X         28       Was the organization prove any to a business transaction with one of the following parties (see Schedule L, Part IV       28a       X         28       A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV       28b       X         29       Did the organization prove more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule L, Part IV       28a       X         29       Did the organ	d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		1	
transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I       25a       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? If "Yes," complete Schedule L, Part I       25b       X         26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II       26       X         27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II       27       X         28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV       28a       X         29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule L, Part IV       28b       X         29 Did the organization receive contributions of art, bistorical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule L, Part IV       28a       X         29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule A       29a       X         30 Did the					
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-E27. If 'Yes," complete Schedule L, Part I       25b       X         26       Did the organization report any amount on Part X. line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If 'Yes," complete Schedule L, Part II       26       X         27       Did the organization report any amount on Part X. line 5, 6, or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, substantial contributor or employee thereol, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes," complete Schedule L, Part II       26       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 Intresholds, conditions, and exceptions):       28a       X         29       Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes, 'complete Schedule L, Part IV       28b       X         29       Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes, 'complete Schedule M       30       X         29       Did the organization inelated to any tax event por taxable entity? If 'Yes, 'complete Schedule M, Part I       31       X			25a		x
that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E2? // f 'Yes," complete       25       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? // f 'Yes," complete Schedule L, Part II       26       X         27       Did the organization aportide 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? // f 'Yes," complete Schedule L, Part III       27       X         28       Was the organization aparty to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):       28a       X         29       Did the organization receive more forcer, director, trustee, or key employee? // 'Yes," complete Schedule L, Part IV       28a       X         29       Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? // 'Yes," complete Schedule L, Part IV       28a       X         29       Did the organization eleve controllowing or transfer more than 25% of its net assets? // 'Yes," complete Schedule M       29       X         30       Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? // 'Yes," complete S	b			1	
Schedule L, Part I       25b       X         26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, is disualified persons? If "Yes," complete Schedule L, Part II       26       X         27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereol, a grant and selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part IV       26       X         28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicabel fling thresholds, conditions, and exceptions):       a A current or former officer, director, trustee, or key employee (or a family member thereol) was an officer, director, trustee, or key employee (or a family member thereol) was an officer, director, trustee, or indirect owner? If "yes," complete Schedule L, Part IV       28a       X         29 Did the organization receive more than \$25,000 in non-cash contributions? If "yes," complete Schedule M       29       X         30 Did the organization liquidate, terminate, or dissolve and cease operations? If "yes," complete Schedule N, Part II       31       X         31 Did the organization add I, excharge, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II       33       X         32 Ar       33 A       33       33       33       X         3					
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 taugulited persons? // "Yes," complete Schedule L, Part II       26       X         27       Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? // "Yes," complete Schedule L, Part IV       26       X         28       Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):       28a       X         29       A current or former officer, director, trustee, or key employee? // "Yes," complete Schedule L, Part IV       28a       X         29       Did the organization receive more than \$25,000 in non-cash contributions? // "Yes," complete Schedule M       29a       X         30       Did the organization receive more than \$25,000 in non-cash contributions? // "Yes," complete Schedule M       29       X         31       Did the organization liquidate, terminate, or dissolve and cease operations?       // "Yes," complete Schedule M       30       X         32       Did the organization with 0 wo of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? // "Yes," complete Schedule R, Part I       31<			25b	}	х
former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II       26       X         27       Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereol, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III       27       X         28       Was the organization 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? If "Yes," complete Schedule L, Part IV       28a       X         29       Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule L, Part IV       28c       X         29       Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule R, Part I       30       X         30       Did the organization injudiate, terminate. or dissolve and cease operations?       31       X         31       Did the organization own 100% of an entity disregarded as separate from the organization under Regulation sections 512(b)(13)?       33       X         32       X       Did the organization related to any tax exempt or taxable entity? II "Yes	26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
2 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? If "Yes," complete Schedule L, Part II       27       X         28       Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):       28       X       29       X       28       X       29       X       30       30       27       X       30       30       X       30       30       X       30       X <td></td> <td></td> <td></td> <td></td> <td></td>					
<ul> <li>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>II</i> "Yes," <i>complete Schedule L, Part II</i></li> <li>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):</li> <li>a A current or former officer, director, trustee, or key employee? <i>II</i> "Yes," <i>complete Schedule L, Part IV</i></li> <li>b A family member of a current or former officer, director, trustee, or key employee? <i>II</i> "Yes," <i>complete Schedule L, Part IV</i></li> <li>28 a X</li> <li>c An entity of which a current or former officer, director, trustee, or key employee? <i>II</i> "Yes," <i>complete Schedule M</i></li> <li>29 Did the organization receive more than \$25,000 in non-cash contributions? <i>II</i> "Yes," <i>complete Schedule M</i></li> <li>29 Did the organization inquidate, terminate, or dissolve and cease operations?</li> <li><i>II</i> "Yes," <i>complete Schedule M</i>, <i>Part I</i></li> <li>21 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>II</i> "Yes," <i>complete</i></li> <li>23 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>II</i> "Yes," <i>complete</i></li> <li>23 Did the organization related to any tax-exempt or taxable entity? <i>II</i> "Yes," <i>complete Schedule R</i>, <i>Part I</i>, <i>III, or IV, and</i></li> <li>24 Was the organization have a controlled entity within the meaning of section 512(b)(13)?</li> <li>25 B X</li> <li>26 Section 501(c)(3) <i>organization</i> meeive any payment from or engage in any transaction with a controlled entity</li> <li>within the meaning of section 512(b)(13)?</li> <li>25 Section 501(c)(3) <i>organization</i>. Did the organization make any transfers to an exempt non-charitable related organization?</li> <li>37 X</li> <li>36 Did the organiza</li></ul>		complete Schedule L, Part II	26		х
of any of these persons? If "Yes," complete Schedule L, Part III       27       X         28       Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): <ul> <li>A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV</li> <li>A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV</li> <li>C An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV</li> <li>C An entity of which a current or former officer, director, trustee, or key employee (or a tamily member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV</li> <li>D id the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M</li> <li>D id the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M</li> <li>D id the organization inquidate, terminate, or dissolve and cease operations?</li> <li>If "Yes," complete Schedule N, Part I</li> <li>D id the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete</li> <li>Schedule N, Part II</li> <li>If "Yes," complete Schedule R, Part I, III, or IV, and Part V, line 1</li> <li>D id the organization nave a controlled entity within the meaning of section 512(b)(13)?</li> <li>If "Yes," complete Schedule R, Part V, line 2</li> <li>Section 501(c)(3) organization. Evel why any transfers to an exempt non-</li></ul>	27				
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Refer al contecto include reduced to complete concedue of		Note. All Form 990 filers are required to complete Schedule O	38	x	

Check II Schedule O contains a response or note to any line in this Part V         T           1a         Enter the number reported in Box 3 of Form 1096. Enter -0. In ot applicable         10	Form	990 (2016) BATTELLE MEMORIAL INSTITUTE	31-437942	27	Ρ	Page 5
1a       Enter the number reported in Box 3 of Form 1096. Enter 0- if not applicable       1a       11.6       13.62         1b       Enter the number of Forms V-2G included in line 1a. Enter 0- if not applicable       1b       1b       11.6         1c       Difference       1b       1c       1c       1c       1c         2a       Enter the number of Forms V-2G included in line 1a. Enter 0- if not applicable       1c       1c       2         2a       Enter the number of entry v-2G included in line 1a. Enter 0- if not applicable       1c       2       2       2       2       1c       2       3       3       3       3       3       3       3       3       3       3       3       3       3       3	Par	t V Statements Regarding Other IRS Filings and Tax Compliance				
1a Enter the number expended in Box 3 of Form 1096. Enter -0- in not applicable         1         1         1         1         1         1         1         1         0         0           2a Enter the number of Form SVG (nucled in line 1a. Enter-0- in nucles) for reportable payments to vendors and reportable gaming (gmmting) within site mines?         1         1         1         0         0           2a Enter the number of employees reported on Form W-3, transmital of Wage and Tax Statements.         2 <th></th> <th>Check if Schedule O contains a response or note to any line in this Part V</th> <th></th> <th></th> <th></th> <th>X</th>		Check if Schedule O contains a response or note to any line in this Part V				X
1a Enter the number expended in Box 3 of Form 1096. Enter -0- in not applicable         1         1         1         1         1         1         1         1         0         0           2a Enter the number of Form SVG (nucled in line 1a. Enter-0- in nucles) for reportable payments to vendors and reportable gaming (gmmting) within site mines?         1         1         1         0         0           2a Enter the number of employees reported on Form W-3, transmital of Wage and Tax Statements.         2 <th></th> <th></th> <th></th> <th></th> <th>Yes</th> <th>No</th>					Yes	No
b       Enter the number of Forms W2C3 included in line 1a. Enter 0- if not applicable       19       19       0         c       Did the organization complex with backup withholding rules for reportable payments to vendors and reportable gaming (gampling) winnings to prize winners?       16       X         2       Enter the number of molybers reported on line 2a, did the organization for all reported by this returns?       2a       224772       2b         3       Did the calendar year ending with or within the year covered by this returns?       2a       224772       2b       X         3       Did the erganization for all a gracer the number 200, you may be required to <i>a</i> , (be elsi instructions)       3a       X       3a       X         4       At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a famical accounts for filling requirements for fillicacy part / No, To line 3a, Ouroide an explanation all accounts (ERAR).       4a       X         5       Best instructions for filling requirements for fillicacy form 114, Report of Forming Bank and Financial Accounts (ERAR).       5a       X         6       Did any taxable party notiby the organization fills from 388.77       5a       X         6       Did any taxable party notiby the organization fills from 388.77       5a       X         6       Did any taxable party notiby the organization fillin from 388.75       5a	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 3167		1.00	
c       Did the organization comply with backup withholding uses for reportable gamming (gambling) winnings to price winners?       1c       X         28       Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return       2a       2472         29       If at least one is moorted on the 2, did the organization fiel all required tederal employment tax returns?       2b       X         30       Did the organization have uncess in lease of 3(1000 or more during the year?       3b       X         41       Hast least during the calendar year, did the organization have in interest in, or a signature or other authority over, a francial account?       4a       X         51       If "Yes," that if field a form 90-17 for this year? // Yes," to ine 2b, provide an explanation in Schedule O       3b       X         54       At any time there if the organization have thereign on currity. BESE SCREDULE 0       5a       X         54       Did any taxable party notify the organization have that was or is a party to a prohibited tax shelter transaction?       6a       X         54       Did any taxable party notify the organization have that was or is a party to a prohibited tax shelter transaction?       6a       X         64       Did any taxable party notify the organization have all exported to the organization and the organization and tas statement that such contributions orgitts were not tax deductible				1		
gendbing winnings to prize winners?       1c       k         2a       Enter the number of omplyees reported on form W-3, Transmittal of Wage and Tax Statements,       2a       2a       224772         2b       X       Note, if the sum of the stand 2a is greater than 230, you may be required to a dive less instructions       3a       X       2b       X         3a       Did the organization have uncleter business gross income of \$1,000 or more during the year?       3a       X       3b       X         3b       If "Yes," hall field a Form 30D Tort this year?       Note, if the sum of the tained and year, did the organization have an interest in, or a signature or other authority over, a financial accounts of the argumements for FinCPN Form 114, Report of Torvigo Bark and Financial accounts (EBAR).       4a       X         5a       Note, if the sum of the toreign country.       > SEE SIGEDUE 0       5a       X         5a       Was the organization a party to a prohibited tax shelter transaction at any time during the tax yea?       5a       X         6b       Did any datable party notify the organization fifter orm 886(?)       Comparization solid accounts (EBAR).       5a       X         6b       Did any datable party notify the organization fifter orm 886(?)       Comparization solid accounts (EBAR).       5a       X         6c       Did any datable party notify the organization fifter orm 886(?)       Comparization so			La contra de la co	1		
2a       Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements.       2a       22472         b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?       2b       X         3a       Did the organization have unrelated business gross income of \$1,000 or more during the year?       3a       X         3a       At any time the man of line 3a and 2a is greater that apper organization have an inferent, or a signature or of their authenty over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts?       4a       X         b If "Yes", that is field a form 390.7 for this year?       b ES excelsults?       5a       X         b If "Yes", that is field a form 390.7 for this year?       b ES excelsults?       5a       X         b If "Yes", the line 6a or 5b, did the organization have tame for financial accounts?       5a       X         b D d any taxible party notify the organization have series a state to a prohibited tax shelter transaction?       5a       X         b If "Yes", to line 6a or 5b, did the organization have suppress tatement that such contributions on olifs were not tax deductible as chariable contributions?       5a       X         b If "Yes", to line 6a, or 5b, did the organization file form 8867?       6a       X       Y         b If "Yes", to line 6a, or 5b, did the organization acupreses statement tha such contributions on olift were n	-			10	x	
Hield for the calendary year ending with or within the year covered by this return     2a     22472       b H at least one is reported on line 2a, did the organization file all required federal employment tax returns?     2b     X       3a Did the organization have unrelated business gross income of \$1.000 or more during the year?     3a     X       4a At any time during the calendary year, did the organization have an interest in, or a signature or other authority over. a financial account in a foreign country, be ESE SCHEDULE O     3b     X       b If 'ves', that file a for most on a bank account, so crise is a bank account, so crise is count in a origin country, be ESE SCHEDULE O     3c     X       5a Was the organization have annoted the strong no country of the SE SCHEDULE O     3a     X       5a Was the organization any to a prohibited tax shelter transaction?     5a     X       5a Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solit ary contributions that were not tax deductible as charitable contributions?     6a     X       7b If 'ves,' tild the organization include with every solicitation an express statement that such contributions or gits were not tax deductible?     6b     7       7b If 'ves,' tild the organization colity de doors or disple personal property for which it was required to the form 8827.     7a     X       7b If 'ves,' tild the organization notity de doors in directly, to an gersonal benefit contract?     7a     X       7b If 'ves,' did the organization neade any tax py	2a			10		
b       If at least one is reported on line 2a, gidt the organization file all required toder all engineer instructions)       2b       X         3a       Did the organization have unrelated business gross income of \$1,000 or more during the year?       3a       X         3b       Did the organization have unrelated business gross income of \$1,000 or more during the year?       3a       X         3a       At any time the name of the year, if it is easy if it is the organization have an instrest in, or signature or other authority over, a       3a       X         3b       If 'Yes,' has if field a form 390.7 for this year,'' if it is is a bark secount, securities account, or other financial account?       4a       X         3c       Was the organization have unrelated business gross income of \$1,000 or more during the atern section?       5b       X         5a       Was the organization have analy gross receipts the aron schlauble account, or other financial account?       4a       X         5a       X       Did any taxet be ary notify the organization the Section 2a set to a prohibited tax shelt transaction?       5b       X         5a       Did any taxet be ary notify the organization have any party to a prohibited tax shelt transaction?       5b       X         5a       Tyres,'' did the organization are appress that aronchibitor and party for organization section are specific transaction?       5b       X         6a       Tyres,'' did the org	A. U		22472			
Note. If the sum of lines is and 2a is greater than 250, you may be required to <i>e_thic</i> (see instructions)       3a       X         Bort the organization have unrelated business gross income of \$10.000 rmm or duing the yea?       3a       X         B if "Yes." has it filed a Form 990-T for this year? <i>It</i> 'No,'' to line 3b, provide an explanation in Schedule O       3b       X         B if "Yes." thas it filed a Form 990-T for this year? <i>It</i> 'No,'' to line 3b, provide an explanation in Schedule O       3b       X         B if 'Yes.'' thas it filed a Form 990-T for this year? <i>It</i> 'No,'' to line 3b, provide an explanation or other financial account?       4a       X         B if 'Yes.'' that it the organization have an interest in, or a signature or other authority over, a financial account?       4a       X         B of was the organization or party to a prohibited tax shelter transaction?       5b       X         B of was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solid any contributions that eductable activatible contributions?       6a       X         B organization note: upweat it excess of \$7 mde party as contributions and party for goods at services provided to the party?       7a       X         B Uf 'Yes, '' did the organization note: we well of the solue of the wable of the goods or sortices provided?       7a       X         B Uf the organization receive any thank directly or indirectly, on a personal benefit contract?       7a       X	h		6.0	1	Y	
3a Dd the organization have unrelated business gross income of \$1.000 or more during the year?     3a X       b If Yes, Yuas If Red a Form 990-To this year?     3b X       b If Yes, Yuas If Red a Form 114, Report of Foreign Bank and Financial accounts (FBAR).     3b X       b If Yes, Yuas If the organization thas e an interest in, or a signature or other authority over, a financial account of the foreign country.     See instructions for filing requirements for FInCEN Form 114, Report of Foreign Bank and Financial accounts (FBAR).       c Was the organization agroam use annual gross receipts that are normally greater than \$100,000, and did the organization soleid any contributions include with even year?     5a X       b If Yes, Yua Ine San of Sb, did the organization file Form 1886-fi?     5c     5c       6 Does the organization alwa with even y solicitation an express statement that such contributions soleid any contributions include with ever y solicitation and express statement that such contributions or gitts were not tax deductible contributions under section 170(c).     5b     X       7 Organization self was a promise dispose of this goads or services provided to the payor?     7a     X       7 If Yes, 'did the organization netly with edone of the value of the organization self was a contributions and partly as a contributions and partly for goads and services provided to the payor?     7a       7 Organization self exchange, or otherwise dispose of tangible personal property for which it was required to file form 8282?     7d       7 Did the organization neceive a pyrment in access dis 75 made partly as a portice promal benefit contract?     7a <td>2</td> <td></td> <td></td> <td>20</td> <td>-</td> <td></td>	2			20	-	
b       If "Yes," has it filed a Form 990T for this yea? if "No," to line 30, provide an explanation in Schedule O       3b       X         4a       At any time during the calendar year, id the organization have an interest in, or a signature or other authority over, a financial account; a for lengine country year is a bank account, or other financial accounts (FBAR).       4a       X         b       If "Yes," enter the name of the foreign country.       ▶ BES \$25(B2D)E 0       5a       X         c       See instructions for film groutery to the foreign Bank and Financial Accounts (FBAR).       5a       X         5a       Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?       5a       X         5a       If "Yes," to line 5a or 50, lot the organization file Form B8617       6c       6c       6c         6a       x       View and the organization include with every solicitation an express statement that such contributions or gitts were not tax deductible as charable contributions?       7a       X         b       If "Yes," indicate the number of Form 8262 filed during the year       7d       X       X         b       If "Yes," indicate the number of Form 8262 filed during the year?       7a       X       X         b       If "Yes," indicate the number of Form 8262 filed during the year?       7d       X       X         c       If the organization ne	2.0	The second state of the se			v	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authorhy over, a financial account, and the interest in, or a signature or other authorhy over, a financial account or other mathority is a bank account, securities account, or other mathorhy over, a financial account or other mathority.       Image: Comparison of the interest in the interest in, or a signature or other authorhy over, a financial account or other mathority.       Image: Comparison of the interest interest in, or a signature or other authorhy over, a financial accounts (FBAR).         b       If "Yes," enter the name of the foreign country.       Image: Set SCREDULE 0       Image: Comparison of the organization interest in a sparty to a prohibited tax shelter transaction at any time during the tax yea?       Image: Comparison of the organization interest in a sparty to a prohibited tax shelter transaction at any time during the tax yea?       Image: Comparison of the organization include with every solicitation and express statement that such contributions or gitts were not tax deductible as charabable contributions?       Image: Comparison on the way solicitation and express statement that such contributions or gitts were not tax deductible as charabable contributions or services provided?       Image: Comparison on the way and party as a contribution or gitts as a contribution or the value of the goods or services provided?       Image: Comparison on the way and the appeer of the way as a contribution and party for yon share and year?       Image: Comparison and year? <td< td=""><td></td><td></td><td></td><td></td><td>+</td><td>-</td></td<>					+	-
In anciol account, in a foreign county (such as a bank account, securities account, or other financial account)?     4a     X       b II "Yes," enter the name of the foreign county;     5EE SCREDULE 0     See instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).     5a     X       5W as the organization a party to a prohibited tax shelter transaction at any time during the tax year?     5a     X       5D of any taxoble party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year?     5a     X       6D boos the organization have and argoss receipts that are normally greater than \$100,000, and did the organization solict any contributions that were not tax deductible contributions?     5c     -       6D the organization include with every solicitation an express statement that such contributions or gilts were not tax deductible as chantable contributions?     7a     X       7 Organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to the leganization neceive a payment in excess busines holdings at any time during the year?     7a     X       11 "Yes," indicate the number of Forms 8282 filed during the year?     7a     X       12 bid the organization file form 8282?     7a     X       14 "Yes," indicate the number of Forms 8282 filed during the year?     7a     X       11 the organization receive any funds, directly or indirectly, or a personal benefit contract?     7t     X	a	If Yes," has it filed a Form 990-1 for this year? If "No," to line 3b, provide an explanation in Schedule	0	36	X	
b       If 'Yes,' enter the name of the foreign country:  > SEE SCIEDUE 0         See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR),       5a         A       Was the organization a party to a prohibited tax shelf transaction at any time during the tax year?       5a         A       Did any taxable party notify the organization that it was or is a party to a prohibited tax shelf transaction?       5b       X         6       Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as chantable contributions?       6a       X         16       I' Yes,'' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible contributions under section 170(c).       6a       X         17       Organization self, exchange, or otherwise dispose of tangible personal property for which it was required to file form 3282?       7a       X         10       Ithe organization necity eary premiums, directly or indirectly, to pay premiums on a personal benefit contract?       7c       X         11       He organization received a contribution of ears, basis, aprilanes, or other vehicles, dif the organization file organization received a contribution of ears, basis, aprilanes, or other vehicles, dif the organization file organization metal with distribution of ears, basis, aprilanes, or other vehicles, dif the organization file organization file organization metal wishubiten to a lone	4a					
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).       5a       X         5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?       5a       X         5b Id any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?       5b       X         6b Id "Yes," to line 5a or 5b, did the organization file Form 8886-17       5c			iccount)?	4a	X	
5s       Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?       5s       x         b       Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?       5b       X         6s       Dees the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charable contributions?       5c       5c         7       Organizations that may receive deductible as charable contributions?       5a       X         b       If "Yes," did the organization include with every solicitation an express statement that such contributions or gitts were not tax deductible as charable contributions?       5a       X         b       If "Yes," did the organization notify the donor of the value of the goods or services provided?       7b       7a       X         c       Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7c       X         f       Did the organization receive any funds, directly or indirectly, on a personal benefit contract?       7t       X         f       If "Yes," did the anymization file form 8282?       7d       7d       X         d       If "Yes," did the organization receive any funds, directly or indirectly, on a personal benefit contract?       7t       X         f	b					
b       Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?       Bb       X         c       If "Yes," to line 5a or 5b, did the organization file Form 8886-17       Sc       Sc         6       Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?       Sc       Sc         b       If "Yes," did the organization include with every solicitation an express statement that such contributions or gits were not tax deductible?       Sc       Sc         7       Organization sells, exchange, or otherwise dispose of tangible personal property for which it was required to file form 8282?       Te       Ye       Te       X         d       If "Yes," indicate the number of Forms 8282 filed during the year       Te       Zd       X       Te       X         d       If "Yes," indicate the number of Forms 8282 filed during the year       Te       X       X       Te       X         d       If "Yes," indicate the number of Forms 8282 filed during the year, pay premiums, on a personal benefit contract?       Te       X       X         f       If the organization received a contribution of qualified intellectual property, did the organization file a form 1098.C?       Sponsoring organization make any taxable distributions unor advised fund maintalaned by the sponsoring organization make a						
c       If "Yes," to line 5 ar 5b, did the organization file Form 8886-T?       5c         Ga       Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not 1xa deductible as charable contributions?       5a         b       If "Yes," did the organization include with every solicitation an express statement that such contributions or gitts were not 1xa deductible as charable contributions?       6b         7       Organizations that may receive deductible contributions under section 17Q(c).       7b       7a         2       Did the organization notify the donor of the value of the goods or services provided?       7b       7c         7       Did the organization neceive a payment in excess of \$75 made partly as contribution and partly for goods and services provided to the payor?       7a       X         7       Did the organization neceive a payment in excess of \$75 made partly as contribution or partly for which it was required to file Form 8282?       7d       7d       7e       X         9       If the organization receive any funds, directly or indirectly, on a personal benefit contract?       7f       7f       X         9       If the organization received a contribution of cars, boats, aripianes, or other vehicles, di the organization file Form 1098-C?       8       9         9       Sponsoring organizations maintaining donor advised funds.       Did anor advised funds.       9a				5a		X
Ge       Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?       Ge       X         blf "Yes," did the organization include with every solicitation an express statement that such contributions or gitts were not tax deductible?       6b       6b         7       Organizations that may receive deductible contributions under section 170(c).       a       X         blf "Yes," did the organization on thy the donor of the value of the goods or services provided?       7b       Z         cld the organization set, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       7d       7z       X         f U'Yes," indicate the number of Forms 8282 filed during the year       7d       7z       X         f Did the organization receive any funds, directly or indirectly, to nay premiums on a personal benefit contract?       7t       X         g If the organization received a contribution of cars, boats, apipanes, or other vehicles, did the organization file a Form 1098-C?       7h       Z         8       9       9a       9				5b		X
Ge       Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?       Ge       X         blf "Yes," did the organization include with every solicitation an express statement that such contributions or gitts were not tax deductible?       6b       6b         7       Organizations that may receive deductible contributions under section 170(c).       a       X         blf "Yes," did the organization on thy the donor of the value of the goods or services provided?       7b       Z         cld the organization set, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       7d       7z       X         f U'Yes," indicate the number of Forms 8282 filed during the year       7d       7z       X         f Did the organization receive any funds, directly or indirectly, to nay premiums on a personal benefit contract?       7t       X         g If the organization received a contribution of cars, boats, apipanes, or other vehicles, did the organization file a Form 1098-C?       7h       Z         8       9       9a       9	C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
b       If "Yes," did the organization include with every solicitation an express statement that such contributions or gits were not tax deductible?       6b         7       Organizations that may receive deductible contributions under section 170(c).       6b       7a       X         7       Organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided 10 the payor?       7a       X         7       To "ganization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided?       7b       7c       X         7       To "ganization neceive a payment in excess of \$75 made partly as a contribution of payment in the arganization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7c       X         7       If "Yes," indicate the number of Forms \$282 filed during the year, filed property, did the organization file Form 8899 as required?       7d       X         9       Ib the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7h       X         9       Sponsoring organizations maintaining door advised funds.       9a       9a </td <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>						
were not tax deductible?     6b       7     Organization setwe deductible contributions under section 170(c).     6b       10 if the organization receive a payment in excess of \$57 made partly as a contribution and partly for goods and services provided to the payor?     7a     X       b If "Yes," did the organization notify the donor of the value of the goods or services provided?     7b     7c     X       c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to tile Form 8282?     7c     X       d If "Yes," indicate the number of Forms 8282 filed during the year     7d     7c     X       e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?     7f     X       f the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?     7h     X       g the organization received a contribution of acar, boats, aiplanes, or other wehicles, did the organization file a Form 1098-C?     7h     X       g Sponsoring organization make any taxable distributions under section 4966?     9a     9b     9a       9 Did the sponsoring organization make a distribution to a donor, donor advised funds.     10a     10a     1a       a lititation fees and capital contributions included on Part VIII, line 12     10a     1a     1a       10 Section 501(c)(7) organizations. Enter:     10a     10b     1a     1a <td></td> <td>any contributions that were not tax deductible as charitable contributions?</td> <td></td> <td>6a</td> <td></td> <td>Х</td>		any contributions that were not tax deductible as charitable contributions?		6a		Х
7       Organizations that may receive deductible contributions under section 170(c).       a)       b)       a)       b)       b)       b)       b)       b)       b)       b)       b)       b)       c)       <	b					
7       Organizations that may receive deductible contributions under section 170(c).       a       Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?       7a       X         8       Did the organization notive the donor of the value of the goods or services provided?       7d       7e       X         9       Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 58282 filed during the year       7d       7e       X         10       the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7f       X         11       the organization received a contribution of qualified intellectual property, did the organization file Form 1098-C?       7h       X         11       the organization maintaining donor advised funds.       Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?       9a       9b         9       Sponsoring organization make any taxable distributions under section 4966?       9a       9b       9b         10       the sponsoring organizations. Enter:       10a       10a       10a       10a       10a         11       Section 501(c)(7) organizations. Enter:       11a       10a       11b       11a       10a       10a       11b <td></td> <td>were not tax deductible?</td> <td></td> <td>6b</td> <td></td> <td></td>		were not tax deductible?		6b		
b       If "Yes," did the organization notify the donor of the value of the goods or services provided?       7b         c       Did the organization notify the donor of the value of the goods or services provided?       7c       X         c       Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       7c       X         d       If "Yes," indicate the number of Forms 8282 filed during the year       7d       7e       X         f       Did the organization received a premiums, directly or indirectly, on a personal benefit contract?       7e       X         f       the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 0989 as required?       7h       X         f       the organization have excess business holdings at any time during the year?       8a       9a       9a         g       Sponsoring organizations maintaining donor advised funds.       Did the sponsoring organization make a vasable distributions under section 4966?       9a       9a       9b         f       Did the sponsoring organization make a vasable distribution to a donor, donor advisor, or related person?       9b       9b       9b         f       Section 501(c)(7) organizations. Enter:       10a       10a       10a       10a       10a         f       Section 501(c)(7) organizatio	7					
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Form 990 (	2016) BATTELLE MEMORIAL INSTITUTE 31-4379427	Page 7
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 Kou Employees and Highest Compensated Employees	

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.

ſ 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	box	, unla	Pos heck	more rson :	than i s both x/trus	an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee ar director	Institutional trustee	Officer	Key employee	Highest compensated employee	former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) JOHN K. WELCH	3,00									
CHAIRMAN AND DIRECTOR		x						140,734.	0.	0
(2) VICKY A. BAILEY	3.00									
DIRECTOR		x						124,240.	0.	0
(3) FRANK L, DOUGLAS	3.00									
DIRECTOR		X						104,224.	0.	0
(4) MICHAEL J. GASSER	3.00									
DIRECTOR		X		-				128,456.	0.	0
(5) LESTER L. LYLES	3.00									
DIRECTOR		X						117,729.	0.	0
(6) MICHAEL G. MORRIS	3.00									
DIRECTOR		x						123,459.	0.	0
(7) SEAN C. O'KEEFE	3.00									
DIRECTOR		Х						134,730.	0.	0
(8) SUBRA SURESH	3.00									
DIRECTOR TO 08/17		X						111,475.	0.	0
(9) KIRKLAND H. DONALD	3.00		1							
DIRECTOR		X						124,230.	0,	0
(10) SUZANNE M. VAUTRINOT	3.00									
DIRECTOR		Х						119,715.	0.	0
(11) JEFFREY WADSWORTH	39.00									
PRESIDENT & CEO	1.00			X				3,311,048.	0.	92,960
(12) DAVID C. EVANS	40.00									
EXECUTIVE VP, CFO				x				1,370,751.	0,	147,920
(13) RONALD D. TOWNSEND	40.00									
EXECUTIVE VP, GLOBAL LAB OPS				X				1,475,082.	0.	27,532
(14) RUSSELL P. AUSTIN	40.00									
SR VP, GEN COUNSEL & SEC				X				745,173.	0.	238,540
(15) PATRICK F. JARVIS	40.00									
SR VP, MKTG & COMM				x				617,346.	0.	92,780
(16) STEPHEN E. KELLY	40.00									
SENIOR VP				x				903,899.	0.	365,241
(17) STEVEN F. ASHBY	40.00									
SENIOR VP				X				651,635.	0.	90,073

832007 11-11-18

(A) Name and title	(B) Average			((	C) ition			(D)	(E)		(F)	
Name and the	hours per		not c	heck	niore	than o s both		Reportable compensation	Reportable compensation	1	Estima amoun	
	week					or/truste		from	from related		othe	
	(list any	ctor						the	organizations	CO	mpens	
	hours for	dire				p		organization	(W-2/1099-MISC)	1	from t	
	related	ee 03	15lee			in Sal		(W-2/1099-MISC)		ł	rganiza	
	organizations	trus	121 21		syee	ourpe				1	nd rela	
	below	individual trustee or director	Institutional trustee	SEI .	key employee	icyee	Ber			or	ganiza	tions
	line)	India	Instil	Officer	Key	Highest compensated employee	Former					
18) THOMAS E. MASON	40.00											
ENIOR VP				Х				1,193,453.	0	•	605	,871
19) MARK T. PETERS	40.00											
ENIOR VP				Х				802,765.	0		62	,803
20) ROBERT J DILLON	40.00											
P FINANCE & ASST TREAS				Х				276,370.	0		68	, 86:
21) MALESA LITTERAL	40.00											
ENIOR VP, HUMAN RESOURCES				х				455,530.	0		121	, 449
22) BRIAN R. SMITH	39.00									-		
REASURER	1.00			х				217,349.	0		66	,862
23) THOMAS E. SHARPE	39,50											······
SST TREAS & ASST SEC	0.50			х				302,424.	0		139	,360
24) AIMEE KENNEDY	39.00							,				,
ENIOR VP	1.00			x				277,675.	0		55	,23
25) BRETT BOSLEY	40,00						-+			•		, 6.2
CTING CFO					x			415,983.	0		74	61
26) LAURENCE DOON GIBBS	40.00			-	~	┝─┼	$\rightarrow$	415,505,	0	•	/ 4	,61
	*0,00										0	* 0.
ABORATORY DIRECTOR					v	1 1		511 DOF	0			,420
		[			Х		-	611,905.	0			·····
1b Sub-total	· · · · · · · · · · · · · · · · · · ·						•	14,857,380.	0	. :	2,259	,526
c Total from continuation sheets to Pa	rt VII, Section A							14,857,380. 3,714,648.	0		2,259 1,619	,526 ,264
1b Sub-total c Total from continuation sheets to Pa d Total (add lines 1b and 1c)	rt VII, Section A		·····;					14,857,380. 3,714,648. 18,572,028.	0 0 0		2,259	,526 ,264
1b       Sub-total         c       Total from continuation sheets to Pa         d       Total (add lines 1b and 1c)         2       Total number of individuals (including b	out not limited to th		·····;					14,857,380. 3,714,648. 18,572,028.	0 0 0		2,259 1,619 3,878	,526 ,264 ,790
1b Sub-total c Total from continuation sheets to Pa d Total (add lines 1b and 1c)	out not limited to th		·····;					14,857,380. 3,714,648. 18,572,028.	0 0 0		2,259 1,619 3,878	,526 ,264 ,790 7,97
<ul> <li>1b Sub-total</li> <li>c Total from continuation sheets to Pa</li> <li>d Total (add lines 1b and 1c)</li> <li>2 Total number of individuals (including to compensation from the organization)</li> </ul>	int VII, Section A	ose	liste	d ab	ove	) who	rec	14,857,380. 3,714,648. 18,572,028. ceived more than \$100,6	0 0 0 000 of reportable		2,259 1,619 3,878	,526 ,264 ,790 7,97
<ul> <li>1b Sub-total</li> <li>c Total from continuation sheets to Pa</li> <li>d Total (add lines 1b and 1c)</li> <li>2 Total number of individuals (including to compensation from the organization)</li> <li>3 Did the organization list any former of</li> </ul>	rt VII, Section A	ose	liste	d ab	nove	) who	rec	14,857,380. 3,714,646. 18,572,028. ceived more than \$100,0 ighest compensated em	0 0 000 of reportable 1ployee on		2,259 1,619 3,878 Yes	,526 ,264 ,790 7,97
<ol> <li>Sub-total</li> <li>Total from continuation sheets to Pa d Total (add lines 1b and 1c)</li> <li>Total number of individuals (including the compensation from the organization</li> <li>Did the organization list any former of line 1a? If "Yes," complete Schedule J</li> </ol>	Int VII, Section A	ose	liste e, ke	d ab	nove	) who	rec	14,857,380. 3,714,648. 18,572,028. ceived more than \$100,0	0 0 000 of reportable 1ployee on		2,259 1,619 3,878	,526 ,264 ,790 7,97
<ol> <li>Sub-total</li> <li>Total from continuation sheets to Pa d Total (add lines 1b and 1c)</li> <li>Total number of individuals (including to compensation from the organization</li> <li>Did the organization list any former of line 1a? If "Yes," complete Schedule J</li> <li>For any individual listed on line 1a, is the</li> </ol>	Int VII, Section A	ose istee e co	liste e, ke	d ab y en	nplo	) who yee, and	rec	14,857,380. 3,714,648. 18,572,028. ceived more than \$100,0 ighest compensated err	0 0 000 of reportable 1ployee on		2,259 1,619 3,878 Yes	,526 ,264 ,790 7,97
<ul> <li>1b Sub-total</li> <li>c Total from continuation sheets to Pa</li> <li>d Total (add lines 1b and 1c)</li> <li>2 Total number of individuals (including to compensation from the organization)</li> <li>3 Did the organization list any former of line 1a? If "Yes," complete Schedule J</li> <li>4 For any individual listed on line 1a, is the and related organizations greater than</li> </ul>	trt VII, Section A but not limited to th tricer, director, or tru for such individual he sum of reportabl \$150,000? If "Yes,	ose istee e co	liste e, ke mpe	d ab y en ensa	nplo tion	) who yee, o and edule	rec	14,857,380. 3,714,648. 18,572,028. ceived more than \$100,0 ighest compensated err er compensation from th or such individual	0 0 000 of reportable 1ployee on 1e organization		2,259 1,619 3,878 Yes	,520 ,264 ,790 7,91
<ul> <li>1b Sub-total</li> <li>c Total from continuation sheets to Pa d Total (add lines 1b and 1c)</li> <li>2 Total number of individuals (including t compensation from the organization</li> <li>3 Did the organization list any former of line 1a? <i>If "Yes," complete Schedule J</i></li> <li>4 For any individual listed on line 1a, is th and related organizations greater than</li> <li>5 Did any person listed on line 1a received</li> </ul>	Int VII, Section A but not limited to th ficer, director, or tru for such individual he sum of reportabl \$150,000? If "Yes, e or accrue compen	ose istee e co * co	liste e, ke mple on fr	d ab y en ensa ete S om	nplo tion sche	) who yee, and and edule unrel	rec	14,857,380. 3,714,648. 18,572,028. ceived more than \$100,0 ighest compensated err er compensation from th or such individual d organization or individ	0 0 000 of reportable 1ployee on 1e organization	3	2,259 L,619 3,878 Yes X	,520 ,264 ,790 7,91
<ol> <li>Sub-total</li> <li>Total from continuation sheets to Pa</li> <li>Total from continuation sheets to Pa</li> <li>Total (add lines 1b and 1c)</li> <li>Total number of individuals (including to compensation from the organization)</li> <li>Did the organization list any former of line 1a? <i>If "Yes," complete Schedule J</i></li> <li>For any individual listed on line 1a, is to and related organizations greater than</li> <li>Did any person listed on line 1a receiver rendered to the organization? <i>If "Yes."</i></li> </ol>	Int VII, Section A but not limited to th ficer, director, or tru for such individual he sum of reportabl \$150,000? If "Yes, e or accrue compen	ose istee e co * co	liste e, ke mple on fr	d ab y en ensa ete S om	nplo tion sche	) who yee, and and edule unrel	rec	14,857,380. 3,714,648. 18,572,028. ceived more than \$100,0 ighest compensated err er compensation from th or such individual d organization or individ	0 0 000 of reportable 1ployee on 1e organization	3	2,259 L,619 3,878 Yes X	, 521 , 264 , 791 7, 9 N
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<ul> <li>1b Sub-total</li> <li>c Total from continuation sheets to Pa d Total (add lines 1b and 1c)</li> <li>2 Total number of individuals (including to compensation from the organization)</li> <li>3 Did the organization list any former of line 1a? <i>If "Yes," complete Schedule J</i></li> <li>4 For any individual listed on line 1a, is the and related organizations greater than</li> <li>5 Did any person listed on line 1a received rendered to the organization? <i>If "Yes,"</i></li> <li>5 Section B. Independent Contractors</li> <li>1 Complete this table for your five highest</li> </ul>	Int VII, Section A put not limited to th ficer, director, or tru- for such individual he sum of reportabl \$150,000? If "Yes, e or accrue compen- <u>complete Schedule</u> st compensated ind	ose istee e co sati e J fa	liste e, ke mple on fr or su	d ab y en ensa ete S orn uch c	nplo tion Sche any persi	) who yee, i and edule unrel on	rec or hi othe J for atec	14,857,380. 3,714,648. 18,572,028. ceived more than \$100,0 ighest compensated err er compensation from th or such individual d organization or individual at received more than \$	0 000 of reportable ployee on ne organization ual for services	3	2,259 1,619 3,878 Yes X X	,520 ,264 ,790 7,91
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<ul> <li>1b Sub-total</li> <li>c Total from continuation sheets to Pa d Total (add lines 1b and 1c)</li> <li>2 Total number of individuals (including to compensation from the organization)</li> <li>3 Did the organization list any former of line 1a? <i>If "Yes," complete Schedule J</i></li> <li>4 For any individual listed on line 1a, is the and related organizations greater than</li> <li>5 Did any person listed on line 1a received rendered to the organization? <i>If "Yes,"</i></li> <li>5 Section B. Independent Contractors</li> <li>1 Complete this table for your five highest</li> </ul>	rt VII, Section A	ose istee e co sati e J fe	liste e, ke mple on fr or su	d ab y en ensa ete S orn uch c	nplo tion Sche any persi	) who yee, i and edule unrel on	rec or hi othe J for atec	14,857,380. 3,714,648. 18,572,028. ceived more than \$100,0 ighest compensated err er compensation from th or such individual d organization or individual at received more than \$	0 000 of reportable ployee on ne organization ual for services		2,259 1,619 3,878 Yes X X	, 520 , 264 , 790 7, 91 N
<ul> <li>1b Sub-total</li> <li>c Total from continuation sheets to Pa d Total (add lines 1b and 1c)</li> <li>2 Total number of individuals (including to compensation from the organization</li> <li>3 Did the organization list any former of line 1a? <i>If "Yes," complete Schedule J</i></li> <li>4 For any individual listed on line 1a, is the and related organizations greater than</li> <li>5 Did any person listed on line 1a received rendered to the organization? <i>If "Yes,"</i></li> <li>5 Section B. Independent Contractors</li> <li>1 Complete this table for your five highest the organization. Report compensation</li> </ul>	rt VII, Section A but not limited to th ficer, director, or tru- for such individual he sum of reportabl \$150,000? If "Yes, e or accrue compen- <u>complete Schedule</u> st compensated ind <u>h for the calendar ye</u> )	ose istee e co sati e J fe	liste e, ke mple on fr or su	d ab y en ensa ete S orn uch c	nplo tion Sche any persi	) who yee, i and edule unrel on	rec or hi othe J for atec	14,857,380. 3,714,648. 18,572,028. Derived more than \$100,0 ighest compensated err er compensation from th in such individual d organization or individ at received more than \$ the organization's tax ye	0 000 of reportable ployee on ne organization ual for services 100,000 of compension.	3 4 5	2,259 1,619 3,878 Yes X X	, 52 ( , 264 , 79 ( 7, 9* N
<ul> <li>1b Sub-total</li> <li>c Total from continuation sheets to Pa d Total (add lines 1b and 1c)</li> <li>2 Total number of individuals (including t compensation from the organization</li> <li>3 Did the organization list any former of line 1a? <i>If</i> "Yes," <i>complete Schedule J</i></li> <li>4 For any individual listed on line 1a, is th and related organizations greater than</li> <li>5 Did any person listed on line 1a receive rendered to the organization? <i>If</i> "Yes."</li> <li>Section B. Independent Contractors</li> <li>1 Complete this table for your five highes the organization. Report compensation</li> </ul>	rt VII, Section A but not limited to th ficer, director, or tru- for such individual he sum of reportabl \$150,000? If "Yes, e or accrue compen- complete Schedule st compensated ind <u>tor the calendar ye</u> ) ness address	ose istee e co sati e J fe	liste e, ke mple on fr or su	d ab y en ensa ete S orn uch c	nplo tion Sche any persi	) who yee, i and edule unrel on	rec rec or hi othe J fo. atec	14,857,380. 3,714,648. 18,572,028. ceived more than \$100,6 ighest compensated err er compensation from the r such individual d organization or individ at received more than \$ the organization's tax yes (B)	0 000 of reportable 1ployee on 1e organization ual for services 100,000 of compension. ervices	3 4 5	2,259 1,619 3,878 Yes X X X	, 52( , 26) , 79( 7, 9) N N X
<ul> <li>1b Sub-total</li> <li>c Total from continuation sheets to Pa</li> <li>d Total (add lines 1b and 1c)</li> <li>2 Total number of individuals (including to compensation from the organization)</li> <li>3 Did the organization list any former of line 1a? <i>If</i> "Yes," <i>complete Schedule J</i></li> <li>4 For any individual listed on line 1a, is the and related organizations greater than</li> <li>5 Did any person listed on line 1a received rendered to the organization? <i>If</i> "Yes,"</li> <li>Section B. Independent Contractors</li> <li>1 Complete this table for your five highes the organization. Report compensation (A Name and busing)</li> </ul>	rt VII, Section A but not limited to th ficer, director, or tru- for such individual he sum of reportabl \$150,000? If "Yes, e or accrue compen- <u>complete Schedule</u> st compensated ind <u>tor the calendar ye</u> <u>hess address</u> 5, 6903	ose istee e co sati e J fe	liste e, ke mple on fr or su	d ab y en ensa ete S orn uch c	nplo tion Sche any persi	) who yee, i and edule unrel on	rec rec or hi othe J fo. atec	14,857,380. 3,714,648. 18,572,028. ceived more than \$100,0 ighest compensated en- er compensation from the r such individual	0 000 of reportable 1ployee on 1e organization ual for services 100,000 of compension. ervices	3 3 4 5 Comp	2,259 1,619 3,878 Yes X X X	, 52 , 26 , 79 7, 9 7, 9 N N X X
<ul> <li>1b Sub-total</li> <li>c Total from continuation sheets to Pa d Total (add lines 1b and 1c)</li> <li>2 Total number of individuals (including to compensation from the organization)</li> <li>3 Did the organization list any former of line 1a? If "Yes," complete Schedule J</li> <li>4 For any individual listed on line 1a, is the and related organizations greater than</li> <li>5 Did any person listed on line 1a received rendered to the organization? If "Yes."</li> <li>Section B. Independent Contractors</li> <li>1 Complete this table for your five highes the organization. Report compensation (A Name and busi)</li> <li>MERICAN CENTRIFUGE OPERATING LLCC</li> </ul>	rt VII, Section A but not limited to th ficer, director, or tru- for such individual he sum of reportabl \$150,000? If "Yes, e or accrue compen- complete Schedule st compensated ind <u>1 for the calendar ye</u> hess address 5, 6903 MD 20817	ose istee e co sati e J fe	liste e, ke mple on fr or su	d ab y en ensa ete S orn uch c	nplo tion Sche any persi	) who yee, i and edule unrel on	rec rec or hi othe J fo. atec	14,857,380. 3,714,648. 18,572,028. ceived more than \$100,0 ighest compensated en- er compensation from the r such individual d organization or individ at received more than \$ the organization's tax yet (B) Description of si ROFESSIONAL, SCIEN	0 000 of reportable 1ployee on 1e organization ual for services 100,000 of compension. ervices	3 3 4 5 Comp	2,259 1,619 3,878 Yes X X x trom (C) ensati	, 52 , 26 , 79 7, 9 N N X X
<ul> <li>1b Sub-total</li> <li>c Total from continuation sheets to Pa d Total (add lines 1b and 1c)</li> <li>2 Total number of individuals (including t compensation from the organization</li> <li>3 Did the organization list any former of line 1a? <i>If</i> "Yes," <i>complete Schedule J</i></li> <li>4 For any individual listed on line 1a, is th and related organizations greater than</li> <li>5 Did any person listed on line 1 a receive rendered to the organization? <i>If</i> "Yes."</li> <li>5 Section B. Independent Contractors</li> <li>1 Complete this table for your five highes the organization. Report compensation (A Name and busi MERICAN CENTRIFUGE OPERATING LLC OCKLEDGE DRIVE \$ 400, BETHESDA,</li> </ul>	rt VII, Section A but not limited to th ficer, director, or tru- for such individual he sum of reportabl \$150,000? If "Yes, e or accrue compen- complete Schedule st compensated ind <u>1 for the calendar ye</u> hess address 5, 6903 MD 20817	ose istee e co sati e J fe	liste e, ke mple on fr or su	d ab y en ensa ete S orn uch c	nplo tion Sche any persi	) who yee, i and edule unrel on	rec rec or hi othe J fo atec	14,857,380. 3,714,648. 18,572,028. ceived more than \$100,0 ighest compensated en- er compensation from the r such individual d organization or individ at received more than \$ the organization's tax yet (B) Description of si ROFESSIONAL, SCIEN	0 000 of reportable 100 of reportable 100,000 of compension 100,000 of compension par.	3 4 5 2 3 4 3 3 3	2,259 1,619 3,878 Yes X X X trom (C) eensati 4,280	, 52( , 26( , 79) 7, 9 <b>N</b> <b>N</b> <b>x</b> x
<ul> <li>1b Sub-total</li> <li>c Total from continuation sheets to Pa d Total (add lines 1b and 1c)</li> <li>2 Total number of individuals (including to compensation from the organization)</li> <li>3 Did the organization list any former of line 1a? If "Yes," complete Schedule J</li> <li>4 For any individual listed on line 1a, is to and related organizations greater than</li> <li>5 Did any person listed on line 1a receiver rendered to the organization? If "Yes."</li> <li>Section B. Independent Contractors</li> <li>1 Complete this table for your five highes the organization. Report compensation (A Name and busines)</li> <li>MERICAN CENTRIPUGE OPERATING LLC OCKLEDGE DRIVE \$ 400, BETHESDA, ENERAL ATOMICS, 3350 GENERAL ATOMICS</li> </ul>	rt VII, Section A	ose istee e co sati e J fe	liste e, ke mple on fr or su	d ab y en ensa ete S orn uch c	nplo tion Sche any persi	) who yee, i and edule unrel on	rec rec or hi othe J fo. atec	14,857,380. 3,714,648. 18,572,028. Derived more than \$100,0 ighest compensated err er compensation from the r such individual d organization or individ at received more than \$ the organization's tax yet (B) Description of su ROFESSIONAL, SCIEN ECHNICAL S ESEARCH IN BIOTEC	0 000 of reportable 100 of reportable 100,000 of compension 100,000 of compension ervices 100,000 of compension ervices NTIFIC AND	3 4 5 2 3 4 3 3 3	2,259 1,619 3,878 Yes X X x trom (C) ensati	, 52( , 26( , 79) 7, 9 <b>N</b> <b>N</b> <b>x</b> x
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<ul> <li>1b Sub-total</li> <li>c Total from continuation sheets to Pa d Total (add lines 1b and 1c)</li> <li>2 Total number of individuals (including t compensation from the organization</li> <li>3 Did the organization list any former of line 1a? <i>II</i> "Yes," complete Schedule J</li> <li>4 For any individual listed on line 1a, is ti and related organizations greater than</li> <li>5 Did any person listed on line 1a receive rendered to the organization? <i>II</i> "Yes."</li> <li>5 Section B. Independent Contractors</li> <li>1 Complete this table for your five highes the organization. Report compensation (A Name and busi MERICAN CENTRIPUGE OPERATING LLC OCKLEDGE DRIVE \$ 400, BETHESDA, ENERAL ATOMICS, 3350 GENERAL ATO OURT, SAN DIEGO, CA 92121</li> <li>HE UNIVERSITY OF TENNESSEE RESEA 534 WHITE AVENUE, KNOXVILLE, TN</li> </ul>	rt VII, Section A	ose istee e co sati e J fe	liste e, ke mple on fr or su	d ab y en ensa ete S orn uch c	nplo tion Sche any persi	) who yee, i and edule unrel on	rec or hi othe J fo. atec	14,857,380. 3,714,648. 18,572,028. Derived more than \$100,0 ighest compensated err er compensation from the r such individual d organization or individ at received more than \$ the organization's tax yet (B) Description of su ROFESSIONAL, SCIEN ECHNICAL S ESEARCH IN BIOTEC	0 000 of reportable 100 of reportable 100,000 of compension 100,000 of compension ervices 100,000 of compension ervices NTIFIC AND	3 3 4 5 xation t Comp 3.	2,259 1,619 3,878 Yes X X X trom (C) eensati 4,280	, 52 , 26 , 79 7, 9 N N X X
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<ul> <li>1b Sub-total</li> <li>c Total from continuation sheets to Pa d Total (add lines 1b and 1c)</li> <li>2 Total number of individuals (including t compensation from the organization</li> <li>3 Did the organization list any former of line 1a? <i>II</i> "Yes," complete Schedule J</li> <li>4 For any individual listed on line 1a, is ti and related organizations greater than</li> <li>5 Did any person listed on line 1a receive rendered to the organization? <i>II</i> "Yes."</li> <li>Section B. Independent Contractors</li> <li>1 Complete this table for your five highes the organization. Report compensation (A Name and busi MERICAN CENTRIPUGE OPERATING LLC OCKLEDGE DRIVE \$ 400, BETHESDA, ENERAL ATOMICS, 3350 GENERAL ATO OURT, SAN DIEGO, CA 92121</li> <li>HE UNIVERSITY OF TENNESSEE RESEA 534 WHITE AVENUE, KNOXVILLE, TN REVA FEDERAL SERVICES LLC 315 OLD FOREST RD, LYNCHBURG, VA</li> </ul>	rt VII, Section A	ose istee e co sati e J fa	liste e, ke mple on fr or su	d ab y en ensa ete S orn uch c	nplo tion Sche any persi	) who yee, i and edule unrel on	or hi othe J fo. atec	14,857,380. 3,714,648. 18,572,028. Derived more than \$100,0 ighest compensated err er compensation from the r such individual d organization or individ at received more than \$ the organization's tax ye (B) Description of su ROFESSIONAL, SCIEN ECHNICAL S ESEARCH IN BIOTECH ROFESSIONAL, SCIEN ECHNICAL S ECHNICAL S	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	3 3 4 5 5 3 4 5 3 3 3 2 2 2	2,259 1,619 3,878 Yes X X X trom (C) ensati 4,280	, 520 , 260 , 799 7, 9 N N X X , 241 , 533 , 833
<ul> <li>1b Sub-total</li> <li>c Total from continuation sheets to Pa d Total (add lines 1b and 1c)</li> <li>2 Total number of individuals (including t compensation from the organization</li> <li>3 Did the organization list any former of line 1a? <i>II</i> "Yes," complete Schedule J</li> <li>4 For any individual listed on line 1a, is ti and related organizations greater than</li> <li>5 Did any person listed on line 1a receive rendered to the organization? <i>II</i> "Yes."</li> <li>Section B. Independent Contractors</li> <li>1 Complete this table for your five highes the organization. Report compensation (A Name and busi MERICAN CENTRIPUGE OPERATING LLC OCKLEDGE DRIVE \$ 400, BETHESDA, ENERAL ATOMICS, 3350 GENERAL ATO OURT, SAN DIEGO, CA 92121</li> <li>HE UNIVERSITY OF TENNESSEE RESEA 534 WHITE AVENUE, KNOXVILLE, TN REVA FEDERAL SERVICES LLC 315 OLD FOREST RD, LYNCHBURG, VA OH SERVICES LLC, 1500 SPRING GAR</li> </ul>	rt VII, Section A	ose istee e co sati e J fa	liste e, ke mple on fr or su	d ab y en ensa ete S orn uch c	nplo tion Sche any persi	) who yee, i and edule unrel on	or hi othe J fo. atec that RI RI RI RI RI RI RI RI RI RI RI	14,857,380. 3,714,648. 18,572,028. Derived more than \$100,0 ighest compensated err er compensation from the r such individual d organization or individ at received more than \$ the organization's tax yo (B) Description of su ROFESSIONAL, SCIEN ECHNICAL S ESEARCH IN BIOTECO ROFESSIONAL, SCIEN ECHNICAL S ONSTRUCTION SERVICE ROFESSIONAL, SCIEN	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	3 3 4 5 5 3 4 5 3 3 4 5 3 3 4 5 2 2 1	2,259 1,619 3,878 Yes x x x rom (C) ensati 4,280 5,343 4,553 7,301	,52 ,26 ,79 7,9 N N X X x ,24 ,53 ,83 ,04
<ul> <li>1b Sub-total</li> <li>c Total from continuation sheets to Pa d Total (add lines 1b and 1c)</li> <li>2 Total number of individuals (including t compensation from the organization</li> <li>3 Did the organization list any former of line 1a? <i>II "Yes," complete Schedule J</i></li> <li>4 For any individual listed on line 1a, is ti and related organizations greater than</li> <li>5 Did any person listed on line 1a receive rendered to the organization? <i>If "Yes,"</i></li> <li>5 Section B. Independent Contractors</li> <li>1 Complete this table for your five highes the organization. Report compensation? (A Name and busi MERICAN CENTRIPUGE OPERATING LLC DCKLEDGE DRIVE \$ 400, BETHESDA, ENERAL ATOMICS, 3350 GENERAL ATO DURT, SAN DIEGO, CA 92121</li> <li>HE UNIVERSITY OF TENNESSEE RESEA 534 WHITE AVENUE, KNOXVILLE, TN REVA FEDERAL SERVICES LLC 315 OLD FOREST RD, LYNCHBURG, VA</li> </ul>	rt VII, Section A	ose e co * co sati epe ear e	liste e, ke mple on fr or su nder endin	d ab y en ensa ete S orm <i>ich c</i> org w	nplo tion Sche any Derst	) who yee, ( and dedule unrel on actors or with	rec or hi othe U fo atec	14,857,380. 3,714,648. 18,572,028. Derived more than \$100,0 ighest compensated err er compensation from the r such individual d organization or individ at received more than \$ the organization's tax ye (B) Description of su ROFESSIONAL, SCIEN ECHNICAL S ESEARCH IN BIOTECO ROFESSIONAL, SCIEN ECHNICAL S ONSTRUCTION SERVIC ROFESSIONAL, SCIEN ECHNICAL S	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	3 3 4 5 5 3 4 5 3 3 4 5 3 3 4 5 2 1	2,259 1,619 3,878 Yes X X Yom (C) ensati 4,280 5,343 4,553	,52 ,26 ,79 7,9 N N x x x ,53 ,83 ,04

632008 11-11-16

Orm 990 BATTELLE MEN Part VII Section A Officers Directors Tr		*********							31-43794	2.7	
Part VII   Section A. Officers, Directors, Tr (A)	ustees, Key Er (B)	nplo	yee		<u>nd ⊢</u> C)	ligh	est (	Compensated Employe (D)	es (continued) (E)	(F)	
(A) Name and title	Average hours	10	heck	Pos	ition		hΔ	(D) Reportable compensation	(E) Reportable compensation	Estimated amount of	
	hours week (list any hours for related organizations below line)	Individual trustee or director	Institutional trastee	Otheer	Key em pioyee	Highesi componsated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other other compensation from the organization and related organizations	
27) THOMAS ZACHARIA	40.00										
ABORATORY DIRECTOR				L	X			502,019.	0.	628,962	
28) JEFFREY W. SMITH DEPUTY OF OPERATIONS	40.00					x		489,819.	0.	403,356	
29) MARTIN KELLER	40.00										
ABORATORY DIRECTOR		1				х		409,324.	0.	191,096	
30) JUAN ALVAREZ	40,00		Γ	1							
DEPUTY LAB DIRECTOR						х		476,811.	0.	189,326	
(31) KELLY BEIERSCHMITT	40.00		1		İ						
DEPUTY LAB DIRECTOR		1				x	1	505,400.	0,	106,117	
32) JOSEPH P. FITCH	40.00				1	1					
ABORATORY DIRECTOR						x		551,701.	0,	95,108	
33) UZMA S. BURKI	40.00	-	1	-		1					
R VP, CHIEF HR OFFICER TO 01/16							x	779,574.	0,	5,299	
		<u> </u>		-						·····	
			-		-	-					
		-	-			-					
a Provincial and the second and a second back and appropriate start of the second			-		-	-					
		-	+								
Martin k											
Total to Part VII, Section A, line 1c					<u></u>			3,714,648.		1,619,260	

rt VIII							
	Check if Schedule O con	tains a response	or note to any line				[
	- 18 M	1 10	3	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue exclu from tax und sections 512 - 514
1 a	Federated campaigns	1a					
b	Membership dues	1b					1.1.1.1.1
с	Fundraising events			1	1. 19		1
d	A	1d					
e	Government grants (contribut		996,396,082.				
f	All other contributions, gifts, gran		, , , , , , , , , , , , , , , , , , , ,		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		
	similar amounts not included abo		25,027,202.				1
q	Noncash contributions included in lines	The state of the s					1.1
	Total. Add lines 1a-1f			4,021,423,284.	1. A.		
	Total, Aug Inico Ta II			4,021,423,204.			
2 a	GOVERNMENT CONTRACTS		Business Code 541700	700 994 071	700 884 075		
∠ d	SCIENTIFIC RESEARCH			700,884,071.			
b	······		541700	183,762,981.	119,839,291.	63,923,690.	
C						······	
d							
2a b c d e	All //						
	All other program service reve		L				
	Total. Add lines 2a-2f			884,647,052.			
	Investment income (including						
	other similar amounts)			7,138,922.		186,092.	6,952,8
	Income from investment of ta						
5	Royalties		<b>&gt;</b>	6,368,604.			6,368,6
		(i) Real	(ii) Personal				
6 a	Gross rents	581,536.					
	Less: rental expenses	445,471.					
с	Rental income or (loss)	136,065.					
d	Net rental income or (loss)			136,065.			136,0
7 3	Gross amount from sales of	(i) Securities	(ii) Other	-			
	assets other than inventory	63,933,698.	40,200.				18.5
b	Less: cost or other basis						
	and sales expenses	139,394,540,					
с	Gain or (loss)	24,539,158.	-286,584.				
d	Net gain or (loss)			24,252,574.			24,252,5
8 a	Gross income from fundraisin	a events (not					
	including \$						
	contributions reported on line						
	Part IV, line 18	2					
b	Less: direct expenses	b					
	Net income or (loss) from fund						
	Gross income from gaming ac	9					
	Part IV, line 19						
h	Less: direct expenses	a b					and the second
	Net income or (loss) from gam						
	Gross sales of inventory, less		P				
		30					
h	and allowances Less: cost of goods sold	a					1.
		-					
C	Net income or (loss) from sale						
44 - 1	Miscellaneous Revenu EQUITY GAIN INVESTMENT		Business Code	2 200 422			
			541700	3,322,430.		······	3,322,4
	OTHER REVENUE		541700	61,123.			61,1
¢.							
d /	All other revenue		541700				
	Total. Add lines 11a-11d			3,383,553.			
12 1	Total revenue. See instructions.			4,947,350,054.	820,723,362.	54,109,782.	41,093,6

Form 990 (2016) BATTELLE MEMORIAL INSTITUTE
Part IX Statement of Functional Expenses

## 31-4379427 Page 10

	Check if Schedule O contains a respons not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations			gerianer on pontooo	CAPCILICOS
	and domestic governments. See Part IV, line 21	7,552,130.	7,552,130.		
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				(L.S. 1997)
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	15,425,563.		15,425,563.	
3	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	1,911,573,214.	1,193,157,835.	718,415,379.	
3	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)	138,412,033.	85,534,809.	52,877,224.	
9	Other employee benefits	448,132,672.	285,244,380.	162,888,292.	
)	Payroll taxes	143,504,441.	89,698,523.	53,805,918.	
1	Fees for services (non-employees):	400 001 000			
3	Management	498,021,009.	498,021,009.		
b	······································	7,086,078.		7,086,078.	
0	· · · · · · · · · · · · · · · · · · ·	1,091,742.	4 0 44 19 5 3	1,091,742.	
a	Lobbying	1,041,753.	1,041,753.		
f	Professional fundraising services. See Part IV, line 17	1 214 205		4 94 4 99 5	
	Investment management fees Other. (If line 11g amount exceeds 10% of line 25,	1,314,295.		1,314,295.	
9	column (A) amount, list line 11g expenses on Sch O.)	909,562,827.	593 417 010	206 244 000	
2	Advertising and promotion	5,283,521.	583,417,919.	326,144,908.	
3		10,719,155.	5,283,521.	10 352 000	·····
1	Office expenses	53,980,794.	556,075.	10,153,080.	
5	Information technology	33,300,734.	32,811,006.	21,169,788.	
3	Royalties	155,374,471.	98,030,067.	57 744 404	
7	Occupancy Travel	95,015,363.	58,365,510.	57,344,404.	
3	Payments of travel or entertainment expenses		50,505,510.	36,649,853.	
	for any federal, state, or local public officials				
)	Conferences, conventions, and meetings	2,698,207.	1,682,184.	1,016,023.	
)		7,975,664.	4,543,563.	3,432,101.	
I	Payments to affiliates			5,405,202.	······································
2	Depreciation, depletion, and amortization	28,766,156.	16,010,934.	12,755,222.	
}	Insurance	4,765,174.		4,765,174.	·····
	Other expenses. Itemize expenses not covered	.,		-,,	
	above. (List miscellaneous expenses in line 24e. If line	1			
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	PURCHASES	421,090,854.	259,818,633.	161,272,221.	
b	RESTRUCTURING COSTS	21,899,316.	12,463,303.	9,436,013.	
c	NON-INCOME TAX EXPENSE	20,645,434.	12,969,343.	7,677,091.	······································
d	RENTAL & MAINTENANCE	16,251,661.	9,883,283.	6,368,378.	
e	All other expenses	30,754,208.	22,143,213.	8,610,995.	
	Total functional expenses. Add lines 1 through 24e	4,957,938,735.	3,278,228,993.	1,679,709,742.	
	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check horo if following SOP 98-2 (ASC 958-720)				

632010 11-11-16

art	X	Balance Sheet				379427 Page
		Check if Schedule O contains a response or note to any line in	this Part X			
	··			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		37,393,717.	1	39,941,03
	2	Savings and temporary cash investments		31,510,683.	2	75,857,03
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		275,283,325.	4	247,455,98
	5	Loans and other receivables from current and former officers,	directors.			
		trustees, key employees, and highest compensated employees Part II of Schedule L	s. Complete		5	
	6	Loans and other receivables from other disqualified persons (a	s defined under		5	
		section 4958(f)(1)), persons described in section 4958(c)(3)(B),				
		employers and sponsoring organizations of section 501(c)(9) v	and contributing			
	-	employees' beneficiary organizations (see instr). Complete Par	til of Sch L		6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		5,349,363.	8	8,454,10
	9	Prepaid expenses and deferred charges		28,056,051.	9	24,567,97
1	10 a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D 10a	668,704,547.		~	
-		Less: accumulated depreciation 10b	440,796,047.	229,711,432.	10c	227,908,50
	11	Investments - publicly traded securities		322,188,338.	11	306,476,25
1	2	Investments - other securities. See Part IV, line 11		75,380,456.	12	77,092,83
1	3				13	
1	4	Intangible assets		14		
1	5	Other assets. See Part IV, line 11		49,059,979.	15	43,185,08
1	6	Total assets. Add lines 1 through 15 (must equal line 34)		1,053,933,344.	16	1,050,938,76
1	7	Accounts payable and accrued expenses		141,187,957.	17	134,625,02
1	8	Grants payable			18	
1	9	Deferred revenue		24,419,912.	19	21,717,33
2	20	Tax-exempt bond liabilities			20	
2	1	Escrow or custodial account liability. Complete Part IV of Sche	dule D		21	
2	2	Loans and other payables to current and former officers, direct				
		key employees, highest compensated employees, and disqual				
2		Complete Part II of Schedule L			22	
2	3	Secured mortgages and notes payable to unrelated third partie	29	202,700,000.	23	202,500,00
2	4	Unsecured notes and loans payable to unrelated third parties	·····		24	, ,
2	.5	Other liabilities (including federal income tax, payables to relate	ad third		24	····
		parties, and other liabilities not included on lines 17-24). Comp				
		Contract to D		345,207,407.	05	272,844,29
2	.6	Total liabilities, Add lines 17 through 25		713,515,276.	25 26	631,686,65
		Organizations that follow SFAS 117 (ASC 958), check here	and	120,020,270.	20	001,000,03
		complete lines 27 through 29, and lines 33 and 34.	anu			
2	27				07	
2		Unrestricted net assets			27	
2		Descent and the second of the district of the second			28	
		Organizations that do not follow SFAS 117 (ASC 958), chec			29	
		and complete lines 30 through 34.	k Here	12		
1	0					
10	14	Capital stock or trust principal, or current funds		0.	30	
0	11	Paid-in or capital surplus, or land, building, or equipment fund		0.	31	44.0 070 11
1	2	Retained earnings, endowment, accumulated income, or other	runds	340,418,068.	32	419,252,11
10	3	Total net assets or fund balances		340,418,068.	33	419,252,11
	4	Total liabilities and net assets/fund balances		1,053,933,344.	34	1,050,938,76

	990 (2016) BATTELLE MEMORIAL INSTITUTE	31-437	9427	Pa	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	1			X
	Tables and free based on the second				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,947		
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,957		
3	Revenue less expenses. Subtract line 2 from line 1	3		,588,	*****
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	340	,418,	068.
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			
9	Other changes in net assets or fund balances (explain in Schedule O)	9	89	,422,	723.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
De	column (B))	10	419	,252,	110.
ra	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
1 2a	Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule Were the organization's financial statements compiled or reviewed by an independent accountant?		29	Yes	No x
h	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis	on a			
D	Were the organization's financial statements audited by an independent accountant?		26	X	
с	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both:           Separate basis         X         Consolidated basis         Both consolidated and separate basis           If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?	auun,	20	x	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O	- EV	1	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	ale Audit		19	
	Act and OMB Circular A-133?	gie Augit	3a	x	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	ed audit	Jad		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	x	
				990	(0.0.4.0)

(Form 990 or 990-EZ)	Complete if the or	arity Status an ganization is a section 50		DIIC SU			2016
upartment of the Troasury ternal Revenue Service		4947(a)(1) nonexempt ch Attach to Form 990 or	aritable tri Form 990-	ust. -EZ.			Open to Public Inspection
ame of the organization	mormation about Schedule	A (Form 990 or 990-EZ) and	its instruct	ions is at y	vww.irs.gov/foi		r identification numb
	BATTELLE MEMORIAL						31-4379427
Part I Reason for Pi	ublic Charity Statu:	G (All organizations must c	omplete th	nis part.) Si	ee instructions	•	
he organization is not a privat							
		ation of churches describe			1)(A)(i).		
2 A school described	in section 170(b)(1)(A)(ii	). (Attach Schedule E (For	m 990 or 9	90-EZ).)			
3 A hospital or a coop	perative hospital service of	organization described in s	ection 170	0(b)(1)(A)(i	ii).		
city, and state:	organization operated in	conjunction with a hospita	described	1 in sectio	on 170(b)(1)(A)	(iii). Entei	r the hospital's name,
and an and a second sec	rated for the benefit of a	college or university owne	d or operat	ted by a or	veromental un	it describ	ad in
	(iv). (Complete Part II.)		a ar opora	iou by a ge	or of the formation of the	in açadıdı	
6 A federal, state, or k	ocal government or gove	rnmental unit described in	section 1	70(b)(1)(A)	(v).		
7 X An organization that	normally receives a sub	stantial part of its support	from a gov	ernmental	unit or from th	e general	public described in
section 170(b)(1)(A)	)(vi). (Complete Part II.)						
		(b)(1)(A)(vi). (Complete Pa					
9 An agricultural resea	arch organization describ	ed in section 170(b)(1)(A)	(ix) operat	ed in conju	unction with a l	and-grant	college
	n-land-grant college of ag	riculture (see instructions)	Enter the	name, city	, and state of t	he colleg	e or
0 An organization that	normally reasives: (1) =						
activities related to i	ts exempt functions, sul	ore than 33 1/3% of its sup oject to certain exceptions,	port from (	contributio	ns, membersh	ip fees, ar	nd gross receipts from
income and unrelate	d business taxable incor	ne (less section 511 tax) fr	anu (2) nu	ses acqui	red by the ora:	s support	after lugo 20, 1975
	2). (Complete Part III.)		000000000000000000000000000000000000000	avos acqui	red by the orga	anzanon	anter vone 50, 1575.
1 An organization orga	anized and operated excl	lusively to test for public sa	fety. See	section 50	09(a)(4).		
2 An organization orga	anized and operated excl	usively for the benefit of, to	perform t	he function	ns of, or to car	ry out the	purposes of one or
more publicly suppo	rted organizations descr	ibed in section 509(a)(1)	or section	509(a)(2).	See section 5	09(a)(3).	Check the box in
lines 12a through 12	d that describes the type	e of supporting organizatio	n and com	plete lines	12e, 12f, and	12g.	
a Type I. A supporti	ng organization operated	l, supervised, or controlled	by its supp	ported org	anization(s), ty	pically by	giving
the supported org	anization(s) the power to	regularly appoint or elect a	a majority o	of the direc	ctors or trustee	s of the s	upporting
	must complete Part IV,		Alexan contain ta		dans to the		
control or manage	ment of the supporting of	sed or controlled in connec organization vested in the s		s supporte	ed organization	(s), by har	ving
	ou must complete Part		ame perso	ins that co	ntroi or manag	e me sup	ported
		ting organization operated	in connec	tion with.	and functionally	/ integrate	ed with
its supported orga	inization(s) (see instructio	ons). You must complete	Part IV, Se	ections A.	D, and E.	, integrate	
d Type III non-func	tionally integrated. A su	pporting organization ope	rated in co	nnection v	vith its support	ed organi	zation(s)
that is not function	nally integrated. The orga	inization generally must sa	tisfy a distr	ibution rec	uirement and	an attenti	veness
		complete Part IV, Section					
e Check this box if t	he organization received	a written determination fro	m the IRS	that it is a	Type I, Type II	, Type III	
f Enter the number of supp		tionally integrated support	ng organiz	ation.			ſ
g Provide the following info		rted organization/s)					1
(I) Name of supported	(II) EIN	(iii) Type of organization	(IV) Is the org	anization listed	(v) Amount of	monetary	(vi) Amount of other
organization		(described on lines 1.10 above (see instructions))	Yes	No	support (see ins	structions)	support (see instruction
······································							

31-4379427 Page 2

Schedule A (Form 990 or 990-EZ) 2016 BATTELLE MEMORIAL INSTITUTE 31-437942
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.)

Se	ction A. Public Support						
Cali	endar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and					10/2010	
	membership fees received. (Do not						
	include any "unusual grants.")	4044734254.	4036275724.	3989950217.	4051515397.	4021423284	20143908876.
2	Tax revenues levied for the organ-						
	ization'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	4044734254.	4036275724.	3989960217	4051515397,	4021423284.	20143908876.
5	The portion of total contributions			3303300211,	4031313331.	4021423204,	20143300070.
9	by each person (other than a	1 ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (			1.1		
	governmental unit or publicly	12212 2010		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11.				12 1-2	200 00	
	column (f)			ALC: NOT		12-12-12-12-12	
~	***************************************					1	
	Public support. Subtract line 5 from line 4. ction B. Total Support						20143908876.
-		T					
	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 4	4044734254.	4036275724.	3989960217.	4051515397.	4021423284.	20143908876,
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royatties						
	and income from similar sources	15,940,398.	17,696,880.	16,103,324.	16,826,722.	17,433,343.	84,000,667.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on	708,913.	894,717.	26,784.	3,133,898.	2,624,143.	7,388,455.
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						20235297998.
12		etc. (see instructio	ns)			12 3	,463,331,357.
13	First five years. If the Form 990 is for			fourth or fifth tax	vear as a section		, , , , , ,
	organization, check this box and stor	o here					
Se	ction C. Computation of Publi	c Support Perc	centage				
14	Public support percentage for 2016 (	ine 6. column (1) div	ided by line 11 cc	lumn (fi)		14	99.55 %
15	Public support percentage from 2015	Schedule A Part I	l line 14			15	99.56 %
16a	33 1/3% support test - 2016. If the c	proanization did not	check the box on	line 13 and line 1	4 is 33 1/3% or m		
	stop here. The organization qualifies						
Ł	33 1/3% support test - 2015. If the c		-			or more chack thi	
	and stop here. The organization qual						
17:	10% -facts-and-circumstances test						
1,0							
	and if the organization meets the "fac						
L	meets the "facts-and-circumstances"						
r,	10% -facts-and-circumstances test						
	more, and if the organization meets the						
	organization meets the "facts-and-circ						▶∟
18	Private foundation. If the organizatio	n did not check a b	ox on line 13, 16a	, 16b, 17a, or 17b,	check this box ar	nd see instructions	

Schedule A (Form 990 or 990-EZ) 2016 BATTELLE MEMORIAL INSTITUTE
Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

See	ction A. Public Support	cidw, please com	Siele Fart II.				
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Gifts, grants, contributions, and			0,2011	14/2010	10/2010	11 IOTAI
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions.						
	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt purpose	<u> </u>					
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	and a second and any literation of the						
E							
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on fines 2 and 3 raceived						
	from other than disqualified persons that						
	exceed the greater of \$5,500 or 1% of the amount on line 13 for the year						
~	Add lines 7e and 7h						
	Add lines 7a and 7b						
800	Public support. (Subtract line 7s from line 6.)	L					
			r	·····			
	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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						
	populited after lune 20, 1075						
	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.)						
	First five years. If the Form 990 is for	the organization's	first second this	d fourth or little to	v voor op o opotio	1. - F01(0)(2) organiza	
	check this box and stop here	the organization o	mor, second, em				mon,
Sec	tion C. Computation of Publi	c Support Per	contana				
				1 101			
	Public support percentage for 2016 (II	ne o, column (r) dr	video by line 13, c	olumn (t))	•••• ••••	15	%
16	Public support percentage from 2015	Schedule A, Part	III, line 15			16	%
Sec	ction D. Computation of Inves	and a second	The second s				
17	Investment income percentage for 20			ne 13, column (f))		17	%
18	Investment income percentage from :					18	%
19a	33 1/3% support tests - 2016. If the	organization did n	ot check the box of	on line 14, and line	15 is more than 3	33 1/3%, and line 17	
	more than 33 1/3%, check this box an						
b	33 1/3% support tests - 2015. If the	organization did n	ot check a hox on	line 14 or line 19a	and line 16 is m	ore than 33 1/304 a	nd
	line 18 is not more than 33 1/3%, che	ck this box and en	ton here. The ora:	anization qualifier	as a nublicly even	orted organization	
20	Private foundation. If the organizatio	n did not check of	hay on line 14, 10	a or 10h shask th	in hav and an i-	structions	
	to to an output in the organizatio	and hot check di	JUX UIT III 19, 191	a, or 190, check th	is box and see ins	suucions	

632023 09-21-16

	dule A (Form 990 or 990 EZ) 2016 BATTELLE MEMORIAL INSTITUTE	31-4379427	Pa	age
chi	eshberring ergenmenone			
	(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A			
	and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete			
	Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)			
eC.	tion A. All Supporting Organizations			r
1	Are all of the exception's supported exceptions listed to some in the section is the		Yes	N
,	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2).	2		-
a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	(b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and		·	
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination.	<u>3b</u>		_
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			1
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	30		
а	Was any supported organization not organized in the United States ("foreign supported organization")? //			
	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
2	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations.	4b		
2	Did the organization support any foreign supported organization that does not have an IRS determination			
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes.	4c		
3	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN		Sec.	
	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).	5a		
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?	5b		
0	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class			
	benefited by one or more of its supported organizations, or (iii) other supporting organizations that also		•	
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in			
	Part VI.	6		
	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? If "Yes, " complete Part I of Schedule L (Form 990 or 990-EZ).	7		-
	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?		1.01	
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described			
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
)	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? It "Yes," provide detail in Part VI.	96		
2	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit		1	
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	90		
a	Was the organization subject to the excess business holdings rules of section 4943 because of section			
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated		5	
	supporting organizations)? If "Yes," answer 10b below.	10a		
5	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	108		
	determine whether the organization had excess business holdings.)	10b		

632024 09-21-16

Sche	Edule A (Form 990 or 990-EZ) 2016 BATTELLE MEMORIAL INSTITUTE	31-4379427	D	
	rt IV Supporting Organizations (continued)		F	age 5
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		100	
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	1 mm		
	below, the governing body of a supported organization?	11a		1
	A family member of a person described in (a) above?	11b		
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.	11c		
Sec	tion B. Type I Supporting Organizations			<b>.</b>
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			110
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the		18.1	
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or		3	
	controlled the organization's activities. If the organization had more than one supported organization,	1 1		18.
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			56
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
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,		1.00	
	supervised, or controlled the supporting organization.	2		
Sec	tion 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		103	140
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			×
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations		I	
			[	
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		Yes	No
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (i) a copy of the Form 990 that was most recently filed as of the date of notification, and (ii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?		5	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	1		
-	progrization(s) or (ii) serving on the governing body of a supported analysis tion of elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
3	the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described in (2) did the supported in the support of the relationship with the support of the relationship described in (2).	2		
Ŭ	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's involvement policies and is direction (1).			
	significant voice in the organization's investment policies and in directing the use of the organization's		100	
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
1				
a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruc	tions).		
	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (se	e instructions).		
2	Activities Test. Answer (a) and (b) below.	(	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,	1.25		
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	<u>2a</u>		
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		4	
	reasons for the organization's position that its supported organization(s) would have engaged in these	1.2.7	5	
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.	in the second		
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	6		
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
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.	3b		

632025 09-21-16

	edule A (Form 990 or 990 EZ) 2016 BATTELLE MEMORIAL INSTITUTE rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	o Organi	zations	31-4379427 Pag
1	Check here if the organization satisfied the Integral Part Test as a qualifyin other Type III non-functionally integrated supporting organizations must co	ig trust on N	lov. 20, 1970 (explain in F	Part VI.) See instructions
Sec	tion A - Adjusted Net Income	Smplete Sec	(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		(optional)
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		
	ion 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):	1.1.1		
a	Average monthly value of securities	1a		
	Average monthly cash balances	16	·····	-
	Fair market value of other non-exempt-use assets	10		
	Total (add lines 1a, 1b, and 1c)	1d		1
	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		1
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		6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount		S. C. Land	Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2	с 	
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		1
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional			1

	tV Type III Non-Functionally Integrated 509	lava annoruna alda	(continued)	
1				Current Year
2	Amounts paid to supported organizations to accomplish exe Amounts paid to perform activity that directly furthers exemp			
2		or purposes or supported		
3	organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purpose			
4		es of supported organizations		
	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6 7	Other distributions (describe in Part VI). See instructions			
8	Total annual distributions. Add lines 1 through 6			
0	Distributions to attentive supported organizations to which the	ne organization is responsive		
0	(provide details in Part VI). See instructions			
9 10	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount	1	2+75	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reason-			
	able cause required explain in Part VI). See instructions			
3	Excess distributions carryover, if any, to 2016:	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
а				
b				
с	From 2013			
d	From 2014	1997 B	the second second	
	From 2015			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2016 distributable amount	-		
i	Carryover from 2011 not applied (see instructions)			1
í	Remainder. Subtract lines 3g, 3h, and 3i from 3f.		1000 A. 1000 A	
4	Distributions for 2016 from Section D.			
	line 7: \$			
а	Applied to underdistributions of prior years			
	Applied to 2016 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2016, if	Lord Contractor Strength		
•	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2016. Subtract lines 3h			
-	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions	1	5-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	
7	Excess distributions carryover to 2017. Add lines 3j			
'	and 4c		A COLOR OF STREET	
8	Breakdown of line 7:			E
a				
	Excess from 2013			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			

Schedule A	(Form 990 or 990-EZ) 2016 BATTELLE MEMORIAL INSTITUTE	31-4379427	Page 8
Part VI	<b>Supplemental Information.</b> Provide the explanations required by Part II, line 10; Part II, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Sectio line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, li Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for (See instructions.)	on B, lines 1 and 2; Part IV, Section B, line 1e: E	n C
		······	
			******************
		<u></u>	
ann an			
		······································	

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

## **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527 Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. 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			Emp	ployer identification number
		EMORIAL INSTITUTE			31-4379427
Par	t I-A Complete if the org	panization is exempt unde	er section 501(c)	or is a section 527 of	rganization.
2 F	Provide a description of the organi. Political campaign activity expendi Jolunteer hours for political campa	tures	-	•	\$0.
Par	t I-B Complete if the org	ganization is exempt unde	er section 501(c)	(3).	······································
1 8	Enter the amount of any excise tax				\$ 0.
2 8	Enter the amount of any excise tax	incurred by organization manage	rs under section 4955	5	\$ 0.
4a\ bl	f the organization incurred a sectic Nas a correction made? f "Yes," describe in Part IV.	···· ·································			Yes No
L		ganization is exempt unde			
1 1	Enter the amount directly expended	d by the filing organization for sec	tion 527 exempt func	tion activities	\$
	Enter the amount of the filing organ				٨
3 1	exempt function activities	Add lines 1 and 9. Enter here a	ad an Enum 1100 001	····· ································	\$
	ine 17b				¢
4 [	Did the filing organization file Form	1120-POL for this year?		((x)))))))))))))))))))))))))))))))))))	Yes No
5 E r	Enter the names, addresses and er nade payments. For each organiza contributions received that were pr political action committee (PAC). If	nployer identification number (EIN ition listed, enter the amount paid omptly and directly delivered to a	I) of all section 527 pc I from the filing organi separate political org	plitical organizations to whic zation's funds. Also enter th anization, such as a separa	the filing organization the amount of political
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
-					

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

Schedule C (Form 990 or 990-EZ) 2016

632041 11-10-16

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Schedule C (Form 990 or 990-EZ) 2016 BATT	ELLE MEMORIA	L INSTITUTE			1379427 Page 2
Part II-A Complete if the organiz	ation is exer	npt under section	n 501(c)(3) and file	d Form 5768 (el	ection under
section 501(h)).		Makada ana ang Ang Ang Ang			
Check Check check if the filing organization the expenses, and share of e			Part IV each affiliated of	roup member's nam	ne, address, EIN,
Check Check if the filing organization of			ulaiana anah.		
			VISIONS apply.	(a) Filing	(b) Affiliated group
(The term "expenditure	Lobbying Expension s" means amouted the second sec			organization's totals	totals
1a Total lobbying expenditures to influence	public opinion (	grass roots lobbying)			
b Total lobbying expenditures to influence					
c Total lobbying expenditures (add lines 1					
d Other contract and the			1		
e Total exempt purpose expenditures (add					
f Lobbying nontaxable amount. Enter the					
If the amount on line te, column (a) or (b) i	s: The lob	bying nontaxable am	ount is:		
Not over \$500,000	20% of	the amount on line 1e.			
Over \$500,000 but not over \$1,000,000	\$100,00	0 plus 15% of the exc	ess over \$500,000.		
Over \$1,000,000 but not over \$1,500,00	\$175,00	00 plus 10% of the exc	ess over \$1,000,000.		1
Over \$1,500,000 but not over \$17,000,0	\$225,00	0 plus 5% of the exce	ss over \$1,500,000.		
Over \$17,000,000	\$1,000,	000.			
reporting section 4911 tax for this year? (Some organizations that m	4-Year Ave	eraging Period Under 01(h) election do not		the five columns b	Yes No
	See the separ	ate instructions for li	nes 2a through 2f.)		
······	Lobbying Exper	nditures During 4-Yea	ar Averaging Period		
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2013	<b>(b)</b> 2014	(c) 2015	( <b>d</b> ) 2016	(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					

Schedule C (Form 990 or 990-EZ) 2016

....

31-4379427 Page 3

Schedule C (Form 990 or 990-EZ) 2016 BATTELLE MEMORIAL INSTITUTE	31-4379427
Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT fi	led Form 5768
(election under section 501(h)).	

For	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description	(8	1)	(1	)
of th	e lobbying activity.	Yes	No	Amo	ount
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:			y y y	
а	Volunteers?		х		
a	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?	X	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		1,	004,707.
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Х		
i	Other activities?	X			37,046.
i	Total. Add lines 1c through 1i	1		1,	041,753.
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				
С	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?				21
Pai	t III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(8	i), or sec	tion	
	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		e prior year	3		
Fai	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	"No," OR	), or sec (b) Part I	lion II-A, line	9 3, is
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politi expenses for which the section 527(f) tax was paid).	cal			
а	Current year		2a		
b	Carryover from last year		2b		
с	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 exc	ess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p	olitical	4		
5	expenditure next year? Taxable amount of lobbying and political expenditures (see instructions)		5		
Par	t IV Supplemental Information				
Prov	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	lich: Dart II	A linon 1 am	d D (nos	
instr	uctions); and Part II-B, line 1. Also, complete this part for any additional information. II-B, LINE 1, LOBBYING ACTIVITIES:	nau, ran ny	nines i di	iu ∠ (see	

LINE 1 (I) OTHER ACTIVITIES

SEVENTEEN ORGANIZATIONS REPORTED THAT A PORTION OF MEMBERSHIP DUES PAID

BY BATTELLE WERE USED FOR LOBBYING.

SCHEDULE C SUPPLEMENTAL INFORMATION - PART IV

Schedule C (Form 990 or 990-EZ) 2016

632043 11-10-16

Schedule C (Form 990 or 990 EZ) 2016 BATTELLE MEMORIAL INSTITUTE Part IV Supplemental Information (continued)	31-4379427	Page 4
INTERNAL LOBBYING EXPENSES TOTALED \$372,028 AND EXTERNAL LOBBYING EXPENSES		
TOTALED \$632,679 FOR A TOTAL OF \$1,004,707.		
THE GENERAL ISSUE AREA FOR LOBBYING IS INCREASED APPROPRIATIONS IN THE		
PEDERAL 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 DEPENSE,		
DEPARTMENT OF TRANSPORTATION, DEPARTMENT OF HOMELAND SECURITY, DEPARTMENT		
OF EDUCATION, ENVIRONMENTAL PROTECTION AGENCY, DEPARTMENT OF HEALTH AND		
HUMAN SERVICES (NATIONAL INSTITUTES OF HEALTH), NATIONAL SCIENCE		
FOUNDATION, AND NATIONAL OCEANIC AND ATMOSPHERIC ADMINISTRATION.		
IN ADDITION, A MINOR AMOUNT OF LOBBYING IS CONDUCTED WITH VARIOUS STATE		
AND LOCAL GOVERNMENTS AND/OR AGENCIES.		
	an a	
	Schedule C /Form 990 or 99	

632044 11-10-16

SC	HEDULE D	Supplementa	al Financial Statements		OMB No. 1545-0047
(For	n 990)	Complete if the org	anization answered "Yes" on Form 990, , 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.		2016
	ment of the Treasury	Part IV, line 6, 7, 8, 9, 10	, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.		Open to Public
	Revenue Service	Information about Schedule D (For	m 990) and its instructions is at www.irs.gov/1	<u>orm99</u>	0. Inspection
Nam	e of the organizati	BATTELLE MEMORIAL INSTITUTE			ployer identification number 31-4379427
Pa	rt I Organiza	ations Maintaining Donor Advised	d Funds or Other Similar Funds or Ac	coun	its. Complete if the
	organizatio	n answered "Yes" on Form 990, Part IV, lin	e 6.		
			(a) Donor advised funds	b) Fun	ids and other accounts
1	Total number at er	nd of year	· · · · · · · · · · · · · · · · · · ·		
2		f contributions to (during year)			
3		f grants from (during year)			
4		t end of year			
5			vriting that the assets held in donor advised fund		
	are the organizatio	in's property, subject to the organization's of	exclusive legal control?		Yes No
6			dvisors in writing that grant funds can be used o		
			donor advisor, or for any other purpose conferr		
Pa	impermissible priva	ate benefit?	the second provide the providence of the second		Yes No
L	Conserv	ation casements. Complete if the org	anization answered "Yes" on Form 990, Part IV,	line 7.	
1	Purpose(s) of cons	ervation easements held by the organization	on (check all that apply).		
		of land for public use (e.g., recreation or e	ducation) Preservation of a historically	impor	tant land area
	(	f natural habitat	Preservation of a certified hi	storic s	structure
~		of open space			
2	Complete lines 2a	through 2d if the organization held a qualifi	ed conservation contribution in the form of a con	nservat	tion easement on the last
	day of the tax year				Held at the End of the Tax Year
a				2a	
b		icted by conservation easements		2b	
c	Number of conserv	vation easements on a certified historic stru	icture included in (a)	2c	
d			fter 8/17/06, and not on a historic structure		
•	listed in the Nation	al Register		_2d	
3			eased, extinguished, or terminated by the organi	zation	during the tax
	year				
4		where property subject to conservation eas			
5		tion have a written policy regarding the peri	· · · · · · · · · · · · · · · · · · ·		
c		orcement of the conservation easements it	and a second sec	• • • • • • • • • •	Yes No
6	Stair and volunteel	r nours devoted to monitoring, inspecting, I	nandling of violations, and enforcing conservatio	n ease	ments during the year
7					
'	► \$	es incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservation eas	ement	s during the year
8		lation apportant constant on line O(d) also	e satisfy the requirements of section 170(h)(4)(B)	0	
0	and section 170(b)		e satisfy the requirements of section 170(h)(4)(B)	(1)	
9	In Part XIII describ	the how the organization reports concernation	in easements in its revenue and expense statem		Yes No
Ŷ			ion's financial statements that describes the org		
	conservation ease		ion s mancial statements that describes the org	anizano	on s accounting for
Par			Art, Historical Treasures, or Other S	imila	r Assets
L.,	and the second s	the organization answered "Yes" on Form			700010,
1a			C 958), not to report in its revenue statement an	d balar	and check works of art
			ibition, education, or research in furtherance of j		
		note to its financial statements that describ		JUDIIC :	service, provide, in Part All,
b			C 958), to report in its revenue statement and ba	lance	sheet works of art bistorical
			ucation, or research in furtherance of public sen		
	relating to these ite		assisted of the second s	nee, pr	over the following abounts
	-				\$
					\$
2			isures, or other similar assets for financial gain, p	provide	*
		ints required to be reported under SFAS 11			
а			o vido sobjicialing to mese items.		\$
b	Assets included in	Form 990, Part X			
LHA	For Paperwork Re	eduction Act Notice, see the Instructions	for Form 990.		Schedule D (Form 990) 2016

632051	08-29-16

		MORIAL INSTITUTE				31-437		Pa	qe
Pa	t III Organizations Maintaining C	ollections of Art, His	torical Trea	sures, or Oth	ner Simila	ar Asset	S (contin	ued	-
3	Using the organization's acquisition, accessi	on, and other records, chec	k any of the fo	lowing that are a	significant	use of its o	ollection	items	No. Contraction of
	(check all that apply):								
а	Public exhibition	d 🗌	Loan or exch	ange programs					
b	Scholarly research	e							
С	Preservation for future generations								
4	Provide a description of the organization's co	ellections and explain how t	hey further the	organization's e	xempt purp	ose in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations of art, h	istorical treasu	ures, or other simi	ilar assets				
	to be sold to raise funds rather than to be ma	intained as part of the orga	inization's colle	ection?		["""	Yes		N
a)	t IV Escrow and Custodial Arran	gements. Complete if th	e organization	answered "Yes"	on Form 99	0. Part IV.	line 9. or		
	reported an amount on Form 990, Par	t X, line 21.	9			-1			
1a	Is the organization an agent, trustee, custodi	an or other intermediary for	contributions	or other assets n	ot included				
	on Form 990, Part X?	,,,				[	Yes		N
b	If "Yes," explain the arrangement in Part XIII	and complete the following	tahle:	*****		·····			- 11
		and complete the following	taoio.			T	A		-
С	Beginning balance				4.		Amount		
d	Beginning balance	***************************************		•••••	10				
6	Additions during the year				1d				
f	Distributions during the year				<u>1e</u>				
	Ending balance				11	1	-		
5	Did the organization include an amount on Fo	orm 990, Part X, line 21, for	escrow or cus	todial account lia	ibility?	L	Yes		N
2	If "Yes," explain the arrangement in Part XIII.	Uneck here if the explanation	on has been pi	rovided on Part X	.[1]				
-	t V Endowment Funds. Complete i				1		1		
		(a) Current year (b)	Prior year	(c) Two years back	(d) Three	years back	(e) Four	years t	)8(
	Beginning of year balance								
b	Contributions				_				
С	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 curr	ent year end balance (line 1	g, column (a))	held as:					
а	Board designated or quasi-endowment	%	<i></i>						
b	Permanent endowment	%							
	Temporarily restricted endowment	%							
	The percentages on lines 2a, 2b, and 2c should be a should be should be a should be a should be a should be should be a should	Id equal 100%							
3a	Are there endowment funds not in the posse		at are held and	administered for	the organis	ration			
	by:	and a choor gamzarian an		administered for	the organiz	anon	Г	Yes	N
	(i) unrelated organizations							165	140
	(ii) related organizations	***************************************	*****		•••••••		<u>3a(i)</u>		
h	(ii) related organizations	a alasana ana ana ana ana ana ana ang			****	••••	3a(ii)		
	If "Yes" on line 3a(ii), are the related organiza						3b		
  a	Describe in Part XIII the intended uses of the tVI   Land, Buildings, and Equipm		tunds.						
	Complete if the organization answered		1			1			
	Description of property	(a) Cost or other	(b) Cost o		) Accumula		(d) Book	value	
		basis (investment)	basis (o	other)	depreciation	n			
	Land							665,1	
b	Buildings	420,260,710.			304,664	,326.	115,	596,3	84
	Leasehold improvements								
	Equipment	218,539,358.			136,131	,721.	82,	407,8	3
d									
e	Other . Add lines 1a through 1e. (Column (d) must en	16,239,347.					16,	239,3	4

Schedule D (Form 990) 2016 BATTELLE MEMORIA	L INSTITUTE		31-4379427	Page 3
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: Co		value
1) Financial derivatives				
2) Closely-held equity interests	67,464,266.	COST		
3) Other				
(A) RABBI TRUSTS	9,628,557.	END-OF-YEAR MARKET V	ALUE	
(B)				
(C)				
(D)			······	
(E)				
(F)				
(G)				*******
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	77,092,823.			
Part VIII Investments - Program Related.	1 / / ·	1		
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: Co		value
(1)				
(2)				
(3)				· · ·
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
	an Earm 000, David IV, Jino	11d Can Form 000 Part V Sea	10	
Complete if the organization answered "Yes"	Description	110. See Form 990, Part X, line	(b) Book	vatuo
	Description		(0) 0000	Value
(1)				
(2)				
(3)				
(4)	······································			
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990. Part X. col. (B) line	e 15.)			
Part X Other Liabilities.				
Complete if the organization answered "Yes"			X, line 25.	
1. (a) Description of liability		(b) Book value		
(1) Federal income taxes				
(2) LONG TERM BENEFIT RELATED LIABILITIES		13,445,931.		
(3) OTHER LONG TERM LIABILITIES		5,632,109.		
(4) LIABILITY FOR POSTRETIREMENT & OTHER	BENEFITS	253,766,257.		
(5)				
(6)				
(7)				
(7)				

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 Schedule D (Form 990) 2016

1	t XI Reconciliation of Revenue per Audited Financial Sta	tomonto Mith Deven	31-4379427	Page 4
	Complete if the organization answered "Yes" on Form 990, Part IV, Ii		le per Return.	
1	Total revenue aging and athen average with the state of		1 1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	Net unrealized gains (losses) on investments			
b	Donated services and use of facilities	2a		
c	Becoveries of prior year grapts	2b		
d	Recoveries of prior year grants	2c		
	Other (Describe in Part XIII.)	2d		
3	Add lines 2a through 2d		2e	
4	Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		3	
a	Investment expenses not included on Form 990, Part VIII, line 75			
b	Other (Describe in Part XIII.)	4a		
c	Add lines 4a and 4b	4b		
5	Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12		40	
	t XII Reconciliation of Expenses per Audited Financial St	atements With Expen	5 Ses ner Return	
	Complete if the organization answered "Yes" on Form 990, Part IV, li			
1	Total avagage and langer and divid of the training		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		
С	Other losses	20		
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:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part 1 line 1	8.)	5	
Par	t XIII Supplemental Information.			
Provi	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4; Part IV, lines 1b and 2b; F	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 a	ny additional information.		
SUPP	LEMENTAL INFORMATION			
12.1.00				
PART	X, LINE 2 - FIN 48(ASC 740) FOOTNOTE		······	
THE	PROVISIONS OF FIN 48 INCLUDED IN FASE ASC 740 APPLY TO B.	DATE: Y P		
	INCONSIGNAS OF THE AS INCLUDED IN FASE ASC 740 APPLI TO B.	ATTELLE		
MEMO	RIAL INSTITUTE (BMI). A FIN 48 ANALYSIS FOR UNCERTAIN IN-	YAR TAY		
		JOHD TAK		
POSI	TIONS WAS PERFORMED BY BMI AND REVIEWED BY ITS INDEPENDE	T AUDITORS		
*********			······································	
AS A	RESULT OF THE ANALYSIS, NO FIN 48 RESERVES FOR UNCERTAIL	J TAX		
POSI	TIONS WERE REQUIRED AND NONE WERE RECORDED IN THE FINANC	TAL		
STAT	EMENTS. THEREFORE NO SPECIFIC FIN 48 FOOTNOTE WAS INCLUD	ED IN BMI'S		
FINA	NCIAL STATEMENTS.			

Schedule D (Form 990) 2016

632054 08-29-16

Schedule D (Form 990) 2016 BATTELLE MEMORIAL INSTITUTE Part XIII Supplemental Information (continued)	31-4379427 Page
(continued)	
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632055 08-29-18

Schedule D (Form 990) 2016

SCHEDULE F (Form 990)			ivities Outside the Ur n answered "Yes" on Form 990, Part			OMB No. 1545-0047
Department of the Treasury			Attach to Form 990.			Open to Public
Name of the organization	information ab	out Schedule F	(Form 990) and its instructions is at	www.irs.gov/fc		Inspection tification number
					Employer men	uncation number
BATTELLE MEMORIAL INST		ativities Avd			31-4379427	·
Form 990, Part IV		ctivities Out	side the United States. Compl	ete if the organ	ization answered	"Yes" on
		n maintain recor	ds to substantiate the amount of its gra	onts and other	assistance	
			the selection criteria used to award the			Yes No
United States.			procedures for monitoring the use of its		her assistance ou	itside the
	he following Part	I, line 3 table ca	an be duplicated if additional space is r	eeded.)		
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	is a pro describe	vity listed in (d) gram service, specific type (s) in the region	(f) Total expenditures for and investments in the region
EUROPE			INVESTMENTS			34,547,303.
CENTRAL AMERICA AND THE CARIBBEAN			INVESTMENTS			100,036,434.
EAST ASIA AND THE				SCIENTIFIC		
PACIFIC	1	1	PROGRAM SERVICES	RESEARCH/SE	RVICES	135,290.
				SCIENTIFIC		
EUROPE	5	66	PROGRAM SERVICES	RESEARCH/SE		11,491,914.
MIDDLE EAST AND NORTH AFRICA	2	3	PROGRAM SERVICES	SCIENTIFIC RESEARCH/SE	RVICES	269,016.
RUSSIA AND NEIGHBORING STATES -				SCIENTIFIC		
ARMENIA, AZERBIJAN, BELARUS,	4	22		RESEARCH/SE		
DEDARGS,	4	32	PROGRAM SERVICES	LABORATORY	MANAGEMENT	3,634,406.
NORTH AMERICA	1	1	PROGRAM SERVICES	SCIENTIFIC RESEARCH/SE LABORATORY		108,122.
3 a Sub-total	13	103		- 245		1.50,222,485.
b Total from continuation sheets to Part I	0	0				0.
c Totals (add lines 3a and 3b)	13	103				50,222,485.

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

Schedule F (Form 990) 2016

1 (a) Name of organization	(b) IRS code section and EIN (it applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
Enter total number of I	I I I I I I I I I I I I I I I I I I I	isted above that are rec	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country recognized as tax-exempt by	foreign country re	averat ac harinnna	mot hv		

632072 09-21-18

Page 3	<ul> <li>(h) Method of valuation (book, FMV, appraisal, other)</li> </ul>					
V, line 16.	(g) Description of noncash assistance					
31-43/942/ on Form 990, Part IV	(f) Amount of noncash assistance					
e organization answered "Yes"	(e) Manner of cash disbursement					
es. Complete if th	(d) Amount of cash grant					
e the United Stat	d. (c) Number of recipients					
BATTELLE MEMORIAL INSTITUTE to Individuals Outside the Unite	itional space is neede (b) Region					
Schedule F (Form 990) 2016 BATTELLE MEMORIAL INSTITUCE 31-45/942/ 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					

632073 09-21-16

	ule F (Form 990) 2016 BATTELLE MEMORIAL INSTITUTE	31-4379427	Page 4
Par	t 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)	X 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	X 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)	X 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)	X Yes	No 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)	X Yes	No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," <i>the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)</i>	X Yes	No

Schedule F (Form 990) 2016

Schedule F (Form 990) 2016 BATTELLE MEMORIAL INSTITUTE	31-4379427	Page 5
Part V Supplemental Information		
Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (acco	unting method; amounts of	
investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting met	thod): and Part III. column (c)	
(estimated number of recipients), as applicable. Also complete this part to provide any additional info	ormation See instructions	
	Simaton: See instructions.	
PART I, LINE 3:		
ALL EXPENDITURES ARE BASED ON THE ACCRUAL METHOD OF ACCOUNTING.		
AS DATENDITORID ARE DADED ON THE ACCOUNT METROD OF ACCOUNTING.		
	·····	
		******
	······································	
	······································	
32075 09-21-16		

SCHEDULE I (Form 990)	Compl Compl	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.	ner Assistan nd Individual n answered "Yes"	ce to Organi s in the Unit on Form 990. Part	zations, ed States IV, line 21 or 22.		OMB No. 1545-0047
Department of the Treasury internel Revenue Service	<ul> <li>Informati</li> </ul>	Attach to Form 990. Information about Schedule I (Form 990) and its instructions is at www irs coulform 990.	Attach to Form 990. (Form 990) and its instru	m 990. instructions is at	www.irs.cov/form96	U	Open to Public Inspection
Name of the organization BATTELLE MEMO	BATTELLE MEMORIAL INSTITUTE						Employer identification number
Part I General Information on Grants and Assistance	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 orants or assistance?	to substantiate the stance?	amount of the grants	or assistance, the	grantees' eligibility f	or the grants or assi	stance, and the selectio	No No No
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	ocedures for monit	oring the use of grant	funds in the United	States.			]
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.	Domestic Organiz	ations and Domestic	Governments. C	omplete if the orgar	nization answered ")	Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any	V, 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         (b) EIN         (c) IRC section         (d) Amount of or	\$5,000. Part II can (b) EIN	be duplicated if additi (c) IRC section (if applicable)	onal space is neede (d) Amount of cash orant	ed. (e) Amount of non-cash	(f) Method of valuation (book,	(g) Description of noncash assistance	(h) Purpose of grant or assistance
)				assistance	FMV, appraisal, other)		
AID TO DISTRESSED PAMILIES OF ANDERSON COUNTY - PO BOX 5953 -							
OAK RIDGE, TN 37831	58-1727751	501(C)3	5,900.	0			GENERAL OPERATING SUPPORT
AMERICAN CANCER SOCIETY 250 Williams Street NW Atlanta, Ga 30303	13-1788491	501(C)3	6,933.	°C		<u> </u>	SENERAL OPERATING SUPPORT
AMERICAN HEART ASSOCIATION INC							
PO BOX SUU65 PRESCOTT, AZ 86304	13-5613797	501(C)3	184,150.	0.			GENERAL OPERATING SUPPORT
AMERICAN NATIONAL RED CROSS 6921 MIDDLEBROOK PIKE KNOXVILLE, TN 37909	53-0196605	501(C)3	19,113.				SENERAL OPERATING SUPPORT
ANN S CHOICE INC 701 MAIDEN CHOICE LN BALTIMORE, MD 21228	52-2324152	501(C)3	8,000.	.0			GENERAL OPERATING SUPPORT
BALLET METROPOLITAN INC 322 MOUNT VERNON AVE COLUMBUS, OH 43215	31-0858562	501(C)3	6,200.	°			GENERAL OPERATING SUPPORT
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	nd government org	anizations listed in the	e line 1 table				72.
- 1	s listed in the line 1	1 table					• 0
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990	, see the Instruction	ons for Form 990.					Schedule I (Form 990) (2016)

632101 11-01-16

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States	irants and Other Assistance to Gov	vernments and Organ	izations in the Un		(Schedule I (Form 990), Part II.)	rt 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
BOISE STATE UNIVERSITY FOUNDATION 1910 UNIVERSITY DR BOISE, ID 83725	82-6010706	501(C)3	36,220.	.0			GENERAL OPERATING SUPPORT
CARNEGIE MELLON UNIVERSITY PO BOX 371525 PITTSBURGH, PA 15251	25-0969449	501(C)3	20,000.	.0			GENERAL OFERATING SUPPORT
CATHOLIC RELIEF SERVICES 228 WEST LEXINGTON STREET BALTIMORE, MD 21201	13-5563422	501(C)3	12,722.	°.			GENERAL OPERATING SUPPORT
CENTER FOR CHILD AND FAMILY ADVOCACY - 1 WHITEBARN ROAD - NEW ALBANY, OH 43054	02-0627166	501(C)3	22,140.	, O			GENERAL OPERATING SUPPORT
CHILDREN'S HUNGER ALLIANCE 1105 SCHROCK ROAD COLUMBUS, OH 43229	23-7303509	501(C)3	5,530.	ō			GENERAL OPERATING SUPPORT
COLUMBUS COUNCIL ON WORLD AFFAIRS 51 JEFFERSON AVE COLUMBUS, OH 43215	51-0180760	501(C)3	5,120.	.0			GENERAL OPERATING SUPPORT
COLUMBUS FOUNDATION 1234 E BROAD STREET COLUMBUS, OH 43205	31-6044264	501(C)3	4,992,762.	°			GENERAL OPERATING SUPPORT
COLUMBUS METROPOLITAN CLUB 100 EAST BROAD STREET COLUMBUS, OH 43215	31-0889324	501(C)3	18,530.	.0			GENERAL OPERATING SUPPORT
COLUMBUS METROPOLITAN LIBRARY FOUNDATION - 96 S GRANT AVE - COLUMBUS, OH 43215	31-1692755	501(C)3	25,000.	, 0			GENERAL OPERATING SUPPORT
							Schedule 1 (Form 900)

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States	Assistance to Go	vernments and Organ	IZZUORS IN THE UNI		Automatic in anti- and an ind	(111 ) (111 )	
(a) Name and address of organization or government	(p) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	<ul> <li>(f) Method of valuation (book, FMV, appraisal, other)</li> </ul>	(g) Description of non-cash assistance	(It) Purpose of grant or assistance
COLUMBUS MUSEUM OF ART 480 E BROAD ST COLUMBUS, OH 43215	31-4379447	501(C)3	29,775.	.0			GENERAL OPERATING SUPPORT
COUNCIL ON COMPETITIVENESS 900 17TH STREET WASHINGTON, DC 20006	52-1872849	501(C)3	25,000.	°o			GENERAL OPERATING SUPPORT
DESIGN OUTREACH INC PO BOX 82345 COLUMBUS, OH 43202	46-0779062	501(C)3	6,250.	. o			SENERAL OPERATING SUPPORT
DRAKE UNIVERSITY 2507 UNIVERSITY AVE DES MOINES, IA 50311	42-0680460	501(C)3	7,240.	0.			GENERAL OPERATING SUPPORT
EASTERN IDAHO COMMUNITY ACTION FARTNERSHIP - 935 E LINCOLN RD - IDAHO FALLS, ID 83401	82-0297279	501(C)3	8,494.	0.			GENERAL OPERATING SUPPORT
FAITH MISSION INC 500 W WILSON BRIDGE RD WORTHINGTON, OH 43085	31-0809759	501(C)3	5,889.	0.			GENERAL OPERATING SUPPORT
FARMHOUSE POUNDATION 7306 NW TIPFANY SPRINGS FKWY KANSAS CITY, MO 64153	36-6111880	501(C)3	7,500.				GENERAL OPERATING SUPPORT
FOR INSFIRATION AND RECOGNITION OF SCIENCE AND TECHNOLOGY - 1020 COMMERCE PARK DRIVE - OAK RIDGE, TN 37830	26-4400392	501(C)3	10,000.	.0			SMOKY MOUNTAIN REGIONALS
FORT WAYNE MUSEUM OF ART INC 311 E MAIN ST FORT WAYNE, IN 46802	35-0953440	501(C)3	7,500.	.0			GENERAL OFERATING SUFFORT

	בסופומנורם וס סס			3	the second second		
(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	<ul> <li>(f) Method of valuation</li> <li>(book, FMV, appraisal, other)</li> </ul>	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FRANKLIN COUNTY HISTORICAL SOCIETY 333 W BROAD ST COLUMBUS, OH 43215	31-4383802	501(C)3	7,790.	.0			GENERAL OPERATING SUPPORT
FRANKLIN UNIVERSITY 201 S GRANT AVE COLUMBUS, OH 43215	31-0707369	501(C)3	20,250.	0.			GENERAL OPERATING SUPPORT
FRIENDS OF THE CONSERVATORY 1777 E BROAD ST COLUMBUS, OH 43203	31-1657027	501(C)3	10,175.	0.			GENERAL OPERATING SUPPORT
GRACE MINISTRIES THAILAND 8350 SW SEMINOLE TRL TUALATIN, OR 97062	46-3164982	501(C)3	7,000.	.0			SENERAL OFERATING SUPPORT
GREAT SMCKY MOUNTAIN COUNCIL 373 CAMF BUCK TOMS ROAD ROCKWODD, TN 37854	62-0476811	501(C)3	7,465.	O			GENERAL OFERATING SUPPORT
HILLIARD BASEBALL ASSOCIATION PO BOX 202 HILLIARD, OH 43026	31-1022221	501(C)3	10,000.	0.			GENERAL OPERATING SUPPORT
HISTORIC OLD TOWN POCATELLO FOUNDATION INC - PO BOX 222 - POCATELLO, ID 83204	16-1768019	501(C)3	17,000.	0.			GENERAL OPERATING SUPPORT
IDAHO FALLS ARTS COUNCIL 498 A STREET IDAHO FALLS, ID 83402	82-0434714	501(C)3	5,500.	.0			GENERAL OPERATING SUPPORT
IDAHO FALLS HIGH SCHOOL 601 S HOLMES AVE IDAHO FALLS ID 83401	82-6001158	170(C)1	186 987	0			STEW FUNDING

(a) Name and address of organization or government(b) EIN(c) IR If apIDAHD FALLS SYMPHONY SOCIETY INC 450 A STREET82-6007411 501(C)3IDAHD FALLS, ID 8340282-6007411 501(C)3IDAHD COVERNOR'S CUP PO BOX 98382-6007411 501(C)3IDAHD COVERNOR'S CUP PO BOX 98320-8277116 501(C)3IDAHD SCIENCE MATH AND TECH COALITION - 2018 S JACKSON ST - BOISE, ID 8370120-8277116 501(C)3IDAHD SCIENCE MATH AND TECH COALITION - 2018 S JACKSON ST - BOISE, ID 8370520-1790549 501(C)3IDAHD STATE UNIVERSITY FOUNDATION 802 W BANNOCK STREET82-6013543 501(C)3BOISE, ID 8370282-6013543 501(C)3	(c) 3 (c) 3 (c) 3 (c) 3	(d) Amount of cash grant	(e) Amount of (f) Method of non-cash valuation	od of (g) Description of tion non-cash assistance	(h) Purpose of grant or assistance
INV SOCIETY INC 13402 82-6007411 CUP CUP CUP 20-8277116 20-8277116 20-8277116 20-8277116 20-8277116 20-1790549 RET FOUNDATION RET FOUNDATION RET 82-6013543	(c) 3 (c) 3		app	, other)	
CUP 20-8277116 20-8277116 20-1790549 20-1790549 20-1790549 285TTY FOUNDATION RET 82-6013543	c)3	7,500.			SENERAL OPERATING SUPPORT
CH AND TECH S JACKSON ST - 20-1790549 SRSITY FOUNDATION 82-6013543 RET 82-6013543		10,000.	.0		GENERAL OPERATING SUPPORT
STATE UNIVERSITY FOUNDATION BANNOCK STREET ID 83702 82-6013543	C) 3	20,000.			STEM FUNDING
	c) 3	11,000.	0.		GENERAL OPERATING SUPPORT
INTERNATIONAL JUSTICE MISSION PO BOX 58147 WASHINGTON, DC 20037 54-1722887 501(C)3	C) 3	5,372.	°,		GENERAL OPERATING SUPPORT
LITTLE SISTERS OF THE POOR BALTIMORE - 601 MAIDEN CHOICE LN - BALTIMORE, MD 21228 52-0715244 501(C)3	C) 3	10,000.	0.		GENERAL OPERATING SUPPORT
METRO COLLEGE EARLY HIGH SCHOOL 1929 KENNEY ROAD COLUMBUS, OH 43210 90-0838465 501(C)3	C) 3	5,925.	2,498. RMV	TECHNICAL RQUIPMENT	GENERAL OFERATING SUPPORT
MID-OHIO FOODBANK 3960 BROOKHAM DRIVE GROVE CITY, OH 43123 31-0865343 501(C)3	c)3	29,779.			GENERAL OPERATING SUPPORT
MUSEUM OF AFPALACHIA PO BOX 1189 NORRIS , TN 37828 04-3595011 501(C)3	C)3	10,000.	·		GENERAL OPERATING SUPPORT

(a) Name and address of organization or government     (b) EIN       MUSEUM OF MATHEMATICS     34 WEST 29TH ST       MUSEUM OF MATHEMATICS     27-1450809       NEW YORK, NY 10001     27-1450809       NORTH IDAHO DISCOVERY ASSOCIATION     27-0452797       BOISE, ID 83702     27-0452797	EIN (C) IRC section if applicable	(d) Amount of cash grant	of	(f) Method of (g) Description of	(1) Durance of second
		>	assistance (bo appr	e D	
	- 1	5,903.			GENERAL OPERATING SUPPORT
	52797 501(C)3	16,180.			SNICNAL WELS
OAK RIDGE CIVIC MUSIC ASSOCIATION 320 ROBERTSVILLE ROAD OAK RIDGE, TN 37830 62-0649604	49604 501(C)3	10,000.			GENERAL OPERATING SUPPORT
OAK RIDGE FUBLIC SCHOOLS EDUCATION FOUNDATION - PO BOX 117 - OAK RIDCE, TN 37831 62-1809810	09810 170(C)1	10,000.	0.		FIRST ROBOTICS LEGO LEAGUE
OHIO HANDS & VOICBS 4348 BRICKWOOD DR HILLIARD, OH 43026	95561 501(C)3	6,685.	0.		SEMERAL OPERATING SUPPORT
OHIO HEALTH CORPORATION 180 EAST BROAD STREET COLUMBUS, OH 43215 23-7446919	46919 501(C)3	10,524.	0		GENERAL OPERATING SUPPORT
PELLISSIPPI STATE SCIENCE CENTER PO BOX 22990 KNOXVILLE, TN 37923 58-1493050	93050 501(C)3	150,000.	0		GENERAL OPERATING SUPPORT
POCATELLO VALLEY MONTESSORI SCHOOL PO BOX 4026 POCATELLO, ID 83205 47-3645756	45756 501(C)3	6,000.	, o		GENERAL OPERATING SUPPORT
REDI FOUNDATION INC PO BOX 51564 IDAHO FALLS, ID 83405 82-0460529	60529 501(C)3	38,000.	C		GENERAL OFERATING SUPPORT

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States	Assistance to Gov	vernments and Organ	vizations in the Un	1	(Schedule I (Form 990), Pa	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	<ul> <li>(f) Method of valuation (book, FMV, appraisal, other)</li> </ul>	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REGION IV DEVELOPMENT ASSOCIATION 315 PALLS AVE TWIN FALLS, ID 83301	82-0311062	S01(C)3	10,000.	.0			GENERAL OPERATING SUPPORT
RIGBY MIDDLE SCHOOL 290 NORTH 3800 EAST RIGBY, ID 83442	82-6000779	170(C)1	10,000.	.0			SNIGNAE WELS
ROANE STATE FOUNDATION 276 PATTON LANE HARRIMAN, TN 37748	58-1413034	501(C)3	34,000.				GENERAL OPERATING SUPPORT
RONALD MCDONALD HOUSE CHARITIES OF CENTRAL OHIO - 711 E LIVINGSTON AVE - COLUMBUS, OH 43205	31-0890152	501(C)3	6,387.	.0			GENERAL OPERATING SUPPORT
SCHOLARSHIP AMERICA INC PO BOX 240 ST. PETER, MN 56082	04-2296967	501(C)3	25,900.	.0			SCHOLARSHIP FUNDING
SECOND CHANCE SHELTER 130 COUNTY ROAD 398 BOAZ, AL 35957	26-2717351	501(C)3	10,000.	.0			SENERAL OPERATING SUPPORT
SKIPSATIONS JUMP ROPE TEAM 104 BUCKEYE LM CHAPEL HILL, NC 27516	33-1104198	501(C)3	5,200.	.0			GENERAL OFERATING SUPPORT
ST. JUDE CHILDREN'S RESEARCH HOSPITAL - 501 ST JUDE PLACE - MEMPHIS, TN 38105	62-0646012	501(C)3	7,592.	o			GENERAL OPERATING SUPPORT
SUN VALLEY INSTITUTE FOR RESILIENCE - 631 SECOND STREET EAST - KETCHUM, ID 83340	47-3151484	501(C)3	15,000.	°.			GENERAL OPERATING SUPPORT

Lattle Anterination of Alatics and Anter	Assistance to Gov	Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States	izations in the Uni		(Schedule I (Form 990), Part II.)	ut 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	<ul> <li>(f) Method of valuation (book, FMV, appraisal, other)</li> </ul>	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE ART MUSEUM OF EASTERN IDAHO 300 S CAPITAL AVE							
TUAHO FALLIS, IL 83402	BC/C/7T-05	c()110	· nnc ( c	5			SEMERAD OF ENALING SUFFOR
THE CHANGE CENTER PO BOX 14756							
KNOXVILLE, TN 37914	38-3991050	501(C)3	30,000.	0.			GENERAL OPERATING SUPPORT
THE OHLO STATE UNIVERSITY FOUNDATION - FO BOX 710811 - COLUMBUS, OH 43215	31-1145986	501(C)3	82,113.	0.			GENERAL OPERATING SUPPORT
THE UNIVERSITY OF TENNESSEE 800 ANDY HOLT TOWER KNOXVILLE, TN 37996	62-6001636	170(C)1	20,000.	0.			SCHOLARSHIP FUNDING
THE UNIVERSITY OF TENNESSEE FOUNDATION INC - 1327 CIRCLE PARK DRIVE - KNOXVILLE, TN 37996	62-1844686	501(C)3	51,050.	0			GENERAL OPERATING SUPPORT
THOMAS MORE COLLEGE 333 THOMAS MORE PKWY CRESTVIEW HILLS, KY 41017	61-0448560	501(C)3	10,000.	0.			GENERAL OFERATING SUPPORT
UNITED WAY OF CENTRAL OHIO 360 S THIRD STREET COLUMBUS, OH 43215	31-4393712	501(C)3	30,342.	, O			GENERAL OPERATING SUPPORT
UNITED WAY OF IDAHO 151 NORTH RIDGE AVE IDAHO FALLS, ID 83402	82-0233588	501(C)3	43,304.	ċ			GENERAL OPERATING SUPPORT
UNITED WAY OF LONG ISLAND 819 GRAND BLVD DEER PARK NY 11729	11-6042392	501(C)3	10,000.	o			GENERAL OPERATING SUPPORT

Part II Continuation of Grants and Unter Assistance to dovernments and organizations in the United States (Sociedules (Contribus), Farth	ASSISTANCE TO GO	vernments and Urgan		I () () () () () () () () () () () () ()	nuic 1 (Lott): 230), L.	ar u.j I	
(a) Name and address of organization or government	(p) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF SOUTHEASTERN IDAHO							
PO BOX 911 POCATELLO, ID 83204	82-0209625	501(C)3	10,620.	.0			CENERAL OPERATING SUPPORT
UNITED WAY OF TENNESSEE 1301 HANNAH AVENUE KNOXVILLE, YN 37921	62-1818021	501(C)3	100,000.	0.			GENERAL OPERATING SUPPORT
WYCLIFFE BIBLE TRANSLATERS PO BOX 628200 ORLANDO, FL 32832	95-1831097	\$01(C)3	12,000.	.0			GENERAL OPERATING SUPPORT
							Schedule I (Form 990)

raruit brants and Umer Assistance to Domestic Inolyticals. Complete it use organization answered tes on Form 390, Part IV, line 22. Part III can be duplicated if additional space is needed.	Anni alaidillioo	บญลกเวลแบก สกรพ	rered tes on rouns	30, Fan IV, INE 22.	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV Supplemental Information. Provide the information require	red in Part I, line	2: Part III, column	required in Part I, line 2: Part III, column (b): and any other additional information	ditional information.	
PART I, LINE 2:					
BATTELLE MEMORIAL INSTITUTE (BMI) SENDS A LETTER TO E	TO EACH ORGANIZATION THAT	ATION THAT			
STATES THAT BY SIGNING AND DEPOSITING THE CHECK THEY	THEY ARE CONFIRMING	ING THAT			
THEY ARE A 501(C)(3) CHARIFABLE ORGANIZATION OR A 170	A 170(C)(1) QUALIFYING	DNIXAI			
GOVERNMENT ENTITY. FOR LARGER GRANTS, BMI ASKS THE OR	THE ORGANIZATIONS TO	TO SIGN A			
DONOR OBJECTIVE LETTER THAT STATES THE SCOPE AND PURP.	PURPOSE OF THE				
DISTRIBUTION. THE BMI BOARD OF DIRECTORS HAS FINAL AP	FINAL APPROVAL FOR ANY	ANY			
DISTRIBUTIONS OVER \$500,000. BATTELLE ENERGY ALLIANCE LLC,	E LLC, BATTELLE	LLE			
NATIONAL BIODEFENSE INSTITUTE LLC. BROOKHAVEN SCIENCE	SCIENCE ASSOCIATES LLC	LLC AND			
		1			Schedule I (Form 990) (2016)

Schedule [ (Form 990)         BATTELLE MEMORIAL INSTITUTE           Part IV         Supplemental Information	31-4379427	Page
UT-BATTELLE LLC EACH HAVE THEIR OWN APPROACH TO MAKING SURE THAT GRANTS ARE		
ONLY MADE TO PROPER OBJECTS OF CHARITY.		
SUPPLEMENTAL EXPLANATION		
BMI WAS CREATED PURSUANT TO THE WILL OF GORDON BATTELLE AS AN OHIO		
NOT-FOR-PROFIT CORPORATION, SPECIFICALLY AS AN OHIO INCORPORATED	**************************************	
CHARITABLE TRUST. AS AN INCORPORATED CHARITABLE TRUST, BMI IS SUBJECT		
TO THE GENERAL SUPERVISION OF THE OHIO ATTORNEY GENERAL AND TO THE		
REQUIREMENTS OF OHIO NONPROFIT CORPORATION STATUTES. THE ORIGINAL		
PURPOSE OF BMI WAS TO CONDUCT RESEARCH IN METALLURGY OF COAL, IRON,		
STEEL AND ZINC AND TO MAKE DISTRIBUTIONS TO OTHER CHARITABLE		
ORGANIZATIONS. PURSUANT TO AN AGREEMENT WITH THE OHIO ATTORNEY		
GENERAL, BMI MAKES ANNUAL DISTRIBUTIONS FOR CHARITABLE PURPOSES EQUAL		
TO AT LEAST 20% OF ITS 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 I (Form 990) BATTELLE MEMORIAL INSTITUTE Part IV Supplemental Information	31-4379427	Page 2
Part IV Supplemental Information		
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	······	

sc	HEDULE J	Comp	ensation Information	OMB No.	1545-004	7
(Fo	rm 990)		Directors, Trustees, Key Employees, and Highest	20	40	
			Compensated Employees ation answered "Yes" on Form 990, Part IV, line 23.	<b>ZU</b>	10	)
Depa	Iment of the Treasury		Attach to Form 990.	Open to	o Publ	ic
-	al Revenue Service	Information about Schedule J	(Form 990) and its instructions is at www.irs.gov/form990.	· ·	ection	
INGU	ne of the organization	BATTELLE MEMORIAL INST		identificati	on nui	nber
Pa	rt I Questions I	Regarding Compensation		4379427		
L		iogarang componication			Vee	81-
1a	Check the appropriate	box(es) if the organization provide	d any of the following to or for a person listed on Form 990,		Yes	No
			ny relevant information regarding these items.			
	X First-class or cha		Housing allowance or residence for personal use			
	X Travel for compa	nions	Payments for business use of personal residence			
	X Tax indemnificati	on and gross-up payments	X Health or social club dues or initiation fees			
	Discretionary spe		Personal services (such as, maid, chauffeur, chef)			
						1.5.1
b	If any of the boxes on	line 1a are checked, did the organi	zation follow a written policy regarding payment or	11.0		
			bed above? If "No," complete Part III to explain	1b	X	
2	Did the organization re	equire substantiation prior to reimb	ursing or allowing expenses incurred by all directors,			
	trustees, and officers,	including the CEO/Executive Direc	tor, regarding the items checked on line 1a?	2	Х	
3			ion used to establish the compensation of the organization's			
			ck any boxes for methods used by a related organization to			
		on of the CEO/Executive Director, b	For an and the second sec	111		f = e
	X Compensation co		X Written employment contract	1		T
		pensation consultant	X Compensation survey or study	. B		
	Form 990 of othe	er organizations	X Approval by the board or compensation committee	120		
	Design March 1911					
4			VII, Section A, line 1a, with respect to the filing			
	organization or a relate	•				
		ayment or change-of-control payin			X X	
U C	Participate in, or recei	ve payment from, a supplemental r	winqualified retirement plan?	4b	A	x
C.	If "Ves" to any of lines	An o list the persons and provide	compensation arrangement? the applicable amounts for each item in Part III.	4c		
	n res to any ornines	ware, list the persons and provide	the applicable amounts for each item in Part III.			4 3
	Only section 501(c)(3	501(c)(4) and 501(c)(29) organi	zations must complete lines 5-9.			
5			1a, did the organization pay or accrue any compensation			
-	contingent on the reve		ra, old the organization pay of accide any compensation			
а	-			5a		х
	Any related organization			5b		X
	If "Yes" on line 5a or 5	ib, describe in Part III.				
6	For persons listed on I	Form 990, Part VII, Section A, line	a, did the organization pay or accrue any compensation			
	contingent on the net				16	1.1
а	The organization?			6a		х
b	Any related organization	on?		6b		Х
	If "Yes" on line 6a or 6	ib, describe in Part III.			, V	
7			1a, did the organization provide any nonfixed payments	1.0		
	not described on lines	5 and 6? If "Yes," describe in Part		7	X	
8	Were any amounts rep	ported on Form 990, Part VII, paid of	or accrued pursuant to a contract that was subject to the		1.1	1.3
			n 53.4958-4(a)(3)? If "Yes," describe in Part III	8		х
9			uttable presumption procedure described in			1.0
	Regulations section 5:	3.4958-6(c)?		9		

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

Schedule J (Form 990) 2016

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that aren't listed on Form 990, Part VII. Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.	be repo	orted on Schedule J 0, Part VII.	, report compensati	on from the organiz	ttion on row (i) and from otion A line 1a applica	related organizations	s, described in the instru-	uctions, on row (ii).
NUC: The said of countries (D)(1)-(11) 101 Each Ha	and indi	the part of the total the	a total amount of Fr				amounts for that indiv	idual
		(B) Breakdown of V	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive	(iii) Other reportable	other deferred compensation	benefits	(B)()-(D)	in column (B) reported as deferred on prior Form 990
			compensation	compensation				
(1) JEFFREY WADSWORTH	8	1,124,473.	1,950,000.	236,575.	73,301.	19,659.	3,404,008.	0.
PRESIDENT & CEO		0	0.	0.	.0	0.	.0	°0.
(2) DAVID C. EVANS		595,567.	770,427.	4,757.	124,380.	23,540.	1,518,671.	- 0
EXECUTIVE VP, CFO		0.	0.	0.	.0	0.	.0	.0
(3) RONALD D. TOWNSEND	3	602,550.	770,427.	102,105.	24,493.	3,039.	1,502,614.	°0
EXECUTIVE VP, GLOBAL LAB OPS		0.	0.	0.	0.	.0	0.	.0
(4) RUSSELL P. AUSTIN	Ξ	395,899.	346,383.	2,891.	215,410.	22,130.	983,713.	0.
SR VP, GEN COUNSEL & SEC		0.	0.	0.	0.	• 0	0.	0.
(5) PATRICK F. JARVIS	Ξ	298,651,	317,687.	1,008.	66,320.	26,460.	710,126.	0.
SR VP, MKTG & COMM	3	0.	0.	0.	.0	0.	0.	0.
(6) STEPHEN E. KELLY	Ξ	410,375.	489,502.	4,022.	347,137.	18,104.	1,269,140.	0
SENIOR VP	8	0.	0.	.0	0.	0.	0.	0.
(7) STEVEN F. ASHBY	Ξ	380,994.	177,415.	93,226.	62,176.	27,897.	741,708.	0.
SENIOR VP	(1)	0.	0.	0.	0.	0.	0.	0
(8) THOMAS E. MASON	9	479,716.	204,120.	509,617.	577,485.	28,385.	1,799,323.	0.
SENIOR VP		0.	.0	.0	0.	0.	0.	0.
(9) MARK T. PETERS	()	435,638.	235,413.	131,714.	30,291.	32,511.	865,567.	0.
SENIOR VP		0.	0.	0.	.0	0.	0.	0 •
(10) ROBERT J DILLON	Ξ	218,651.	55,000.	2,719.	52,686.	16,177.	345,233.	0.
VP FINANCE & ASST TREAS		0.	0.	0	0.	0.	0.	0.
(11) MALESA LITTERAL	3	268,160.	186,533.	837.	115,961.	5,484.	576,975.	.0
SENIOR VP, HUMAN RESOURCES		0.	0.	0.	0.	0.	0.	0.
(12) BRIAN R. SMITH	()	177,077.	40,000.	272.	46,888.	19,974.	284,211.	0.
TREASURER	: E	0.	0.	0.	0.	0.	.0	.0
(13) THOMAS E. SHARPE	8	228,808.	72,265.	1,351.	116,031.	23,335.	441,790.	.0
ASST TREAS & ASST SEC		.0	0.	0.	0.	0.	0.	0.
(14) AIMEE KENNEDY	()	218,437.	58,892.	346.	38,441.	16,795.	332,911.	0.
SENIOR VP	(1)	0.1	.0	0.	0.	0.	0.	0.
(15) BRETT BOSLEY	(0)	279,700.	135,184.	1,059.	57,379.	17,231.	490,593.	.0
ACTING CFO	(	0.	0.	0.	0.	0.	0.	0.
(16) LAURENCE DOON GIBBS	e	429,293.	165,547.	17,065.	0.	9.426.	621,331.	0.
							• }	

For each individual whose compensation must be reported on Schedule J. report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that aren't listed on Form 990, Part VII. Note: The sum of columns (B)()-(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.	be rep	outod on School do	the state of the s	allow one mode	Inditate comparisoned multipledear. One applicate cobient analyticate abase			
Do not list any individuals that aren't listed on Form 990, Part VII. Note: The sum of columns (B)()-{(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 Note:	-	יסופת מון ממופחמום י	J, report compensati	on from the organiza	ation on row (i) and fron	n related organization.	s, described in the insti	ructions, on row (ii).
	ed indi	90, Part VII. ividual must equal t	he total amount of Fe	orm 990, Part VII, Se	ction A, line 1a, applica	able column (D) and (E	E) amounts for that indi-	vidual.
		(B) Breakdown of	kdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentíve compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(C)-(J)(G)	in column (B) reported as deferred on prior Form 990
(17) THOMAS ZACHARIA	8	362,768.	137,417.	1,834.	607,315.	21,647.	1,130,981.	.0
LABORATORY DIRECTOR	: @	0.	0.	.0	0.	.0	0	0.
(18) JEFFREY W. SMITH	8	358,492.	129,515.	1,812.	376,275.	27,081.	893,175.	0.
DEPUTY OF OPERATIONS	: 3	.0	.0	0.	.0	0.	.0	0.
(19) MARTIN KELLER	8	335,265.	· 0	74,059.	172,830.	18,266.	600,420.	0.
LABORATORY DIRECTOR		0.	° 0	.0	.0	0.	.0	0.
(20) JUAN ALVAREZ	Ξ	300,790.	173,281.	2,740.	171,155.	18,171.	666,137.	0.
DEPUTY LAB DIRECTOR		0.	0.	0.	0.	0.	.0	.0
(21) KELLY BEIERSCHMITT	8	334,937.	168,510.	1,953.	76,318.	29,799.	611,517.	0.
DEPUTY LAB DIRECTOR		0	0.	0.	0.	0.	.0	.0
(22) JOSEPH P. FITCH	E	333,685.	212,908.	5,108.	66,713.	28,395.	646,809.	0.
LABORATORY DIRECTOR		0.	.0	0.	0.	0.	.0	0.
(23) UZMA S. BURKI	0	89,468.	°0.	690,106.	3,313.	1,986.	784,873.	0.
SR VP, CHIEF HR OFFICER TO 01/16	(ii)	.0	0.	.0	0.	0.	.0	0.
	Ξ							
	()							
	(11)							
	()							
	(ii)							
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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.	o complete this part for any additional information.
PART I, LINE 1A:	
DIRECTORS, OFFICERS, AND STAFF TRAVEL ON THE CORPORATE FLANES. TRAVEL	
EXPENSES COMPLY WITH A WRITTEN REIMBURSEMENT POLICY THAT POLLOWS 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 EXFENSES.	
EXPENSES ASSOCIATED WITH ALL COMPANION TRAVEL NOT MADE FOR A BONA FIDE	
BUSINESS PURPOSE WERE TREATED AS TAXABLE COMPENSATION TO THE RECEIPIENT.	
ANY TRAVEL NOT DEEMED AS NON-TAXABLE IS REPORTABLE AS TAXABLE COMPENSATION	
IN THE W-2. FOR 2016 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 2016 ONE EMPLOYEE, ONE	
OFFICER, AND TEN DIRECTORS HAD TAX GROSS UPS.	
SOCIAL CLUB DUES PERTAIN TO DUES THAT ALLOW BUSINESS MEETINGS AND BUSINESS	
ACTIVITIES TO TAKE PLACE. FOR 2016 THERE WAS ONE CURRENT OFFICER WITH	
	Schedule J (Form 990) 2016

Schedule J (Form 990) 2016 BATTELLE MEMORIAL INSTITUTE 31-4379427	79427	Page 3
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.	additional information.	
SOCIAL CLUB DUES.		
PART I, LINES 4A-B:		
SEVERANCE PAYMENTS WERE MADE TO ONE INDIVIDUAL LISTED ON FORM 990, PART		
VII.		
UZMA BURKI \$684,200		
EFFECTIVE OCTOBER 1, 2015, BATTELLE MEMORIAL INSTITUTE IMPLEMENTED THE		
BATTELLE MEMORIAL INSTITUTE RETIREMENT BENEFITS RESTORATION PLAN		
("RESTORATION PLAN"), A TOP HAT PLAN THAT REPLACES THE NOW TERMINATED		
BATTELLE MEMORIAL INSTITUTE EXECUTIVE'S SECTION 457(F) PENSION PLAN. THE		
RESTORATION PLAN IS A COMPONENT OF BATTELLE'S TOTAL COMPENSATION PACKAGE,		
AND IT PROVIDES A DEFINED CONTRIBUTION ACCRUAL SPECIFIC TO PAY EARNED IN		
EXCESS OF IRS PAY LIMITS. THESE CONTRIBUTIONS ARE VESTED ON A CLASS-YEAR		
BASIS (5-YEARS AFTER CONTRIBUTION, OR AT AGE 65 IF EARLIER), AND ARE		
TAXABLE TO THE PARTICIPANT IN THE YEAR OF VESTING. THE AMOUNT THAT BECOMES		
VESTED/TAXABLE IS REPORTED ON THE PARTICIPANT'S FORM W-2 IN YEAR OF		
VESTING. IN 2016, THREE OFFICER'S WERE REPORTED WITH VESTED/TAXABLE		
COMPENSATION IN COLUMN D OF PART VII AS APPLICABLE.		
	Schedule J (Form 990) 2016	30) 2016
IN COLUMN D OF PART VII	Schedule J (Form 9	Q.

Schedule J (Form 990) 2016 BATTELLE MEMORIAL INSTITUTE	31-4379427 Pade 3
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.	Also complete this part for any additional information.
STEVEN F ASHBY \$31,831	
RONALD D TOWNSEND \$91,506	
JEFF WADSWORTH \$207,809	
PART I LINE 7.	
C AND LONG	
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 BWI ARE ELIGIBLE TO PARTICIPATE IN BMI'S EMPLOYEE WELFARE BENEFIT	
AND GROUP INSURANCE PLANS ON THE SAME TERMS AS ANY OTHER EMPLOYEE.	
CONTRIBUTIONS TO EMPLOYEE WELFARE BENEFIT AND GROUP INSURANCE PLANS ARE	
MADE IN AGGREGATE BASED UPON GROUP ACTUARIAL FACTORS AND HISTORICAL	
CLAIMS EXPERIENCE AND APPORTIONING SPECIFIC DOLLAR AMOUNTS TO	
	Schedule J (Form 990) 2016

Schedule J (Form 990) 2016 BATTELLE MEMORIAL INSTITUTE	31-4379427 Page 3
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.	te this part for any additional information.
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	
WRITTEN TRAVEL AND ENTERTAINMENT EXPENSE REIMBURSEMENT POLICIES THAT	
COMPLY WITH PUBLISHED IRS GUIDANCE. ALL EXECUTIVES, INCLUDING THOSE	
INDIVIDUALS REPORTED ON PART VII, ARE REQUIRED TO SUBSTANTIATE TRAVEL	
AND ENTERTAINMENT EXPENSE IN ACCORDANCE WITH THAT POLICY. INTERNAL	
AUDIT TESTED THE EXPENSE REPORTS ASSOCIATED WITH DIRECTOR'S AND	
OFFICER'S TRAVEL AND ENTERTAINMENT EXPENSES.	
BMI'S TOTAL COMPENSATION PACKAGE CONSISTS OF BASE SALARIES OR HOURLY	
RATES OF PAY, SHORT AND LONG-TERM INCENTIVE COMPENSATION PROGRAMS TIED	
TO CORPORATE AND INDIVIDUAL PERFORMANCE; QUALIFIED DEFINED BENEFIT FOR	
	Schedule J (Form 990) 2016

Schedule J (Form 990) 2016 BATTELLE MEMORIAL INSTITUTE Part III Sundomental Information	31-43/942/ Page 3
ouppendiction, 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.
ELIGIBLE EMPLOYEES AND DEFINED CONTRIBUTION EMPLOYEE BENEFIT PLANS;	
NCNQUALIFIED FLANS 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 FLAN, THE AMOUNT OF CONTRIBUTIONS WHICH CAN BE MADE TO A	
QUALIFIED FLAN, AND/OR THE AMOUNT OF BENEFITS WHICH CAN BE PAID FROM A	
QUALIFIED PLAN; VARIOUS EMFLOYEE WELFARE BENBFIT PLANS AND GROUP	
INSURANCES; FAID LEAVE TIME; TUITION REIMBURSEMENT; AND MISCELLANEOUS	
DE MINIMIS, WORKING CONDITION FRINGE BENEFITS, AND QUALIFIED MOVING	
EXPENSE REIMEURSEMENTS.	
DEFERRED COMPENSATION FROM RETIREMENT PLANS REPORTED IN SCHEDULE J	
PART II, COLUMN C REPLECTS THE IMPACT OF THE CHANGES IN THE DISCOUNT	
RATE AND ACTUARIAL IMPACTS OF SALARY GROWTH, AGE, AND ADDITIONAL	
SERVICE AND OTHER ACTUARIAL FACTORS, THEREBY INCREASING OR DECREASING	
THE AMOUNTS.	
	Schedule J (Form 990) 2016

SCHEDULE L					Interested				01	AB No.	1545-00	47
Oppartment of the Treesury		28b, or 28c,	or Form ach to Fo	990-l orm 9	" on Form 990, Par EZ, Part V, line 38a 990 or Form 990-Ea 2) and its instructions	a or 40b. Z.			.0	20 pen T spect	o Pub	lic
Name of the organization									r identi			mber
		MORIAL INSTITU					3	1-437				
Part I Excess Ben	efit Transa	ctions (section 5	01(c)(3),	sectio	on 501(c)(4), and 50	1(c)(29) organizatio	ons only	').				
Complete if the	organization a	nswered "Yes" on	Form 99	0, Par	rt IV, line 25a or 25b	o, or Form 990-EZ,	Part V,	line 40	lb.			
1 (a) Name of disgualified	person (	b) Relationship bet				c) Description of tr	ansactie	חר		(d)	Corre	cted?
		person and o	rganizati	on		of Description of a				Y	es	No
2. Enter the amount of tax	incurred by th											
2 Enter the amount of tax section 4958								• •				
3 Enter the amount of tax					anization			► \$				
							** }*****					
		Interested Pers										
				0-EZ,	Part V, line 38a or F	orm 990, Part IV, I	ine 26;	or if th	e orgai	nizatic	n	
	1	990, Part X, line 5, 1				1			VIDI ANI	around	r	
(a) Name of interested person	(b) Relations with organizat		(CI) Loan from 0	he	(e) Original principal amount	(f) Balance due		) In ault?	(h) App by boa	ard or	1 14 1	ritten ment?
			organizat		principal anount			1	comm			1
······································			TO F	rom			Yes	No	Yes	No	Yes	No
********			++					+			<u> </u>	
					······································							
												ļ
								ļ			ļ	
			<b> </b>									
Fabri			<u> </u>									<u> </u>
Total Part III Grants or As	ssistance E	enefiting Inter	ested	Pers	sons.							
and the second		nswered "Yes" on I										
(a) Name of interested	1	(b) Relationship interested pers	betweer		(c) Amount of assistance	(d) Tyr assista				) Purp	ose o	ſ
		the organiza										
					·							
······································												
LHA For Paperwork Reduc	tion Act Notic	ce, see the Instruc	tions for	r Forn	n 990 or 990-EZ.	Sc	hedule	L (For	rm 990	or 95	30-EZ	) 2016

Schedule L (Form 990 or 990-EZ) 2016 BATTELLE MEMORIAL INSTITUTE Part IV Business Transactions Involving Interested Persons.

31-4379427 Page 2

	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organia rever	ring of ation's ues?
				Yes	No
BLAKE KLUSE	MICHAEL KLUSE-FAMIL	123,901.	PAYROLL		х
Part V Supplemental Information					
Provide additional information for re	esponses to questions on Schedule L (see in	structions).			
SCH L, PART IV, BUSINESS TRANSACTION	S INVOLVING INTERESTED PERSONS:				
· · · · · · · · · · · · · · · · · · ·			······		
(A) NAME OF PERSON: BLAKE KLUSE					
(B) RELATIONSHIP BETWEEN INTERESTED	PERSON AND ORGANIZATION:				
MICHAEL KLUSE-FAMILY MEMBER					

SCHEDULE O (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service	Supplemental Information to Form 990 or 990 Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ.		OMB No. 1545-0047 <b>2016</b> Open to Public Inspection
Name of the organization	BATTELLE MEMORIAL INSTITUTE	Employe	r identification number 379427
FORM 990 PART I L	INE 1, DESCRIPTION OF ORGANIZATION MISSION:		
	VSTITUTE ("BMI") IS ORGANIZED EXCLUSIVELY FOR		
			·
	DNAL AND SCIENTIFIC PURPOSES, INCLUDING THE		
UTILIZATION OF SCIEN	NCE, THE SCIENTIFIC METHOD AND RESEARCH FOR THE		
BENEFIT AND EDUCATIO	ON OF MANKIND.		
FORM 990, PART III,	LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:		
SOLUTIONS IN KEY AR	EAS OF SCIENCE, INCREASE THE AVAILABILITY OF CLEAN		
AND ABUNDANT ENERGY	, RESTORE AND PROTECT THE ENVIRONMENT, ENGAGE IN		
EDUCATIONAL ACTIVIT	IES, AND CONTRIBUTE TO NATIONAL SECURITY.		
FORM 990, PART V, L	INE 4B, LIST OF FOREIGN COUNTRIES:		
GEORGIA, JAPAN, SAUI	DI ARABIA, SWITZERLAND,		
UNITED KINGDOM			
FORM 990, PART VI, S	SECTION B, LINE 11B:		
A DETAILED ANALYSIS	OF FORM 990 AND 990T AND FINAL COPIES OF EACH FORM ARE	a #-a	
PROVIDED TO EVERY M	EMBER 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 FORM	MS FOR FILING. THE AUDIT COMMITTEE REPORTS ITS FINDINGS		
AND CONCLUSIONS TO	THE ENTIRE BOARD FOLLOWING THE COMMITTEE MEETING.		
FORM 990, PART VI,	SECTION B, LINE 12C:		
EACH YEAR, BMI USES	A DETAILED CONFLICT OF INTEREST CERTIFICATE TO OBTAIN		
INFORMATION FROM DI	RECTORS, OFFICERS AND ANY KEY EMPLOYEE. IN ADDITION,		
DIRECTORS AND OFFIC	ERS PERIODICALLY UPDATE LISTS OF THEIR AFFILIATIONS WITH		
LHA For Paperwork Rec	luction Act Notice, see the Instructions for Form 990 or 990-EZ. Sche	dule O (Forr	n 990 or 990-EZ) (2016)

Name of the organization BATTELLE MEMORIAL INSTITUTE	Employer identification number 31-4379427
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,	
	a and a second
IN IMPLEMENTING ITS POLICY, BMI RIGOROUSLY UTILIZES NATIONAL, REGIONAL, AND	
LOCAL COMPENSATION SURVEYS AND BENCHMARKING OF OTHER ORGANIZATIONS TO	
ESTABLISH MARKET-COMPARABILITY OF TOTAL COMPENSATION AND TAKES GREAT CARE	
TO STRUCTURE COMPENSATION PROGRAMS TO COMPLY WITH ALL RELEVANT LEGAL, TAX	
AND REGULATORY REQUIREMENTS. WHEN CONSIDERING AND APPROVING KEY EXECUTIVE	
COMPENSATION THE BMI BOARD OF DIRECTOR'S NORMAL PRACTICE IS TO FOLLOW	

COMPENSATION, THE BMI BOARD OF DIRECTOR'S NORMAL PRACTICE IS TO FOLLOW

Name of the organization		Employer identification number
BATTELLE MEMORIAL INSTITUTE		31-4379427
PROCEDURES WHICH ESTABLISH A REBUTTABLE PRESUMPTION OF REA	SONABLENESS	
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 C	OF REGULATIONS,	
THE CODE OF REGULATIONS IN FORM 1023 DOES NOT REFLECT THE	CHANGES MADE ON	·····
NOVEMBER 12, 2008. BMI MAKES FORMS 990 AND 990T AVAILABLE	TO THE PUBLIC	
FROM ITS WEB SITE. THE CONFLICT OF INTEREST POLICIES AND F	INANCIAL	
STATEMENTS ARE NOT MADE AVAILABLE TO THE PUBLIC.		
FORM 990, PART IX, LINE 11G, OTHER FEES:		
SUBCONTRACT & CONSULTING:		
PROGRAM SERVICE EXPENSES	583,417,919.	
MANAGEMENT AND GENERAL EXPENSES	326,144,908.	······
FUNDRAISING EXPENSES	0.	
TOTAL EXPENSES	909,562,827.	
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	909,562,827.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:		
MARKET VALUE ADJUSTMENT ON MARKETABLE SECURITIES	23,402,933.	
CURRENCY TRANSLATION ADJUSTMENT	178,307.	
TRANSFERS	-31,481.	
PENSION AND POST RETIREMENT BENEFITS	66,657,192.	
NONCONTROLLING INTEREST	-784,228.	·····
TOTAL TO FORM 990, PART XI, LINE 9	89,422,723.	

FORM 990, PART I, LINE 7A

632212 08-25-16

Schedule O (Form 990 or 990 EZ) (2016)	Page 2
Name of the organization BATTELLE MEMORIAL INSTITUTE	Employer identification number 31-4379427
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 A	
FORM 990 UNRELATED BUSINESS REVENUE 64,109,782	
DEDUCT INCOME TAX BASIS PARTNERSHIP LOSS 266,856	
DEDUCT THE COSTS OF GOODS SOLD 57,069,978	
EQUALS TOTAL ON FORM 990T PART I, LINE 13, COLUMN A 6,772,948	

		Attach to Form 000	line 33, 34, 350, 3	6, or 37.		9102
Department of the Treasury Internal Revenue Service	Information about Schedule R (Form 990) and its instructions is at www.irs.oov/form990.	0) and its instructions is a	t www.irs.oov/for	0690		Open to Public Inspection
Name of the organization BATTELLE MEMORIAL INSTITUTE	NSTITUTE				Employer identifi 31-4379427	Employer identification number 31-4379427
Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.	ete if the organization answered "Yes" of	on Form 990, Part IV, line 3:	×			
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	me End-of-year assets		(1) Direct controlling entity
BATTELLE NATIONAL BIODEFENSE INSTITUTE, LLC - 04-3851808, 8300 RESEARCH FLAZA, FREDERICK, MD 21702	MANAGEMENT OF NATIONAL LABORATORY	DELAWARE	36,863,479	*	14,445,443,INSTITUTE	BATTELLE MEMORIAL INSTITUTE
BATTELLE ENERGY ALLIANCE, LLC - 68-0588324 2525 N FREMONT AVE	MANAGEMENT OF NATIONAL				BATTELLE	BATTELLE MEMORIAL
5	LABORATORY	DELAWARE	994,102,068.		8,176,344. INSTITUTE	[1]
BATTELLE SANDIA, LLC - 81-2597561						
AVENU	MANAGEMENT OF NATIONAL				BATTELLE	BATTELLE MEMORIAL
01	LABORATORY	DELAWARE		0.	0. INSTITUTE	εı
8-1146573						
ORCHARD BRAE HOUSE 30 QUEENSFERRY RO	CUSTOM COMPUTER PROGRAMING					
EDINBURGH, UNITED KINGDOM	SERVICES	UNITED KINGDOM	6,360,832.		5,744,452. SEEBYTE HOLDINGS	HOLDINGS LTD.
Part II Identification of Related Tax-Exempt Organizations.	Compl	ete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt	, Part IV, line 34 be	cause it had one	or more related tax-	exempt
(a)	(q)	(c)	(p)	(e)	(J)	(a)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Exempt Code section	Public charity status (if section	Direct o	G Section 512(bX13) controlled entity?
				501(c)(3))		Yes No
BATTELLE EDUCATION - 46-0585021						
505 KING AVENUE					BATTELLE MEMORIAL	IAL
COLUMBUS, OH 43201	PROMOTE STEM EDUCATION D	OIHO	501(C)(3)	I(A)I	INSTITUTE	×
NATIONAL ECOLOGICAL OBSERVATORY NETWORK,						-
INC 20-4510571, 1685 38TH ST. SUITE 100,					BATTELLE MEMORIAL	IAL
BOULDER, CO 80301	ECOLOGICAL MONITORING	DISTRICT OF COLUMBIA	501(C)(3)		INSTITUTE	X

632161 09-05-16 LHA

Part I Continuation of Identification of Disregarded Entities	Entities				
(a) Name, address, and EIN 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
SEEBYTE HOLDINGS LTD - 98-1140866 16 CHARLOTTE SQUARE EDINBURGH UNITED KINGDOM	HOLDING COMPANY	MUITED KINGDOM	.0	BATTELLE 1 20.458.276.INSTITUTE	BATTELLE MEMORIAL INSTITUTE
	1				

31-4379427

BATTELLE MEMORIAL INSTITUTE

Schedule R (Form 990)

.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal donuelle Direct ( state or foreign country)		(e) Predominant income (related, unrelated, unrelated, sections 512-514)	Predominant income Predominant income excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	Disproportionate allocations? Yes No	(i) Code V-UBI amount in box K-1 (Form 1065) K-1 (Form 1065)	BI Generator (U) DOX managing managing Partnaging Partnaging Partnaging	k     connership     ownership
Part IV Identification of Related Organizations Taxable as a Corporation or Trust. organizations treated as a corporation or trust during the tax year.	tions Taxable on or trust dur	as a Corporation or ing the tax year.		olete if the	Complete if the organization answered "Yes"	swered "Yes" o	n Form 990,	Part IV, line	on Form 990, Part IV, line 34 because it had one or more related	ad one or m	ore relate
(3)		(9)		(c)	(p)	(e)		(4)	(6)	(4)	()
Name, address, and EIN of related organization		Primary activity		al cite	Direct controlling entity	Type of entity (C corp, S corp, or trust)		Share of total income	Share of end-of-year assets	Percentage ownership	e 512(b)(13) controlled entity?
360IP (CHINA) PTE LTD		INTELLECUTAL PROP	PP d(	B	BATTELLE						
ROAD		MANAGEMENT AND		ME	<b>IEMORIAL</b>						
NGEE ANN CITY TOWER B, SINGAPORE 21	238874	INVESTMENT	SINC	SAPOREII	SINGAPOREINSTITUTE	C CORP		.0	.0	71.05%	k X
3601P CORPORATION - 26-1970537		INTELLECUTAL PROP	DP	12	BATTELLE						
100 PRINCETON SOUTH ST 150		MANAGEMENT AND		IM	MEMORIAL						
EWING, NJ 08628		INVESTMENT	Δ	DE II	INSTITUTE	C CORP		0,	0.	71.05\$	X
360IP JAPAN PTE, LTD.				B	BATTELLE						
6-6-1 GINZA, CHUO-KU		CONTRACT RESEARCH	di Hi	IW	MEMORIAL						
TOKYO, JAPAN		CONSULTING	JAPAN		INSTITUTE	C CORP		.0	0	70.338	X
3601P INVESTMENT COMPANY				æ	BATTELLE						
190 ELGIN AVENUE, GEORGE TOWN			CAYMAN		MEMORIAL						
GRAND CAYMAN, CAYMAN ISLANDS		MANAGEMENT SERVICES	CES LEIANDS	1.4.	INSTITUTE	C CORP		.0	0.	71.058	×
3601P KOREA		INTELLECUTAL PROP	)P	B	BATTELLE						
14 FLOOR SH TOWER 278-22		MANAGEMENT AND	HTUOS		MEMORIAL						
NONHYEON-DONG GANGNAM-GU SOUTH KOREA		TNUESTMENT	KOREA		INSTITUTE	C CORP		C	C	14 246	>

Schedule R (Form 990) BATTELLE MEMORIAL INSTITUTE

31-4379427

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

(a)	(q)	(c)	(p)	(e)	(1)	(6)	(4)	(1)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage	512(b) (13) 512(b) (13) controlled entity?
		country)		60000				Yes No
3601P PTE LTD - 20~0817081			BATTELLE					
391B ORCHARD ROAD #16-03/04	DTHER INVESTMENT		MEMORIAL					
NGEE ANN CITY TOWER B, SINGAPORE 238874	HOLDING COMPANY	SINGAPORE	SINGAPOREINSTITUTE	C CORP	45,372.	0.	71.05%	X
BAT'TELLE ARABIA FOR SCIENCE & TECHNOLOGY			BATTELLE					
AL-AKARIA PLAZA, LEVEL 6, NORTH WING, GATE D		SAUDI	MEMORIAL					
RIYADH, SAUDI ARABIA 11673	SCIENTIFIC RESEARCH	ARABIA	INSTITUTE	C CORP	0.	0.	1008	×
BATTELLE INSTITUTE E.V.			BATTELLE					
FRANKFURT AM MAIN	SCIENTIFIC RESEARCH		MEMORIAL					
FRANKFURT, GERMANY	(DORMANT)	GERMANY	INSTITUTE	C CORP	0.	.0	1008	×
BATTELLE JAPAN CORPORATION			BATTELLE					
2-CHOME UCHISAIWAI-CHO CHIYODA-KU			MEMORIAL					
TOKYO, JAPAN	SCIENTIFIC RESEARCH	JAPAN	INSTITUTE	C CORP	• 0	.0	60.00%	X
BATTELLE OKLAHOMA LLC - 20-0292062			BATTELLE					
505 KING AVENUE	REAL ESTATE		MEMORIAL					
COLUMBUS, OH 43201	ACTIVITIES	OK	INSTITUTE	C CORP	288,359.	330,738.	1008	X
BATTELLE SCIENCE & TECHNOLOGY INDIA PVT. LID			BATTELLE					
UNIT 302 PANCHSHIL TECH PARK			MEMORIAL					
HINJEWADI, PUNE, INDIA 411057	SCIENTIFIC RESEARCH	INDIA	INSTITUTE	C CORP	0.	0.	1008	×
BATTELLE SERVICES COMPANY INC 31-1792334			BATTELLE					
505 KING AVENUE			MEMORIAL					
COLUMBUS, OH 43201	EMPLOYEE LEASING	OH	INSTITUTE	C CORP	385,060.	1,143,263.	100%	×
BATTELLE UK LIMITED			BATTELLE					
29 SPRINGFIELD LYONS APPROACH		UNITED	MEMORIAL					
CHELSFORD ESSEX, UNITED KINGDOM CM2 5LB	SCIENTIFIC RESEARCH	KINGDOM	INSTITUTE	C CORP	13,241,334.	18,043,405.	100\$	X
B-C, JV LLC - 47-1470805			BATTELLE					
1204 TECHNOLOGY DRIVE			MEMORIAL					
ABERDEEN, MD 21004	SCIENTIFIC RESEARCH	MD	INSTITUTE	C CORP	.0	0.	70.00%	×
GEOSAFE AUSTRALIA PTY. LIMITED				* *****				
LEVEL 14, 140 ST GEORGES TERRACE	HAZARDOUS WASTE		GEOSAFE					
PERTH, AUSTRALIA WA 6000	REMEDIATION (DORMANT)	AUSTRALIA	AUSTRALIACORPORATION	C CORP	0.	.0	1008	X
GEOSAFE CORPORATION - 91-1404268			BATTELLE					
505 KING AVENUE			MEMORIAL					
COLUMBUS, OH 43201	WASTE CLEANUP	WA	INSTITUTE	C CORP	3,432.	484,151.	1008	x
THE HEALTHCARE COLLOQUIUM INC 26-2347432			BATTELLE					
505 KING AVENUE			MEMORIAL					
FOLIMBING ON \$3201	CMT THI THOM	HO	INSTITUTE	C CORP	.0	0	100%	Y

Schedule R (Form 990) BATTELLE MEMORIAL INSTITUTE

31-4379427

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

Name, address, and EIN     Primary activity       of related organization     Primary activity       73 FRONT STREET, 3RD FLOOR     INSURING BATTELLE       HAMILTON, BERMUDA HM11     RISKS       73 FRONT STREET, 3RD FLOOR     INSURING BATTELLE       HAMILTON, BERMUDA HM11     RISKS       505 KING AVENUE     NENTURE CAPITAL       505 KING AVENUE     VENTURE CAPITAL       505 KING AVENUE     SOFTWARE DEVELOPMENT       505 KING AVENUE     SOFTWARE DEVELOPMENT       505 KING AVENUE     SOFTWARE DEVELOPMENT       510 KING AVENUE     SOFTWARE DEVELOPMENT       510 KING AVENUE     SOFTWARE DEVELOPMENT       511 C 98-0563142     SOFTWARE DEVELOPMENT       5240 SHELTER ISLAND DRIVE SUITE 210     SOFTWARE DEVELOPMENT       740 DIEGO, CA     92106     SOFTWARE DEVELOPMENT       510 KING AVENUE     COLUMBUS, OH     43201       711 DISTOR     LICENSING COMPANY       711 DISTOR     MINNER WATER SERVICES INC 46-1707320       711 MINER BLDG, 32W. STATE ST.     MATER 'IREATMENT       711 SHARON, PA     I6146     MATER 'IREATMENT	ary activity Legal dominie (state of total total BATTELLE BERMUDA APITAL OH T DEVELOPMENT DE	iole Direct controlling entity BATTELLE MEMORIAL	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership	512(b) 512(b) contro entr
RANCE COMPANY LTD. EET, 3RD FLOOR AMUDA HM11 OVANCES INC. 31-6024333 OVANCES INC. 31-6024333 OVANCES INC. 31-6024333 OVANCES INC. 31-6024333 43201 - 98-0563142 - 98-0563144444 - 98-0563144444444444444		BATTELLE MEMORIAL					Yes No
MUDA HM11 WUDA HM11 VANCES INC 31-6024333 UUE 43201 - 98-0563142 - 98-0563142 - 98-0563142 - 98-0563142 - 98-0563142 - 98-0563142 - 92106 A 92106 SINC 77-0526364 UUE 43201 SERVICES INC 46-1707320 - 32W. STATE ST. -6146		MEMOKIAL					1
VANCES INC 31-6024333 UUE 43201 - 98-0563142 - 98-0563142 ISLAND DRIVE SUITE 210 A 92106 9 1NC 77-0526364 AUE 43201 43201 SERVICES INC 46-1707320 32W. STATE ST. -6146		INSTITUTE	C CORP	4.115.144.	100.717.643.	100%	×
UE 43201 - 98-0563142 ISLAND DRIVE SUITE 210 A 92106 S INC 77-0526364 INE 43201 43201 SERVICES INC 46-1707320 32W. STATE ST. .6146		BATTELLE					
43201 - 98-0563142 ISLAND DRIVE SUITE 210 A 92106 S INC 77-0526364 JUE 43201 SERVICES INC 46-1707320 32W. STATE ST. .6146		MEMORIAL					
- 98-0563142 ISLAND DRIVE SUITE 210 A 92106 S INC 77-0526364 43201 SERVICES INC 46-1707320 32W. STATE ST. .6146		INSTITUTE	C CORP	1,666.	107,848.	1008	×
ISLAND DRIVE SUITE 210 A 92106 S INC 77-0526364 UE 43201 SERVICES INC 46-1707320 32W. STATE ST. 6146							
A 92106 s INC 77-0526364 UE 43201 SERVICES INC 46-1707320 32W. STATE ST. .6146		SEEBYTE					
5 INC 77-0526364 UE 43201 5ERVICES INC 46-1707320 32W. STATE ST. 6146 MATER 'IREA		LIMITED	C CORP	1,450,215.	1,078,966.	1008	X
ULE LICENSING LICENSING SERVICES INC 46-1707320 232W. STATE ST. MATER 'IREA 6146		BATTELLE					
43201 LICENSING LICENSING SERVICES INC 46-1707320 32W. STATE ST. WATER TREA 6146		MEMORIAL					
SERVICES INC 46-1707320 32W. STATE ST. .6146	COMPANY DE	INSTITUTE	C CORP	31,617.	80,160.	1005	X
32W. STATE ST. 16146		BATTELLE					
PA 16146		MEMORIAL					
	PA	INSTITUTE	S CORP	-349,171,	.0	58.00%	×
				verde of Welderbau			
				*******			

Part V Transactions With Related Organizations. Complete if the organizatio	Organization answered tes on roun ago, ran 10, mie 34, 330, ul 30				
Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				7	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?	sactions with one or more re	elated organizations listed	l in Parts II-1V?		
a Receipt of (i) interest, (ii) annuities, (iii) royatties, or (iv) rent from a controlled entity	d entity			1a 2	×
b Gift, grant, or capital contribution to related organization(s)				10	X
c Gift, grant, or capital contribution from related organization(s)				40	×
d Loans or loan guarantees to or for related organization(s)					×
e Loans or loan guarantees by related organization(s)				10	×
f Dividends from related organization(s)				#	×
g Sale of assets to related organization(s)	"""""""""""""""""""""""""""""""""""""""	。 · · · · · · · · · · · · · · · · · · ·		19	X
Purchase of assets from related organization(s)				1h	х
		4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		1i	X
j Lease of facilities, equipment, or other assets to related organization(s)				1	×
				ŧ	×
K Lease of facilities, equipment, of other assets inorit related organization (s)		计数据通过的 化化合物 化合物 化合物 化合物 化合物 化合物 化合物 化合物 化合物		× •••	+
	d organization(s)	"大学学生学生,不是不不不能的"学校"。"这些学校,"这些学校也不是不是不是			
	u organization(s)	- 大学中部学生歌剧 医外球上支持者 特别 学生不太主义不不 化结果化不同一量 医感觉 计			
	anization(s)			-	
<ul> <li>Sharing of paid employees with related organization(s)</li> </ul>				10 X	
					>
p Reimbursement paid to related organization(s) for expenses	"""""""""""""""""""""""""""""""""""""""	希德西南市 医原子 经保存税 有达 化进口处定的 法有违法 法结婚 计成本文化 计分子 网络		d	4 :
q Reimbursement paid by related organization(s) for expenses		********************************		19	~
					;
		***************************************		14	× :
<ul> <li>S Other transfer of cash or property from related organization(s)</li> <li>If the answer to not of the above is "Yee" see the instructions for information</li> </ul>	a ao who must complete th	is line including covered	information on who must complete this line including covered relationships and transaction thresholds	1s	V
It the answer to any of the appress 1 tes, see the menorial of		וא ווויפי ווורוחסוווא הסאפופת	TELEVINIENDO AND TRANSACTORI UNEONION		
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	volved	
<ol> <li>BATTELLE OKLAHOMA, LLC - SPECIFIED PAYMENT</li> </ol>	A	2,483.	. FMV		
(2) BATTELLE SERVICES COMPANY - SPECIFIED PAYMENT	e,	11,700 <b>.</b> FMV	. FMV		
(3) BATTELLE UK LIMITED	¥	74,345.	NR3".		
(4) GEOSAFE CORPORATION - SPECIFIED PAYMENT	Å	141,024.	, FMV		
(5) VITEX SYSTEMS INC - SPECIFIED PAYMENT	¥	30,885.	. FMV		
AN VITEX SYSTEMS INC.	<u></u>	717,792, EMV	EMV		

Schedule R (Form 990) BATTELLE MEMORIAL INSTITUTE			31-4379427
of Transactions With Related Organizations	(Schedule R (Form 990), Part V, line 2)		
(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(7)BATTELLE SERVICES COMPANY, INC.	Q	335,000, FMV	
(8)BATTELLE UK LIMITED	-1	320,488. FMV	
(9)SEEBYTE, INC	ت	514,691. EMV	
(10)BATTELLE UK LIMITED	W	517,297.FWV	
(11)SEEBYTE, INC	×	266,226. FHV	
(12)			
(13)			
144			
(15)			
(16)			
(12)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
1. 1. 2. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.			

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or	entity taxed as a partners	thip through which	rrough which the organization condu- for cortain investment narmorshins	ucted more	than five percent or	f its activities (meat	sured by	total assets or <u>c</u>	gross revenue)	(enue)
ial was fiul a felateu Urgafiization. Oee fil	ואותרווטווא ובחמותו הארוו	1010101010101011010	בסתוופות הסוחובוסוהסי			*****				
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Pathers sec. 501(c)(3) 0195.7	(n) Share of total income	(g) Share of end-of-year assets	(h) Disprupot- Bonate ellocations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or Irreanaging Partner?	(k) Percentage ownership
BROOKHAVEN SCIENCE							102 140	(		
ASSOCIATES, LLC - 11-3403915,	MANAGEMENT OF									
P.O. BOX 5000, UPTON, NY	NATIONAL									
11973	LABORATORY	DELAWARE	RELATED	X	2,137,074.	3,110,830.	×	0.	X	50.00%
UT-BATTELLE, LLC - 62-1788235										
EL VALLEY ROAD BLDG	MANAGEMENT OF									
4500N, MS 6261, RM K-250, OAK	NATIONAL									
RIDGE, TN 37831	LABORATORY	TENNESSEE	RELATED	X	4,367,403.	4,055,879.	X	.0	X	50.00%
NATIONAL DEFENSE ENERGY &	PROCURE AND									
ENVIRONMENTAL ALLIANCE, LLC -	PERFORM US									
47-4206336, 6165 GUARDIAN	GOVERNMENT PRIME									
GATEWAY, ABERDEEN, MD 21005	CONTRACTS	MARYLAND	RELATED	×	93,473.	35,543.	×	0.	X	50.00%
				-						

532164 09-06-16

Schedule R (Form 990) 2016         BATTELLE MEMORIAL INSTITUTE           Part VII         Supplemental Information.	31-4379427	Page 5
Provide additional information for responses to questions on Schedule R. See instructions.		
SCHEDULE R, PART V		
DURING FISCAL YEAR 2017, BMI RELATED ENTITIES PROVIDED CONTRACT		
SCIENTIFIC RESEARCH AND DEVELOPMENT AND TECHNICAL SERVICES IN THE		
ORDINARY COURSE OF BUSINESS UNDER ARMS-LENGTH TERMS, CONDITIONS, AND	and the second	
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 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 VI		
BMI IS REQUIRED TO CONSOLIDATE BROOKHAVEN SCIENCE ASSOCIATES, LLC AND		
UT-BATTELLE, LLC FOR FINANCIAL ACCOUNTING PURPOSES AND ACCORDINGLY,	······································	
THEIR FINANCIAL ATTRIBUTES ARE REFLECTED IN THE REVENUES AND EXPENSES		
AND OTHER FINANCIAL INFORMATION IN THIS FORM AND RELATED SCHEDULES.		
SCHEDULE R, PART V, LINE 1M AND 1N		
MI SHARES EMPLOYEES, FACILITIES, AND EQUIPMENT WITH BATTELLE		

BMI SHARES EMPLOYEES, FACILITIES, AND EQUIPMENT WITH BATTELLE

Schedule P	R (Form 990) 2016	BATTELLE MEMORIAL INSTITUTE	31-4379427	Page 5
Part VII	(Form 990) 2016	rmation.		
	Provide additional inform	nation for responses to questions on Schedule R. See instructions.		
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
EDUCATION	Ν.			
······				
			······	
	······································		······································	
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	······································			
······				
·····				
	·····			

	EXTENDED TO AUGUST 15, 2018					
Form 990-T	Exempt Organization B	Isines	ss Income T	ax Return	1	QMB No. 1545-0687
	(and proxy tax u	nder sed	ction 6033(e))			
	For calendar year 2015 or other tax year beginning OCT 1,		, and ending SEP	30, 2017		2016
Department of the Treasury	Information about Form 990-T and its inst	ructions is	available at www.irs.	aov/form990t.	-	2010
Internal Revenue Service	Do not enter SSN numbers on this form as it r	nay be mad	le public if your organiz	ation is a 501(c)(3).	5	pen to Public Inspection for 01(c)(0) Organizations Only
A Check box if address change	Name of organization ( Check box if nam	e changed	and see instructions.)		D Employ	ver Identification number yoos' trust, see
					instruo	
B Exempt under sectio					and the second s	1-4379427
1000000000000000000000000000000000000	Tune Normer, succi, and round of suite no. If a P.U.	box, see in:	structions.		E Uni elat (See int	ed business activity codes structions.)
408A 530(						
529(a)	<ul> <li>Gity or town, state or province, country, and Zli</li> <li>COLUMBUS, OH 43201-2693</li> </ul>	or foreign	i postal code			
C Book value of all assets	F Group exemption number (See instructions.)	-			54170	J
ai end ol vear	<ul> <li>G Check organization type ► X 501(c) corpora</li> </ul>	tion T	501(c) trust	101/2)		lou
H Describe the organiza	ion's primary unrelated business activity.	AL/UNREI	ATED SERVICES	401(a) trust		Other trust
I During the tax year, w	as the corporation a subsidiary in an affiliated group or a pa	rent-subsir	tiary controlled group?		Yes	X No
If "Yes," enter the nam	e and identifying number of the parent corporation.	10/10/00/03/0	stary controlled group:		1 185	L <u>A</u> I NU
J The books are in care	of 🕨 EDWARD GRECCO		Teleph	one number 🕨 61	4-424	-7997
Part I Unrelat	ed Trade or Business Income		(A) Income	(B) Expenses		(C) Net
1 a Gross receipts or s	ales 63,923,690.			the states of	12	1.
b Less returns and a	0 Datanov	► 1c	63,923,690.	N 12 N 20 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	*	the st
2 Cost of goods sold	(Schedule A, line 7)	2	57,069,978.	31 3 2 10 1		
	act line 2 from line 1c	3	6,853,712.			6,853,712.
	ome (attach Schedule D)	. 4a		10 10 10		
b Net gain (loss) (Following Constraints)	m 4797, Part II, line 17) (attach Form 4797)	4b		1 1	~	
<ul> <li>c Capital loss deduct</li> <li>5 Income (loss) from</li> </ul>	ion for trusts	40	- 1	and the set		
6 Rent income (Sche	partnerships and S corporations (attach statement)	5	-266,856.	STMT 1		-266,856,
7 Unrelated dept-tina	dule C) nced income (Schedule E)	6				······
8 Interest, annuities,	royalties, and rents from controlled organizations (Sch. F)	7	196 000	5.1.6		2.2
9 Investment income	of a section 501(c)(7), (9), or (17) organization (Schedule	8	186,092.	146,	120.	39,272.
10 Exploited exempt a	ctivity income (Schedule I)	G) <u>9</u> 10				
11 Advertising income	(Schedule J)	11				
12 Other income (See	instructions; attach schedule)	12				
13 Total. Combine lin	es 3 through 12	12	6,772,948,	146,8	120	6,626,128.
Part II Deduct	ons Not Taken Elsewhere (See instructions	tor limitat	ions on deductions.)			
	r contributions, deductions must be directly connect	ed with th	e unrelated business	income.)		
14 Compensation of	officers, directors, and trustees (Schedule K)				14	
15 Salaries and wage	the second s				15	
16 Repairs and maint	enance				16	
000 00010	special contractions in the set of the second second in				17	
<ol> <li>Interest (attach sc</li> <li>Taxes and licenses</li> </ol>	reduct)				18	
					19	
21 Depreciation (attac	Itions (See instructions for limitation rules)				20	······
	claimed on Schedule A and elsewhere on return	•• =••••	21		4 - x	
23 Depletion	sumes on consume A and ersewnere on return		22a		22b	
24 Contributions to d	elerred compensation plans				23	
25 Employee benefit (	programs	***	er er er er eg er	**************************************	24	
26 Excess exempt exp	ienses (Schedule I)				25	······································
27 Excess readership	costs (Schedule J)			· · · · · · · · · · · · · · · · · · ·	27	·····
20 Other deductions (	attach schedule)		SEE STATEMEN	T 2	28	4,001,985.
29 Total deductions.	Add lines 14 through 28				29	4,001,985.
30 Unrelated busines	taxable income before net operating loss deduction. Subtra	act line 29 f	rom line 13		30	2,624,143.
31 Net operating loss	deduction (limited to the amount on line 30)		SEE STATEMEN	T 3	31	2,624,143,
32 Unrelated business	taxable income before specific deduction. Subtract line 31	from line 3	0		32	0.
33 Specific deduction	(Generally \$1,000, but see line 33 instructions for exception	15)			33	1,000.
34 Unrelated busines	s taxable income. Subtract line 33 from line 32. If fine 33	s greater th	ian line 32, enter the sm	aller of zero or		
line 32	Ine Danarijark Dadusti A JAL				34	0,
023701 11-22-17 LMA	for Paperwork Reduction Act Notice, see instructions.					Form 990-T (2016)

Form 990-1		BATTELLE MEMORIAL INSTITU	ITE			31-4379	427	Page 2
Part I	11 7	Fax Computation						
35	Organ	nizations Taxable as Corporations. See in	structions for tax computation.					
		olled group members (sections 1561 and		instructions and	:			
a		your share of the \$50,000, \$25,000, and \$						
		\$ 0. (2) \$						
b	Enter	organization's share of: (1) Additional 5%		\$	0			
		dditional 3% tax (not more than \$100,000)		S			Same .	
c							35c	Ο.
		s Taxable at Trust Rates. See instructions	for tax computation. Income tax	on the amount o	n line 34	from		
		Tax rate schedule or Schedule D					36	
37	Prox	tax. See instructions	in the second				37	
38							38	50,079.
39		n Non-Compliant Facility Income. See in:	structions		** **** *		39	
40	Total	Add lines 37, 38 and 39 to line 35c or 36,	whichaver analize	• • • • • • • • • • • •			40	50,079.
Part I	V	Tax and Payments	whichever upplies		<u>1. 1-12 - 1</u>	and the second	40 [	
Sector se		gn tax credit (corporations attach Form 11	(8: trusts attach Form 1116)	1	41a			
b	Other	credits (see instructions)	io, ruata attacini ormi ri noj		415		-	
c	Gene	ral business credit. Attach Form 3800	····· ··· ··· ··· · · · · · · · · · ·		410			
d	Credi	t for prior year minimum tax (attach Form	8801 or 9827)				-	
e	Total	credits. Add lines 41a through 41d	0001010027	· · · · · · ·	410			
42	Suhtr	act line 41e from line 40					41e	50,079.
43	Other	act line 41c from line 40 taxes. Check if from: Form 4255	Enro 9611 Corm 9607		c [ ]	Othar	42	50,015.
44	Total						43	50,079.
		ents: A 2015 overpayment credited to 201	e			7,689	44	50,079.
tu a b					45a	70,000	1 2 1	
					_45b	70,000	- 24	
C	Fax u	eposited with Form 8868	······································		45c		-	
a	Poste	gn organizations: Tax paid or withheld at so	ource (see instructions)	te Charles and and	45d		-	
e	Dack	up withholding (see instructions)		· · · · · · · · · · · · · · · · · · ·	45e		-	
1	Othor	t for small employer health insurance prem	IUMS (Attach Form 8941)		451		-	
8		credits and payments:	Porm 2439	7 I b				
10		Form 4136		i otal 🕨 (	45g			<b>77 7 8 6</b>
46	L'otim	payments. Add lines 45a through 45g					46	77,689.
47	Estim	ated tax penalty (see instructions). Check i	Form 2220 is attached 🕨 L				47	
48	1ax o	lue. If line 46 is less than the total of lines	44 and 47, enter amount owed	ite en			48	07.440
49	Uver	payment. If line 46 is larger than the total	of lines 44 and 47, enter amount c	bisdian			49	27,610.
50 Part V	Enter	the amount of line 49 you want: Gredited Statements Regarding Certa	to 2017 estimated tax	Information	7,610.		50	0.
L								1
51		y time during the 2016 calendar year, did t						Yes No
		a financial account (bank, securities, or oth						
		N Form 114, Report of Foreign Bank and F			reign co	untry		
	nere	Þ		TATEMENT 4				X
52	Durin	g the tax year, did the organization receive	a distribution from, or was it the	grantor of, or tra	nsferor t	o, a foreign trust?		X
		S, see instructions for other forms the orga						
53		the amount of tax-exempt interest receive						
Sign	Cir Cir	nder penallies of perjury, I declare that I have exami mest, and complete. Declaration of preparer (other	hed this return, including accompanying than taxpayer) is based on all informatio	schedules and state in of which preparer	oments, er has any kr	id to the best of my knowl owledge.	adge and b	elief, it is true,
Here		Thala	aller			L. L	Aay the IRS	S discuss this return with
nere		- Mi A	8/0/18	ASST TREASU	JRER		he propore	r shown below (see
		Signature of officer	Date	Fitle		1	structions	17 Yes No
		Print/Type preparer's name	Preparer's signature	Dat	е	Check	if PTH	V
Paid						self- employed		
Prepa	arer							
Use (	Only	Firm's name				Firm's EIN	•	
	-							
		Firm's address				Phone no.		
								Form 990-T (2016

Form 990-T (2016) BATTELLE MEMORIAL INSTITUTE

31-4	379427	
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Page 3

Schedule A - Cost of Good	s Sold. Ente	method of invent	ory v	aluation N/A					_	
1 Inventory at beginning of year	1	0,		Inventory at end of yea	31		6			0.
2 Purchases	2		}	Cost of goods sold. Si		line 6				~ .
3 Cost of labor			1	from line 5. Enter here						
4 a Additional section 263A costs			1	line 2			7	57	069	978
(attach schedule)	4a		8	Do the rules of section			L.		, í	
b Other costs (attach schedule) SI	8A 4b	57,069,978.		property produced or a	. ,				Yes	No
5 Total. Add lines 1 through 4b	5	57,069,978.		the prospiration?					x	-
Schedule C - Rent Income	(From Real	Property and	Per	sonal Property L	ease	d With Real Prop	erty)			
(see instructions)						-				
1. Description of property										
(1)										*****
(2)		······································								
(3)				······						
(4)										
	2. Rentraces	ed or accrued				1				
rent for personal property is more	(a) From personal property (if the percentage of			Id personal property (if the percentage scoral property (if the percentage columns 2(a) and 2(b) (attach schedulo) is bused on profit or income)				come in o)		
(1)				to an prois de incontaj						
(2)										
(3)										
(4)										
Total	0.	Total			0.					
(c) Total income. Add totals of columns	s 2(a) and 2(b). En	ter				(b) Total deductions.				
here and on page 1, Part I, line 6, colum	(A)				0,	Enter here and on page 1, Part I, line 6, solumn (B)				0,
Schedule E - Unrelated De	bt-Financed	Income (see in	nstru	ctions)						0.
				. Gress income from		3. Deductions directly con to debt-finant	nectad wi	ith or allocabl	e	
1. Description of debt-f	inanced property			in allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	·····	(b) Other de (attach sch		
(1)	·									
(2)	*****									
(3)										
(4)										
<ol> <li>Amount of average acquisition debtion or allocable to debt-financed property (sitach schudule)</li> </ol>	ot or a debt-fina	adjusted basis Nocable to nced property nschedule)	6	Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	(ຍາ	8, Allocable olumn 6 x tot. 3(a) and	al of colu	មាន រកាពន
(1)										
		]		%						

 
 (1)
 %

 (2)
 %

 (3)
 %

 (4)
 %

 Via
 %

 Enter here and on page 1, Part 1, time 7, column (A).
 Enter here and on page 1, Part 1, time 7, column (B).

 Totals
 0.

Form 990-T (2016)

0.

0.

623721 01-18-17

		anues, anu re	ents From Contr	olled Organiz	ations (see in	structions	Par s)
			mpt Controlled Organ		1		
1. Name of controlled organiz	icle	Employer 3.	Net unrelated income ss) (see instructions)	4, Total of specified payments made	5. Part of column 4 included in the con organization's gross	tolling	<ol> <li>Deductions dractly connected with income in column 5</li> </ol>
1)							
2)							
3)							
A							
onexempt Controlled Organ							
7. Taxable Income	8. Net unretated in (988 instruct		Total of specified payments made	in the contro	lumn 9 that is included illing organization's ss income	with	fuctions directly connect income in column 10
)							
2)							
3)							
l)			·····				
				Enter here ar	amns 5 and 10. Id on page 1, Port I, , column (A).	Entor he	f columns 6 and 11. re and on page 1, Part I, ine 3. column (B)
tals	an a transfer seal to said to				186,092.		146,82
chedule G - Investme	ent Income of a	Section 501	(c)(7), (9), or (17)	Organization		L	,
(see ins	tructions)			0			
	cription of income		2. Amount of incon	ne 3. Deducti directly conr (atlach scho	ected 4. Set-	asides ichedule)	5. Total deduction and set-asides (col. 3 plus col. 4
)							(and a prior coll s
)							
i)			1				
)	·····						
			Enter here and on pay Part I, lina 9, column	ge 1, (A)		4	Enter here and on page Part I, line 9, column (E
							Province into al condition (C
tals chedule I - Exploited (see instru	Exempt Activit	y Income, Ot	► her Than Advert	o. ising Income			
	Exempt Activit	y Income, Ot	▶ her Than Advert	o. ising Income		1. a S4	
chedule I - Exploited	Exempt Activit uctions) 2. Gross unrelated business income from trade or business	y Income, Ot	4. Net income (los from unrelated trade business (column minus column 3) if gain compute cols.	s) car 2 5. Gross inc 5. Gross inc 5 on betivity is not unreli	ama that <b>6</b> . E×p that atb:but	able to	7. Excesse ecompt expenses (column 6 minus column 5, but not more than
chedule I - Exploited (see instru- 1. Description of exploited activity	2. Gross unrefated business income from	3. Expenses dx ectly connecte with production of umplated	4. Net income (los from unrelated trade business (column minus column 3). If	s) er 2 5. Gross inc from activity is not unreli	ama that <b>6</b> . E×p that atb:but	able to	7. Excess ecompt expenses (column 6 minus column 5
1. Description of explorted activity	2. Gross unrefated business income from	3. Expenses dx ectly connecte with production of umplated	4. Net income (los from unrelated trade business (column minus column 3) if gain compute cols.	s) er 2 5. Gross inc from activity is not unreli	ama that <b>6</b> . E×p that atb:but	able to	7. Excesse exempt expenses (column 6 minus column 5, but not more than
Chedule I - Exploited (see instru- texploited activity         1. Description of exploited activity         )         )	2. Gross unrefated business income from	3. Expenses dx ectly connecte with production of umplated	4. Net income (los from unrelated trade business (column minus column 3) if gain compute cols.	s) er 2 5. Gross inc from activity is not unreli	ama that <b>6</b> . E×p that atb:but	able to	7. Excess exempt expenses (column 6 minus column 5, but not trave than
1. Description of explorited activity         )         )         )	2. Gross unrefated business income from	3. Expenses dx ectly connecte with production of umplated	4. Net income (los from unrelated trade business (column minus column 3) if gain compute cols.	s) er 2 5. Gross inc from activity is not unreli	ama that <b>6</b> . E×p that atb:but	able to	7. Excesse exempt expenses (column 6 minus column 5, but not more than
<b>chedule I - Exploited</b> (see instru- 1. Description of exploited activity )	2. Gross unrefated business income from	3. Expenses dx ectly connecte with production of umplated	4. Net income (los from unrelated trade business (column minus column 3) if gain compute cols, through 7.	s) er 2 5. Gross inc from activity is not unreli	ama that <b>6</b> . E×p that atb:but	able to	7. Excesse e compt expenses (column 6 minus column 5, but not more than column 4).
chedule I - Exploited (see instru- 1. Description of exploited activity ) ) )	Criter here and on page 1, Part I, Ime 10, col (Å)	3. Expanses dractly connecte with production of unrelated business incorre- tioned and the second business incorre- tioned and the second page 1, Part I, line 10, col. (5).	4. Net income (los from unrelated trade business (column minus column 3) if gain compute cols, through 7.	s) er 2 5. Gross inc from activity is not unreli	ama that <b>6</b> . E×p that atb:but	able to	7. Excess ecompt expenses (column 6 minus column 5, but not more than column 4) Enter here and on page 1, Part II, line 26,
chedule I - Exploited (see instru- exploited activity         1. Description of exploited activity         )    <	2. Gross unrelated business income from trade or business trade or business Enter hore and on page 1. Part 1, Ime 10, col. (A)	3. Expanses dractly connect with production of unrelated business incorre- tion of the second business incorre- tion of the second page 1, Part I, line 10, col. (6).	4. Net income (los from unrelated trade business (column minus column 3) if gain compute cols, through 7.	s) er 2 5. Gross inc from activity is not unreli	ama that <b>6</b> . E×p that atb:but	able to	7. Excesse e compt expenses (column 6 minus column 5, but not more than column 4).
1. Description of exploited activity         )         )         )         )         als         Echedule J - Advertisition	Criter here and on page 1, Part 1, Ime 10, col (a) Comp from trade or business Enter here and on page 1, Part 1, Ime 10, col (a) Ong Income (see	3. Expanses dractly connecter with production of unrelated business incorre- Enter hare and o page 1, Part I, line 10, col. (5).	4. Net income (los from unrelated trade business (column minus column 3) if gein compute cols. through 7.	s) cor 2 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	ama that <b>6</b> . E×p that atb:but	able to	7. Excess e const expense (column 6 minus column 5, but not mose than column 4) Entor hore and on page 1, Part II, line 26.
chedule I - Exploited (see instru- 1. Description of exploited activity ) ) ) als	Criter here and on page 1, Part 1, Ime 10, col (a) Comp from trade or business Enter here and on page 1, Part 1, Ime 10, col (a) Ong Income (see	3. Expanses dractly connecter with production of unrelated business incorre- Enter hare and o page 1, Part I, line 10, col. (5).	4. Net income (los from unrelated trade business (column minus column 3) if gain compute cols, through 7.	s) cor 2 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	ama that <b>6</b> . E×p that atb:but	able to	7. Excess ecompt expenses (column 6 minus column 5, but not more than column 4) Enter hore and on page 1, Part II, line 26.
chedule I - Exploited (see instru- 1. Description of exploited activity ) ) ) als	Criter here and on page 1, Part 1, Ime 10, col (a) Comp from trade or business Enter here and on page 1, Part 1, Ime 10, col (a) Ong Income (see	3. Expanses dractly connecter with production of unrelated business incorre- Enter hare and o page 1, Part I, line 10, col. (5).	4. Net income (los from unrelated trade business (column minus column 3) if gein compute cols. through 7.	s) cor 2 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	ama that <b>6</b> . E×p that atb:but	able to	7. Excess e const expense (column 6 minus column 5, but not mose than column 4) Entor hore and on page 1, Part II, line 26.
1. Description of exploited activity         1. Description of exploited activity         1. Description of exploited activity         1. Description of activity         1. Name of periodical	Criter here and on page 1, Part 1, Ime 10, col (a) Comp from trade or business Enter here and on page 1, Part 1, Ime 10, col (a) Ong Income (see	3. Expenses drectly connecte with production of unrelated business incom- line to control (B) Enter here and o page 1, Part I, line to, col. (B) constructions) poorted on a C	4. Net income (los from unrelated trade business (column minus column 3) if gein compute cols. through 7. 0. 0. 0.	ising Income s) 5. Gross inc fran activity so a so activity business inc sits fran sits 5. Gross inc fran activity business inc 5. Gross inc	tion 6. Reade	able to nn 5	7. Excess ecompt expenses (column 6 minus column 5, but not more than column 4) Enter hore and on page 1, Part II, line 26.
1. Description of exploited activity         1. Description of exploited activity         1. Description of exploited activity         1. Description of activity         1. Name of pariodical	2. Gross unrelated business income from trade or business trade or business Enter hore and on page 1. Part 1, inter 10, col (A) 0 mg Income (see Periodicals Rep 2. Gross advortising	3. Expanses dractly connecter with production of annelited business incorre- feriter have and o page 1, Part I, line 10, col. (6). contections) contections	4. Net income (los from unrelated trade business (column minus column 3) if gain. compute cols. through 7. 0. 0. 0. 0. 0. 0. 0.	ising Income s) 5. Gross inc fran activity so a so activity business inc sits fran sits 5. Gross inc fran activity business inc 5. Gross inc	tion 6. Reade	able to nn 5	7. Excess example expenses (column 6 minus column 5, but not more than column 4) Enter here and an page 1, Part II, line 26, 7. Excess readership costs (column 6 minus column 5, but not more
chedule I - Exploited (see instru- exploited activity         1. Description of exploited activity         )         )         )         als         Chedule J - Advertisi art I Income From         1. Name of puriodical	2. Gross unrelated business income from trade or business trade or business Enter hore and on page 1. Part 1, inter 10, col (A) 0 mg Income (see Periodicals Rep 2. Gross advortising	3. Expanses dractly connecter with production of annelited business incorre- feriter have and o page 1, Part I, line 10, col. (6). contections) contections	4. Net income (los from unrelated trade business (column minus column 3) if gain. compute cols. through 7. 0. 0. 0. 0. 0. 0. 0.	ising Income s) 5. Gross inc fran activity so a so activity business inc sits fran sits 5. Gross inc fran activity business inc 5. Gross inc	tion 6. Reade	able to nn 5	7. Excess exempt expenses (column 6 minus column 5, but not mere than column 4). Enter here and an page 1, Part II, line 26. 7. Excess readership costs (column 6 minus column 5, but not mere
chedule I - Exploited (see instru- 1. Description of exploited activity ) ) ) ) als chedule J - Advertisii art I Income From	2. Gross unrelated business income from trade or business trade or business Enter hore and on page 1. Part 1, inter 10, col (A) 0 mg Income (see Periodicals Rep 2. Gross advortising	3. Expanses dractly connecter with production of annelited business incorre- feriter have and o page 1, Part I, line 10, col. (6). contections) contections	4. Net income (los from unrelated trade business (column minus column 3) if gain. compute cols. through 7. 0. 0. 0. 0. 0. 0. 0.	ising Income s) 5. Gross inc fran activity so a so activity business inc sits fran sits 5. Gross inc fran activity business inc 5. Gross inc	tion 6. Reade	able to nn 5	7. Excess example expenses (column 6 minus column 5, but not more than column 4) Enter here and an page 1, Part II, line 26, 7. Excess readership costs (column 6 minus column 5, but not more
1. Description of exploited activity         1. Description of exploited activity         1. Description of exploited activity         1. Description of activity         1. Name of particular         1. Name of particular	2. Gross unrelated business income from trade or business trade or business Enter hore and on page 1. Part 1, inter 10, col (A) 0 mg Income (see Periodicals Rep 2. Gross advortising	3. Expanses dractly connecter with production of annelited business incorre- feriter have and o page 1, Part I, line 10, col. (6). contections) contections	4. Net income (los from unrelated trade business (column minus column 3) if gain. compute cols. through 7. 0. 0. 0. 0. 0. 0. 0.	ising Income s) 5. Gross inc fran activity so a so activity business inc sits fran sits 5. Gross inc fran activity business inc 5. Gross inc	tion 6. Reade	able to nn 5	7. Excess example expenses (column 6 minus column 5, but not more than column 4) Enter here and an page 1, Part II, line 26, 7. Excess readership costs (column 6 minus column 5, but not more
1. Description of exploited activity         1. Description of exploited activity         1. Description of exploited activity         1. Description of activity         1. Name of periodical	2. Gross unrelated business income from trade or business trade or business Enter hore and on page 1. Part 1, inter 10, col (A) 0 mg Income (see Periodicals Rep 2. Gross advortising	3. Expanses dractly connecter with production of annelited business incorre- feriter have and o page 1, Part I, line 10, col. (6). contections) contections	4. Net income (los from unrelated trade business (column minus column 3) if gain. compute cols. through 7. 0. 0. 0. 0. 0. 0. 0.	ising Income s) 5. Gross inc fran activity so a so activity business inc sits fran sits 5. Gross inc fran activity business inc 5. Gross inc	tion 6. Reade	able to nn 5	7. Excess example expenses (column 6 minus column 5, but not more than column 4) Enter here and an page 1, Part II, line 26, 7. Excess readership costs (column 6 minus column 5, but not more

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 Form 990-T (2016)
 BATTELLE MEMORIAL INSTITUTE
 31-4379427

 Part II
 Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in

1. Nama of periodical	2. Gross advartising income	3. Orrect 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 readerahip costs (column 6 minus column 5, but not more than column 4)
(1)						(into obtaining)
(2)						
(3)						
(4)						
Totals from Part I	0.	0.		A PARTY		0
	Enter here and on page 1, Part I, line 11, col. (A)	Enter here and on page 1, Part I, line 11, col. (B),		State -	Č	Enter here and on page 1, Part II, line 27,
Totals, Part II (lines 1-5)	0.	0.				0
Schedule K - Compensation	of Officers, E	irectors, and	Trustees (see ins	structions)		
1. Nome			2. Titla	3. Percent time devote businest	d to 4. Comp	iensation et&ibiitable related business
(1)					%	
(2)					0/	
(3)					%	
(4)			······		0/a	
Total, Enter here and on page 1, Part II, lin	ne 14	·····				0

Form 990-T (2016)

Page 5

#### SCHEDULE O (Form 1120)

#### (Rev. December 2012) Department of the Treasury Internal Revenue Service Name

# 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

Employer identification number

BATTELLE MEMORIAL INSTITUTE	24 4770407
Part I Apportionment Plan Information	31-4379427
1 Type of controlled group;	······································
a X 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 X For the entire year.	
b From, until	
2 This support on the second	
3 This corporation consents and represents to: a Adopt an apportionment plan. All the other members of this provide an adoption an expertisement of a structure of a structure of the structure	
and a second plant is and other memories of one group are appointed an appendicitient plan effective for	
the current tax year which ends on, and for all succeeding tax years.	
b X 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, 2016, and for all success	
years.	ding tax
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 lax 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 how on line 2 shows open the applicable bar, but	
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.	
An apportionment plan is already in effect. It was adopted for the tax year ending	
for all succeeding tax years.	, ang
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.	
Line the memory for adopt of 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.	

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איייי יייי שייה, כטימיהיי (ש) וען כמטו בטווים וויובווים וו	must equal taxable income from Form 1120, page 1, line 30 or the comparable line of such member's	1120, page 1	line 30 or the cor	noarable line of si	ich member's		
(a)				l axable Inc	Faxable Income Amount Allocated to Each Bracket	ed to	
Group member's name and employer identification number		Tax year end (Yr-Mo)	(c) 15%	(d) 25%	(e) 34%	( <b>n</b> 35%	(g) Total (add columns (c) through (f)
BATTELLE MEMORIAL INSTITUTE	31-4379427	21 17-09	0.	0.	0		.0
BATTELLS OKLAHOMA, LLC	20-0292062	52 17-09	48,961.	25,000.	154,038.		268 049
BATTELLE SERVICES COMPANY, INC.	31-179233	17-39	0.	0,	0		0
GEOSÀFE CORPORATION	91-1404268	17-09	0.	0.	0		0
SCIENTIFIC ADVANCES, INC.	31-6024333	17-09	1,039.	0	.0		1 039
VITEX SYSTEMS, INC.	77-052636	4 16-12	0.	°.	0		0
SEEBYTE, INC.	98-0563143	17-09	Ö	.0	0		
							>
Total							

613336 04-01-16 JWA

			Incom	Income Tax Apportionment	nment		
(a) Group member's name	(b) 15%	(c) 25%	( <b>d</b> ) 34%	(e) 35%	<b>(0)</b> 2% <sup>2</sup>	3% 3%	(h) Total income tax (combine lines (b) through (g))
BATTELLE MEMORIAL INSTITUTE	0.	0.	0		0		
BATTELLE OKLAHOMA, LLC	7,344.	5,250.	65,990.		8.337.		87 921
BATTELLE SERVICES COMPANY, INC.	0.	0.	0.		0		
GEOSAFE CORPORATION	0.	0	0.		G		
SCIENTIFIC ADVANCES, INC.	156.	0.	0.		117.		273
VITEX SYSTEMS INC.	0.	0.	.0		0		2
SEZBYTE, INC.	0.	0.	0.		.0		
Total	2 500	6 250			e 11 7		

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613337 04-01-16

carety Other Apportionments (See instructions)					
		õ	Other Apportionments	lts	
(a) Group member's name	(b) Accumulated earnings credit	(c) AMT exemption amount	(d) Phaseout of AMT exemption amount	(e) Penalty for failure to pay estimated tax	() Other
BATTELLE MEMORIAL INSTITUTE		000'05	150,000.		
BATTELLE OKLAHOMA LIC					
BATTELLE SERVICES COMPANY, INC.					
GEOSAFE CORPORATION					
SCIENTIFIC ADVANCES, INC.					
VITEX SYSTEMS, INC.					
SEEBYTE, INC.					
Total					

schedule 0 (Form 1120) (Rev. 12-2012)

613338 04-01-16 JWA

Form	4626	Alternative Minimum Tax - C					OMB No. 1545-0123
Dopar	Iment of the Treasury	Attach to the corporation's	tax return.				0040
Name	IRevenue Service         Information about Form 4626 and its separate instructions is at www.irs.gov/form4626.           BATTELLE MEMORIAL INSTITUTE						2016
	BATTELLE MEMORIA	AL INSTITUTE					Employer identification number
	Note: See the instructio	ns to find out if the corporation is a small corporation exempt					31-4379427
	from the alternative min	imum tax (AMT) under section 55(e).				.*	
1	Taxable income or (loss	) before net operating loss deduction				1	2,523,14
2	Aujustinents and preter	rences:			· ·· ·		
а	Depreciation of post-19					2a	
þ	Amortization of certified	Polition control facilities				20	
С	Amortization of mining e	exploration and development costs				20	
đ	i undi tradioni or chi colate	on expenditures (personal holding companies only)				20	
ŝ	Adjusted gain or loss		**** *********	* * ** *** * ** * *		20	
1	congram comasis					21	
g	Merchant marine capital	COnstruction funds				20	
h		1 1000 01035, DIUC OBBELL dHIT SHEBAT MAR ARRENT2000C ABUV				2h	······································
1	Tax birenter anni GURAIRC	(Dersonal service corporations only)				21	
j	Passive activities (close	ly held corporations and personal service corporations only)	*** * * ** *	• • • • • • • • • • •		21	
k	Loss limitations	and the second secon	6	***! **! - ** **	· · · · · · ·	2k	
1	o opionom					21	
m	Tax-exempt interest inco	ome from specified private activity bonds	******* ***** *				Mar
11	mangiore unning coata	A REAL PROPERTY OF A REAL PROPER				2m	
0	Other adjustments and p	nerer ences		*** **************	** **********	2n	······
3	Pre-adjustment alternation	ve minimum taxable income (AMTI). Combine lines 1 through 20				20	2 622 54
\$	Adjusted current earnin	gs (ACE) adjustment:	••• ••• -•	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · ·	3	2,623,14
а	ACE from line 10 of the /	ACE worksheet in the instructions	4a	2 1	623,143.		
b	Subtract line 3 from line	4a. If line 3 exceeds line 4a, enter the difference as a	70	<i>x.</i> , (	040,140.	4	
	negative amount. See ins	structions	4b		0,		
Ċ	Multiply line 4b by 75% (	(0.75). Enter the result as a positive amount	40		0.		
d	Enter the excess, if any, it	of the corporation's total increases in AMTI from prior	40				
	year ACE adjustments ov	er its total reductions in AM11 from prior year ACE					
	adjustments. See instruc	tions. Note: You must enter an amount on line 4d					
	(even if line 4b is positive	e)	4.4				
	ACE adjustment.	A DE ANA DE A	40				
		ore, enter the amount from line 4c	7			, ŵ	
	<ul> <li>If line 4b is less than :</li> </ul>	zero, enter the smaller of line 4c or line 4d as a negative amount					
	Combine lines 3 and 4e.	If zero or less, stop here; the corporation does not owe any AMT	J	· ···· 1		4e	(
	Alternative tax net operat	ing loop deduction Cas have at	CONTRO	IMENT 8	*** *** * *	5	2,623,14
,	Alternative minimum tax	cable income. Subtract line 6 from line 5. If the corporation held a	DIAIC	SUPPLY 8	*-***	6	2,360,829
	interest in a REMIC, see i						
		hstructions line 7 is \$310,000 or more, skip lines 8a and 8b and enter -0- on 1				7	262,314
а	Subtract \$150,000 from I	line 7 (if completing this line for a member of a controlled	me 8c):				
	group, see instructions).	If you and have and an a					
	a	n zero or iess, enter -u-	8a		12,314.	5/23	
b	Multiply line 8a by 25% (	0.25\			78 070 1		
b	Multiply line 8a by 25% (I Exemption, Subtract line		86		28,079.		
b c	Exemption. Subtract line	8b from \$40,000 (if completing this line for a member of a control	led				
b c	Exemption. Subtract line group, see instructions).	8b from \$40,000 (if completing this line for a member of a control If zero or less, enter -0-	led			8c	11,921
b c	Exemption. Subtract line group, see instructions). Subtract line 8c from line	8b from \$40,000 (if completing this line for a member of a control If zero or less, enter -0- 7. If zero or less, enter -0-	led	•• ••• ••• •		8c 9	250,393
b	Exemption. Subtract line group, see instructions). Subtract line 8c from line Multiply line 9 by 20% (0,	8b from \$40,000 (if completing this line for a member of a control If zero or less, enter -0- 7. If zero or less, enter -0- .20)	led				250,393
b c	Exemption, Subtract line group, see instructions). Subtract line 8c from line Multiply line 9 by 20% (0, Alternative minimum tax i	8b from \$40,000 (if completing this line for a member of a control If zero or less, enter -0- -7. If zero or less, enter -0- .20) foreign tax credit (AMTFTC). See instructions	led	······································	• • • • •	9	250,393 50,079
b	Exemption, Subtract line group, see instructions). Subtract line 8c from line Multiply line 9 by 20% (0, Alternative minimum tax. S Tentative minimum tax. S	8b from \$40,000 (if completing this line for a member of a control If zero or less, enter -0- 7. If zero or less, enter -0- .20) foreign tax credit (AMTFTC). See instructions ubtract line 11 from line 10	led	· · · · · · · · · · · · · · · · · · ·	• • • • •	9 10	250,393 50,079
	Exemption, Subtract line group, see instructions). Subtract line 8c from line Multiply line 9 by 20% (0, Alternative minimum tax. S Tentative minimum tax. S Regular tax liability before	8b from \$40,000 (if completing this line for a member of a control If zero or less, enter -0- .7. If zero or less, enter -0- .20) foreign tax credit (AMTFTC). See instructions wbtract line 11 from line 10 e applying all credits except the foreign tax credit	led	· · · · · · · · · · · · · · · · · · ·	• • • • •	9 10 11	250,393 50,079
b	Exemption, Subtract line group, see instructions). Subtract line 8c from line Multiply line 9 by 20% (0, Alternative minimum tax Tentative minimum tax. S Regular tax liability before Alternative minimum tax	8b from \$40,000 (if completing this line for a member of a control If zero or less, enter -0- 7. If zero or less, enter -0- .20) foreign tax credit (AMTFTC). See instructions ubtract line 11 from line 10	and on	· · · · · · · · · · · · · · · · · · ·	• • • • •	9 10 11 12	<u>11,921</u> 250,393 50,079 50,079

# Adjusted Current Earnings (ACE) Worksheet

31-4379427

		See ACE Worksheet I	nstructions.		
1 Pre-adi	justment AMTI. Enter the amount from line 3 of	Earm 4000			
2 ACE de	preciation adjustment:	F0111 4020			2,623,143.
	preciation				
	preciation:		2a	4	
	0 1 4000	05/41		UN ST	
	Post-1993 property Post-1989, pre-1994 property	2b(1)			
(3)	B 1000 thtopp				
	Pre-1990 original ACRS property		ti la		
(5)	Property described in sections	2b(4)		1	
	168(f)(1) through (4)	01 (2)			
(6) (	Other property			38° 4	
	Total ACE depreciation. Add lines 2b(1) through	2b(6)			
c ACE der	preciation adjustment. Subtract line 2b(7) from	120(6)	2b(7)		
3 Inclusio	on in ACE of items included in earnings and pro	line za	gene and many and a second of	20	
a Tax-exe	and the former of the		1 1		
	anofile from life in				
c All other	r distributions from life insurance contracts (in	· ···· ··· · · · · · · · · · · · · · ·	3b		
d Inside h	uildup of undistributed income in life insurance	cluding surrenders)	3c	1	
e Other ite	ems (see Regulations sections 1.56(g)-1(c)(6)(	3d			
for a nai					
	rtial list) crease to ACE from inclusion in ACE of items in				
4 Disallow	vance of items not deductible from E&P	cluded in E&P. Add lines 3a th	rough 3e	31	
	at. 2 a		1 1		
			4a		
affected is	a paid on certain preferred stock of public utilities that an	a deductible under section 247 (as			
c Dividend	PL = 1.13-285, Div. A, section 22 ((a)(4.1)(A), Dec. 10, 20 ds paid to an ESOP that are deductible under se	14, 128 Stat. 4043)	4b		
d Nonpatri	onage dividends that are paid and deductible u	Clion 404(K)	40		
1382(c)					
e Other ite	ms (see Regulations sections 1.56(g)-1(d)(3)(	the second secon	40		
partial lis	st)	i) and (ii) for a			
t Total inc	st)	a and a set of a set	4e		
5 Other ad	rease to ACE because of disallowance of items justments based on rules for figuring E&P:	not deductible from E&P, Add	lines 4a through 4e	41	
	a deilling and -				
	an owners divers		<u>5a</u>		
			56		
e Installme	and a	·			
	er E&P adjustments. Combine lines 5a through	······································			
6 Disallow	anon offere en este de la				
7 Acquisiti	on expenses of life incurance companies to	a and the second se		6	
8 Depletion	on expenses of life insurance companies for qu	latified foreign contracts		7	
	and the second of the second sec				
0 Adjusted	ustments in determining gain or loss from sale	or exchange of pre-1994 prop	erty	9	
Form 462	current earnings. Combine lines 1, 2c, 3f, 4f,	and 51 through 9. Enter the res	ull here and on line 4a of		
10/11/402	26			10	2,623,143.

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31-4379427

FORM 990-T INCOME (LOSS) FROM PARTNERSHIPS AND S CORPORATIONS	STATEMENT 1
DESCRIPTION	AMOUNT
ALLIANCE BERNSTEIN HOLDING L.P. AMERIGAS PARTNERS L.P. BLUE POINT CAPITAL PARTNERS III L.P. GS CAPITAL PARTNERS VI PARALLEL L.P. MAGELLAN MIDSTREAM PARTNERS L.P. SPECTRA ENERGY PARTNERS L.P. WINNER WATER SERVICES INC	17,611. -5,857. 83,958. 23. -4,750. -8,670. -349,171.
TOTAL TO FORM 990-T, PAGE 1, LINE 5	-266,856.
FORM 990-T OTHER DEDUCTIONS	STATEMENT 2
DESCRIPTION	AMOUNT
CORPORATE AND DIVISIONAL OVERHEAD	4,001,985.
TOTAL TO FORM 990-T, PAGE 1, LINE 28	4,001,985.

FORM 990-T	NET	OPERATING LOSS D	EDUCTION	STATEMENT 3
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
09/30/06	2,972,118.	2,972,118.	Û.	
09/30/07	6,474,997.	2,844,039.	3,630,958.	0. 3,630,958.
09/30/08	7,436,230.	0.	7,435,230.	7,436,230.
09/30/09	821,863,	0.	821,863.	821,863.
NOL CARRYOV	ER AVAILABLE THIS	YEAR	11,889,051.	11,889,051.

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31-4379427

FORM 990-T			
	NAME OF FOREIGN	COUNTRY IN WHICH	STATEMENT 4
	ORGANIZATION HAS	FINANCIAL INTEREST	The second

NAME OF COUNTRY

GEORGIA JAPAN SAUDI ARABIA SWITZERLAND UNITED KINGDOM

\_\_\_\_\_

FORM 990-T COST OF GOODS SOLD - OTHER COSTS	STATEMENT 5
DESCRIPTION	AMOUNT
COST OF SALES FOR COMMERCIAL/UNRELATED SERVICES	57,069,978.
TOTAL TO FORM 990-T, SCHEDULE A, LINE 4B	57,069,978.

### 31-4379427

FORM 990-T	SCHEDULE F - I AND RENTS FR	NTEREST, OM CONTRO	ANNUITIE	S, ROYAI	TIES DNS	STATEMENT
	1. LLED ORGANIZATI	NC		CTIVITY IUMBER	2. EMPLOYER ID NO.	
GEOSAFE CORPORT	ATION	Manager and State an		3	91-1404268	•
EXEMPT CONTROL	LED ORGANIZATION	SI				
3.	4 .					б.
NET UNRELATED INCOME (LOSS)	TOTAL OF SPI PAYMENTS I	ECIFIED MADE	INCLUE	COL (4) DED IN INCOME	CONNE	ONS DIRECTLY CTED WITH 5) INCOME
NONEXEMPT CONTR	ROLLED ORGANIZA:	PIONS				
7.	8.	9	•	10		11.
PAXABLE INCOME	NET UNRELATED INCOME (LOSS)	TOTAI SPECIFII	L OF ED PMTS	INCLUD	COL (9) ED IN INCOME	DEDUCTIONS DIRECTLY CONNECTED
-147,633.			141,024.		141,024.	112,326.
	 LED ORGANIZATIO	DN		TIVITY UMBER	2. EMPLOYER ID NO.	
BATTELLE OKLAHO	OMA	W Garran		18	20-0292062	
EXEMPT CONTROLL	ED ORGANIZATION	IS				
3.	4.		5			6.
NET UNRELATED INCOME (LOSS)	TOTAL OF SPE PAYMENTS M	CIFIED	PART OF INCLUD GROSS		CONNE	ONS DIRECTLY CTED WITH 5) INCOME
VONEXEMPT CONTR	OLLED ORGANIZAI	IONS				
7.	8.	9.		10		11.
AXABLE INCOME	NET UNRELATED INCOME (LOSS)	TOTAL SPECIFIE		INCLUD	COL (9) ED IN INCOME	DEDUCTIONS DIRECTLY CONNECTED
	(,			GUODD .	TACOUT	COMMECTED

	IAL INSTITUTE					31-4379
	1. LLED ORGANIZATIO	ON		CTIVITY NUMBER	2. EMPLOYER ID NO.	2
VITEX SYSTEMS				19	77-052636	
	LED ORGANIZATION	ATC .		13	//-052636	4
3.		GN				
NET UNRELATED INCOME (LOSS)	4. TOTAL OF SPH PAYMENTS N	ECIFIED MADE	PART OF INCLUE	5. F COL (4) DED IN INCOME	CONN	6. TIONS DIRECTLY ECTED WITH (5) INCOME
NONEXEMPT CONTR	COLLED ORGANIZAT	TIONS				
7.	8.	9	Э.	10		11.
	NET UNRELATED	TOTA	L OF	INCLUI	COL (9) DED IN INCOME	DEDUCTIONS DIRECTLY CONNECTED
PAXABLE INCOME	INCOME (LOSS)	SPECIFI	111 11110			
-16,208.	LED ORGANIZATIC	·····	30,885. AC	TIVITY	30,885. 2. EMPLOYER ID NO.	24,358.
-16,208. 1 NAME OF CONTROL BATTELLE SERVIC	LED ORGANIZATIC TE CORPORATION I	DN 	30,885. AC	UMBER	2.	
1 NAME OF CONTROL BATTELLE SERVIC EXEMPT CONTROLL 3.	LED ORGANIZATIC E CORPORATION I ED ORGANIZATION 4.	DN 	30,885. AC N	20	2. EMPLOYER ID NO. 31-1792334	<u>4</u> 6 .
-16,208. 1 NAME OF CONTROL BATTELLE SERVIC EXEMPT CONTROLL	LED ORGANIZATIC E CORPORATION I ED ORGANIZATION 4.	ON INC IS CIFIED	30,885. AC N PART OF INCLUD	20	2. EMPLOYER ID NO. 31-1792334 DEDUCT: CONNI	4
-16,208. 1 NAME OF CONTROL BATTELLE SERVIC EXEMPT CONTROLL 3. NET UNRELATED INCOME (LOSS)	LED ORGANIZATIO E CORPORATION I ED ORGANIZATION 4. TOTAL OF SPE	DN INC IS CIFIED LADE	30,885. AC N PART OF INCLUD	20 20 COL (4) ED IN	2. EMPLOYER ID NO. 31-1792334 DEDUCT: CONNI	6. IONS DIRECTLY ECTED WITH
-16,208. 1 NAME OF CONTROL BATTELLE SERVIC EXEMPT CONTROLL 3. NET UNRELATED INCOME (LOSS)	LED ORGANIZATIC E CORPORATION I ED ORGANIZATION 4. TOTAL OF SPE PAYMENTS M	DN INC IS CIFIED LADE	30,885. AC N PART OF INCLUD GROSS	20 20 COL (4) ED IN INCOME	2. EMPLOYER ID NO. 31-1792334 DEDUCT: CONNI COL	6. IONS DIRECTLY ECTED WITH
-16,208. 1 NAME OF CONTROL BATTELLE SERVIC EXEMPT CONTROLL 3. NET UNRELATED INCOME (LOSS) NONEXEMPT CONTR	LED ORGANIZATIC E CORPORATION I ED ORGANIZATION 4. TOTAL OF SPE PAYMENTS M OLLED ORGANIZAT	ON INC IS CCIFIED LADE	30,885. AC N S PART OF INCLUD GROSS	20 20 COL (4) ED IN INCOME	2. EMPLOYER ID NO. 31-179233. DEDUCT: COL COL	6. IONS DIRECTLY ECTED WITH (5) INCOME

	ADD COLUMNS 5 AND 10	ADD COLUMNS 6 AND 11
TOTALS TO FORM 990-T, SCHEDULE F	186,092.	146,820.

STATEMENT(S) 6

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31-4379427

DESCRIPTION		ACTIVITY NUMBER	AMOUNT	TOTAL
INTEREST EXPENSE			112,326.	
INTEREST EXPENSE	- SUBTOTAL	- 3	1,191.	112,326
INTEREST EXPENSE	- SUBTOTAL	18	24,358,	1,191
INTEREST EXPENSE	- SUBTOTAL	- 19	8,945.	24,358
	- SUBTOTAL	- 20	υ, σιεσ.	8,945.
TOTAL OF FORM 990-T,	SCHEDULE F, COLUMN	1.1	-	146,820,

FORM 4626	ALTERNAT	IVE MINIMUM TAX NO	DL DEDUCTION	STATEMENT 8
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	844
09/30/06 09/30/07	2,972,118.	2,972,118.	0.	
09/30/08	6,474,997. 7,436,230.	2,363,998.	4,110,999.	
09/30/09	821,863.	0. 0.	7,436,230. 821,863.	

FORM 990-T SCHEDULE F - DEDUCTIONS OF CONTROLLED ORGANIZATIONS STATEMENT 7 DIRECTLY CONNECTED WITH COLUMN 10 INCOME

## Battelle Memorial Institute EIN: 31-4379427 Tax Year 2016 (October 1, 2016 to September 30, 2017)

# 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	33,040,804	(27,166,532)	5,874,272
Pacific Northwest Division	9,168,803	(8,534,288)	634,514
UT-Battelle, LLC	7,941,135	(7,941,135)	0
Brookhaven Science Associates, LLC	1,848,615	(1,848,615)	0
Battelle Energy Alliance, LLC	11,318,573	(11,318,573)	0
Seebyte Limited	605,761	(260,835)	344,926
Battelle National Biodefense Institute, LLC	0	0	0
Total - Battelle Memorial Institute	63,923,690	(57,069,978)	6,853,712

orm	8827	

# Credit for Prior Year Minimum Tax - Corporations

OMB No. 1545-0123

Department of the Treasury Internal Revenue Service	<ul> <li>Attach to the corporation's tax return.</li> <li>Information about Form 8827 and its instructions is at www.irs.gov/form8827.</li> </ul>		2016
Name	and the method the test of	Employ	er identification number
BATTELLE MEMOR	IAL INSTITUTE		31-4379427
1 Alternative minimum ta	(AMT) for 2015. Enter the amount from line 14 of the 2015 Form 4626	. 1	62,658.
2 Minimum tax credit can	yforward from 2015. Enter the amount from line 9 of the 2015 Form 8827	2	18,982.
3 Enter any 2015 unallow	ed qualified electric vehicle credit (see instructions)	3	
4 Add lines 1, 2, and 3			81,640.
5 Enter the corporation's	2016 regular income tax liability minus allowable tax credits (see	4	01,040.
instructions)		5	0,
A to me corboration a 200	all corporation exempt from the AMT for 2016 (see instructions)?		
• Yes. Enter 25% of the	excess of line 5 over \$25,000. If line 5 is \$25,000 or less, enter -0-		
<ul> <li>No. Complete Form 4</li> <li>Za Subtract line 6 from line</li> </ul>	526 for 2016 and enter the tentative minimum tax from line 12	6	50,079.
h For a composition election	5. If zero or less, enter -0-	7a	0.
a the anapportation bloght	y to according to the minimum lateration enter the honor dependence		
c Add lines 7a and 7b	e minimum tax credit (see instructions)	75	
8a Enter the smaller of line	4 or line 7c. If the corporation had a post-1986 ownership change	70	
or has pre-acquisition en	cess credits, see instructions	0.0	
b Current year minimum	ax credit. Enter the smaller of line 4 or line 7a here and on Form 1120. Schedule J. Part Lline 5d	<u>8a</u>	
(or the applicable line of	your return). If the corporation had a post-1986 ownership change or has pre-acquisition		
excess credits, see instri	ictions. If you made an entry on line 7b, go to line 8c. Otherwise, skin line 8c	8b	0.
c onniger rue on trotti nu	e 8a. This is the refundable amount for a corporation electing to accelerate		
your return)	include this amount on Form 1120, Schedule J, Parl II, line 19c (or the applicable line of		
· · · · · · · · · · · · · · · · · · ·	yforward to 2017. Subtract line 8a from line 4. Keep a record of this	80	
amount to carry forward	and use in luture years		
		0	81 640

JWA 520281 01-03-17