Form	qqn
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EXTENDED TO AUGUST 15, 2023

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

Do not enter social security numbers on this form as it may be made public.

Department of the Treasury Internal Revenue Service

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



A For the 2021 calendar year, or tax year beginning OCT 1, 2021 and ending SEP	30, 2022	
B Check if applicable: C Name of organization D	Employer identifi	cation number
Address Change BATTELLE MEMORIAL INSTITUTE		
Name Change Doing business as	31-4379427	
	Telephone numbe	r
Final 505 KING AVENUE	614-424-6424	
	Gross receipts \$	11,091,587,870.
	l(a) Is this a group r	
Application F Name and address of principal officer: LEWIS VON THAER		s? Yes X No
SAME AS C ABOVE	(b) Are all subordinates in	
I Tax-exempt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527		list. See instructions
	I(c) Group exemption	
	formation: 1925	M State of legal domicile: OH
 Briefly describe the organization's mission or most significant activities: <u>SCHEDULE 0</u> 	MENI ON	
	an OEU/ of its not as	aata
 Check this box (interpretation discontinued its operations or disposed of more that 3 Number of voting members of the governing body (Part VI, line 1a) 		sets.
 3 Number of voting members of the governing body (Part VI, line 1a) 4 Number of independent voting members of the governing body (Part VI, line 1b) 		9
		41098
 5 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 6 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (C), line 12 		0
7 a Total unrelated business revenue from Part VIII, column (C), line 12		85,929,452.
b Net unrelated business taxable income from Form 990-T, Part I, line 11		4,916,371.
	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	8,954,666,857.	9,821,317,836.
9 Program service revenue (Part VIII, line 2g)	1,037,325,791.	1,205,777,755.
 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 	80,560,417.	-25,783,374.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	14,269,299.	23,633,829.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	L0,086,822,364.	11,024,946,046.
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	29,452,429.	24,278,581.
14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	5,526,542,228.	6,093,584,423.
16 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a, 11d, 11f, 24a)	0.	0.
b Total fundraising expenses (Part IX, column (D), line 25)		
	4,336,214,752.	
	9,892,209,409.	11,003,881,954.
19 Revenue less expenses. Subtract line 18 from line 12	194,612,955.	21,064,092.
	ning of Current Year	End of Year
	1,558,568,214.	1,503,032,732. 606,544,986.
21 Total liabilities (Part X, line 26) 23 20 24 21 25 20	708,486,798. 850,081,416.	896,487,746.
≥∃ 22 Net assets or fund balances. Subtract line 21 from line 20 Part II Signature Block	000,001,410.	050,407,740.
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements	and to the best of m	knowledge and belief it is
true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has		y nitowiouyo altu boliol, il is

Sign Here		June 200 Signature of officer THOMAS E. SHARPE, ASST. TREASURER Type or print name and title			8-7-23 Date					
Paid	Prin	t/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN				
Preparer	Firm	n's name			Firm's EIN 🕨					
Use Only	Firm's address									
	Phone no.									
May the I	May the IRS discuss this return with the preparer shown above? See instructions Yes No									

132001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions. SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	990 (2021) BATTELLE MEMORIAL INSTITUTE	31-4379427	Page 2
Pa	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
	BATTELLE MEMORIAL INSTITUTE ("BMI") IS ORGANIZED EXCLUSIVELY FOR		
	CHARITABLE, EDUCATIONAL AND SCIENTIFIC PURPOSES, INCLUDING THE		
	UTILIZATION OF SCIENCE, THE SCIENTIFIC METHOD AND RESEARCH FOR THE BENEFIT AND EDUCATION OF MANKIND.		
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?		Yes X No
	If "Yes," describe these new services on Schedule O.	L	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?		Yes X No
•	If "Yes," describe these changes on Schedule O.	L	
4	Describe the organization's program service accomplishments for each of its three largest program services, as m	easured by expe	enses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others		
	revenue, if any, for each program service reported.	, ,	,
4a	(Code:) (Expenses \$ 7,053,148,108. including grants of \$) (Revenue)	e\$64	16,035,740 .)
	BATTELLE MEMORIAL INSTITUTE ("BMI") AND ITS AFFILIATES OPERATE SEVEN		
	UNITED STATES DEPARTMENT OF ENERGY ("DOE") NATIONAL LABORATORIES:		
	BROOKHAVEN NATIONAL LABORATORY; IDAHO NATIONAL LABORATORY; LOS ALAMOS		
	NATIONAL LABORATORY; NATIONAL RENEWABLE ENERGY LABORATORY; OAK RIDGE		
	NATIONAL LABORATORY; PACIFIC NORTHWEST NATIONAL LABORATORY; SAVANNAH		
	RIVER NATIONAL LABORATORY. BMI IS AN INTEGRATED SUBCONTRACTOR AT A		
	EIGHTH 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		
4b	(Code:) (Expenses \$538,574,380. including grants of \$) (Revenue	-\$ 47	74,009,057.)
	BMI ALSO CONDUCTS SCIENTIFIC RESEARCH AND DEVELOPMENT PROGRAMS FOR		<u> </u>
	OTHER FEDERAL, STATE AND LOCAL GOVERNMENT AGENCIES AND INDUSTRIAL		
	SPONSORS, AND TRANSLATES SCIENCE AND TECHNOLOGY INTO PRODUCTS, SYSTEMS		
	AND SERVICES FOR ITS SPONSORS. BMI PLACES SPECIAL EMPHASIS UPON		
	SIGNATURE AREAS OF ENERGY, ENVIRONMENT AND MATERIAL SCIENCES, NATIONAL		
	SECURITY, AND HEALTH AND LIFE SCIENCES.		
4c	(Code:) (Expenses \$24,278,581. including grants of \$ 24,278,581.) (Revenue	¢)
70	EACH YEAR, BMI DISTRIBUTES AT LEAST TWENTY PERCENT OF ITS PRIOR YEAR	φ	,
	CONSOLIDATED NET INCOME BEFORE ADJUSTMENTS FOR UNREALIZED GAINS AND		
	LOSSES TO PUBLIC CHARITIES AND EDUCATIONAL INSTITUTIONS. DISTRIBUTIONS		
	ARE PRIMARILY FOCUSED UPON EDUCATION, HUMAN SERVICES, ARTS AND		
	SCIENCES, AND ECONOMIC DEVELOPMENT. BMI ACTIVELY SUPPORTS EDUCATIONAL		
	INITIATIVES IN OHIO, TENNESSEE AND ACROSS THE UNITED STATES THAT		
	PROMOTE STUDENT ACHIEVEMENT, ASSIST WITH PROFESSIONAL DEVELOPMENT FOR		
	TEACHERS, AND PROMOTE INQUIRY-BASED LEARNING, ESPECIALLY IN THE		
	SCIENCE, TECHNOLOGY, ENGINEERING, AND MATHEMATICS (STEM) DISCIPLINES.		
4d	Other program services (Describe on Schedule O.)		
40	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses ► 7,616,001,069.)	
40	Total program service expenses 7,616,001,069.	1	orm 990 (2021)
		1	5 (2021)

Form	990	(2021)

Part IV Checklist of Required Schedules

BATTELLE MEMORIAL INSTITUTE

31-4379427

Page 3

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		х
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
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	
С	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		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? If "Yes," complete Schedule D, Part IX	11d		X
е	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'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	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?		v	
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If</i> "Yes," <i>complete Schedule E</i>	13	x	^
	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			
		4.4%	x	
15	or more? <i>If</i> "Yes," <i>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	14b		
15		15		x
16	foreign organization? <i>If</i> "Yes," <i>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	15		
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		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? If "Yes," complete Schedule G, Part I. See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? 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? If "Yes."			
	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		x
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? <i>If</i> "Yes." <i>complete Schedule I. Parts I and II</i>	21	х	

Form 990 (2021)

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BATTELLE MEMORIAL INSTITUTE

Checklist of Required Schedules (continued) Part IV Yes No Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on 22 Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Х 22 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Х 23 Schedule J 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 х Schedule K. If "No," go to line 25a 24a **b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease С any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a 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 Х 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 х Schedule I Part I 25b 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% х controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 26 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, 27 creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III Х 27 28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If Х "Yes," complete Schedule L, Part IV 28a х b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28b c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If х 28c "Yes," complete Schedule L, Part IV x Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or gualified conservation x contributions? If "Yes," complete Schedule M 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Х 31 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes." complete 32 Х 32 Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 Х sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and 34 х 34 Part V line 1 Х 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 х 35b 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? х 36 If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI х 37 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Х Note: All Form 990 filers are required to complete Schedule O 38 Statements Regarding Other IRS Filings and Tax Compliance Part V Check if Schedule O contains a response or note to any line in this Part V Yes No 3599 **1a** Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 0 Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable h 1b

Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming С (gambling) winnings to prize winners?

1c

Form Par	1990 (2021) BATTELLE MEMORIAL INSTITUTE 31-43	/942/	F	Page 3				
Fai	rt V Statements Regarding Other IRS Filings and Tax Compliance (continued)		1	1				
			Yes	No				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,							
		L098	v					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		X					
•	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.		v					
	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X					
		<u>3b</u>	^					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	4-	x					
h	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<u>4a</u>	A					
b								
50	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		x				
				x				
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?							
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit							
ou	any contributions that were not tax deductible as charitable contributions?	6a		x				
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts							
	were not tax deductible?	6b						
7	Organizations that may receive deductible contributions under section 170(c).							
а		vor? 7a		X				
		/						
с								
	to file Form 8282?	7c		x				
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d							
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		х				
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g						
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-	C? 7h						
8	8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the							
	sponsoring organization have excess business holdings at any time during the year?	8						
9	Sponsoring organizations maintaining donor advised funds.							
а	Did the sponsoring organization make any taxable distributions under section 4966?	<u>9</u> a						
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<u>9b</u>						
10	Section 501(c)(7) organizations. Enter:							
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b							
11	Section 501(c)(12) organizations. Enter:							
a	Gross income from members or shareholders 11a							
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)							
12a	amounts due or received from them.)	12a						
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.							
		13a						
-	Note: See the instructions for additional information the organization must report on Schedule O.							
b	Enter the amount of reserves the organization is required to maintain by the states in which the							
	organization is licensed to issue qualified health plans							
с								
		14a		Х				
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O							
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			1				
	excess parachute payment(s) during the year?	15	х					
	If "Yes," see the instructions and file Form 4720, Schedule N.							
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		x				
	If "Yes," complete Form 4720, Schedule O.							
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			1				
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17						
	If "Yes," complete Form 6069.							

Form	990 (2021) BATTELLE MEMORIAL INSTITUTE		31-437			age 6
Pa	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 thro	ough	7b below, and fo	ora "No" r	espon	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. S					
	Check if Schedule O contains a response or note to any line in this Part VI					X
Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		9		
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b		9		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship w	with a	ny other			
	officer, director, trustee, or key employee?			. 2		x
3	Did the organization delegate control over management duties customarily performed by or under the c	direct	supervision			
	of officers, directors, trustees, or key employees to a management company or other person?					X
4	Did the organization make any significant changes to its governing documents since the prior Form 990		filed?			X
5	Did the organization become aware during the year of a significant diversion of the organization's asset	ts?		5		x
6	Did the organization have members or stockholders?			. 6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or apport	oint o	ne or			
	more members of the governing body?			. 7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stor	ckhol	ders, or			
	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year t	-	-			
a	The governing body?				X	
b	Each committee with authority to act on behalf of the governing body?			<mark>8</mark> b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reach	ied at	the			x
800	organization's mailing address? If "Yes." provide the names and addresses on Schedule O			9		Δ
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Reve	enue (Code.)		¥.	
10-	Did the eventiation have local charters, branches, or efficience			10-	Yes X	No
	Did the organization have local chapters, branches, or affiliates?			<u>10a</u>	А	
D	If "Yes," did the organization have written policies and procedures governing the activities of such chap			104	х	
110	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body b		filing the form?		x	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	Jeiore		Tid		
	Did the organization have a written conflict of interest policy? If "No." go to line 13			12a	х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to				X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes					
U	on Schedule O how this was done	,		12c	х	
13	Did the organization have a written whistleblower policy?				х	
14	Did the organization have a written document retention and destruction policy?				х	
15	Did the process for determining compensation of the following persons include a review and approval b					
-	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	,				
а	The organization's CEO, Executive Director, or top management official			15a	х	
	Other officers or key employees of the organization				Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangeme	ent wit	h a			
	taxable entity during the year?			. 16a	Х	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	its pa	rticipation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization	ation'	S			
	exempt status with respect to such arrangements?	<u></u> .	<u></u>	16b	Х	
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed AZ, CA, DC, GA, IL, KY, MA,	, NY , (DH,OR,VA,IN			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	990-	T (section 501(c))(3)s only)	availal	ole
	for public inspection. Indicate how you made these available. Check all that apply.					
	X Own website Another's website X Upon request Other (explain or control or contro or contro or contro or control or control or control or contro o	on Scl	nedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conf	flict of	interest policy,	and financ	cial	
	statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's books	s and	records			
	CHRIS BOYNTON - 614-424-3012					
	505 KING AVENUE, COLUMBUS, OH 43201-2693					

Form 990 (2		31-4379427	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Comp	ensated	
	Employees, and Independent Contractors		
	Check if Schedule O contains a response or note to any line in this Part VII		
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		
1a Comple	te this table for all persons required to be listed. Report compensation for the calendar year ending with	or within the organization's	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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

(A)	(B)	(C)					(D)	(E)	(F)	
Name and title	Average	(do	(do not check mor				200	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson i	s both	n an	compensation	compensation	amount of
	week		cer ar I	id a d	lirecto	or/trus T	tee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or di	ee.			ated		organization	(W-2/1099-MISC/	from the
	related	ustee	trust		e	bens		(W-2/1099-MISC/	1099-NEC)	organization
	organizations below	ual tr	tional		n ploye	t com	_	1099-NEC)		and related organizations
	line)	ndividual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) LEWIS VON THAER	39.00	_								
PRESIDENT & CEO	1.00			х				4,047,187.	0.	45,564.
(2) MATTHEW L. VAUGHAN	40.00									
EXECUTIVE VP, CONTRACT RESEARCH				Х				1,868,052.	0.	50,557.
(3) EDWARD GRECCO	40.00									
EXECUTIVE VP, CFO				х				1,565,015.	0.	50,254.
(4) RUSSELL P. AUSTIN	40.00									
SR VP, GEN COUNSEL & SECRETARY				Х				1,425,589.	0.	66,315.
(5) MARK T. PETERS	40.00									
EXECUTIVE VP, LAB DIRECTOR				Х				1,329,084.	0.	49,371.
(6) STEVEN F. ASHBY	40.00									
SR VP, LAB DIRECTOR				Х				909,258.	0.	161,483.
(7) RONALD D. TOWNSEND	40.00									
EXECUTIVE VP, LAB OPS TO 01/21							Х	1,045,715.	0.	0.
(8) MICHAEL SCHLENDER	40.00									
DEPUTY LAB DIRECTOR						X		596,797.	0.	283,501.
(9) JOHN WAGNER	40.00									
SR VP, LAB DIRECTOR				Х				772,858.	0.	67,982.
(10) PATRICK F. JARVIS	40.00									
SR VP, MARKETING & COMMUNICATIONS				Х				790,711.	0.	49,749.
(11) ANTHONY PEURRUNG	40.00									
DEPUTY LAB DIRECTOR						X		580,523.	0.	231,746.
(12) JERRY ROTTLER	40.00									
SR VP LAB OPERATIONS						X		788,009.	0.	22,232.
(13) GEORGE LECAKES	40.00									
VP & GENERAL MANAGER						X		759,134.	0.	30,184.
(14) JUAN ALVAREZ	40.00									
DEPUTY LAB DIRECTOR						X		583,221.	0.	164,967.
(15) AIMEE KENNEDY	40.00									
SR VP, CHIEF HR OFFICER				Х				677,020.	0.	41,795.
(16) THOMAS E. MASON	0.00									
SENIOR VP 07/17 TO 11/17		L					Х	644,637.	0.	2.
(17) MARK D. PERRIGO	40.00									
ASST TREAS. & CONTROLLER				Х				370,328.	0.	43,703.

Form 990 (2021) BATTELLE MEM									31-43	7942	7	Р	age 8
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
(A) Name and title	(B) Average hours per week	box	not c , unle:	Pos heck ss pe	erson i	than of than of is both pr/trus	ı an	(D) Reportable compensation from	(E) Reportable compensation from related	I	an	(F) timate nount other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MIS 1099-NEC)		fr org and	pensa om th anizat d relat anizati	e ion ed
(18) BRIAN R. SMITH	39.00												
TREASURER	1.00			х				346,398.		0.		45,	159.
(19) THOMAS E. SHARPE	39.00							205 162				5.0	010
ASST TREASURER & ASST SECR (20) JOHN K. WELCH	1.00			х	-	-		305,163.		0.		58,	919.
CHAIRMAN AND DIRECTOR	5.00	x						206,039.		٥.			0.
(21) SEAN C. O'KEEFE	3.00							200,000.					••
DIRECTOR		х						191,936.		٥.			0.
(22) VICKY A. BAILEY	3.00							, ,					
DIRECTOR		х						184,072.		٥.			0.
(23) KIRKLAND H. DONALD	3.00												
DIRECTOR		Х						181,545.		٥.			0.
(24) JOHN C. LECHLEITER	3.00												
DIRECTOR	2.00	Х						181,497.		0.			0.
(25) STEPHEN D STEINOUR DIRECTOR	3.00	x						179,143.		٥.			0
(26) MICHAEL J. GASSER	3.00	~				-		1/5,145.					0.
DIRECTOR		x						178,724.		٥.			Ο.
1b Subtotal								20,707,655.		0.	1	463,	483.
c Total from continuation sheets to Part VI								495,106.		٥.	0. 0.		
d Total (add lines 1b and 1c)								21,202,761.		٥.	1	463,	483.
2 Total number of individuals (including but n compensation from the organization ►	ot limited to th	ose	liste	d al	ove	e) wh	o re	eceived more than \$100,	000 of reportable	ł		16	,750
										ſ		Yes	No
3 Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for s</i>	-			•					•		3	X	
4 For any individual listed on line 1a, is the su													
and related organizations greater than \$150	,		'								4	X	
5 Did any person listed on line 1a receive or a					-			-	dual for services	ļ	_		v
rendered to the organization? If "Yes." con Section B. Independent Contractors	plete Schedule	e J fo	or si	ich .	pers	ion .				<u></u>	5		X
1 Complete this table for your five highest co	mnensated inc	lene	nder	nt c	ontr	acto	rs tl	hat received more than \$	100 000 of comp	ensat	ion fre	m	
the organization. Report compensation for	-	-								onout			
(A)				0				(B)			(0		
Name and business	address							Description of s	ervices	C	ompe	nsatio	n
MERRICK SMSI JOINT VENTURE LLP									TRUCTION		0.4	726	0.0 7
600 SIXTH ST, LOS ALAMOS, NM 87544 CENTERRA GROUP LLC, 7121 FAIRWAY DR,	DAT.M							PROJECT MNGMT CONS	TRUCTION		04	/30,	237.
BEACH GARDENS, FL 33418	IADH							PROFORCE SERVICES			60	714	533.
EW HOWELL CO LLC												, ,	
245 NEWTOWN RD, PLAINVIEW, NY 11803								CONSTRUCTION			23	188,	923.
YOH SERVICES LLC, 1500 SPRING GARDEN ST,													
PHILADELPHIA, PA 19130								PROFESSIONAL SERVI	CES		12	016,	695.
NUCFIL LLC 400 CORPORATE CIRCLE, GOLDEN, CO 804	01							TECHNICAL SERVICES			8	613,	658.
2 Total number of independent contractors (i	ncluding but n	ot lin	nited	d to								,	
\$100,000 of compensation from the organi	zation 🕨				52	4							

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 BATTELLE MEMORIAL INSTITUTE							31-4379427				
									, ,		
(A) Nome and title	(B)				C)			(D)	(E)	(F)	
Name and title	Average hours	AveragePositionhours(check all that apply)					Iv)	Reportable compensation	Reportable compensation	Estimated amount of	
	per						·y)	from	from related	other	
	week					oyee		the	organizations	compensation	
	(list any	irecto				empl		organization	(W-2/1099-MISC)	from the	
	hours for related	e or d	stee			sated		(W-2/1099-MISC)		organization and related	
	organizations	Individual trustee or director	Institutional trustee		oyee	Highest compensated employee				organizations	
	below	vidual	itutior	cer	Key employee	hest c	Former			-	
	line)	Indi	Inst	Officer	Key	Hig	Fori				
(27) STEPHANIE O'SULLIVAN	3.00										
DIRECTOR	3 00	х						173,602.	0.	0.	
(28) SUZANNE M. VAUTRINOT DIRECTOR	3.00	x						173,593.	0.	0.	
(29) WAYNE FREDERICK	3.00							,			
DIRECTOR		х						147,911.	0.	0.	
		-									
		•									
		-									
Total to Part VII, Section A, line 1c								495,106.			

										Г
		Check if Schedule O	cont	ains a respon	ise or r	note to any lin	e in this Part VIII (A) Total revenue	(B) Related or exempt function revenue		(D) Revenue exclu from tax und sections 512 -
ţ	1 a	Federated campaigns		1a						
uno	b	Membership dues		1b						
Contributions, Gifts, Grants and Other Similar Amounts	С	Fundraising events		1c						
	d	Related organizations					-			
	е	Government grants (cont	ributi	ions) 1e	9,78	9,775,399.	-			
š	f	All other contributions, gifts,	, gran	ts, and						
Ę		similar amounts not include	d abo	ve 1f	3:	1,542,437.	4			
p	g	Noncash contributions included in	n lines	1a-1f 1g \$						
a	h	Total. Add lines 1a-1f			<u></u>		9,821,317,836.			
						usiness Code				
		GOVERNMENT CONTRACT				541700	830,283,249.	, ,		
e	b				!	541700	375,494,506.	289,761,548.	85,732,958.	
Revenue	C	:			_					
Sev	d	l			_					
	е				_ _					
		All other program service	reve	nue						
_		Total. Add lines 2a-2f				>	1,205,777,755.			
	3	Investment income (inclu					14 051 040		100 404	
	_	other similar amounts)					14,951,040.		196,494.	14,754,5
	4	Income from investment		•	•	ceeds	E E 0 7 7 7			E E 0 0 7
	5	Royalties	·····				5,599,707.			5,599,7
	-			(i) Real		(ii) Personal	-			
		Gross rents	6a		0.		-			
		Less: rental expenses	6b		-		-			
		Rental income or (loss)	6 C	100,72			100 700			100 7
		Net rental income or (loss	·	(i) Securitie		(ii) Othor	100,722.			100,7
	<i>i</i> a	Gross amount from sales of		14,813,88		(ii) Other	•			
	la	assets other than inventory	<u>/a</u>	14,013,00	, <u>,</u>	1,095,521.	-			
,	D	Less: cost or other basis	76	64,325,22	20	2 316 604				
5		and sales expenses	70	49 511 33	31 3	8 776 917	-			
							-40,734,414.			-40,734,4
		I Net gain or (loss)			<u></u>	····· 🚩	10,751,111.			10,751,1
	0 0									
1		including \$ contributions reported or								
		Part IV, line 18			8a					
	h	Less: direct expenses			8b					
		Net income or (loss) from		····· L		•				
		Gross income from gamir		- r	· · · · · ·	····· F				
		Part IV, line 19			9a					
	b	Less: direct expenses			9b					
		Net income or (loss) from				>				
		Gross sales of inventory,		- r		····· F				
		and allowances			10a					
	b	Less: cost of goods sold			10b					
		Net income or (loss) from		····· ·		►				
T						usiness Code				
Revenue	11 a	NET PERIODIC PENSIC	ON		5	541700	17,913,400.			17,913,4
nue		SALE OF INVENTORY				541700	20,000.			20,0
eve	c	;								
å		All other revenue								
1			• • • • • • • • •		··· •		17,933,400.			

BATTELLE MEMORIAL INSTITUTE

31 - 4379427Page 10

Dor	Check if Schedule O contains a respons not include amounts reported on lines 6b.	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	24,278,581.	24,278,581.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	17,967,481.		17,967,481.	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	4,522,625,845.	3,163,544,878.	1,359,080,967.	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	490,207,463.	336,944,534.	153,262,929.	
9	Other employee benefits	745,711,891.	532,385,881.	213,326,010.	
0	Payroll taxes	317,071,743.	221,172,325.	95,899,418.	
1	Fees for services (nonemployees):			-	
	Management	9,575,930.	9,575,930.		
	Legal	9,801,467.		9,801,467.	
	Accounting	1,771,995.		1,771,995.	
	Lobbying	923,185.	923,185.		
	Professional fundraising services. See Part IV, line 17	,	,		
	Investment management fees	1,716,331.		1,716,331.	
	Other. (If line 11g amount exceeds 10% of line 25,	_ / /			
9	column (A), amount, list line 11g expenses on Sch O.)	2,601,247,004.	1,783,839,337.	817,407,667.	
2	Advertising and promotion	962,450.	962,450.	, ,	
3	Office expenses	7,406,025.	138,162.	7,267,863.	
4	Information technology	136,455,871.	88,513,855.	47,942,016.	
5	Royalties	, , , -	, , .	, , , .	
6	Occupancy	162,200,963.	108,536,645.	53,664,318.	
7	Traval	134,240,923.	95,238,247.	39,002,676.	
8	Payments of travel or entertainment expenses				
0	for any federal, state, or local public officials				
0	Conferences, conventions, and meetings	1,927,979.	1,226,773.	701,206.	
9		9,678,135.	6,183,805.	3,494,330.	
0		5,0,0,100.	0,200,000.		
:1 	Payments to affiliates	24,440,992.	15,608,484.	8,832,508.	
2	Depreciation, depletion, and amortization	8,820,278.	13,000,404.	8,832,308.	
3	Insurance	0,020,270.		0,020,270.	
4	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	PURCHASES	1,534,199,778.	1,065,827,395.	468,372,383.	
a b	NON-INCOME TAX EXPENSE	141,210,850.	107,148,462.	34,062,388.	
c c	INCOME TAX EXPENSE	885,720.	565,638.	320,082.	
d	RENTAL & MAINTENANCE	61,641,289.	39,869,831.	21,771,458.	
		36,911,785.	13,516,671.	23,395,114.	
	All other expenses	11,003,881,954.	7,616,001,069.	3,387,880,885.	
5 6	Total functional expenses. Add lines 1 through 24e	···, •••, ••••, ••••, ••••, •••••	,,010,001,009.	5,557,000,005.	
6	Joint costs . Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation. Check here Figure 160 (1998-2 (ASC 958-720)				

	BATTELLE	MEMORIAL	INSTITUTE	
eet				

		Check if Schedule O contains a response or note to a	ny line in this Part X		······	
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		85,777,638.	1	50,763,014
	2	Savings and temporary cash investments		216,566,620.	2	331,214,282
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		234,000,844.	4	267,074,774
	5	Loans and other receivables from any current or forme	er officer, director,			
		trustee, key employee, creator or founder, substantial	contributor, or 35%			
		controlled entity or family member of any of these per	sons	7,385,093.	5	11,685,935
	6	Loans and other receivables from other disqualified pe	ersons (as defined			
		under section 4958(f)(1)), and persons described in se	ction 4958(c)(3)(B)		6	
s	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use		1,582,027.	8	1,698,879
Ä	9	Prepaid expenses and deferred charges		42,948,018.	9	30,781,029
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D 10a	577,832,203.			
	b	Less: accumulated depreciation 10b	416,494,317.	173,918,472.	10c	161,337,886
	11	Investments - publicly traded securities	456,078,522.	11	387,654,189	
	12	Investments - other securities. See Part IV, line 11		205,084,870.	12	200,563,751
	13	Investments - program-related. See Part IV, line 11		13		
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11	135,226,110.	15	60,258,993	
	16	Total assets. Add lines 1 through 15 (must equal line	33)	1,558,568,214.	16	1,503,032,732
	17	Accounts payable and accrued expenses	187,288,818.	17	205,068,410	
	18	Grants payable		18		
	19	Deferred revenue	52,259,591.	19	55,882,923	
	20	Tax-exempt bond liabilities		20		
	21	Escrow or custodial account liability. Complete Part IV		21		
ŝ	22	Loans and other payables to any current or former off	icer, director,			
litie		trustee, key employee, creator or founder, substantial				
Liabilities		controlled entity or family member of any of these per	sons		22	
	23	Secured mortgages and notes payable to unrelated th	nird parties		23	
	24	Unsecured notes and loans payable to unrelated third	parties	305,000,000.	24	305,000,000
	25	Other liabilities (including federal income tax, payable	s to related third			
		parties, and other liabilities not included on lines 17-24	4). Complete Part X			
		of Schedule D		163,938,389.	25	40,593,653
	26	Total liabilities. Add lines 17 through 25		708,486,798.	26	606,544,986
		Organizations that follow FASB ASC 958, check he	re 🕨 🗌			
ces		and complete lines 27, 28, 32, and 33.				
aŭ	27	Net assets without donor restrictions			27	
Ва	28	Net assets with donor restrictions			28	
nd		Organizations that do not follow FASB ASC 958, ch	neck here 🕨 🗴			
Ĭ		and complete lines 29 through 33.				
0 S	29	Capital stock or trust principal, or current funds		0.	29	(
Net Assets or Fund Balances	30	Paid-in or capital surplus, or land, building, or equipment	ent fund	0.	30	(
AS	31	Retained earnings, endowment, accumulated income	, or other funds	850,081,416.	31	896,487,746
Net	32	Total net assets or fund balances		850,081,416.	32	896,487,746
	33			1,558,568,214.	33	1,503,032,732

Form 990 (2021)
Part X Balance Sheet

Form	990 (2021) BATTELLE MEMORIAL INSTITUTE	31-437	9427	Pa	_{ge} 12
	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	11,024	,946,	046.
2	Total expenses (must equal Part IX, column (A), line 25)	2	11,003	,881,	954.
3	Revenue less expenses. Subtract line 2 from line 1	3	21	,064,	092.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	850	,081,	416.
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 on Schedule O)	9	25	,342,	238.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	896	,487,	746.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	0.			
2a			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2 b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	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?		2c	Х	
-	If the organization changed either its oversight process or selection process during the tax year, explain on Sche				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	gle Audit	_	w	
	Act and OMB Circular A-133?		<u>3a</u>	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require	ed audit		w	
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>	3b	X 000	

Department of the Treasury Internal Revenue Service

(Form 990)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2021
Open to Public Inspection

Name of the	organization
-------------	--------------

Name o	of the organization						Employer	r identification number				
		ELLE MEMORIAL INS						31-4379427				
Part I	Reason for Public	c Charity Status.	(All organizations must o	omplete th	nis part.) S	ee instruction	s.					
The ora	anization is not a private fou											
1	A church, convention of		· · · ·	•	-	I)(A)(i).						
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)										
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).										
4	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,											
•	city, and state:											
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in											
5	Section 170(b)(1)(A)(iv). (Complete Part II.)											
e [¬		nontal unit described in	agation 17	70/L)/4)/A)	(A)						
6 7 X	A federal, state, or local							aublic described in				
/	_ · · · · - · - · · · · · · · · · · · · · · · · · · ·	-	initial part of its support in	on a gove	mmentai		le general j					
o [section 170(b)(1)(A)(vi).											
8	A community trust desci			-								
9 🗌	An agricultural research	•			-		-	-				
	or university or a non-lan	d-grant college of agric	culture (see instructions).	Enter the r	name, city	, and state of	the college	eor				
	university:											
10	An organization that nor											
	activities related to its ex		-					•				
	income and unrelated bu		(less section 511 tax) fro	om busines	ses acqui	red by the org	anization a	after June 30, 1975.				
	See section 509(a)(2). (• •										
11	An organization organize							_				
12 🗌	_ An organization organize		•	-			•					
	more publicly supported	-						Check the box on				
-	lines 12a through 12d th	• •					-					
a		-	supervised, or controlled	• • •	-							
	the supported organiz	ation(s) the power to re	gularly appoint or elect a	majority o	f the direc	tors or truste	es of the su	upporting				
_	organization. You mus	st complete Part IV, Se	ections A and B.									
b		-	d or controlled in connect			-		*				
	control or managemer	t of the supporting org	anization vested in the sa	ame perso	ns that co	ntrol or manag	ge the supp	ported				
_	organization(s). You m	ust complete Part IV,	Sections A and C.									
c	Type III functionally in	ntegrated. A supportir	ng organization operated	in connect	ion with, a	and functional	ly integrate	ed with,				
_	its supported organiza	tion(s) (see instructions	s). You must complete l	Part IV, Se	ctions A,	D, and E.						
d	Type III non-function	ally integrated. A sup	porting organization oper	ated in cor	nnection v	ith its suppor	ted organiz	zation(s)				
	that is not functionally	integrated. The organiz	zation generally must sat	isfy a distr	ibution rec	quirement and	an attentiv	veness				
	requirement (see instru	uctions). You must co	mplete Part IV, Sections	A and D,	and Part	V .						
е [Check this box if the c	rganization received a	written determination fro	m the IRS	that it is a	Туре I, Туре	II, Type III					
	functionally integrated	, or Type III non-functio	nally integrated supporti	ng organiz	ation.							
f Er	Enter the number of supported organizations											
g Pr	rovide the following informa											
	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(IV) Is the orga in your governi	nization listed ng document?	(v) Amount of		(vi) Amount of other				
	organization		above (see instructions))	Yes	No	support (see ir	structions)	support (see instructions)				
Total												

132022 01-04-22

						24 4250	
	edule A (Form 990) 2021 BP art II Support Schedule for (ATTELLE MEMORI.		Soctions 170/k	$\sqrt{1}$	31-43794	
ГС	(Complete only if you checked						
	fails to qualify under the tests			-	r falled to qualify u	nder Part III. II the	organiza
Se	ction A. Public Support	listed below, pleas	se complete r art n				
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f)
	Gifts, grants, contributions, and	(d) 2017	(D) 2018	(0) 2019	(u) 2020	(e) 2021	(f)
	membership fees received. (Do not						
	include any "unusual grants.")	4189544923.	7267057242.	8189899250.	8954666857.	9821317836.	38422
2	Tax revenues levied for the organ-						
2	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
Ŭ	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	4189544923.	7267057242.	8189899250.	8954666857.	9821317836.	38422
5	The portion of total contributions		-	-	-		
•	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						38422
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f)
7	Amounts from line 4	4189544923.	7267057242.	8189899250.	8954666857.	9821317836.	38422
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots	18,682,222.	16,430,283.	25,093,193.	17,894,364.	38,388,375.	116,4
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on	4,657,994.	7,812,493.	3,789,035.	4,781,665.	4,916,371.	25,9
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						38564
12	Gross receipts from related activities,	-					,710,2
13	First 5 years. If the Form 990 is for the	e organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 5	01(c)(3)	
0	organization, check this box and stop						
	ction C. Computation of Publi		-				0.0
14	Public support percentage for 2021 (li					14	99 99
15	Public support percentage from 2020					15	
168	a 33 1/3% support test - 2021. If the c						
	stop here. The organization qualifies		-			or more obsolute	
k	33 1/3% support test - 2020. If the c						
47-	and stop here. The organization quali		• •			and line 14 is 10%	
1/8	a 10% -facts-and-circumstances test						
	and if the organization meets the facts meets the facts-and-circumstances te			-	-	-	
Ł	10% -facts-and-circumstances test	-		• • • •		7a, and line 15 is	

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions Schedule A (Form 990) 2021

organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the

38422486108.

(1)(A)(vi)

1-4379427 Page 2

(f) Total

38422486108.

38422486108.

38422486108.

(f) Total

116,488,437.

25,957,558.

38564932103. 4,710,228,054.

►

%

%

X

►

99.63

99.64

SCHEDULE C	Pc	litical Campaign	and Lobbyin	ng Activities	OMB No. 1545-0047			
(Form 990)	For Organizations Exempt From Income Tax Under section 501(c) and section 527							
	-	if the organization is described						
Department of the Treasury Internal Revenue Service	EZ. Open to Public Inspection							
If the organization answ	vered "Yes," on	Form 990, Part IV, line 3, or Fo	orm 990-EZ, Part V, li	ne 46 (Political Campaign	Activities), then			
		plete Parts I-A and B. Do not cor	•					
		1(c)(3)) organizations: Complete	Parts I-A and C below	. Do not complete Part I-B.				
 Section 527 organiza 		,						
		Form 990, Part IV, line 4, or Fo						
		nave filed Form 5768 (election un	(<i>n</i>	•	•			
		nave NOT filed Form 5768 (election	,	<i>"</i>	•			
-		Form 990, Part IV, line 5 (Prox	y Tax) (See separate	instructions) or Form 990	-EZ, Part V, line 35c (Proxy			
Tax) (See separate inst		ions: Complete Part III.						
Name of organization	, or (o) organizat	ions. Complete Fait III.		Em	ployer identification number			
Nume of organization		MORIAL INSTITUTE			31-4379427			
Part I-A Comple		anization is exempt under	er section 501(c)	or is a section 527 o				
					gamzation			
1 Provide a description	on of the organiz	ation's direct and indirect politica	al campaign activities i	in Part IV				
2 Political campaign					\$ 0.			
3 Volunteer hours for	<i>,</i>			F	φ <u>0.</u>			
	pontiour oumpui							
Part I-B Comple	ete if the org	anization is exempt unde	er section 501(c)((3).				
1 Enter the amount o	f any excise tax i	incurred by the organization und	er section 4955	•	\$			
2 Enter the amount o	f any excise tax i	incurred by organization manage						
		n 4955 tax, did it file Form 4720						
b If "Yes," describe in	Part IV.							
Part I-C Comple	ete if the org	anization is exempt unde	er section 501(c),	except section 501(c)(3).			
1 Enter the amount d	irectly expended	by the filing organization for sec	tion 527 exempt funct	tion activities	\$			
2 Enter the amount o	f the filing organi	ization's funds contributed to oth	ner organizations for se	ection 527				
exempt function ac	tivities			►	\$			
-	-	. Add lines 1 and 2. Enter here a						
		1120-POL for this year?						
		ployer identification number (EIN						
		tion listed, enter the amount paid						
		omptly and directly delivered to a additional space is needed, provi			ate segregated fund of a			
			1					
(a) Name	9	(b) Address	(c) EIN	(d) Amount paid from filing organization's	(e) Amount of political contributions received and			
				funds. If none, enter -0-	promptly and directly			
					delivered to a separate political organization.			
					If none, enter -0			
					+			
					+			

Schedule C (Form 990) 2021

	FELLE MEMORIA				1379427 Page 2
Part II-A Complete if the organi section 501(h)).	zation is exer	npt under sectio	n 501(c)(3) and file	d Form 5768 (el	ection under
A Check if the filing organization			n Part IV each affiliated g	group member's nam	ne, address, EIN,
expenses, and share of	excess lobbying	expenditures).			
B Check 🕨 🔄 if the filing organization	checked box A a	nd "limited control" pro	ovisions apply.		
Limits or (The term "expenditur	n Lobbying Expe es" means amou)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence	e public opinion (arassroots lobbving)			
b Total lobbying expenditures to influence					
c Total lobbying expenditures (add lines	•		r		
-			l l l l l l l l l l l l l l l l l l l		
			h columns		
If the amount on line 1e, column (a) or (b)		bying nontaxable an			
Not over \$500,000		the amount on line 1e			
Over \$500,000 but not over \$1,000,000		00 plus 15% of the exc			
Over \$1,000,000 but not over \$1,500,0		00 plus 10% of the exc			
Over \$1,500,000 but not over \$17,000,		00 plus 5% of the exce	ess over \$1,500,000.		
Over \$17,000,000	\$1,000,	000.			
g Grassroots nontaxable amount (enter 2					
h Subtract line 1g from line 1a. If zero or					
i Subtract line 1f from line 1c. If zero or I			•		
j If there is an amount other than zero or					— —
reporting section 4911 tax for this year					Yes No
(Some organizations that r	nade a section 5	eraging Period Under 01(h) election do not ate instructions for li	have to complete all o	f the five columns b	elow.
	•	nditures During 4-Ye			
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(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					
		•	· ·	Scher	lule C (Form 990) 202 [.]

Schedule C (Form 990) 2021

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description		(a)		(b)	
	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:				
а	Volunteers?		X		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Х			
	Media advertisements?		Х		
	Mailings to members, legislators, or the public?		Х		
	Publications, or published or broadcast statements?		Х		
f	Grants to other organizations for lobbying purposes?		Х		
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Х			874,737.
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Х		
i	Other activities?	Х			48,448.
j	Total. Add lines 1c through 1i				923,185.
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Х		
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?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	n 501(c)(5), or sec	tion	
				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?				
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from th				
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section			tion	
-	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered ' answered "Yes."	'No" OR (b) Part I	II-A, line	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 political				
2	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
	Carryover from last year				
	Total				
3					
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc				
•	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po				
	expenditure next year?	Jintiour	4		
5	Taxable amount of lobbying and political expenditures. See instructions				
Par					
Provi	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	list): Part II-/	A. lines 1 a	nd 2 (See	
instru	ictions); and Part II-B, line 1. Also, complete this part for any additional information.		·, ····		
LINE	1 (I) OTHER ACTIVITIES				

ELEVEN ORGANIZATIONS REPORTED THAT A PORTION OF MEMBERSHIP DUES PAID BY

BATTELLE WERE USED FOR LOBBYING.

SCHEDULE C SUPPLEMENTAL INFORMATION - PART IV

Part IV Supplemental Information (continued)

INTERNAL LOBBYING EXPENSES TOTALED \$334,324 AND EXTERNAL LOBBYING EXPENSES

TOTALED \$540,413 FOR A TOTAL OF \$874,737.

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

BUDGET FOR SCIENTIFIC RESEARCH AND DEVELOPMENT PROGRAMS, THROUGH

AUTHORIZATION AND APPROPRIATIONS BILLS AND REPORT LANGUAGE.

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

AUTHORIZATION BILLS FOR THE DEPARTMENT OF AGRICULTURE (FOOD AND DRUG

ADMINISTRATION); DEPARTMENT OF COMMERCE; DEPARTMENT OF DEFENSE; DEPARTMENT

OF EDUCATION; DEPARTMENT OF ENERGY; DEPARTMENT OF HEALTH AND HUMAN

SERVICES (NATIONAL INSTITUTES OF HEALTH AND CENTERS FOR DISEASE CONTROL

AND PREVENTION); DEPARTMENT OF HOMELAND SECURITY, DEPARTMENT OF THE

INTERIOR (ENVIRONMENTAL PROTECTION AGENCY), DEPARTMENT OF VETERANS

AFFAIRS, AND THE NATIONAL SCIENCE FOUNDATION.

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

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

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

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

AND HUMAN SERVICES, EDUCATION, AND RELATED AGENCIES; MILITARY

CONSTRUCTION, VETERANS AFFAIRS, AND RELATED AGENCIES.

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

NECESSARILY LOBBIED) INCLUDE: DEPARTMENT OF EDUCATION, DEPARTMENT OF

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

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

DEPARTMENT OF HOMELAND SECURITY, ENVIRONMENTAL PROTECTION AGENCY, NATIONAL

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

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

AND LOCAL GOVERNMENTS AND/OR AGENCIES.

SCHEDULE D	
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(Form 990)	
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Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.



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Department of the Treasury Internal Revenue Service . .

...

Nam	BATTELLE MEMORIAL INSTITUTE	31-4379427
Pa		
	organization answered "Yes" on Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised fur	nds
	are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used	
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose confe	
	impermissible private benefit?	
Pa	TII Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV	/, line 7.
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (for example, recreation or education)	torically important land area
	Protection of natural habitat	tified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a c	
	day of the tax year.	Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
с	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure	
•	listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organ	lization during the tax
4	year ► Number of states where property subject to conservation easement is located ►	
- 5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
Ŭ	violations, and enforcement of the conservation easements it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation	
-		5,
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation en	asements during the year
	▶\$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(E	3)(i)
	and section 170(h)(4)(B)(ii)?	Yes 🗌 No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense state	
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements the	hat describes the
	organization's accounting for conservation easements.	
Pa	t III Organizations Maintaining Collections of Art, Historical Treasures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and ba	
	of art, historical treasures, or other similar assets held for public exhibition, education, or research in furthera	ance of public
	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.	a de set un des sé
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance	
	art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherand	ce of public service,
	provide the following amounts relating to these items:	
	(i) Revenue included on Form 990, Part VIII, line 1	
2	(ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain,	
2	the following amounts required to be reported under FASB ASC 958 relating to these items:	, provide
я	Revenue included on Form 990, Part VIII, line 1	▶ \$
b	Assets included in Form 990, Part X	► \$
~		·· • •

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

Schedule D (Form 990) 2021

Part IIII Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) 3 Using the organization accession, and other records, check any of the following that make significant use of its contained its contained program ■ Choice chilotion ■ Choice chilotion<!--</th--><th>Sche</th><th></th><th>MORIAL INSTITUT</th><th></th><th></th><th></th><th></th><th></th><th>31-437</th><th></th><th>Pa</th><th>age 2</th>	Sche		MORIAL INSTITUT						31-437		Pa	age 2
collection terms (check all that apply): Collection terms (check all that apply): Provide description of the organization solutions and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization's collections and explain how they further the organization's exempt purpose in Part XIII. Particle Collection amount on form 990, Part X, line 21. Ta Is the organization and part, trustee, coustodian or other intermediary for contributions or other assets not included on form 990, Part X, line 21. Ta Is the organization and part of the explaination has been provided on Part XIII. C Beginning balance 10 C Beginning balance 10 Did the organization include an amount on Form 990, Part X, line 21, for secrew or custodial account liability? Yes Did the organization include an arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Point years back (d) Three years back (d	Par	t III Organizations Maintaining Co	ollections of Art	t, Histori	ical Tre	easures, or	Other S	Similar	[•] Assets	(continu	ied)	
a Public scholation b Scholary research c Previde a description of the organization's collections and explain how they further the organization's exempt purpose in Part XII. c During the year, dd the organization scollections and explain how they further the organization's exempt purpose in Part XII. c During the year, dd the organization scollections and explain how they further the organization's exempt purpose in Part XII. c During the year, dd the organization scollections and explain how they further the organization's exempt purpose in Part XII. c During the year, dd the organization or receive donations of art, historical treasures, or other similar assets to be sold to raise tunds rather than to be maintained as part of the organization answered 'Yes' on Form 990, Part X, line 91. T escience with the schematic assets and included on Form 990, Part X / Line 21. T as is the organization anagement in Part XIII and complete the following table: C Beginning balance C Beginning and coses C C D and C D C D and C	3	Using the organization's acquisition, accessio	n, and other records	s, check ar	ny of the f	following that	make sigr	nificant u	ise of its			
b Scholary research e Other		collection items (check all that apply):										
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basis (investment) basis (other) depreciation 1a Land 5,555,812. 5,555,812. b Buildings 237,819,389. 174,356,840. 63,462,549. c Leasehold improvements 17,851,429. 687,033. 17,164,396. d Equipment 309,148,218. 241,450,444. 67,697,774. e Other 7,457,355. 7,457,355. 7,457,355.		Complete if the organization answered	"Yes" on Form 990), Part IV, li	ne 11a. S	See Form 990,	Part X, lir	ne 10.				
b Buildings 237,819,389. 174,356,840. 63,462,549. c Leasehold improvements 17,851,429. 687,033. 17,164,396. d Equipment 309,148,218. 241,450,444. 67,697,774. e Other 7,457,355. 7,457,355.		Description of property			• •		• •		ed	(d) Book	value	9
b Buildings 237,819,389. 174,356,840. 63,462,549. c Leasehold improvements 17,851,429. 687,033. 17,164,396. d Equipment 309,148,218. 241,450,444. 67,697,774. e Other 7,457,355. 7,457,355.	1a	Land	5,555	5,812.						5,5	55,8	812.
c Leasehold improvements 17,851,429. 687,033. 17,164,396. d Equipment 309,148,218. 241,450,444. 67,697,774. e Other 7,457,355. 7,457,355.				9,389.			174	4,356,	840.	63,4	62,5	549.
d Equipment 309,148,218. 241,450,444. 67,697,774. e Other 7,457,355. 7,457,355.				L,429.				687,	033.	17,1	64,3	396.
e Other				3,218.			243	1,450,	444.	67,6	597 <u>,</u> 1	774.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. column (B). line 10c.)			7,457	7,355.						7,4	157,3	355.
	Tota	Add lines 1a through 1e. (Column (d) must ec	ual Form 990. Part 2	X. column	(B). line 1	0c.)				161,3	37,8	886.

Schedule D (Form 990) 2021

Schedule D (Form 990) 2021	BATTELLE	MEMORIAL	INSTITUTE
CHEQUIE D (FOITH 990) 2021	DITTTDDDD	IIDIIOI(IIID	1110111011

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests	188,715,624.	COST
(3) Other		
(A) RABBI TRUSTS	11,848,127.	END-OF-YEAR MARKET VALUE
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990. Part X. col. (B) line 12.)	200,563,751.	

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

	(a) Description	(b) Book value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 15.)	
Part	X Other Liabilities.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.	
1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	LONG TERM BENEFIT RELATED LIABILITIES	24,506,925.
(3)	OTHER LONG TERM LIABILITIES	14,618,610.
(4)	LIABILITY FOR POSTRETIREMENT & OTHER BENEFITS	1,468,118.
(5)		
(6)		
(7)		
(8)		

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

40,593,653.

(9)

Sche	dule D (Form 990) 2021 BATTELLE MEMORIAL INSTITUTE		31-4379427	Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Stater	nents With Revenu	e per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	I2a.		
1	Total revenue, gains, and other support per audited financial statements			
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
с	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1			
4	Amounts included on Form 990, Part VIII, line 12, 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		
с	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.)			
Pa	t XII Reconciliation of Expenses per Audited Financial State		ses per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	12a.		
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
с	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	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		
с	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)			
Pa	t XIII Supplemental Information.			

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

SUPPLEMENTAL INFORMATION

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

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

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

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

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

POSITIONS WERE REQUIRED AND NONE WERE RECORDED IN THE FINANCIAL

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

FINANCIAL STATEMENTS.

Part XIII Supplemental Information (continued)	

BATTELLE MEMORIAL INST					31-4379427	
Part I General Infor	mation on A	ctivities Out	side the United States. Comple	ete if the organ	ization answered "	Yes" on
Form 990, Part IV	/, line 14b.					
1 For grantmakers. Does	the organization	n maintain record	ds to substantiate the amount of its gra	ints and other a	assistance,	
the grantees' eligibility for	or the grants or a	ssistance, and t	he selection criteria used to award the	grants or assis	stance?	Yes No
	ribe in Part V the	e organization's p	procedures for monitoring the use of its	s grants and ot	her assistance out	side the
United States. 3 Activities per Region. (Th	o following Part	L line 3 table ca	n be duplicated if additional space is n	loodod)		
(a) Region	(b) Number of	(c) Number of	(d) Activities conducted in the region		vity listed in (d)	(f) Total
() 5	offices	employees, agents, and	(by type) (such as, fundraising, pro-		gram service,	expenditures
	in the region	independent	gram services, investments, grants to		e specific type	for and investments
		contractors in the region	recipients located in the region)	of service	(s) in the region	in the region
CENTRAL AMERICA AND						
THE CARIBBEAN			INVESTMENTS			107,130,935.
						22 001 760
EUROPE			INVESTMENTS			32,881,768.
				SCIENTIFIC		
				RESEARCH/SH	ERVICES AND	
EUROPE	6	30	PROGRAM SERVICES	LABORATORY		28,454,237.
				SCIENTIFIC		
				RESEARCH/SI	ERVICES AND	
NORTH AMERICA	1	1	PROGRAM SERVICES	LABORATORY	MANAGEMENT	51,866.
RUSSIA AND						
NEIGHBORING STATES -				SCIENTIFIC		
ARMENIA, AZERBIJAN,				RESEARCH/SI		
BELARUS,	1	1	PROGRAM SERVICES	LABORATORY	MANAGEMENT	111,636.
3 a Subtotal	8	32				168,630,442.
b Total from continuation	0	0				0.
sheets to Part I c Totals (add lines 3a	0	0				0.
and 3b)	8	32				168,630,442.

Statement of Activities Outside the United States
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.
 ▶ Attach to Form 990.

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

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

Schedule F (Form 990) 2021

OMB No. 1545-0047

Open to Public

Inspection

Employer identification number

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

|--|

132072 12-20-21

	sistance (h) Method of valuation (book, FMV, appraisal, other)					
t IV, line 16.	(g) Description of noncash assistance					
on Form 990, Par	(f) Amount of noncash assistance					
Complete if the organization answered "Yes" on Form 990, Part IV, line 16.	(e) Manner of cash disbursement					
i es. Complete if t	(d) Amount of cash grant					
e the United Stat d.	(c) Number of recipients					
to Individuals Outsid ditional space is neede	(b) Region					
Part III Grants and Other Assistance to Individuals Outside the United States. Part III can be duplicated if additional space is needed.	(a) Type of grant or assistance					

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? <i>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)</i>	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? <i>If</i> "Yes," <i>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)</i>	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? <i>If</i> "Yes," <i>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)</i>	X Yes	No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	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," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	X Yes	No

Schedule F (Form 990) 2021

Part V Supplemental Information

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

PART I, LINE 3:

ALL EXPENDITURES ARE BASED ON THE ACCRUAL METHOD OF ACCOUNTING.

PART I, LINE 3

ALL OF THE EXPENDITURES IN THE REGION WERE ASSOCIATED WITH PROGRAM

SERVICES THAT WERE PERFORMED IN UKRAINE AND GEORGIA PURSUANT TO A

CONTRACT WITH THE U.S. GOVERNMENT. NO PROGRAM SERVICES WERE PERFORMED

IN RUSSIA.

SCHEDULE I (Form 990)		C O O O	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.}	er Assistand d Individual answered "Yes"	te to Organi s in the Unit on Form 990, Parl	zations, ed States :IV, line 21 or 22.		OMB No. 1545-0047
Department of the Treasury Internal Revenue Service			Go to www.irs	Attach to Form 990. .gov/Form990 for the Is	 Attach to Form 990. Go to www.irs.gov/Form990 for the latest information. 	ation.		Open to Public Inspection
Name of the organization	ion BATTELLE MEMORIAL INSTITUTE	AL INSTITUTE						Employer identification number 31-4379427
Part I General In	General Information on Grants and Assistance	Assistance						
1 Does the organiz	Does the organization maintain records to substantiate the amount of the	substantiate the	amount of the grants c	or assistance, the c	Irantees' eligibility 1	or the grants or assis	grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	[
criteria used to a	criteria used to award the grants or assistance?	nce?						X Yes No
2 Describe in Part	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	edures for monit	oring the use of grant fu	unds in the United	States.			
Part II Grants and recipient the grant of th	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	mestic Organiz 000. Part II can	ations and Domestic be duplicated if additio	omestic Governments. Con if additional space is needed.	omplete if the orga d.	nization answered "Y	es" on Form 990, Part	IV, line 21, for any
1 (a) Name and ac	1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
AIKEN COUNTY PUBLIC LIBRARY 314 CHESTERFIELD ST AIKEN, SC 29801	LIC LIBRARY ST	23-7013987	501(C)(3)	20,000.	.0			GENERAL OPERATING SUPPORT
ALBANY COLLEGE OF PHARMACY AND HEALTH SCIENCES - 106 NEW SCOT AVE - ALBANY, NY 12208	JF PHARMACY AND - 106 NEW SCOTLAND 12208	14-1423161	501(C)(3)	9,050.	0.			GENERAL OPERATING SUPPORT
ALPHA RHO CHI FOUNDATION 2101 ST JAMES AVE CINCINNATI, OH 45206	JNDATION 3 5206	36-3697197	501(C)(3)	7,500.	.0			GENERAL OPERATING SUPPORT
ALZHEIMERS DISEASE AND RELATED DISORDERS - 1379 DUBLIN RD - COLUMBUS, OH 43215	ISEASE AND RELATED 1379 DUBLIN RD - [43215	13-3039601	501(C)(3)	5,290.	0.			GENERAL OPERATING SUPPORT
AMERICAN HEART ASSOCIATION 7272 GREENVILLE AVE DALLAS, TX 75231	AVE	13-5613797	501(C)(3)	11,205.	0.			GENERAL OPERATING SUPPORT
AMERICAN MUSEUM OF SCIENCE ENERGY - 115 MAIN ST - OAN TN 37830	DF SCIENCE & N ST - OAK RIDGE,	62-1693789	501(C)(3)	10,000.	. 0			SCIENCE & MATH EDUCATION
2 Enter total numb	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	government org	anizations listed in the	line 1 table				135.
3 Enter total numb	Enter total number of other organizations listed in the line 1 table	sted in the line 1	table					•••••••••••••••••••••••••••••••••••••••
LHA For Paperwork	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	ee the Instruction	ons for Form 990.					Schedule I (Form 990) 2021

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132101 10-26-21

Schedule I (Form 990) BATTELLE MEMORIAL INSTITUTE	IAL INSTITUTE					(,)	31-4379427 Page 1
Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments	ssistance to Dor	mestic Organizations	and Domestic Go		(Schedule I (Form 990), Part II.)	t II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN RED CROSS 431 18TH ST NW WASHINGTON, DC 2006	53-0196605	501(C)(3)	5,713.	.0			GENERAL OPERATING SUPPORT
ARC TRI CITIES 1455 FOWLER ST RICHLAND, WA 99352	91-6056360	501(C)(3)	.0	16,000.F	FMV	2010 FORD E150 VAN	GENERAL OPERATING SUPPORT
BARNWELL COUNTY CONSOLIDATED SCHOOL DISTRICT - 12255 MAIN ST W - WILLISTON, SC 29853	57-6001201	170(C)(1)	8,000.	.0			GENERAL OPERATING SUPPORT
BOISE STATE UNIVERSITY FOUNDATION 1910 UNIVERSITY DR BOISE, ID 83725	82-6010706	501(C)(3)	25,000.	0.			GENERAL OPERATING SUPPORT
BOISE STATE UNIVERSITY SCHOLARSHIP 1910 UNIVERSITY DRIVE BOISE, ID 83725	82-0290701	501(C)(3)	6,500.	.0			GENERAL OPERATING SUPPORT
BOY SCOUTS OF AMERICA 807 KINNEAR RD COLUMBUS, OH 43212	31-4388520	501(C)(3)	14,550.	.0			SPONSORSHIP EAGLE SCOUT LRD
BRIDGEWATER ELEMENTARY SCHOOL 1499 INDIAN HOLLOW DR IDAHO FALLS, ID 83401	82-6001206	501(C)(3)	21,279.	.0			STEM
CASE WESTERN RESERVE UNIVERSITY 11000 CEDAR AVE CLEVELAND, OH 44106	34-1018992	501(C)(3)	12,520.	0.			GENERAL OPERATING SUPPORT
CATHOLIC RELIEF SERVICES 228 W LEXINGTON ST BALTIMORE, MD 21201	13-5563422 501(C)(3)	501(C)(3)	9,433.	.0			GENERAL OPERATING SUPPORT
							Schedule I (Form 990)

Schedule I (Form 990)

Schedule I (Form 990) BATTELLE MEMORIAL INSTITUTE	LAL INSTITUTE						31-4379427 Page 1
Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments	Assistance to Dor	mestic Organizations	and Domestic Go		(Schedule I (Form 990), Part II.)	t II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTRAL OHIO MARTIAL ARTS TEAMS 4264 N HIGH ST COLUMBUS, OH 43214	82-5220101	501(C)(3)	6,000.	.0			GENERAL OPERATING SUPPORT
CHAUTAUQUA INSTITUTION 1 AMES AVE CHAUTAUQUA, NY 14722	16-0758844	501(C)(3)	15,511.	.0			GENERAL OPERATING SUPPORT
CHEVRA USA 9491 GREEN ISLAND PL LONE TREE, CO 80124	30-0176770 501(C)(3)	501(C)(3)	7,046.	.0			GENERAL OPERATING SUPPORT
CITY OF REXBURG 35 NORTH 1ST EAST REXBURG, ID 83440	82-6000250	170(C)(1)	15,000.	.0			GENERAL OPERATING SUPPORT
CLINTONVILLE-BEECHWOLD COMMUNITY RESOURCES CENTER - 3222 N HIGH ST - COLUMBUS, OH 43202	31-0834578	501(C)(3)	5,318.	0.			GENERAL OPERATING SUPPORT
COLLEGE & CAREER PLAZA 5313 CIRCITA DEL SUR SANTA FE, NM 87507	84-3961213	170(C)(1)	10,000.	0.			COLLEGE & CAREER GUIDANCE
COLLEGE OF EASTERN IDAHO FOUNDATION - 1600 S 25TH E - IDAHO FALLS, ID 83404	94-3160729	501(C)(3)	200,000.	0.			GENERAL OPERATING SUPPORT
COLUMBUS ACADEMY 4300 CHERRY BOTTOM RD GAHANNA, OH 43230	31-4379445	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
COLUMBUS COUNCIL ON WORLD AFFAIRS 51 JEFFERSON AVE COLUMBUS, OH 43215	51-0180760 501(C)(3)	501(C)(3)	6,677.	. 0			GENERAL OPERATING SUPPORT
							Schedule I (Form 990)

Schedule I (Form 990) BATTELLE MEMORIAL INSTITUTE	IAL INSTITUTE					(,)	31-4379427 Page 1
Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments	Assistance to Dor	mestic Organizations	and Domestic Go		(Schedule I (Form 990), Part II.)	t II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	 (f) Method of valuation (book, FMV, appraisal, other) 	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COLUMBUS METROPOLITAN CLUB 1041 DUBLIN RD COLUMBUS, OH 43215	31-0889324	501(C)(3)	8,104.	0.			GENERAL OPERATING SUPPORT
COLUMBUS MUSEUM OF ART 480 EAST BROAD ST COLUMBUS, OH 43215	31-4379447	501(C)(3)	8,175.	.0			GENERAL OPERATING SUPPORT
COLUMBUS SYMPHONY ORCHESTRA 55 E STATE ST COLUMBUS, OH 43215	31-6402408 501(C)(3)	501(C)(3)	20,483.	0.			GENERAL OPERATING SUPPORT
COMMUNITIES IN SCHOOLS OF NEW MEXICO - 1442 S SAINT FRANCIS DR - SANTA FE, NM 87504	85-0481104	501(C)(3)	6,830.	。 。			COORDINATOR PROGRAM
CORNELL UNIVERSITY 341 PINE TREE RD ITHACA, NY 14850	15-0532082	501(C)(3)	5,250.	0.			GENERAL OPERATING SUPPORT
CRISTO REY COLUMBUS HIGH SCHOOL 400 E TOWN ST COLUMBUS, OH 43215	27-4864843	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
DESIGN OUTREACH 224 W JOHNSTOWN RD COLUMBUS, OH 43230	46-0779062	501(C)(3)	8,000.	0.			GENERAL OPERATING SUPPORT
DOMINICAN HIGH SCHOOL 120 E SILVER SPRING DR MILWAUKEE, WI 53217	39-0914630	501(C)(3)	6,000.				GENERAL OPERATING SUPPORT
DRAKE UNIVERSITY 2507 UNIVERSITY AVE DES MOINES, IA 50311	42-0680460 501(C)(3)	501(C)(3)	11,210.	0.			GENERAL OPERATING SUPPORT
							Schedule I (Form 990)

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Schedule I (Form 990) BATTELLE MEMORIAL INSTITUTE	IAL INSTITUTE						31-4379427 Page 1
Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments	Assistance to Dor	mestic Organizations	and Domestic Go		(Schedule I (Form 990), Part II.)	t II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EAST TENNESSEE FOUNDATION 520 W SUMMIT HILL KNOXVILLE, TN 37902	62-0807696	501(C)(3)	206,000.	o			GENERAL OPERATING SUPPORT
EASTERN KENTUCKY UNIV FOUNDATION 521 LANCASTER AVE RICHMOND, KY 40475	61-1131682	501(C)(3)	5,620.	.0			GENERAL OPERATING SUPPORT
ECHO OF BRANDON 507 N PARSONS AVE BRANDON, FL 33510	59-3051533	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
ESPANOLA VALLEY HUMANE SOCIETY 108 HAMM PKWY ESPANOLA, NM 87532	85-0406234	501(C)(3)	22,562.	.0			GENERAL OPERATING SUPPORT
ESPERANZA SHELTER FOR BATTERED FAMILIES - 3130 RUFINA ST - SANTA FE, NM 87507	85-0313174	170(C)(1)	8,603.	0.			GENERAL OPERATING SUPPORT
FIDELITY INVESTMENTS CHARITABLE GIFT FUND - 2 DESTINY WAY - WESTLAKE, TX 76262	11-0303001	501(C)(3)	10,032.	.0			GENERAL OPERATING SUPPORT
FOOD DEPOT 1222 A SILER RD SANTA FE, NM 87507	85-0416803	170(C)(1)	38,932.	0.			GENERAL OPERATING SUPPORT
FOOD FOR THE HUNGRY 1224 E WASHINGTON ST PHOENIX, AZ 85034	95-2680390	501(C)(3)	7,252.				GENERAL OPERATING SUPPORT
FOUNDATION FOR EXCELLENCE 526 W FREMONT AVE SUNNYVALE, CA 94087	77-0474749 501(C)(3)	501(C)(3)	7,500.	0.			GENERAL OPERATING SUPPORT
							Schedule I (Form 990)

	IAL INSTITUTE						31-4379427 Page 1
Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments	ssistance to Dor	mestic Organizations	and Domestic Go		(Schedule I (Form 990), Part II.)	t II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(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)	5,450.	. 0			GENERAL OPERATING SUPPORT
FREDERICK COMMUNITY COLLEGE FOUNDATION - 7932 OPOSSUMTOWN PIKE - FREDERICK , MD 21702	52-1231768	501(C)(3)	6,350.	.0			SCHOLARSHIP
FREDERICK COUNTY PUBLIC SCHOOLS 191 S EAST STREET FREDERICK, MD 21701	52-6000941	170(C)(1)	50,000.	0.			METEM
FRIENDS OF GREAT SMOKY MOUNTAINS 3099 WINFIELD DUNN PKWY KODAK, TN 37764	62-1564782	501(C)(3)	5,250.	.0			GENERAL OPERATING SUPPORT
FRIENDS OF THE CONSERVATORY 1777 E BROAD ST COLUMBUS, OH 43203	31-1657027	501(C)(3)	11,460.	0.			SPONSOR BASH AT THE BARN 2022
FRIENDSHIP VILLAGE OF DUBLIN OHIO 6000 RIVERSIDE DR DUBLIN, OH 43017	31-0986918	501(C)(3)	6,500.	.0			GENERAL OPERATING SUPPORT
FUTURE FOCUSED EDUCATION 200 BROADWAY BLVD NE ALBUQUERQUE, NM 87102	47-3717716	170(C)(1)	10,300.	0.			GENERAL OPERATING SUPPORT
GAITED ADVOCATE INTERVENTION TEAM 14515 CHRISMAN HILL DR BOYDS, MD 20841	81-3550579	501(C)(3)	7,695.				GENERAL OPERATING SUPPORT
GIRLS INCORPORATED OF LONG ISLAND 819 GRAND BLVD DEER PARK, NY 11729	16-1736254 501(C)(3)	501(C)(3)	10,450.	.0			GENERAL OPERATING SUPPORT
							Schedule I (Form 990)

Schedule I (Form 990) BATTELLE MEMORIAL INSTITUTE	IAL INSTITUTE						31-4379427 Page 1
Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments	ssistance to Dor	nestic Organizations	and Domestic Go		(Schedule I (Form 990), Part II.)	t II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GROWING UP NEW MEXICO 440 CERRILLOS RD SANTA FE, NM 87501	85-0163601	170(C)(1)	19,811.	0.			GENERAL OPERATING SUPPORT
HABITAT FOR HUMANITY 643 MIDDLE COUNTRY RD MIDDLE ISLAND, NY 11953	11-2840553	501(C)(3)	10,000.	.0			GENERAL OPERATING SUPPORT
HEART HOPE HEROES 7435 MACGEORGE PL BLACKLICK, OH 43004	86-1376588	501(C)(3)	9,058.	.0			GENERAL OPERATING SUPPORT
HOPE PREGNANCY CENTER 1650 TRINITY DR LOS ALAMOS, NM 87544	85-0423290	170(C)(1)	12,569.	0.			GENERAL OPERATING SUPPORT
ID NETWORK OF CHILDRENS ADVOCACY CENTERS - 417 S 6TH ST - BOISE, ID 83702	84-4261037	501(C)(3)	7,200.	0.			GENERAL OPERATING SUPPORT
IDAHO DEFENSE ALLIANCE 168 N 9TH ST BOISE, ID 83702	47-1587908	501(C)(3)	25,000.	0.			SCHOLARSHIP
IDAHO FALLS RESCUE MISSION 840 PARK AVE IDAHO FALLS, ID 83402	82-0428306	501(C)(3)	7,500.	.0			GENERAL OPERATING SUPPORT
IDAHO FALLS SCHOOL DISTRICT 690 JOHN ADAMS PKWY IDAHO FALLS, ID 83401	82-6001158	501(C)(3)	25,835.	.0			STEM
IDAHO FALLS YMCA 155 NORTH CORNER IDAHO FALLS, ID 83402	82-0222174 501(C)(3)	501(C)(3)	5,100.	.0			GENERAL OPERATING SUPPORT
							Schedule I (Form 990)
Schedule I (Form 990) BATTELLE MEMORIAL INSTITUTE	IAL INSTITUTE.						31-4379427 Page 1
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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments	ssistance to Dor	nestic Organizations	and Domestic Go		(Schedule I (Form 990), Part II.)	t II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IDAHO GOVERNOR'S CUP PO BOX 983 BOISE, ID 83701	20-8277116	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
IDAHO HISPANIC FOUNDATION 5465 E TERRA LINDA WAY NAMPA, ID 83687	83-0536327	501(C)(3)	20,000.	.0			GENERAL OPERATING SUPPORT
IDAHO NONPROFIT CENTER 5257 W FAIRVIEW AVE BOISE, ID 83706	94-3419016 501(C)(3)	501(C)(3)	15,000.	.0			STATEWIDE PROGRAMS
IDAHO STEM ACTION CENTER FOUNDATION - 802 W BANNOCK ST - BOISE, ID 83702	82-2903945	501(C)(3)	209,331.	.0			GENERAL OPERATING SUPPORT
IDAHO VETERANS CHAMBER OF COMMERCE 2417 E SANTO STEFANO DR BOISE, ID 83719	86-1521040	501(C)(3)	11,000.	0.			GENERAL OPERATING SUPPORT
INDIAN RUN UNITED METHODIST CHURCH 6305 BRAND RD DUBLIN, OH 43016	31-1195560	501(C)(3)	21,000.	0.			GENERAL OPERATING SUPPORT
INTERNATIONAL FRIENDSHIPS 1117 RIVERSIDE DR CLEVELAND, OH 44193	31-0971249	501(C)(3)	5,295.	0.			GENERAL OPERATING SUPPORT
INTERNATIONAL JUSTICE MISSION 1235 S CLARK ST ARLINGTON, VA 22202	54-1722887	501(C)(3)	6,750.	.0			GENERAL OPERATING SUPPORT
JENNIE GOAS SILVERMAN FOUNDATION 834 N HERMITAGE AVE CHICAGO, IL 60622	82-1772582 <mark>501(C)(3)</mark>	501(C)(3)	.000.				GENERAL OPERATING SUPPORT
							Schedule I (Form 990)

11-18-21

Schedule I (Form 990) BATTELLE MEMORIAL INSTITUTE	IAL INSTITUTE						31-4379427 Page 1
Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (a) Name and address of organization or government (b) EIN (c) IRC section (d) Amount of if applicable (e) Amount of if applicable (a) Amount of if applicable (b) EIN	(b) EIN	restic Organizations (c) IRC section if applicable	and Domestic Go (d) Amount of cash grant		(Scredule (Form 990), Fart II. t of (f) Method of (valuation no e (book, FMV, appraisal, other)	(11.) (g) Description of non-cash assistance	(h) Purpose of grant or assistance
JUNIOR ACHIEVEMENT 2135 N CHARLES SEIVERS BLVD CLINTON, TN 37716	62-0810145	501(C)(3)	15,000.	0.			GENERAL OPERATING SUPPORT
KITCHEN ANGELS 1222 SILER RD SANTA FE, NM 87507	85-0423492	170(C)(1)	20,920.	.0			GENERAL OPERATING SUPPORT
KOLLEL NER HAMIZRACH 1858 LAVISTA RD ATLANTA, GA 30329	46-5265334 501(C)(3)	501(C)(3)	10,000.	. 0			GENERAL OPERATING SUPPORT
LAS CUMBRES COMMUNITY SERVICES 102 N CORONADO AVE ESPANOLA, NM 87532	23-7144268	170(C)(1)	6,340.	.0			GENERAL OPERATING SUPPORT
LAS VEGAS NEW MEXICO COMMUNITY FOUNDATION - 140 BRIDGE ST - LAS VEGAS, NM 87701	82-1340450	170(C)(1)	5,325.	0.			GENERAL OPERATING SUPPORT
LIFECARE ALLIANCE 1699 WEST MOUND ST COLUMBUS, OH 43223	31-4379494	501(C)(3)	16,714.	0.			GENERAL OPERATING SUPPORT
LOS ALAMOS NATIONAL LABORATORY FOUNDATION - 1112 PLAZA DEL NORTE - ESPAOLA, NM 87532	74-2853972	170(C)(1)	702,908.	0.			GENERAL OPERATING SUPPORT
LOS ALAMOS PUBLIC SCHOOLS FOUNDATION - 1010 CENTRAL AVE - LOS ALAMOS, NM 87544	02-0773298	501(C)(3)	13,927.				GENERAL OPERATING SUPPORT
LUNA COMMUNITY COLLEGE FOUNDATION 366 LUNA DR LAS VEGAS, NM 87701	74-2851490 501(C)(3)	501(C)(3)	7,200.	. 0			GENERAL OPERATING SUPPORT
							Schedule I (Form 990)

Schedule I (Form 990) BATTELLE MEMORIAL INSTITUTE	IAL INSTITUTE:						31-4379427 Page 1
Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments	Assistance to Dor	nestic Organizations	and Domestic Go		(Schedule I (Form 990), Part II.)	t II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MARTIN LUTHER KING BIRTHDAY BREAKFAST - 700 E ADAMS ST - COLUMBUS, OH 43203	31-1225276	501(C)(3)	9,250.	.0			GENERAL OPERATING SUPPORT
MID-OHIO FOODBANK 3960 BROOKHAM DR GROVE CITY, OH 43123	31-0865343	501(C)(3)	51,338.	.0			GENERAL OPERATING SUPPORT
MISSION WARMTH 394 RESTORATION DR DELAWARE, OH 43015	88-0894213	501(C)(3)	5,300.	0.			GENERAL OPERATING SUPPORT
MORGAN CO RESCUE SQUAD 611 BUXTON ST WARTBURG, TN 37887	62-1403825	501(C)(3)	7,500.	0.			GENERAL OPERATING SUPPORT
MOUNT ST. MARY'S UNIVERSITY 16300 OLD EMMITSBURG RD EMMITSBURG, MD 21727	52-0591672	501(C)(3)	20,000.	0.			STEM
MUSE KNOXVILLE 516 N BEAMAN ST KNOXVILLE, TN 37914	23-7039472	501(C)(3)	7,500.	0.			GENERAL OPERATING SUPPORT
MUSEUM OF IDAHO 200 N EASTERN AVE IDAHO FALLS, ID 83402	82-0363177	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
MUSEUMS AT MITCHEL ONE DAVIS AVE GARDEN CITY, NY 11530	11-3558761	501(C)(3)	10,000.				GENERAL OPERATING SUPPORT
MUSKEGON COUNTY COMMUNITY FOUNDATION - 425 W WESTERN AVE - MUSKEGON, MI 49440	38-6114135 501(C)(3)	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
							Schedule I (Form 990)

Schedule I (Form 990) BATTELLE MEMORIAL INSTITUTE	IAL INSTITUTE		1				31-4379427 Page 1
Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (a) Name and address of organization or government (b) EIN (c) IRC section (d) Amount of noncorrulation or government assistant assistant applicable cash grant assistant	Assistance to Dor (b) EIN	mestic Organizations (c) IRC section if applicable	and Domestic Go (d) Amount of cash grant		(Schedule I (Form 990), Part II.) t of (f) Method of (valuation no ce (book, FMV, appraisal, other)	t II.) (g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATIONAL COAST GUARD MUSEUM 78 HOWARD ST NEW LONDON, CT 06320	06-1621858	501(C)(3)	5,195.				GENERAL OPERATING SUPPORT
NEIGHBORHOOD SERVICES 1950 N 4TH ST COLUMBUS, OH 43201	31-0842947	501(C)(3)	5,675.	.0			GENERAL OPERATING SUPPORT
NEW ALBANY COMMUNITY FOUNDATION 220 MARKET ST NEW ALBANY, OH 43054	31-1409264	501(C)(3)	96,620.	.0			GENERAL OPERATING SUPPORT
NEW MEXICO CONSORTIUM 4200 W JEMEZ RD LOS ALAMOS, NM 87544	26-0370262	170(C)(1)	15,000.	0.			SUMMER PHYSICS CAMP
NNEMAP FOOD PANTRY 677 E 11TH AVE COLUMBUS, OH 43211	31-0896363	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
NORTHERN NEW MEXICO COLLEGE FOUNDATION - 921 N PASEO DE ONATE - ESPANOLA, NM 87532	74-2835828	170(C)(1)	13,945.	0.			SCHOLARSHIP
OAK RIDGE FOUNDATION 1201 OAK RIDGE TPKE OAK RIDGE, TN 37830	85-3183278	501(C)(3)	1,445,000.	0.			EDUCATION/ECONOMIC DEVELOPMENT
OAK RIDGE PUBLIC SCHOOLS 157 CARVER AVE OAK RIDGE, TN 37831	62-1809810	501(C)(3)	20,000.	0.			GENERAL OPERATING SUPPORT
OHIO STATE UNIVERSITY FOUNDATION 281 W LANE AVE COLUMBUS, OH 43210	31-1145986 501(C)(3)	501(C)(3)	49,209.	.0			GENERAL OPERATING SUPPORT
							Schedule I (Form 990)

Schedule I (Form 990)

Schedule I (Form 990) BATTELLE MEMORIAL INSTITUTE	LAL INSTITUTE						31-4379427 Page 1
Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments	Assistance to Doi	mestic Organizations	and Domestic Go		(Schedule I (Form 990), Part II.)	t II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PAJARITO ENVIRONMENTAL EDUCATION CENTER - 2600 CANYON RD - LOS ALAMOS, NM 87544	85-0478101	170(C)(1)	5,481.	. 0			GENERAL OPERATING SUPPORT
PELOTONIA 450 W BROAD ST COLUMBUS, OH 43215	82-4997087	501(C)(3)	30,309.	.0			GENERAL OPERATING SUPPORT
REDEEMER CLASSICAL CHRISTIAN SCHOOL - 6415 MT VISTA RD - KINGSVILLE, MD 21087	52-1982159	501(C)(3)	16,000.	0.			GENERAL OPERATING SUPPORT
REGIONAL DEVELOPMENT CORPORATION 706 BOND ST ESPANOLA , NM 87532	74-2805791	170(C)(1)	701,767.	.0			GENERAL OPERATING SUPPORT
RHODE ISLAND PARROT RESCUE 2141 W SHORE RD WARWICK, RI 02889	37-1469313	501(C)(3)	6,800.	0.			GENERAL OPERATING SUPPORT
RONALD MCDONALD HOUSE 3200 CHANNING WAY IDAHO FALLS, ID 83404	94-3030996	501(C)(3)	5,025.	0.			GENERAL OPERATING SUPPORT
RULING OUR EXPERIENCES 1335 DUBLIN RD COLUMBUS, OH 43215	27-2913874	501(C)(3)	11,050.	0.			GENERAL OPERATING SUPPORT
SAINT ELIZABETH SHELTER 804 ALARID ST SANTA FE, NM 87505	85-0347650	170(C)(1)	9,074.	.0			GENERAL OPERATING SUPPORT
SAMARITAN'S PURSE 801 BAMBOO RD BOONE, NC 28607	58-1437002 501(C)(3)	501(C)(3)	10,930.	0.			GENERAL OPERATING SUPPORT
							Schedule I (Form 990)

	IAL INSTITUTE						31-4379427 Page 1
Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments	Assistance to Doi	mestic Organizations	and Domestic Go		(Schedule I (Form 990), Part II.)	t II.)	-
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SANTA FE ANIMAL SHELTER AND HUMANE SOCIETY - 100 CAJA DEL RIO ROAD - SANTA FE, NM 87507	85-6000484	501(C)(3)	6,876.	.0			GENERAL OPERATING SUPPORT
SANTA FE COMMUNITY COLLEGE FOUNDATION - 6401 RICHARDS AVE - SANTA FE, NM 87508	20-1594570	170(C)(1)	5,260.	.0			SCHOLARSHIP
SANTA FE COMMUNITY FOUNDATION 501 HALONA ST SANTA FE, NM 87504	85-0303044	170(C)(1)	54,595.	.0			WILDFIRE RELIEF
SECOND CHANCE SHELTER 130 CTY RD 398 BOAZ, AL 35957	26-2717351	501(C)(3)	10,000.	.0			GENERAL OPERATING SUPPORT
SECOND HARVEST 5825 BURLINGTON LOOP PASCO, WA 99302	23-7173826	501(C)(3)	20,000.	0.			GENERAL OPERATING SUPPORT
SELF HELP 2390 NORTH RD LOS ALAMOS, NM 87544	85-0209449	170(C)(1)	16,548.	.0			GENERAL OPERATING SUPPORT
SHADOART PRODUCTIONS 503 S FRONT ST COLUMBUS, OH 43215	31-1340461	501(C)(3)	10,975.				GENERAL OPERATING SUPPORT
SHELLEY FIRTH FIRE PROTECTION DISTRICT - 585 W FIR ST - FIRTH, ID 83236	82-0338665	170(C)(1)	10,000.	.0			FIRTH FIRE RECOVERY EFFORTS
SHOSHONE BANNOCK SCHOOL 17400 N HILINE RD FORT HALL, ID 83203	82-0197554	501(C)(3)	19,441.	0.			STEM
							Schedule I (Form 990)

Schedule I (Form 990) BATTELLE MEMORIAL INSTITUTE	RIAL INSTITUTE					.,	31-4379427 Page 1
Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments	Assistance to Dor	nestic Organizations	and Domestic Go		(Schedule I (Form 990), Part II.)	t II.)	
(a) Name and address of organization or government	(q)	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	 (f) Method of valuation (book, FMV, appraisal, other) 	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST JUDE CHILDREN'S RESEARCH HOSPITAL - 501 ST JUDE PLACE - MEMPHIS, TN 38105	62-0646012	501(C)(3)	6,575.	0.			GENERAL OPERATING SUPPORT
STAND FOR TRUTH 5375 GRACE ST HILLIARD, OH 43026	45-4002535	501(C)(3)	8,560.	.0			GENERAL OPERATING SUPPORT
STEM SANTA FE 466 W SAN FRANCISCO SANTA FE, NM 87594	82-2358193	170(C)(1)	22,483.	.0			STEM
SUPERCOMPUTING CHALLENGE 4200 W JEMEZ RD LOS ALAMOS, NM 87544	65-1207275	170(C)(1)	13,000.	.0			SUPERCOMPUTING CHALLENGE KICKOFF
TETON REGIONAL LAND TRUST 1520 S 500 DRIGGS, ID 83422	94-3146525	501(C)(3)	8,000.	0.			GENERAL OPERATING SUPPORT
THE COLUMBUS FOUNDATION 1234 EAST BROAD ST COLUMBUS, OH 43205	31-6044264	501(C)(3)	17,316,667.	0.			GENERAL OPERATING SUPPORT
THE FAMILY YMCA 1450 IRIS ST LOS ALAMOS, NM 87544	85-0130054	170(C)(1)	10,658.	0.			GENERAL OPERATING SUPPORT
TRAGEDY ASSISTANCE FROGRAM FOR SURVIVORS - 3033 WILSON BLVD - ARLINGTON, VA 22201	92-0152268	501(C)(3)	8,200.	.0			GENERAL OPERATING SUPPORT
UNITED WAY 235 BARNWELL AVE AIKEN, SC 29801	57-0360086 501(C)(3)	501(C)(3)	61,799.	.0			GENERAL OPERATING SUPPORT
							Schedule I (Form 990)

Schedule I (Form 990) BATTELLE MEMORIAL INSTITUTE	IAL INSTITUTE					(,)	31-4379427 Page 1
Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments	ssistance to Dor	mestic Organizations	and Domestic Go		(Schedule I (Form 990), Part II.)	t II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF ANDERSON COUNTY 728 EMORY VALLEY RD OAK RIDGE, TN 37831	62-6041371	501(C)(3)	9,245.	.0			GENERAL OPERATING SUPPORT
UNITED WAY OF GREATER KNOXVILLE 1301 HANNAH AVE KNOXVILLE, TN 37921	62-1818021	501(C)(3)	32,245.	.0			GENERAL OPERATING SUPPORT
UNITED WAY OF LONG ISLAND 819 GRAND BLVD DEER PARK, NY 11729	11-6042392 501(C)(3)	501(C)(3)	38,000.	.0			GENERAL OPERATING SUPPORT
UNITED WAY OF NORTHERN NEW MEXICO 1200 TRINITY DR LOS ALAMOS, NM 87544	23-7138947	170(C)(1)	283,120.	0.			GENERAL OPERATING SUPPORT
UNITED WAY OF ROANE COUNTY 431 DEVONIA ST HARRIMAN, TN 37748	23-7337273	501(C)(3)	7,002.	0.			GENERAL OPERATING SUPPORT
UNIV OF TEXAS FOUNDATION 9011 MOUNTAIN RIDGE AUSTIN, TX 78759	74-1587488	501(C)(3)	74,000.	0.			GENERAL OPERATING SUPPORT
UNIVERSITY OF NEW MEXICO 4000 UNIVERSITY DR LOS ALAMOS, NM 87544	85-0275408	170(C)(1)	14,000.	0.			STEM
UNIVERSITY OF TENNESSEE 800 ANDY HOLT TOWER KNOXVILLE, TN 37996	62-6001636	170(C)(1)	20,000.				GENERAL OPERATING SUPPORT
UNIVERSITY OF TOLEDO FOUNDATION 4510 DORR ST TOLEDO, OH 43615	34-6555110 <mark>501(C)(3)</mark>	501(C)(3)	6,900.	.0			GENERAL OPERATING SUPPORT
							Schedule I (Form 990)

Schedule I (Form 990) BATTELLE MEMORIAL INSTITUTE Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)	LIAL INSTITUTE Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sche	sdule I (Form 990), Par		31-4379427 Page 1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF WASHINGTON FOUNDATION - 4333 BROOKLYN AVE - SEATTLE, WA 98195	94-3079432	501(C)(3)	20,050.	.0			GENERAL OPERATING SUPPORT
UPPER ARLINGTON LUTHERAN CHURCH 2300 LYTHAM RD COLUMBUS, OH 43220	31-0670665	501(C)(3)	9,500.	.0			GENERAL OPERATING SUPPORT
WORLD CENTRAL KITCHEN 200 MASSACHUSETTS AVE WASHINGTON, DC 20001	27-3521132 501(C)(3)	501(C)(3)	9,239.	0.			GENERAL OPERATING SUPPORT
							Schedule I (Form 990)

Schedule I (Form 990) 2021 BATTELLE MEMORIAL INSTITUTE	ITUTE				31-4379427 Page 2
Part III Grants and Other Assistance to Domestic Individuals. Part III can be duplicated if additional space is needed.	. Complete if the	organization answe	Complete if the organization answered "Yes" on Form 990, Part IV, line 22.	90, Part IV, line 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 required in Part I, line 2; Part II, column (b); and any other additional information.	uired in Part I, line	e 2; Part III, column	(b); and any other ad	ditional information.	
PART I, LINE 2:					
BATTELLE MEMORIAL INSTITUTE (BMI) SENDS A LETTER TO	TO EACH ORGANI	ORGANIZATION THAT			
STATES BY SIGNING AND DEPOSITING THE CHECK THEY ARE CONFI	E CONFIRMING	RMING THEY ARE A			
501(C)(3) CHARITABLE ORGANIZATION OR A 170(C)(1) QU	QUALIFYING GOV	NG GOVERNMENT			
ENTITY. FOR LARGER GRANTS, BMI REQUESTS IN CONNECTI	CONNECTION WITH SOME OF THE	OF THE			
ORGANIZATIONS, TO SIGN A GRANT AGREEMENT THAT STATE	STATES THE SCOPE	SCOPE AND PURPOSE			
OF THE DISTRIBUTION. THE BMI BOARD OF DIRECTORS HAS FINAL		APPROVAL FOR ANY			
DISTRIBUTIONS EXCEEDING \$500,000. BATTELLE ENERGY ALLIANCE LLC,	ALLIANCE LLC,	BATTELLE			
NATIONAL BIODEFENSE INSTITUTE LLC, BATTELLE SAVANNAH RIVER ALLIANCE LLC	AH RIVER ALLI.	ANCE LLC,			
132 102 10-26-21					Schedule I (Form 990) 2021

Part IV Supplemental Information

BROOKHAVEN SCIENCE ASSOCIATES LLC, TRIAD NATIONAL SECURITY LLC, AND

UT-BATTELLE LLC EACH HAVE THEIR OWN APPROACH TO MAKING SURE THE GRANTS ARE

ONLY MADE TO PROPER OBJECTS OF CHARITY.

SUPPLEMENTAL EXPLANATION

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

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

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

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

REQUIREMENTS OF OHIO NONPROFIT CORPORATION STATUTES. THE ORIGINAL

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

STEEL AND ZINC AND TO MAKE DISTRIBUTIONS TO OTHER CHARITABLE

ORGANIZATIONS. PURSUANT TO AN AGREEMENT WITH THE OHIO ATTORNEY

GENERAL, BMI MAKES ANNUAL DISTRIBUTIONS FOR CHARITABLE PURPOSES EQUAL

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

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

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

ADOPTED A RESOLUTION THAT ESTABLISHED A MINIMUM CHARITABLE DISTRIBUTION

GOAL OF \$3,000,000.

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

FOUNDATION FUND (THE FUND), WITH 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. FUNDS TRANSFERRED

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

Schedule I	(Form 990)
Dart IV	Quinnla

TV Supplemental Information	IV Supplemental Information		51 - 57 - 51
		art IV Supplemental Information	

SC	HEDULE J	OMB No. 1	1545-004	17
(Fo	rm 990) For certain Officers, Directors, Trustees, Key Employees, and Highest	20	91	
	Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		2021	
	tment of the Treasury Attach to Form 990.	Open to		ic
	al Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.	Inspe		a h a r
INALL	ne of the organization Emp	oloyer identificatio 31-4379427	Shinu	nber
Pa	rt I Questions Regarding Compensation	31-43/942/		
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,		162	NO
Id	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	Image: The second region of the second re	20		
	Image: A state of the stat			
	Image: Second and gross-up payments Image: Second and gross-up payments Image: Second and gross-up payments Image: Second and gross-up payments			
	Discretionary spending account	ef)		
		51)		
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
~	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	х	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
_	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	х	
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee X Written employment contract			
	X Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations	ittee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		x
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b	Х	
с	c Participate in or receive payment from an equity-based compensation arrangement?			X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
	The organization?			X
b	Any related organization?	<u>5</u> b		x
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			v
	The organization?			X
b	Any related organization?	6b		x
-	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments		v	
~	not described on lines 5 and 6? If "Yes," describe in Part III	7	Х	
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			x
~	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III			
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?			
LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule J (Forn	n 990)	2021

INSTITUTE	
MEMORIAL	
BATTELLE	
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Page 2

Schedule J (Form 990) 2021 BATTELLE MEMORIAL INSTITUTE 31-4379427 Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

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

		(B) Breakdown of W-2 and com	-2 and/or 1099-MISC compensation	/or 1099-MISC and/or 1099-NEC ppensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) LEWIS VON THAER	Ξ	648,810.	3,098,500.	299,877.	22,695.	22,869.	4,092,751.	.0
PRESIDENT & CEO	i)	.0	.0	0.	.0	.0	0.	0.
(2) MATTHEW L. VAUGHAN	Ξ	522,526.	1,053,785.	291,741.	22,686.	27,871.	1,918,609.	.0
EXECUTIVE VP, CONTRACT RESEARCH	ii)	•0	.0	.0	.0	•0	•0	.0
(3) EDWARD GRECCO	Ξ	504,851.	961,818.	98,346.	22,695.	27,559.	1,615,269.	.0
EXECUTIVE VP, CFO	i)	.0	.0	0.	.0	.0	0.	0.
(4) RUSSELL P. AUSTIN	Ξ	446,655.	651,810.	327,124.	50,814.	15,501.	1,491,904.	0.
SR VP, GEN COUNSEL & SECRETARY	(ii)	.0	.0	0.	.0	.0	0.	.0
(5) MARK T. PETERS	Ξ	524,256.	631,125.	173,703.	22,695.	26,676.	1,378,455.	.0
EXECUTIVE VP, LAB DIRECTOR	ii)	•0	.0	.0	.0	•0	•0	.0
(6) STEVEN F. ASHBY	Ξ	522,870.	280,612.	105,776.	135,313.	26,170.	1,070,741.	•0
SR VP, LAB DIRECTOR	Ē	• 0	.0	•0	.0	• 0	•0	•0
(7) RONALD D. TOWNSEND	Ξ	286,453.	654,863.	104,399.	.0	•0	1,045,715.	•0
EXECUTIVE VP, LAB OPS TO 01/21	(ii)	• 0	.0	.0	.0	• 0	•0	•0
(8) MICHAEL SCHLENDER	Ξ	374,192.	140,369.	82,236.	268,015.	15,486.	880,298.	•0
DEPUTY LAB DIRECTOR	(ii)	• 0	0.	• 0	.0	.0	.0	•0
(9) JOHN WAGNER	(i)	514,980.	256,500.	1,378.	30,894.	37,088.	840,840.	.0
SR VP, LAB DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) PATRICK F. JARVIS	Ξ	336,193.	382,003.	72,515.	23,572.	26,177.	840,460.	0.
SR VP, MARKETING & COMMUNICATIONS	(ii)	• 0	.0	• 0	.0	•0	.0	•0
(11) ANTHONY PEURRUNG	Ξ	375,141.	131,323.	74,059.	229,852.	1,894.	812,269.	.0
DEPUTY LAB DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) JERRY ROTTLER	(i)	399,210.	384,425.	4,374.	21,611.	621.	810,241.	.0
SR VP LAB OPERATIONS	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) GEORGE LECAKES	Ξ	344,041.	391,826.	23,267.	29,030.	1,154.	789,318.	0.
VP & GENERAL MANAGER	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) JUAN ALVAREZ	(i)	338,807.	242,360.	2,054.	142,262.	22,705.	748,188.	•0
DEPUTY LAB DIRECTOR	(ii)	• 0	.0	• 0	.0	.0	.0	•0
(15) AIMEE KENNEDY	(i)	284,880.	346,115.	46,025.	23,394.	18,401.	718,815.	.0
SR VP, CHIEF HR OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
AS E. MASC	Ξ	0.	624,637.	20,000.	.0	2.	644,639.	0.
SENIOR VP 07/17 TO 11/17	(ii)	0.	0.	0.	0.	0.	0.	0.
							Sched	Schedule J (Form 990) 2021

990, Part VII. 0 234, 138. 0 247, 350. 0 247, 350. 0 191, 936. 1191, 936. 1191, 936. 1191, 936. 1179, 1433. 1179, 1433. 1173, 593. 1173, 593. 1173, 593.		tion A, line 1a, applicat tion A, line 1a, applicat other deferred compensation 19, 615. 21, 730. 221, 730. 0. 0. 0. 0. 0. 0. 0.	related organization: le column (D) and (E benefits 24,088. 24,088. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0	 E) amounts for that individual (B) (i)-(D) (B)(i)-(D) (B)(i	uctions, on row (ii). /idual. (F) Compensation in column (B) reported as deferred on prior Form 990 0. 0. 0. 0. 0. 0. 0. 0.
The sum of columns (B)(h/(iii) for each listed individual must equal the total columns (b)(h/(ii) for each listed individual must equal the total common the perturbation for the command of the command		ion A, line 1a, applicat C) Retirement and other deferred compensation 19, 615. 19, 615. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0	le column (D) and (E (D) Nontaxable benefits 24,088. 0. 23,429. 0. 16,860. 0. 0. 0. 0. 0.	 amounts for that individual of columns (B)(i)-(D) (B)(i)-(D	Compensatio
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(A) Name and Title (i) Base (ii) Bonus & (iii) Other sector Mark D. FERRIGO (i) compensation compensation compensation Mark D. FERRIGO (i) 234,139 85,000 compensation Mark D. FERRIGO (i) 234,139 85,000 compensation Mark D. FERRIGO (i) 234,139 85,000 compensation TRBASURE & CONTROLLER (i) 240,971 91,533 13,99 URER (i) 240,072 0 0 0 ODM K WELCH (i) 240,072 0 0 0 MAN DD IRECH (i) 191,936 0 0 0 MAN ADD IRECH (i) 184,072 0 0 0 MAN ADD IRECH (i) 184,072 0 0 0 MAN DIRECH (i) 184,072 0 0 0 0 CR (i) 184,072 0 0 0 0 0 0 0 </td <td>(iii) Other reportable 0. 51,19 0. 51,19 0. 51,19 0. 13,99 0. 0. 0. 0. 0. 10,97 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.</td> <td></td> <td>86 42</td> <td>414,03 41,55 391,55 364,08 206,03 191,93</td> <td>reported as deferred on prior Form 990 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.</td>	(iii) Other reportable 0. 51,19 0. 51,19 0. 51,19 0. 13,99 0. 0. 0. 0. 0. 10,97 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.		86 42	414,03 41,55 391,55 364,08 206,03 191,93	reported as deferred on prior Form 990 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.
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PHEN D STEINOUR (i) 0 0. PHEN D STEINOUR (i) 179,143. 0. (ii) 0 0. 0. HAEL J. GASSER (i) 178,724. 0. HAEL J. GASSER (i) 178,724. 0. PHANIE O'SULLIVAN (i) 173,602. 0. PHANIE O'SULLIVAN (i) 173,602. 0. ANNE M. VAUTRINOT (i) 173,593. 0. ANNE M. VAUTRINOT (i) 173,593. 0. ANNE M. VAUTRINOT (i) 0. 0. ANNE M. VAUTRINOT (i) 173,593. 0. (i) 0. 0. 0. (ii) 0. 0. 0. (i) 0. 0. 0. (i) 0. 0. 0. (i) 0. 0. 0. (i) 0. 0. 0.		.0	0.	181,497.	0.
PHEN D STEINOUR (i) 179,143. 0. HAEL J. GASSER (i) 0. 0. HAEL J. GASSER (i) 178,724. 0. HAEL J. GASSER (i) 178,724. 0. PHANIE O'SULLIVAN (i) 173,602. 0. PHANIE O'SULLIVAN (i) 173,602. 0. ANNE M. VAUTRINOT (i) 173,593. 0. ANNE M. VAUTRINOT (i) 173,593. 0. (i) 0. 0. 0.		0.	0.	.0	0.
HAEL J. GASSER (i) 0. 0. HAEL J. GASSER (i) 178,724. 0. (ii) 0. 0. 0. PHANIE O' SULLIVAN (i) 173,602. 0. RAMNE M. VAUTRINOT (i) 173,593. 0. ANNE M. VAUTRINOT (i) 173,593. 0. ANNE M. VAUTRINOT (i) 0. 0. (ii) 0. 0. 0.		.0	.0	179,143.	0.
HAEL J. GASSER (i) $178, 724.$ 0. HAEL J. GASSER (i) $0.$ 0. PHANIE O'SULLIVAN (i) $173,602.$ 0. PHANIE O'SULLIVAN (i) $173,602.$ 0. ANNE M. VAUTRINOT (i) $173,593.$ 0. ANNE M. VAUTRINOT (i) $173,593.$ 0. ANNE M. VAUTRINOT (i) $0.$ 0. (i) $0.$ 0. 0. (i) $0.$ $0.$ 0. (i) $0.$ $0.$ $0.$ (i) $0.$ $0.$ $0.$ (i) $0.$ $0.$ $0.$.0	.0	•0	.0
(ii) 0 0 PHANIE O'SULLIVAN (i) 173,602 0 (ii) 173,503 0 0 ANNE M. VAUTRINOT (i) 173,593 0 0 ANNE M. VAUTRINOT (i) 173,593 0 0 (ii) 0 0 0 0 (iii) 0 0 0 0	0.	.0	.0	178,724.	0.
PHANIE 0'SULLIVAN (1) 173,602. 0. (ii) 0. 0. 0. ANNE M. VAUTRINOT (1) 173,593. 0. 0. ANNE M. VAUTRINOT (1) 173,593. 0. 0. (i) 0. 0. 0. 0. 0. 0.	0.	.0	.0	•0	.0
(ii) 0. 0. ANNE M. VAUTRINOT (i) 173,593. 0. (ii) 0. 0. 0. (iii) 0. 0. 0. (iii) 0. 0. 0. (ii) 0. 0. 0. (iii) 0. 0. 0. (iii) 0. 0. 0.	0. 0.	.0	.0	173,602.	0.
ANNE M. VAUTRINOT () 173,593. 0. (i) 0. 0. 0. (i) 0. 0. 0. (i) 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	0.	.0	• 0	•0	0.
	0.	.0	0.	173,593.	0.
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(j)					
(1)					

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e J (Form 990) 2021 BATTELLE MEMORIAL INSTITUTE	31-4379427 Page 3	S
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.	or any additional information.	
PART I, LINE 1A:		
DIRECTORS, OFFICERS, AND STAFF TRAVEL ON THE CORPORATE PLANES. TRAVEL		
EXPENSES COMPLY WITH A WRITTEN REIMBURSEMENT POLICY THAT FOLLOWS PUBLISHED		
IRS GUIDANCE. ALL EXECUTIVES, INCLUDING THOSE INDIVIDUALS REPORTED ON PART		
VII, ARE REQUIRED TO SUBSTANTIATE TRAVEL AND ENTERTAINMENT EXPENSES IN		
ACCORDANCE WITH THE POLICY. INTERNAL AUDIT TESTED THE EXPENSE REPORTS		
ASSOCIATED WITH DIRECTORS AND OFFICERS TRAVEL AND ENTERTAINMENT EXPENSES.		
FOR 2021 ONE OFFICER HAD PERSONAL USE OF A CORPORATE AIRCRAFT AND THE VALUE		
OF THE OFFICER'S PERSONAL USE WAS INCLUDED IN THE COMPENSATION OF SUCH		
OFFICER REPORTED ON W-2. ONE OFFICER HAD TRAVEL FOR COMPANIONS AND THE		
VALUE OF THE OFFICER'S COMPANION TRAVEL EXPENSES WERE INCLUDED IN THE		
COMPENSATION OF SUCH OFFICER REPORTED ON W-2.		
BMI PROVIDES A TAX GROSS-UP FOR RELOCATION COSTS, CERTAIN FRINGE BENEFITS		
AND OTHER MISCELLANEOUS ITEMS. FOR 2021 TWELEVE OFFICERS AND TEN DIRECTORS		
HAD TAX GROSS UPS.		
SOCIAL CLUB DUES PERTAIN TO DUES THAT ALLOW BUSINESS MEETINGS AND BUSINESS		
ACTIVITIES TO TAKE PLACE. FOR 2021 THERE WAS ONE CURRENT OFFICER WITH		
	Schedule J (Form 990) 2021	121

Schedule J (Form 990) 2021	BATTELLE MEMORIAL INSTITUTE	31-4379427	Pade 3
Part III Supplemental Information			
Provide the information, explanation,	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.	art for any additional information.	
SOCIAL CLUB DUES.			
PART I, LINE 4B:			
EFFECTIVE OCTOBER 1, 2015, 1	BATTELLE MEMORIAL INSTITUTE IMPLEMENTED THE		
IEMORIAL	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	VENT OF BATTELLE'S TOTAL COMPENSATION PACKAGE,		
AND IT PROVIDES A DEFINED CO	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,	SUTION, OR AT AGE 65 IF EARLIER), AND ARE		
E TO THE PARTICIPANT	IN THE YEAR OF VESTING. THE AMOUNT THAT BECOMES		
VESTED/TAXABLE IS REPORTED (ON THE PARTICIPANT'S FORM W-2 IN THE YEAR OF		
VESTING. IN 2021, EIGHT WE	EIGHT WERE REPORTED WITH VESTED/TAXABLE COMPENSATION IN		
COLUMN D OF PART VII AS APPI	APPLICABLE.		
STEVEN ASHBY	\$78,055		
RUSSELL AUSTIN	\$71,157		
PATRICK JARVIS	\$55,415		
AIMEE KENNEDY	\$24,792		
		Schedule J (Form 990) 2021	90) 2021

132113 11-02-21

Schedule J (Form 990) 2021	BATTELLE MEMORIAL INSTITUTE	31-4379427	Page 3
Part III Supplemental Information			
Provide the information, explanation, o	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.	t for any additional information.	
GEORGE LECAKES	\$6,038		
ANTHONY PEURRUNG	\$56,13 4		
THOMAS SHARPE	\$1,602		
MICHAEL SCHLENDER	\$62,666 \$		
PART I, LINE 7:			
SHORT AND LONG-TERM INCENTIVE COMPENSATION PROGRAMS ARE	E COMPENSATION PROGRAMS ARE TIED TO CORPORATE		
AND INDIVIDUAL PERFORMANCE.			
SCHEDULE J SUPPLEMENTAL INFORMATION	RMATION		
DIRECTORS ARE PAID AS INDEPE	DIRECTORS ARE PAID AS INDEPENDENT CONTRACTORS IN PART VII.		
EMPLOYEE WELFARE BENEFITS AND FRINGE BENEFITS:	D FRINGE BENEFITS:		
IN ADDITION TO THE COMPENSAT	COMPENSATION AND RETIREMENT PLANS OTHERWISE LISTED		
THOSE	INDIVIDUALS REPORTED ON PART VII WHO ARE EMPLOYEES		
OF BMI ARE ELIGIBLE TO PARTICIPATE	CIPATE IN BMI'S EMPLOYEE WELFARE BENEFIT		
AND GROUP INSURANCE PLANS ON THE	THE SAME TERMS AS ANY OTHER EMPLOYEE.		
CONTRIBUTIONS TO EMPLOYEE WE	CONTRIBUTIONS TO EMPLOYEE WELFARE BENEFIT AND GROUP INSURANCE PLANS ARE		
MADE IN AGGREGATE BASED UPON	IN AGGREGATE BASED UPON GROUP ACTUARIAL FACTORS AND HISTORICAL		
		Schedule J (Form 990) 2021	90) 2021

Schedule J (Form 990) 2021 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.	s part for any additional information.	
CLAIMS EXPERIENCE AND APPORTIONING SPECIFIC DOLLAR AMOUNTS TO		
INDIVIDUALS IS IMPRACTICAL. AS EMPLOYEES, SUCH INDIVIDUALS MAY ALSO		
HAVE RECEIVED WORKING CONDITION FRINGE BENEFITS AND/OR DE MINIMIS		
FRINGE BENEFITS EXCLUDED FROM INCOME UNDER INTERNAL REVENUE CODE		
SECTIONS 132(A)(3) AND 132(A)(4) RESPECTIVELY.		
TRAVEL AND ENTERTAINMENT EXPENSE REIMBURSEMENT:		
BMI'S EXECUTIVES INCUR VARIOUS TRAVEL AND ENTERTAINMENT EXPENSES IN THE		
CONDUCT OF THEIR OFFICIAL DUTIES AS REPRESENTATIVES OF BMI. BMI HAS		
WRITTEN TRAVEL AND ENTERTAINMENT EXPENSE REIMBURSEMENT POLICIES THAT		
COMPLY WITH PUBLISHED IRS GUIDANCE. ALL EXECUTIVES, INCLUDING THOSE		
INDIVIDUALS REPORTED ON PART VII, ARE REQUIRED TO SUBSTANTIATE TRAVEL		
AND ENTERTAINMENT EXPENSE IN ACCORDANCE WITH THAT POLICY. INTERNAL		
AUDIT TESTED A REPRESENTATIVE SAMPLE OF 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) 2021	90) 2021

Schedule J (Form 990) 2021 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.	part for any additional information.	
ELIGIBLE EMPLOYEES AND DEFINED CONTRIBUTION EMPLOYEE BENEFIT PLANS;		
NONQUALIFIED PLANS AND CASH PAYMENT ARRANGEMENTS; VARIOUS EMPLOYEE		
WELFARE BENEFIT PLANS AND GROUP INSURANCES; PAID LEAVE TIME; TUITION		
REIMBURSEMENT; MISCELLANEOUS DE MINIMIS, WORKING CONDITION FRINGE		
DEFERRED COMPENSATION FROM RETIREMENT PLANS REPORTED IN SCHEDULE J,		
PART II, COLUMN C REFLECTS THE IMPACT OF THE CHANGES IN THE DISCOUNT		
RATE AND ACTUARIAL IMPACTS OF SALARY GROWTH, AGE, AND ADDITIONAL		
SERVICE AND OTHER ACTUARIAL FACTORS, THEREBY INCREASING OR DECREASING		
THE AMOUNTS.		
SCHEDULE J SUPPLEMENTAL INFORMATION - LOANS TO AND/OR FROM INTERESTED PERSON		
IN ORDER TO ATTRACT, RETAIN AND REWARD TALENTED KEY EMPLOYEES AND		
PROVIDE AN ADDITIONAL BENEFIT FOR KEY HIRES IN RECOGNITION OF		
EXTRAORDINARY CONTRIBUTIONS, BMI ADOPTED AND MAINTAINS BATTELLE CAPITAL		
ACCUMULATION PROGRAM, A SPLIT-DOLLAR LIFE INSURANCE ARRANGEMENT AS		
DEFINED IN TREASURY REGULATION SECTION 1.61-22(B) WHICH COMPLIES WITH		
TREASURY REGULATION SECTION 1.7872-15 (THE "PLAN"). ELIGIBLE EMPLOYEES		
MAY ELECT, IN LIEU OF CURRENT COMPENSATION, FOR BMI TO PAY THE PREMIUMS		
	Schedule J (Form 990) 2021	990) 2021

Schedule J (Form 990) 2021 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.	is part for any additional information.	
рикот ок паткалт ак отнамики пото тнамарикаак арикатовка але		
SUCH FAIMENTS AND		
FOR TAX PURPOSES AND ARE SECURED BY A COLLATERAL ASSIGNMENT OF THE		
INSURANCE PROCEEDS IN THE AGGREGATE AMOUNT OF THE LOANS AND ACCRUED		
INTEREST. PARTICIPATING EMPLOYEES LISTED IN PART VII. SECTION A ARE		
SCHEDNILE I. DAPM II		
i		
	Schedule J (Form 990) 2021	90) 2021

132113 11-02-21

(Form	990)
(1 01111	000,

Part I

SCHEDULE L

Department of the Treasury

Internal Revenue Service

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

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

OMB	No.	1545-0047	

2021	
Open To Public Inspection	

\$

Name of th

ne of the organization				Employer identifi	cation n	umber
BA	TTELLE	MEMORIAL INSTITUTE		31-4379427		
ITTI Excess Benef	it Trans	sactions (section 501(c)(3), section 50	1(c)(4), and section 501(c)(29) organ	izations only).		
		n answered "Yes" on Form 990, Part IV, I				
(-) News of the second fit of the	(b) Relationship between disqualified			(d) Corrected		
(a) Name of disqualified pe	erson	person and organization	(c) Description of trans	action	Yes	No

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 \$

3 Enter the amount of	f tax, if any, on line 2, above	, reimbursed by the organization	
-----------------------	---------------------------------	----------------------------------	--

Part II Loans to and/or From Interested Persons.

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

(a) Name of interested person	(b) Relationship with organization		fron	an to or n the zation?	(e) Original principal amount	(f) Balance due	(g) defa		(h) Ap by bo comm	ord or	(i) W agreer	ritten nent?
			То	From			Yes	No	Yes	No	Yes	No
LEWIS VON THAER	OFFICER	SPLIT-DO		Х	45,833.	47,727.		Х	Х		Х	
LEWIS VON THAER	OFFICER	SPLIT-DO		Х	45,833.	47,629.		Х	Х		Х	
LEWIS VON THAER	OFFICER	SPLIT-DO		Х	45,833.	47,538.		X	Х		Х	
LEWIS VON THAER	OFFICER	SPLIT-DO		Х	45,833.	47,451.		X	Х		Х	
LEWIS VON THAER	OFFICER	SPLIT-DO		Х	45,833.	47,394.		X	Х		Х	
LEWIS VON THAER	OFFICER	SPLIT-DO		Х	1,495,834.	1,544,822.		X	Х		Х	
LEWIS VON THAER	OFFICER	SPLIT-DO		Х	45,833.	47,253.		Х	Х		х	
LEWIS VON THAER	OFFICER	SPLIT-DO		Х	218,333.	224,727.		Х	Х		х	
LEWIS VON THAER	OFFICER	SPLIT-DO		Х	45,833.	47,092.		Х	Х		х	
LEWIS VON THAER	OFFICER	SPLIT-DO		Х	45,833.	47,017.		х	Х		Х	
Total					> \$	11,685,935.						

otal Part III

Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990. Part IV. line 27.

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

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

Schedule L (Form 990) 2021

Schedule L (Form 990) 2021 BA	TTELLE	MEMORIAL INSTITUTE		31-437942	27	Page 2
Part IV Business Transactions	s Involvi	ng Interested Persons.				
Complete if the organization a	answered	"Yes" on Form 990, Part IV, line 28a, 28	3b, or 28c.			
(a) Name of interested person		(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organiz	aring of zation's nues?
					Yes	No
					<u> </u>	
					<u> </u>	
					<u> </u>	<u> </u>
					──	<u> </u>
					 	
Part V Supplemental Information	tion.					<u>.</u>
Provide additional information	n for respo	nses to questions on Schedule L (see i	nstructions).			
SCHEDULE L, PART II, LOANS TO AN	ND FROM	INTERESTED PERSONS:				
(A) NAME OF PERSON: LEWIS VON TH	HAER					
(C) PURPOSE OF LOAN: SPLIT-DOLLA	AR LIFE	INSURANCE				
() NNE OF DEPGON LEVIS VON T						
(A) NAME OF PERSON: LEWIS VON TH	AER					
(C) PURPOSE OF LOAN: SPLIT-DOLLA	AR LIFE	TNSUBANCE				
(A) NAME OF PERSON: LEWIS VON TH	HAER					
(C) PURPOSE OF LOAN: SPLIT-DOLLA	AR LIFE	INSURANCE				
(A) NAME OF PERSON: LEWIS VON TH	HAER					
(C) PURPOSE OF LOAN: SPLIT-DOLLA	AR LIFE	INSURANCE				
(A) NAME OF PERSON: LEWIS VON TH	AER					
(C) PURPOSE OF LOAN: SPLIT-DOLLA	AR LIFE	TNSUBANCE				
		проитист				
(A) NAME OF PERSON: LEWIS VON TH	HAER					
(C) PURPOSE OF LOAN: SPLIT-DOLL	AR LIFE	INSURANCE				

Part V Supplemental Information

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

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

(A) NAME OF PERSON: LEWIS VON THAER

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

(A) NAME OF PERSON: LEWIS VON THAER

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

(A) NAME OF PERSON: LEWIS VON THAER

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

(A) NAME OF PERSON: LEWIS VON THAER

(B) RELATIONSHIP WITH ORGANIZATION: OFFICER

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

(D) LOAN TO OR FROM ORGANIZATION? = FROM

(E) ORIGINAL PRINCIPAL AMOUNT \$ 45,833. (F) BALANCE DUE \$ 46,961.

(G) LOAN IN DEFAULT? = NO

(H) APPROVED BY BOARD OR COMMITTEE? = YES

(I) WRITTEN AGREEMENT? = YES

(A) NAME OF PERSON: LEWIS VON THAER

(B) RELATIONSHIP WITH ORGANIZATION: OFFICER

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

(D) LOAN TO OR FROM ORGANIZATION? = FROM

(E) ORIGINAL PRINCIPAL AMOUNT \$ 45,833. (F) BALANCE DUE \$ 46,916.

(G) LOAN IN DEFAULT? = NO

(H) APPROVED BY BOARD OR COMMITTEE? = YES

(I) WRITTEN AGREEMENT? = YES

Schedule L (Form 990)

BATTELLE MEMORIAL INSTITUTE

Part V Supplemental Information Complete this part to provide additional information for responses to questions on Schedule L (see instructions). (A) NAME OF PERSON: LEWIS VON THAER (B) RELATIONSHIP WITH ORGANIZATION: OFFICER (C) PURPOSE OF LOAN: SPLIT-DOLLAR LIFE INSURANCE (D) LOAN TO OR FROM ORGANIZATION? = FROM (E) ORIGINAL PRINCIPAL AMOUNT \$ 45,833. (F) BALANCE DUE \$ 46,887. (G) LOAN IN DEFAULT? = NO (H) APPROVED BY BOARD OR COMMITTEE? = YES (I) WRITTEN AGREEMENT? = YES (A) NAME OF PERSON: LEWIS VON THAER (B) RELATIONSHIP WITH ORGANIZATION: OFFICER (C) PURPOSE OF LOAN: SPLIT-DOLLAR LIFE INSURANCE (D) LOAN TO OR FROM ORGANIZATION? = FROM (E) ORIGINAL PRINCIPAL AMOUNT \$ 45,833. (F) BALANCE DUE \$ 46,841. (G) LOAN IN DEFAULT? = NO (H) APPROVED BY BOARD OR COMMITTEE? = YES (I) WRITTEN AGREEMENT? = YES (A) NAME OF PERSON: LEWIS VON THAER (B) RELATIONSHIP WITH ORGANIZATION: OFFICER (C) PURPOSE OF LOAN: SPLIT-DOLLAR LIFE INSURANCE (D) LOAN TO OR FROM ORGANIZATION? = FROM (E) ORIGINAL PRINCIPAL AMOUNT \$ 45,833. (F) BALANCE DUE \$ 46,798. (G) LOAN IN DEFAULT? = NO (H) APPROVED BY BOARD OR COMMITTEE? = YES

(I) WRITTEN AGREEMENT? = YES

Schedule L (Form 990) BATTELLE MEMORIAL INSTITUTE Part V Supplemental Information	31-4379427	Page 2
Complete this part to provide additional information for responses to questions on Schedule L (see instruct	ions).	
(A) NAME OF PERSON: LEWIS VON THAER		
(B) RELATIONSHIP WITH ORGANIZATION: OFFICER		
(C) PURPOSE OF LOAN: SPLIT-DOLLAR LIFE INSURANCE		
(D) LOAN TO OR FROM ORGANIZATION? = FROM		
(E) ORIGINAL PRINCIPAL AMOUNT \$ 45,833. (F) BALANCE DUE \$ 46,759.		
(G) LOAN IN DEFAULT? = NO		
(H) APPROVED BY BOARD OR COMMITTEE? = YES		
(I) WRITTEN AGREEMENT? = YES		
(A) NAME OF PERSON: LEWIS VON THAER		
(B) RELATIONSHIP WITH ORGANIZATION: OFFICER		
(C) PURPOSE OF LOAN: SPLIT-DOLLAR LIFE INSURANCE		
(D) LOAN TO OR FROM ORGANIZATION? = FROM		
(E) ORIGINAL PRINCIPAL AMOUNT \$ 45,833. (F) BALANCE DUE \$ 46,720.		
(G) LOAN IN DEFAULT? = NO		
(H) APPROVED BY BOARD OR COMMITTEE? = YES		
(I) WRITTEN AGREEMENT? = YES		
(A) NAME OF PERSON: LEWIS VON THAER		
(B) RELATIONSHIP WITH ORGANIZATION: OFFICER		
(C) PURPOSE OF LOAN: SPLIT-DOLLAR LIFE INSURANCE		
(D) LOAN TO OR FROM ORGANIZATION? = FROM		
(E) ORIGINAL PRINCIPAL AMOUNT \$ 1,495,833. (F) BALANCE DUE \$ 1,523,498.		
(G) LOAN IN DEFAULT? = NO		
(H) APPROVED BY BOARD OR COMMITTEE? = YES		
(I) WRITTEN AGREEMENT? = YES		

(A) NAME OF PERSON: LEWIS VON THAER

Schedule L (Form 990) BATTELLE MEMORIAL INSTITUTE	31-4379427	Page 2
Part V Supplemental Information Complete this part to provide additional information for responses to questions on Schedule L (see instructi	ons).	
(B) RELATIONSHIP WITH ORGANIZATION: OFFICER		
(C) PURPOSE OF LOAN: SPLIT-DOLLAR LIFE INSURANCE		
(D) LOAN TO OR FROM ORGANIZATION? = FROM		
(E) ORIGINAL PRINCIPAL AMOUNT \$ 45,833. (F) BALANCE DUE \$ 46,928.		
(G) LOAN IN DEFAULT? = NO		
(H) APPROVED BY BOARD OR COMMITTEE? = YES		
(I) WRITTEN AGREEMENT? = YES		
(A) NAME OF DEDCON. LEWIC YON MURPH		
(A) NAME OF PERSON: LEWIS VON THAER		
(B) RELATIONSHIP WITH ORGANIZATION: OFFICER		
(C) PURPOSE OF LOAN: SPLIT-DOLLAR LIFE INSURANCE		
(D) LOAN TO OR FROM ORGANIZATION? = FROM		
(E) ORIGINAL PRINCIPAL AMOUNT \$ 245,833. (F) BALANCE DUE \$ 251,843.		
(G) LOAN IN DEFAULT? = NO		
(H) APPROVED BY BOARD OR COMMITTEE? = YES		
(I) WRITTEN AGREEMENT? = YES		
(A) NAME OF PERSON: LEWIS VON THAER		
(B) RELATIONSHIP WITH ORGANIZATION: OFFICER		
(C) PURPOSE OF LOAN: SPLIT-DOLLAR LIFE INSURANCE		
(D) LOAN TO OR FROM ORGANIZATION? = FROM		
(E) ORIGINAL PRINCIPAL AMOUNT \$ 45,833. (F) BALANCE DUE \$ 47,008.		
(G) LOAN IN DEFAULT? = NO		
(H) APPROVED BY BOARD OR COMMITTEE? = YES		
(I) WRITTEN AGREEMENT? = YES		
(A) NAME OF DEDCON. LEWIC YON MURPH		
(A) NAME OF PERSON: LEWIS VON THAER		
(B) RELATIONSHIP WITH ORGANIZATION: OFFICER		

Schedule L (Form 990) BATTELLE MEMORIAL INSTITUTE	31-4379427	Page 2
Part V Supplemental Information Complete this part to provide additional information for responses to questions on Schedule L (see instruction)	ctions).	
(C) PURPOSE OF LOAN: SPLIT-DOLLAR LIFE INSURANCE		
(D) LOAN TO OR FROM ORGANIZATION? = FROM		
(E) ORIGINAL PRINCIPAL AMOUNT \$ 45,833. (F) BALANCE DUE \$ 47,069.		
(G) LOAN IN DEFAULT? = NO		
(H) APPROVED BY BOARD OR COMMITTEE? = YES		
(I) WRITTEN AGREEMENT? = YES		
(A) NAME OF PERSON: LEWIS VON THAER		
(B) RELATIONSHIP WITH ORGANIZATION: OFFICER		
(C) PURPOSE OF LOAN: SPLIT-DOLLAR LIFE INSURANCE		
(D) LOAN TO OR FROM ORGANIZATION? = FROM		
(E) ORIGINAL PRINCIPAL AMOUNT \$ 45,833. (F) BALANCE DUE \$ 47,006.		
(G) LOAN IN DEFAULT? = NO		
(H) APPROVED BY BOARD OR COMMITTEE? = YES		
(I) WRITTEN AGREEMENT? = YES		
(A) NAME OF PERSON: LEWIS VON THAER		
(B) RELATIONSHIP WITH ORGANIZATION: OFFICER		
(C) PURPOSE OF LOAN: SPLIT-DOLLAR LIFE INSURANCE		
(D) LOAN TO OR FROM ORGANIZATION? = FROM		
(E) ORIGINAL PRINCIPAL AMOUNT \$ 45,833. (F) BALANCE DUE \$ 46,923.		
(G) LOAN IN DEFAULT? = NO		
(H) APPROVED BY BOARD OR COMMITTEE? = YES		
(I) WRITTEN AGREEMENT? = YES		
(A) NAME OF PERSON: LEWIS VON THAER		

(B) RELATIONSHIP WITH ORGANIZATION: OFFICER

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

Part V Supplemental Information

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

(D) LOAN TO OR FROM ORGANIZATION? = FROM

(E) ORIGINAL PRINCIPAL AMOUNT \$ 45,833. (F) BALANCE DUE \$ 46,842.

(G) LOAN IN DEFAULT? = NO

(H) APPROVED BY BOARD OR COMMITTEE? = YES

(I) WRITTEN AGREEMENT? = YES

(A) NAME OF PERSON: LEWIS VON THAER

(B) RELATIONSHIP WITH ORGANIZATION: OFFICER

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

(D) LOAN TO OR FROM ORGANIZATION? = FROM

(E) ORIGINAL PRINCIPAL AMOUNT \$ 45,833. (F) BALANCE DUE \$ 46,762.

(G) LOAN IN DEFAULT? = NO

(H) APPROVED BY BOARD OR COMMITTEE? = YES

(I) WRITTEN AGREEMENT? = YES

(A) NAME OF PERSON: LEWIS VON THAER

(B) RELATIONSHIP WITH ORGANIZATION: OFFICER

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

(D) LOAN TO OR FROM ORGANIZATION? = FROM

(E) ORIGINAL PRINCIPAL AMOUNT \$ 45,833. (F) BALANCE DUE \$ 46,690.

(G) LOAN IN DEFAULT? = NO

(H) APPROVED BY BOARD OR COMMITTEE? = YES

(I) WRITTEN AGREEMENT? = YES

(A) NAME OF PERSON: LEWIS VON THAER

(B) RELATIONSHIP WITH ORGANIZATION: OFFICER

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

(D) LOAN TO OR FROM ORGANIZATION? = FROM

BATTELLE MEMORIAL INSTITUTE

Part V Supplemental Information

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

(E) ORIGINAL PRINCIPAL AMOUNT \$ 22,917. (F) BALANCE DUE \$ 23,314.

(G) LOAN IN DEFAULT? = NO

(H) APPROVED BY BOARD OR COMMITTEE? = YES

(I) WRITTEN AGREEMENT? = YES

(A) NAME OF PERSON: LEWIS VON THAER

(B) RELATIONSHIP WITH ORGANIZATION: OFFICER

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

(D) LOAN TO OR FROM ORGANIZATION? = FROM

(E) ORIGINAL PRINCIPAL AMOUNT \$ 45,833. (F) BALANCE DUE \$ 46,598.

(G) LOAN IN DEFAULT? = NO

(H) APPROVED BY BOARD OR COMMITTEE? = YES

(I) WRITTEN AGREEMENT? = YES

(A) NAME OF PERSON: LEWIS VON THAER

(B) RELATIONSHIP WITH ORGANIZATION: OFFICER

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

(D) LOAN TO OR FROM ORGANIZATION? = FROM

(E) ORIGINAL PRINCIPAL AMOUNT \$ 1,868,750. (F) BALANCE DUE \$ 1,897,097.

(G) LOAN IN DEFAULT? = NO

(H) APPROVED BY BOARD OR COMMITTEE? = YES

(I) WRITTEN AGREEMENT? = YES

(A) NAME OF PERSON: LEWIS VON THAER

(B) RELATIONSHIP WITH ORGANIZATION: OFFICER

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

(D) LOAN TO OR FROM ORGANIZATION? = FROM

(E) ORIGINAL PRINCIPAL AMOUNT \$ 235,000. (F) BALANCE DUE \$ 237,993.

Part V Supplemental Information

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

(G) LOAN IN DEFAULT? = NO

(H) APPROVED BY BOARD OR COMMITTEE? = YES

(I) WRITTEN AGREEMENT? = YES

(A) NAME OF PERSON: EDWARD GRECCO

(B) RELATIONSHIP WITH ORGANIZATION: OFFICER

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

(D) LOAN TO OR FROM ORGANIZATION? = FROM

(E) ORIGINAL PRINCIPAL AMOUNT \$ 10,000. (F) BALANCE DUE \$ 10,392.

(G) LOAN IN DEFAULT? = NO

(H) APPROVED BY BOARD OR COMMITTEE? = YES

(I) WRITTEN AGREEMENT? = YES

(A) NAME OF PERSON: EDWARD GRECCO

(B) RELATIONSHIP WITH ORGANIZATION: OFFICER

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

(D) LOAN TO OR FROM ORGANIZATION? = FROM

(E) ORIGINAL PRINCIPAL AMOUNT \$ 10,000. (F) BALANCE DUE \$ 10,372.

(G) LOAN IN DEFAULT? = NO

(H) APPROVED BY BOARD OR COMMITTEE? = YES

(I) WRITTEN AGREEMENT? = YES

(A) NAME OF PERSON: EDWARD GRECCO

(B) RELATIONSHIP WITH ORGANIZATION: OFFICER

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

(D) LOAN TO OR FROM ORGANIZATION? = FROM

(E) ORIGINAL PRINCIPAL AMOUNT \$ 110,000. (F) BALANCE DUE \$ 113,883.

(G) LOAN IN DEFAULT? = NO

Part V Supplemental Information

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

(H) APPROVED BY BOARD OR COMMITTEE? = YES

(I) WRITTEN AGREEMENT? = YES

(A) NAME OF PERSON: EDWARD GRECCO

(B) RELATIONSHIP WITH ORGANIZATION: OFFICER

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

(D) LOAN TO OR FROM ORGANIZATION? = FROM

(E) ORIGINAL PRINCIPAL AMOUNT \$ 10,000. (F) BALANCE DUE \$ 10,340.

(G) LOAN IN DEFAULT? = NO

(H) APPROVED BY BOARD OR COMMITTEE? = YES

(I) WRITTEN AGREEMENT? = YES

(A) NAME OF PERSON: EDWARD GRECCO

(B) RELATIONSHIP WITH ORGANIZATION: OFFICER

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

(D) LOAN TO OR FROM ORGANIZATION? = FROM

(E) ORIGINAL PRINCIPAL AMOUNT \$ 310,000. (F) BALANCE DUE \$ 320,152.

(G) LOAN IN DEFAULT? = NO

(H) APPROVED BY BOARD OR COMMITTEE? = YES

(I) WRITTEN AGREEMENT? = YES

(A) NAME OF PERSON: EDWARD GRECCO

(B) RELATIONSHIP WITH ORGANIZATION: OFFICER

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

(D) LOAN TO OR FROM ORGANIZATION? = FROM

(E) ORIGINAL PRINCIPAL AMOUNT \$ 10,000. (F) BALANCE DUE \$ 10,310.

(G) LOAN IN DEFAULT? = NO

(H) APPROVED BY BOARD OR COMMITTEE? = YES

Schedule L (Form 990)

BATTELLE MEMORIAL INSTITUTE

Part V Supplemental Information

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

(I) WRITTEN AGREEMENT? = YES

(A) NAME OF PERSON: EDWARD GRECCO

(B) RELATIONSHIP WITH ORGANIZATION: OFFICER

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

(D) LOAN TO OR FROM ORGANIZATION? = FROM

(E) ORIGINAL PRINCIPAL AMOUNT \$ 45,000. (F) BALANCE DUE \$ 46,318.

(G) LOAN IN DEFAULT? = NO

(H) APPROVED BY BOARD OR COMMITTEE? = YES

(I) WRITTEN AGREEMENT? = YES

(A) NAME OF PERSON: EDWARD GRECCO

(B) RELATIONSHIP WITH ORGANIZATION: OFFICER

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

(D) LOAN TO OR FROM ORGANIZATION? = FROM

(E) ORIGINAL PRINCIPAL AMOUNT \$ 10,000. (F) BALANCE DUE \$ 10,275.

(G) LOAN IN DEFAULT? = NO

(H) APPROVED BY BOARD OR COMMITTEE? = YES

(I) WRITTEN AGREEMENT? = YES

(A) NAME OF PERSON: EDWARD GRECCO

(B) RELATIONSHIP WITH ORGANIZATION: OFFICER

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

(D) LOAN TO OR FROM ORGANIZATION? = FROM

(E) ORIGINAL PRINCIPAL AMOUNT \$ 10,000. (F) BALANCE DUE \$ 10,258.

(G) LOAN IN DEFAULT? = NO

(H) APPROVED BY BOARD OR COMMITTEE? = YES

(I) WRITTEN AGREEMENT? = YES

Schedule L (Form 990)

BATTELLE MEMORIAL INSTITUTE

Part V Supplemental Information Complete this part to provide additional information for responses to questions on Schedule L (see instructions). (A) NAME OF PERSON: EDWARD GRECCO (B) RELATIONSHIP WITH ORGANIZATION: OFFICER (C) PURPOSE OF LOAN: SPLIT-DOLLAR LIFE INSURANCE (D) LOAN TO OR FROM ORGANIZATION? = FROM (E) ORIGINAL PRINCIPAL AMOUNT \$ 10,000. (F) BALANCE DUE \$ 10,246. (G) LOAN IN DEFAULT? = NO (H) APPROVED BY BOARD OR COMMITTEE? = YES (I) WRITTEN AGREEMENT? = YES (A) NAME OF PERSON: EDWARD GRECCO (B) RELATIONSHIP WITH ORGANIZATION: OFFICER (C) PURPOSE OF LOAN: SPLIT-DOLLAR LIFE INSURANCE (D) LOAN TO OR FROM ORGANIZATION? = FROM (E) ORIGINAL PRINCIPAL AMOUNT \$ 10,000. (F) BALANCE DUE \$ 10,236. (G) LOAN IN DEFAULT? = NO (H) APPROVED BY BOARD OR COMMITTEE? = YES (I) WRITTEN AGREEMENT? = YES (A) NAME OF PERSON: EDWARD GRECCO (B) RELATIONSHIP WITH ORGANIZATION: OFFICER (C) PURPOSE OF LOAN: SPLIT-DOLLAR LIFE INSURANCE (D) LOAN TO OR FROM ORGANIZATION? = FROM (E) ORIGINAL PRINCIPAL AMOUNT \$ 10,000. (F) BALANCE DUE \$ 10,230. (G) LOAN IN DEFAULT? = NO (H) APPROVED BY BOARD OR COMMITTEE? = YES

(I) WRITTEN AGREEMENT? = YES

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Schedule L (Form 990) BATTELLE MEMORIAL INSTITUTE Part V Supplemental Information	31-4379427	Page 2
Complete this part to provide additional information for responses to questions on Schedule L (see instruct	ions).	
(A) NAME OF PERSON: EDWARD GRECCO		
(B) RELATIONSHIP WITH ORGANIZATION: OFFICER		
(C) PURPOSE OF LOAN: SPLIT-DOLLAR LIFE INSURANCE		
(D) LOAN TO OR FROM ORGANIZATION? = FROM		
(E) ORIGINAL PRINCIPAL AMOUNT \$ 10,000. (F) BALANCE DUE \$ 10,220.		
(G) LOAN IN DEFAULT? = NO		
(H) APPROVED BY BOARD OR COMMITTEE? = YES		
(I) WRITTEN AGREEMENT? = YES		
(A) NAME OF PERSON: EDWARD GRECCO		
(B) RELATIONSHIP WITH ORGANIZATION: OFFICER		
(C) PURPOSE OF LOAN: SPLIT-DOLLAR LIFE INSURANCE		
(D) LOAN TO OR FROM ORGANIZATION? = FROM		
(E) ORIGINAL PRINCIPAL AMOUNT \$ 10,000. (F) BALANCE DUE \$ 10,210.		
(G) LOAN IN DEFAULT? = NO		
(H) APPROVED BY BOARD OR COMMITTEE? = YES		
(I) WRITTEN AGREEMENT? = YES		
(A) NAME OF PERSON: EDWARD GRECCO		
(B) RELATIONSHIP WITH ORGANIZATION: OFFICER		
(C) PURPOSE OF LOAN: SPLIT-DOLLAR LIFE INSURANCE		
(D) LOAN TO OR FROM ORGANIZATION? = FROM		
(E) ORIGINAL PRINCIPAL AMOUNT \$ 10,000. (F) BALANCE DUE \$ 10,202.		
(G) LOAN IN DEFAULT? = NO		
(H) APPROVED BY BOARD OR COMMITTEE? = YES		
(I) WRITTEN AGREEMENT? = YES		

(A) NAME OF PERSON: EDWARD GRECCO

Schedule L (Form 990) BATTELLE MEMORIAL INSTITUTE	31-4379427	Page 2
Part V Supplemental Information Complete this part to provide additional information for responses to questions on Schedule L (see instru	ctions).	
(B) RELATIONSHIP WITH ORGANIZATION: OFFICER		
(C) PURPOSE OF LOAN: SPLIT-DOLLAR LIFE INSURANCE		
(D) LOAN TO OR FROM ORGANIZATION? = FROM		
(E) ORIGINAL PRINCIPAL AMOUNT \$ 10,000. (F) BALANCE DUE \$ 10,193.		
(G) LOAN IN DEFAULT? = NO		
(H) APPROVED BY BOARD OR COMMITTEE? = YES		
(I) WRITTEN AGREEMENT? = YES		
(A) NAME OF PERSON: EDWARD GRECCO		
(B) RELATIONSHIP WITH ORGANIZATION: OFFICER		
(C) PURPOSE OF LOAN: SPLIT-DOLLAR LIFE INSURANCE		
(D) LOAN TO OR FROM ORGANIZATION? = FROM		
(E) ORIGINAL PRINCIPAL AMOUNT \$ 410,000. (F) BALANCE DUE \$ 417,583.		
(G) LOAN IN DEFAULT? = NO		
(H) APPROVED BY BOARD OR COMMITTEE? = YES		
(I) WRITTEN AGREEMENT? = YES		
(A) NAME OF PERSON: EDWARD GRECCO		
(B) RELATIONSHIP WITH ORGANIZATION: OFFICER		
(C) PURPOSE OF LOAN: SPLIT-DOLLAR LIFE INSURANCE		
(D) LOAN TO OR FROM ORGANIZATION? = FROM		
(E) ORIGINAL PRINCIPAL AMOUNT \$ 10,000. (F) BALANCE DUE \$ 10,239.		
(G) LOAN IN DEFAULT? = NO		
(H) APPROVED BY BOARD OR COMMITTEE? = YES		
(I) WRITTEN AGREEMENT? = YES		
(A) NAME OF PERSON: EDWARD GRECCO		
(B) RELATIONSHIP WITH ORGANIZATION: OFFICER		
Schedule L (Form 990) BATTELLE MEMORIAL INSTITUTE	31-4379427	Page 2
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Part V Supplemental Information Complete this part to provide additional information for responses to questions on Schedule L (see ins	structions).	_
(C) PURPOSE OF LOAN: SPLIT-DOLLAR LIFE INSURANCE		
(C) FORFORE OF HOAN: SFILLE-DOLLAR HIFE INSORANCE		
(D) LOAN TO OR FROM ORGANIZATION? = FROM		
(E) ORIGINAL PRINCIPAL AMOUNT \$ 62,000. (F) BALANCE DUE \$ 63,516.		
(G) LOAN IN DEFAULT? = NO		
(H) APPROVED BY BOARD OR COMMITTEE? = YES		
(I) WRITTEN AGREEMENT? = YES		
(A) NAME OF PERSON: EDWARD GRECCO		
(B) RELATIONSHIP WITH ORGANIZATION: OFFICER		
(C) PURPOSE OF LOAN: SPLIT-DOLLAR LIFE INSURANCE		
(D) LOAN TO OR FROM ORGANIZATION? = FROM		
(E) ORIGINAL PRINCIPAL AMOUNT \$ 10,000. (F) BALANCE DUE \$ 10,256.		
(G) LOAN IN DEFAULT? = NO		
(H) APPROVED BY BOARD OR COMMITTEE? = YES		
(I) WRITTEN AGREEMENT? = YES		
(A) NAME OF PERSON: EDWARD GRECCO		
(B) RELATIONSHIP WITH ORGANIZATION: OFFICER		
(C) PURPOSE OF LOAN: SPLIT-DOLLAR LIFE INSURANCE		
(D) LOAN TO OR FROM ORGANIZATION? = FROM		
(E) ORIGINAL PRINCIPAL AMOUNT \$ 10,000. (F) BALANCE DUE \$ 10,270.		
(G) LOAN IN DEFAULT? = NO		
(H) APPROVED BY BOARD OR COMMITTEE? = YES		
(I) WRITTEN AGREEMENT? = YES		
(A) NAME OF PERSON: EDWARD GRECCO		

(B) RELATIONSHIP WITH ORGANIZATION: OFFICER

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

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

(D) LOAN TO OR FROM ORGANIZATION? = FROM

(E) ORIGINAL PRINCIPAL AMOUNT \$ 10,000. (F) BALANCE DUE \$ 10,256.

(G) LOAN IN DEFAULT? = NO

(H) APPROVED BY BOARD OR COMMITTEE? = YES

(I) WRITTEN AGREEMENT? = YES

(A) NAME OF PERSON: EDWARD GRECCO

(B) RELATIONSHIP WITH ORGANIZATION: OFFICER

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

(D) LOAN TO OR FROM ORGANIZATION? = FROM

(E) ORIGINAL PRINCIPAL AMOUNT \$ 10,000. (F) BALANCE DUE \$ 10,238.

(G) LOAN IN DEFAULT? = NO

(H) APPROVED BY BOARD OR COMMITTEE? = YES

(I) WRITTEN AGREEMENT? = YES

(A) NAME OF PERSON: EDWARD GRECCO

(B) RELATIONSHIP WITH ORGANIZATION: OFFICER

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

(D) LOAN TO OR FROM ORGANIZATION? = FROM

(E) ORIGINAL PRINCIPAL AMOUNT \$ 10,000. (F) BALANCE DUE \$ 10,220.

(G) LOAN IN DEFAULT? = NO

(H) APPROVED BY BOARD OR COMMITTEE? = YES

(I) WRITTEN AGREEMENT? = YES

(A) NAME OF PERSON: EDWARD GRECCO

(B) RELATIONSHIP WITH ORGANIZATION: OFFICER

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

(D) LOAN TO OR FROM ORGANIZATION? = FROM

Schedule L (Form 990) BATTELLE MEMORIAL INSTITUTE	31-4379427	Page 2
Part V Supplemental Information Complete this part to provide additional information for responses to questions on Schedule L (see instruct)	tions).	
(E) ORIGINAL PRINCIPAL AMOUNT \$ 10,000. (F) BALANCE DUE \$ 10,203.		
(G) LOAN IN DEFAULT? = NO		
(H) APPROVED BY BOARD OR COMMITTEE? = YES		
(I) WRITTEN AGREEMENT? = YES		
(A) NAME OF PERSON: EDWARD GRECCO		
(B) RELATIONSHIP WITH ORGANIZATION: OFFICER		
(C) PURPOSE OF LOAN: SPLIT-DOLLAR LIFE INSURANCE		
(D) LOAN TO OR FROM ORGANIZATION? = FROM		
(E) ORIGINAL PRINCIPAL AMOUNT \$ 10,000. (F) BALANCE DUE \$ 10,187.		
(G) LOAN IN DEFAULT? = NO		
(H) APPROVED BY BOARD OR COMMITTEE? = YES		
(I) WRITTEN AGREEMENT? = YES		
(A) NAME OF PERSON: EDWARD GRECCO		
(B) RELATIONSHIP WITH ORGANIZATION: OFFICER		
(C) PURPOSE OF LOAN: SPLIT-DOLLAR LIFE INSURANCE		
(D) LOAN TO OR FROM ORGANIZATION? = FROM		
(E) ORIGINAL PRINCIPAL AMOUNT \$ 5,000. (F) BALANCE DUE \$ 5,087.		
(G) LOAN IN DEFAULT? = NO		
(H) APPROVED BY BOARD OR COMMITTEE? = YES		
(I) WRITTEN AGREEMENT? = YES		
<u></u>		
(A) NAME OF PERSON: EDWARD GRECCO		
(B) RELATIONSHIP WITH ORGANIZATION: OFFICER		
(C) PURPOSE OF LOAN: SPLIT-DOLLAR LIFE INSURANCE		
(D) LOAN TO OR FROM ORGANIZATION? = FROM		
(E) ORIGINAL PRINCIPAL AMOUNT \$ 10,000. (F) BALANCE DUE \$ 10,167.	Cabadula I	(

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

(G) LOAN IN DEFAULT? = NO

(H) APPROVED BY BOARD OR COMMITTEE? = YES

(I) WRITTEN AGREEMENT? = YES

(A) NAME OF PERSON: EDWARD GRECCO

(B) RELATIONSHIP WITH ORGANIZATION: OFFICER

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

(D) LOAN TO OR FROM ORGANIZATION? = FROM

(E) ORIGINAL PRINCIPAL AMOUNT \$ 415,000. (F) BALANCE DUE \$ 421,295.

(G) LOAN IN DEFAULT? = NO

(H) APPROVED BY BOARD OR COMMITTEE? = YES

(I) WRITTEN AGREEMENT? = YES

(A) NAME OF PERSON: EDWARD GRECCO

(B) RELATIONSHIP WITH ORGANIZATION: OFFICER

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

(D) LOAN TO OR FROM ORGANIZATION? = FROM

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

(G) LOAN IN DEFAULT? = NO

(H) APPROVED BY BOARD OR COMMITTEE? = YES

(I) WRITTEN AGREEMENT? = YES

(A) NAME OF PERSON: EDWARD GRECCO

(B) RELATIONSHIP WITH ORGANIZATION: OFFICER

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

(D) LOAN TO OR FROM ORGANIZATION? = FROM

(E) ORIGINAL PRINCIPAL AMOUNT \$ 61,167. (F) BALANCE DUE \$ 61,946.

(G) LOAN IN DEFAULT? = NO

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

(H) APPROVED BY BOARD OR COMMITTEE? = YES

(I) WRITTEN AGREEMENT? = YES

(A) NAME OF PERSON: EDWARD GRECCO

(B) RELATIONSHIP WITH ORGANIZATION: OFFICER

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

(D) LOAN TO OR FROM ORGANIZATION? = FROM

(E) ORIGINAL PRINCIPAL AMOUNT \$ 9,167. (F) BALANCE DUE \$ 9,281.

(G) LOAN IN DEFAULT? = NO

(H) APPROVED BY BOARD OR COMMITTEE? = YES

(I) WRITTEN AGREEMENT? = YES

(A) NAME OF PERSON: EDWARD GRECCO

(B) RELATIONSHIP WITH ORGANIZATION: OFFICER

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

(D) LOAN TO OR FROM ORGANIZATION? = FROM

(E) ORIGINAL PRINCIPAL AMOUNT \$ 9,167. (F) BALANCE DUE \$ 9,269.

(G) LOAN IN DEFAULT? = NO

(H) APPROVED BY BOARD OR COMMITTEE? = YES

(I) WRITTEN AGREEMENT? = YES

(A) NAME OF PERSON: EDWARD GRECCO

(B) RELATIONSHIP WITH ORGANIZATION: OFFICER

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

(D) LOAN TO OR FROM ORGANIZATION? = FROM

(E) ORIGINAL PRINCIPAL AMOUNT \$ 9,167. (F) BALANCE DUE \$ 9,268.

(G) LOAN IN DEFAULT? = NO

(H) APPROVED BY BOARD OR COMMITTEE? = YES

BATTELLE MEMORIAL INSTITUTE

Part V Supplemental Information

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

(I) WRITTEN AGREEMENT? = YES

(A) NAME OF PERSON: EDWARD GRECCO

(B) RELATIONSHIP WITH ORGANIZATION: OFFICER

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

(D) LOAN TO OR FROM ORGANIZATION? = FROM

(E) ORIGINAL PRINCIPAL AMOUNT \$ 9,167. (F) BALANCE DUE \$ 9,261.

(G) LOAN IN DEFAULT? = NO

(H) APPROVED BY BOARD OR COMMITTEE? = YES

(I) WRITTEN AGREEMENT? = YES

(A) NAME OF PERSON: EDWARD GRECCO

(B) RELATIONSHIP WITH ORGANIZATION: OFFICER

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

(D) LOAN TO OR FROM ORGANIZATION? = FROM

(E) ORIGINAL PRINCIPAL AMOUNT \$ 13,750. (F) BALANCE DUE \$ 13,858.

(G) LOAN IN DEFAULT? = NO

(H) APPROVED BY BOARD OR COMMITTEE? = YES

(I) WRITTEN AGREEMENT? = YES

(A) NAME OF PERSON: EDWARD GRECCO

(B) RELATIONSHIP WITH ORGANIZATION: OFFICER

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

(D) LOAN TO OR FROM ORGANIZATION? = FROM

(E) ORIGINAL PRINCIPAL AMOUNT \$ 9,167. (F) BALANCE DUE \$ 9,216.

(G) LOAN IN DEFAULT? = NO

(H) APPROVED BY BOARD OR COMMITTEE? = YES

Part V Supplemental Information Complete this part to provide additional information for responses to questions on Schedule L (see instructions). (A) NAME OF PERSON: EDWARD GRECCO (B) RELATIONSHIP WITH ORGANIZATION: OFFICER (C) PURPOSE OF LOAN: SPLIT-DOLLAR LIFE INSURANCE (D) LOAN TO OR FROM ORGANIZATION? = FROM (E) ORIGINAL PRINCIPAL AMOUNT \$ 9,167. (F) BALANCE DUE \$ 9,190. (G) LOAN IN DEFAULT? = NO (H) APPROVED BY BOARD OR COMMITTEE? = YES (I) WRITTEN AGREEMENT? = YES (A) NAME OF PERSON: AIMEE KENNEDY (B) RELATIONSHIP WITH ORGANIZATION: OFFICER (C) PURPOSE OF LOAN: SPLIT-DOLLAR LIFE INSURANCE (D) LOAN TO OR FROM ORGANIZATION? = FROM (E) ORIGINAL PRINCIPAL AMOUNT \$ 2,500. (F) BALANCE DUE \$ 2,593. (G) LOAN IN DEFAULT? = NO (H) APPROVED BY BOARD OR COMMITTEE? = YES (I) WRITTEN AGREEMENT? = YES (A) NAME OF PERSON: AIMEE KENNEDY (B) RELATIONSHIP WITH ORGANIZATION: OFFICER (C) PURPOSE OF LOAN: SPLIT-DOLLAR LIFE INSURANCE (D) LOAN TO OR FROM ORGANIZATION? = FROM (E) ORIGINAL PRINCIPAL AMOUNT \$ 2,500. (F) BALANCE DUE \$ 2,588. (G) LOAN IN DEFAULT? = NO (H) APPROVED BY BOARD OR COMMITTEE? = YES

Schedule L (Form 990) BATTELLE MEMORIAL INSTITUTE	31-4379427	Page 2
Part V Supplemental Information Complete this part to provide additional information for responses to questions on Schedule L (see instruct)	tions)	
(A) NAME OF PERSON: AIMEE KENNEDY		
(B) RELATIONSHIP WITH ORGANIZATION: OFFICER		
(C) PURPOSE OF LOAN: SPLIT-DOLLAR LIFE INSURANCE		
(D) LOAN TO OR FROM ORGANIZATION? = FROM		
(E) ORIGINAL PRINCIPAL AMOUNT \$ 2,500. (F) BALANCE DUE \$ 2,585.		
(G) LOAN IN DEFAULT? = NO		
(H) APPROVED BY BOARD OR COMMITTEE? = YES		
(I) WRITTEN AGREEMENT? = YES		
(A) NAME OF PERSON: AIMEE KENNEDY		
(B) RELATIONSHIP WITH ORGANIZATION: OFFICER		
(C) PURPOSE OF LOAN: SPLIT-DOLLAR LIFE INSURANCE		
(D) LOAN TO OR FROM ORGANIZATION? = FROM		
(E) ORIGINAL PRINCIPAL AMOUNT \$ 32,500. (F) BALANCE DUE \$ 33,564.		
(G) LOAN IN DEFAULT? = NO		
(H) APPROVED BY BOARD OR COMMITTEE? = YES		
(I) WRITTEN AGREEMENT? = YES		
(A) NAME OF PERSON: AIMEE KENNEDY		
(B) RELATIONSHIP WITH ORGANIZATION: OFFICER		
(C) PURPOSE OF LOAN: SPLIT-DOLLAR LIFE INSURANCE		
(D) LOAN TO OR FROM ORGANIZATION? = FROM		
(E) ORIGINAL PRINCIPAL AMOUNT \$ 2,500. (F) BALANCE DUE \$ 2,577.		
(G) LOAN IN DEFAULT? = NO		
(H) APPROVED BY BOARD OR COMMITTEE? = YES		
(I) WRITTEN AGREEMENT? = YES		

(A) NAME OF PERSON: AIMEE KENNEDY

Schedule L (Form 990) BATTELLE MEMORIAL INSTITUTE	31-4379427	Page 2
Part V Supplemental Information Complete this part to provide additional information for responses to questions on Schedule L (see instructions).	
(B) RELATIONSHIP WITH ORGANIZATION: OFFICER		
(C) PURPOSE OF LOAN: SPLIT-DOLLAR LIFE INSURANCE		
(D) LOAN TO OR FROM ORGANIZATION? = FROM		
(E) ORIGINAL PRINCIPAL AMOUNT \$ 6,500. (F) BALANCE DUE \$ 6,690.		
(G) LOAN IN DEFAULT? = NO		
(H) APPROVED BY BOARD OR COMMITTEE? = YES		
(I) WRITTEN AGREEMENT? = YES		
(A) NAME OF PERSON: AIMEE KENNEDY		
(B) RELATIONSHIP WITH ORGANIZATION: OFFICER		
(b) RELATIONSHIP WITH ORGANIZATION: OFFICER		
(C) PURPOSE OF LOAN: SPLIT-DOLLAR LIFE INSURANCE		
(D) LOAN TO OR FROM ORGANIZATION? = FROM		
(E) ORIGINAL PRINCIPAL AMOUNT \$ 2,500. (F) BALANCE DUE \$ 2,569.		
(G) LOAN IN DEFAULT? = NO		
(H) APPROVED BY BOARD OR COMMITTEE? = YES		
(I) WRITTEN AGREEMENT? = YES		
(A) NAME OF PERSON: AIMEE KENNEDY		
(B) RELATIONSHIP WITH ORGANIZATION: OFFICER		
(C) PURPOSE OF LOAN: SPLIT-DOLLAR LIFE INSURANCE		
(D) LOAN TO OR FROM ORGANIZATION? = FROM		
(E) ORIGINAL PRINCIPAL AMOUNT \$ 2,500. (F) BALANCE DUE \$ 2,565.		
(G) LOAN IN DEFAULT? = NO		
(H) APPROVED BY BOARD OR COMMITTEE? = YES		
(I) WRITTEN AGREEMENT? = YES		
(1/ WAITIBN ROADDMENT: = 100		
(A) NAME OF PERSON: AIMEE KENNEDY		
(B) RELATIONSHIP WITH ORGANIZATION: OFFICER		

Schedule L (Form 990) BATTELLE MEMORIAL INSTITUTE	31-4379427	Page 2
Part V Supplemental Information Complete this part to provide additional information for responses to questions on Schedule L (see	instructions).	
(C) PURPOSE OF LOAN: SPLIT-DOLLAR LIFE INSURANCE		
(D) LOAN TO OR FROM ORGANIZATION? = FROM		
(E) ORIGINAL PRINCIPAL AMOUNT \$ 2,500. (F) BALANCE DUE \$ 2,562.		
(G) LOAN IN DEFAULT? = NO		
(H) APPROVED BY BOARD OR COMMITTEE? = YES		
(I) WRITTEN AGREEMENT? = YES		
(A) NAME OF PERSON: AIMEE KENNEDY		
(B) RELATIONSHIP WITH ORGANIZATION: OFFICER		
(C) PURPOSE OF LOAN: SPLIT-DOLLAR LIFE INSURANCE		
(D) LOAN TO OR FROM ORGANIZATION? = FROM		
(E) ORIGINAL PRINCIPAL AMOUNT \$ 2,500. (F) BALANCE DUE \$ 2,559.		
(G) LOAN IN DEFAULT? = NO		
(H) APPROVED BY BOARD OR COMMITTEE? = YES		
(I) WRITTEN AGREEMENT? = YES		
(A) NAME OF PERSON: AIMEE KENNEDY		
(B) RELATIONSHIP WITH ORGANIZATION: OFFICER		
(C) PURPOSE OF LOAN: SPLIT-DOLLAR LIFE INSURANCE		
(D) LOAN TO OR FROM ORGANIZATION? = FROM		
(E) ORIGINAL PRINCIPAL AMOUNT \$ 2,500. (F) BALANCE DUE \$ 2,557.		
(G) LOAN IN DEFAULT? = NO		
(H) APPROVED BY BOARD OR COMMITTEE? = YES		
(I) WRITTEN AGREEMENT? = YES		
(A) NAME OF PERSON: AIMEE KENNEDY		

(B) RELATIONSHIP WITH ORGANIZATION: OFFICER

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

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

(D) LOAN TO OR FROM ORGANIZATION? = FROM

(E) ORIGINAL PRINCIPAL AMOUNT \$ 2,500. (F) BALANCE DUE \$ 2,555.

(G) LOAN IN DEFAULT? = NO

(H) APPROVED BY BOARD OR COMMITTEE? = YES

(I) WRITTEN AGREEMENT? = YES

(A) NAME OF PERSON: AIMEE KENNEDY

(B) RELATIONSHIP WITH ORGANIZATION: OFFICER

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

(D) LOAN TO OR FROM ORGANIZATION? = FROM

(E) ORIGINAL PRINCIPAL AMOUNT \$ 2,500. (F) BALANCE DUE \$ 2,553.

(G) LOAN IN DEFAULT? = NO

(H) APPROVED BY BOARD OR COMMITTEE? = YES

(I) WRITTEN AGREEMENT? = YES

(A) NAME OF PERSON: AIMEE KENNEDY

(B) RELATIONSHIP WITH ORGANIZATION: OFFICER

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

(D) LOAN TO OR FROM ORGANIZATION? = FROM

(E) ORIGINAL PRINCIPAL AMOUNT \$ 2,500. (F) BALANCE DUE \$ 2,550.

(G) LOAN IN DEFAULT? = NO

(H) APPROVED BY BOARD OR COMMITTEE? = YES

(I) WRITTEN AGREEMENT? = YES

(A) NAME OF PERSON: AIMEE KENNEDY

(B) RELATIONSHIP WITH ORGANIZATION: OFFICER

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

(D) LOAN TO OR FROM ORGANIZATION? = FROM

Schedule L (Form 990) BATTELLE MEMORIAL INSTITUTE	31-4379427	Page 2
Part V Supplemental Information Complete this part to provide additional information for responses to questions on Schedule L (see instruction)	tions).	
(E) ORIGINAL PRINCIPAL AMOUNT \$ 2,500. (F) BALANCE DUE \$ 2,548.		
(E) ORIGINAL FRINCIPAL AMOUNT \$ 2,500. (F) BALANCE DEE \$ 2,540.		
(G) LOAN IN DEFAULT? = NO		
(H) APPROVED BY BOARD OR COMMITTEE? = YES		
(I) WRITTEN AGREEMENT? = YES		
(A) NAME OF PERSON: AIMEE KENNEDY		
(B) RELATIONSHIP WITH ORGANIZATION: OFFICER		
(C) PURPOSE OF LOAN: SPLIT-DOLLAR LIFE INSURANCE		
(D) LOAN TO OR FROM ORGANIZATION? = FROM		
(E) ORIGINAL PRINCIPAL AMOUNT \$ 32,500. (F) BALANCE DUE \$ 33,101.		
(G) LOAN IN DEFAULT? = NO		
(H) APPROVED BY BOARD OR COMMITTEE? = YES		
(I) WRITTEN AGREEMENT? = YES		
(A) NAME OF PERSON: AIMEE KENNEDY		
(B) RELATIONSHIP WITH ORGANIZATION: OFFICER		
(C) PURPOSE OF LOAN: SPLIT-DOLLAR LIFE INSURANCE		
(D) LOAN TO OR FROM ORGANIZATION? = FROM		
(E) ORIGINAL PRINCIPAL AMOUNT \$ 2,500. (F) BALANCE DUE \$ 2,560.		
(G) LOAN IN DEFAULT? = NO		
(H) APPROVED BY BOARD OR COMMITTEE? = YES		
(I) WRITTEN AGREEMENT? = YES		
(A) NAME OF PERSON: AIMEE KENNEDY		
(B) RELATIONSHIP WITH ORGANIZATION: OFFICER		
(C) PURPOSE OF LOAN: SPLIT-DOLLAR LIFE INSURANCE		
(D) LOAN TO OR FROM ORGANIZATION? = FROM		
(\mathbf{n}) optimize potients and the $\mathbf{k} \in [0, \infty, \infty, \infty]$ because of $\mathbf{k} \in [0, \infty, \infty]$		

(E) ORIGINAL PRINCIPAL AMOUNT \$ 8,500. (F) BALANCE DUE \$ 8,708.

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

(G) LOAN IN DEFAULT? = NO

(H) APPROVED BY BOARD OR COMMITTEE? = YES

(I) WRITTEN AGREEMENT? = YES

(A) NAME OF PERSON: AIMEE KENNEDY

(B) RELATIONSHIP WITH ORGANIZATION: OFFICER

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

(D) LOAN TO OR FROM ORGANIZATION? = FROM

(E) ORIGINAL PRINCIPAL AMOUNT \$ 2,500. (F) BALANCE DUE \$ 2,564.

(G) LOAN IN DEFAULT? = NO

(H) APPROVED BY BOARD OR COMMITTEE? = YES

(I) WRITTEN AGREEMENT? = YES

(A) NAME OF PERSON: AIMEE KENNEDY

(B) RELATIONSHIP WITH ORGANIZATION: OFFICER

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

(D) LOAN TO OR FROM ORGANIZATION? = FROM

(E) ORIGINAL PRINCIPAL AMOUNT \$ 2,500. (F) BALANCE DUE \$ 2,567.

(G) LOAN IN DEFAULT? = NO

(H) APPROVED BY BOARD OR COMMITTEE? = YES

(I) WRITTEN AGREEMENT? = YES

(A) NAME OF PERSON: AIMEE KENNEDY

(B) RELATIONSHIP WITH ORGANIZATION: OFFICER

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

(D) LOAN TO OR FROM ORGANIZATION? = FROM

(E) ORIGINAL PRINCIPAL AMOUNT \$ 2,500. (F) BALANCE DUE \$ 2,564.

(G) LOAN IN DEFAULT? = NO

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

(H) APPROVED BY BOARD OR COMMITTEE? = YES

(I) WRITTEN AGREEMENT? = YES

(A) NAME OF PERSON: AIMEE KENNEDY

(B) RELATIONSHIP WITH ORGANIZATION: OFFICER

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

(D) LOAN TO OR FROM ORGANIZATION? = FROM

(E) ORIGINAL PRINCIPAL AMOUNT \$ 2,500. (F) BALANCE DUE \$ 2,559.

(G) LOAN IN DEFAULT? = NO

(H) APPROVED BY BOARD OR COMMITTEE? = YES

(I) WRITTEN AGREEMENT? = YES

(A) NAME OF PERSON: AIMEE KENNEDY

(B) RELATIONSHIP WITH ORGANIZATION: OFFICER

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

(D) LOAN TO OR FROM ORGANIZATION? = FROM

(E) ORIGINAL PRINCIPAL AMOUNT \$ 2,500. (F) BALANCE DUE \$ 2,555.

(G) LOAN IN DEFAULT? = NO

(H) APPROVED BY BOARD OR COMMITTEE? = YES

(I) WRITTEN AGREEMENT? = YES

(A) NAME OF PERSON: AIMEE KENNEDY

(B) RELATIONSHIP WITH ORGANIZATION: OFFICER

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

(D) LOAN TO OR FROM ORGANIZATION? = FROM

(E) ORIGINAL PRINCIPAL AMOUNT \$ 2,500. (F) BALANCE DUE \$ 2,551.

(G) LOAN IN DEFAULT? = NO

(H) APPROVED BY BOARD OR COMMITTEE? = YES

BATTELLE MEMORIAL INSTITUTE

Part V Supplemental Information

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

(I) WRITTEN AGREEMENT? = YES

(A) NAME OF PERSON: AIMEE KENNEDY

(B) RELATIONSHIP WITH ORGANIZATION: OFFICER

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

(D) LOAN TO OR FROM ORGANIZATION? = FROM

(E) ORIGINAL PRINCIPAL AMOUNT \$ 2,500. (F) BALANCE DUE \$ 2,547.

(G) LOAN IN DEFAULT? = NO

(H) APPROVED BY BOARD OR COMMITTEE? = YES

(I) WRITTEN AGREEMENT? = YES

(A) NAME OF PERSON: AIMEE KENNEDY

(B) RELATIONSHIP WITH ORGANIZATION: OFFICER

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

(D) LOAN TO OR FROM ORGANIZATION? = FROM

(E) ORIGINAL PRINCIPAL AMOUNT \$ 1,250. (F) BALANCE DUE \$ 1,272.

(G) LOAN IN DEFAULT? = NO

(H) APPROVED BY BOARD OR COMMITTEE? = YES

(I) WRITTEN AGREEMENT? = YES

(A) NAME OF PERSON: AIMEE KENNEDY

(B) RELATIONSHIP WITH ORGANIZATION: OFFICER

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

(D) LOAN TO OR FROM ORGANIZATION? = FROM

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

(G) LOAN IN DEFAULT? = NO

(H) APPROVED BY BOARD OR COMMITTEE? = YES

Part V Supplemental Information Complete this part to provide additional information for responses to questions on Schedule L (see instructions). (A) NAME OF PERSON: AIMEE KENNEDY (B) RELATIONSHIP WITH ORGANIZATION: OFFICER (C) PURPOSE OF LOAN: SPLIT-DOLLAR LIFE INSURANCE (D) LOAN TO OR FROM ORGANIZATION? = FROM (E) ORIGINAL PRINCIPAL AMOUNT \$ 33,750. (F) BALANCE DUE \$ 34,262. (G) LOAN IN DEFAULT? = NO (H) APPROVED BY BOARD OR COMMITTEE? = YES (I) WRITTEN AGREEMENT? = YES (A) NAME OF PERSON: AIMEE KENNEDY (B) RELATIONSHIP WITH ORGANIZATION: OFFICER (C) PURPOSE OF LOAN: SPLIT-DOLLAR LIFE INSURANCE (D) LOAN TO OR FROM ORGANIZATION? = FROM (E) ORIGINAL PRINCIPAL AMOUNT \$ 2,500. (F) BALANCE DUE \$ 2,534. (G) LOAN IN DEFAULT? = NO (H) APPROVED BY BOARD OR COMMITTEE? = YES (I) WRITTEN AGREEMENT? = YES (A) NAME OF PERSON: AIMEE KENNEDY (B) RELATIONSHIP WITH ORGANIZATION: OFFICER (C) PURPOSE OF LOAN: SPLIT-DOLLAR LIFE INSURANCE (D) LOAN TO OR FROM ORGANIZATION? = FROM (E) ORIGINAL PRINCIPAL AMOUNT \$ 8,292. (F) BALANCE DUE \$ 8,397. (G) LOAN IN DEFAULT? = NO (H) APPROVED BY BOARD OR COMMITTEE? = YES

	31-4379427	Page 2
Part V Supplemental Information Complete this part to provide additional information for responses to questions on Schedule L (see instructions))	
(A) NAME OF PERSON: AIMEE KENNEDY		
(B) RELATIONSHIP WITH ORGANIZATION: OFFICER		
(C) PURPOSE OF LOAN: SPLIT-DOLLAR LIFE INSURANCE		
(D) LOAN TO OR FROM ORGANIZATION? = FROM		
(E) ORIGINAL PRINCIPAL AMOUNT \$ 2,292. (F) BALANCE DUE \$ 2,320.		
(G) LOAN IN DEFAULT? = NO		
(H) APPROVED BY BOARD OR COMMITTEE? = YES		
(I) WRITTEN AGREEMENT? = YES		
(A) NAME OF PERSON: AIMEE KENNEDY		
(B) RELATIONSHIP WITH ORGANIZATION: OFFICER		
(C) PURPOSE OF LOAN: SPLIT-DOLLAR LIFE INSURANCE		
(D) LOAN TO OR FROM ORGANIZATION? = FROM		
(E) ORIGINAL PRINCIPAL AMOUNT \$ 2,292. (F) BALANCE DUE \$ 2,317.		
(G) LOAN IN DEFAULT? = NO		
(H) APPROVED BY BOARD OR COMMITTEE? = YES		
(I) WRITTEN AGREEMENT? = YES		
(A) NAME OF PERSON: AIMEE KENNEDY		
(B) RELATIONSHIP WITH ORGANIZATION: OFFICER		
(C) PURPOSE OF LOAN: SPLIT-DOLLAR LIFE INSURANCE		
(D) LOAN TO OR FROM ORGANIZATION? = FROM		
(E) ORIGINAL PRINCIPAL AMOUNT \$ 2,292. (F) BALANCE DUE \$ 2,317.		
(G) LOAN IN DEFAULT? = NO		
(H) APPROVED BY BOARD OR COMMITTEE? = YES		
(I) WRITTEN AGREEMENT? = YES		

(A) NAME OF PERSON: AIMEE KENNEDY

Schedule L (Form 990) BATTELLE MEMORIAL INSTITUTE	31-4379427	Page 2
Part V Supplemental Information Complete this part to provide additional information for responses to questions on Schedule L (see	e instructions).	
(B) RELATIONSHIP WITH ORGANIZATION: OFFICER		
(B) RELATIONSHIP WITH ORGANIZATION: OFFICER		
(C) PURPOSE OF LOAN: SPLIT-DOLLAR LIFE INSURANCE		
(D) LOAN TO OR FROM ORGANIZATION? = FROM		
(E) ORIGINAL PRINCIPAL AMOUNT \$ 2,292. (F) BALANCE DUE \$ 2,315.		
(G) LOAN IN DEFAULT? = NO		
(H) APPROVED BY BOARD OR COMMITTEE? = YES		
(I) WRITTEN AGREEMENT? = YES		
(A) NAME OF PERSON: AIMEE KENNEDY		
(B) RELATIONSHIP WITH ORGANIZATION: OFFICER		
(C) PURPOSE OF LOAN: SPLIT-DOLLAR LIFE INSURANCE		
(D) LOAN TO OR FROM ORGANIZATION? = FROM		
(E) ORIGINAL PRINCIPAL AMOUNT \$ 3,437. (F) BALANCE DUE \$ 3,465.		
(G) LOAN IN DEFAULT? = NO		
(H) APPROVED BY BOARD OR COMMITTEE? = YES		
(I) WRITTEN AGREEMENT? = YES		
(A) NAME OF PERSON: AIMEE KENNEDY		
(B) RELATIONSHIP WITH ORGANIZATION: OFFICER		
(C) PURPOSE OF LOAN: SPLIT-DOLLAR LIFE INSURANCE		
(D) LOAN TO OR FROM ORGANIZATION? = FROM		
(E) ORIGINAL PRINCIPAL AMOUNT \$ 2,292. (F) BALANCE DUE \$ 2,304.		
(G) LOAN IN DEFAULT? = NO		
(H) APPROVED BY BOARD OR COMMITTEE? = YES		
(I) WRITTEN AGREEMENT? = YES		
(A) NAME OF PERSON: AIMEE KENNEDY		
(B) RELATIONSHIP WITH ORGANIZATION: OFFICER		
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Schedule L (Form 990) BATTELLE MEMORIAL INSTITUTE	31-4379427	Page 2
Part V Supplemental Information Complete this part to provide additional information for responses to questions on Schedule L (see instruction)	ctions)	
(C) PURPOSE OF LOAN: SPLIT-DOLLAR LIFE INSURANCE		
(D) LOAN TO OR FROM ORGANIZATION? = FROM		
(E) ORIGINAL PRINCIPAL AMOUNT \$ 2,292. (F) BALANCE DUE \$ 2,298.		
(G) LOAN IN DEFAULT? = NO		
(H) APPROVED BY BOARD OR COMMITTEE? = YES		
(I) WRITTEN AGREEMENT? = YES		
(A) NAME OF PERSON: MATTHEW VAUGHAN		
(B) RELATIONSHIP WITH ORGANIZATION: OFFICER		
(C) PURPOSE OF LOAN: SPLIT-DOLLAR LIFE INSURANCE		
(D) LOAN TO OR FROM ORGANIZATION? = FROM		
(E) ORIGINAL PRINCIPAL AMOUNT \$ 16,667. (F) BALANCE DUE \$ 17,234.		
(G) LOAN IN DEFAULT? = NO		
(H) APPROVED BY BOARD OR COMMITTEE? = YES		
(I) WRITTEN AGREEMENT? = YES		
(A) NAME OF PERSON: MATTHEW VAUGHAN		
(B) RELATIONSHIP WITH ORGANIZATION: OFFICER		
(C) PURPOSE OF LOAN: SPLIT-DOLLAR LIFE INSURANCE		
(D) LOAN TO OR FROM ORGANIZATION? = FROM		
(E) ORIGINAL PRINCIPAL AMOUNT \$ 416,667. (F) BALANCE DUE \$ 430,312.		
(G) LOAN IN DEFAULT? = NO		
(H) APPROVED BY BOARD OR COMMITTEE? = YES		
(I) WRITTEN AGREEMENT? = YES		
(A) NAME OF PERSON: MATTHEW VAUGHAN		

(B) RELATIONSHIP WITH ORGANIZATION: OFFICER

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

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

(D) LOAN TO OR FROM ORGANIZATION? = FROM

(E) ORIGINAL PRINCIPAL AMOUNT \$ 16,667. (F) BALANCE DUE \$ 17,183.

(G) LOAN IN DEFAULT? = NO

(H) APPROVED BY BOARD OR COMMITTEE? = YES

(I) WRITTEN AGREEMENT? = YES

(A) NAME OF PERSON: MATTHEW VAUGHAN

(B) RELATIONSHIP WITH ORGANIZATION: OFFICER

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

(D) LOAN TO OR FROM ORGANIZATION? = FROM

(E) ORIGINAL PRINCIPAL AMOUNT \$ 60,000. (F) BALANCE DUE \$ 61,757.

(G) LOAN IN DEFAULT? = NO

(H) APPROVED BY BOARD OR COMMITTEE? = YES

(I) WRITTEN AGREEMENT? = YES

(A) NAME OF PERSON: MATTHEW VAUGHAN

(B) RELATIONSHIP WITH ORGANIZATION: OFFICER

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

(D) LOAN TO OR FROM ORGANIZATION? = FROM

(E) ORIGINAL PRINCIPAL AMOUNT \$ 16,667. (F) BALANCE DUE \$ 17,124.

(G) LOAN IN DEFAULT? = NO

(H) APPROVED BY BOARD OR COMMITTEE? = YES

(I) WRITTEN AGREEMENT? = YES

(A) NAME OF PERSON: MATTHEW VAUGHAN

(B) RELATIONSHIP WITH ORGANIZATION: OFFICER

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

(D) LOAN TO OR FROM ORGANIZATION? = FROM

Schedule L (Form 990) BATTELLE MEMORIAL INSTITUTE	51 45/542/	Page Z
Part V Supplemental Information Complete this part to provide additional information for responses to questions on Schedule L (see instant)	structions).	
(E) ORIGINAL PRINCIPAL AMOUNT \$ 16,667. (F) BALANCE DUE \$ 17,097.		
(G) LOAN IN DEFAULT? = NO		
(H) APPROVED BY BOARD OR COMMITTEE? = YES		
(I) WRITTEN AGREEMENT? = YES		
(A) NAME OF PERSON: MATTHEW VAUGHAN		
(B) RELATIONSHIP WITH ORGANIZATION: OFFICER		
(C) PURPOSE OF LOAN: SPLIT-DOLLAR LIFE INSURANCE		
(D) LOAN TO OR FROM ORGANIZATION? = FROM		
(E) ORIGINAL PRINCIPAL AMOUNT \$ 16,667. (F) BALANCE DUE \$ 17,077.		
(G) LOAN IN DEFAULT? = NO		
(H) APPROVED BY BOARD OR COMMITTEE? = YES		
(I) WRITTEN AGREEMENT? = YES		
(A) NAME OF PERSON: MATTHEW VAUGHAN		
(B) RELATIONSHIP WITH ORGANIZATION: OFFICER		
(C) PURPOSE OF LOAN: SPLIT-DOLLAR LIFE INSURANCE		
(D) LOAN TO OR FROM ORGANIZATION? = FROM		
(E) ORIGINAL PRINCIPAL AMOUNT \$ 16,667. (F) BALANCE DUE \$ 17,060.		
(G) LOAN IN DEFAULT? = NO		
(H) APPROVED BY BOARD OR COMMITTEE? = YES		
(I) WRITTEN AGREEMENT? = YES		
(A) NAME OF PERSON: MATTHEW VAUGHAN		
(B) RELATIONSHIP WITH ORGANIZATION: OFFICER		
(C) PURPOSE OF LOAN: SPLIT-DOLLAR LIFE INSURANCE		

BATTELLE MEMORIAL INSTITUTE

(D) LOAN TO OR FROM ORGANIZATION? = FROM

(E) ORIGINAL PRINCIPAL AMOUNT \$ 16,667. (F) BALANCE DUE \$ 17,050.

Schedule L (Form 990)

31 - 4379427

Page 2

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

(G) LOAN IN DEFAULT? = NO

(H) APPROVED BY BOARD OR COMMITTEE? = YES

(I) WRITTEN AGREEMENT? = YES

(A) NAME OF PERSON: MATTHEW VAUGHAN

(B) RELATIONSHIP WITH ORGANIZATION: OFFICER

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

(D) LOAN TO OR FROM ORGANIZATION? = FROM

(E) ORIGINAL PRINCIPAL AMOUNT \$ 16,667. (F) BALANCE DUE \$ 17,033.

(G) LOAN IN DEFAULT? = NO

(H) APPROVED BY BOARD OR COMMITTEE? = YES

(I) WRITTEN AGREEMENT? = YES

(A) NAME OF PERSON: MATTHEW VAUGHAN

(B) RELATIONSHIP WITH ORGANIZATION: OFFICER

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

(D) LOAN TO OR FROM ORGANIZATION? = FROM

(E) ORIGINAL PRINCIPAL AMOUNT \$ 16,667. (F) BALANCE DUE \$ 17,017.

(G) LOAN IN DEFAULT? = NO

(H) APPROVED BY BOARD OR COMMITTEE? = YES

(I) WRITTEN AGREEMENT? = YES

(A) NAME OF PERSON: MATTHEW VAUGHAN

(B) RELATIONSHIP WITH ORGANIZATION: OFFICER

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

(D) LOAN TO OR FROM ORGANIZATION? = FROM

(E) ORIGINAL PRINCIPAL AMOUNT \$ 16,667. (F) BALANCE DUE \$ 17,003.

(G) LOAN IN DEFAULT? = NO

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

(H) APPROVED BY BOARD OR COMMITTEE? = YES

(I) WRITTEN AGREEMENT? = YES

(A) NAME OF PERSON: MATTHEW VAUGHAN

(B) RELATIONSHIP WITH ORGANIZATION: OFFICER

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

(D) LOAN TO OR FROM ORGANIZATION? = FROM

(E) ORIGINAL PRINCIPAL AMOUNT \$ 16,667. (F) BALANCE DUE \$ 16,989.

(G) LOAN IN DEFAULT? = NO

(H) APPROVED BY BOARD OR COMMITTEE? = YES

(I) WRITTEN AGREEMENT? = YES

(A) NAME OF PERSON: MATTHEW VAUGHAN

(B) RELATIONSHIP WITH ORGANIZATION: OFFICER

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

(D) LOAN TO OR FROM ORGANIZATION? = FROM

(E) ORIGINAL PRINCIPAL AMOUNT \$ 416,667. (F) BALANCE DUE \$ 424,373.

(G) LOAN IN DEFAULT? = NO

(H) APPROVED BY BOARD OR COMMITTEE? = YES

(I) WRITTEN AGREEMENT? = YES

(A) NAME OF PERSON: MATTHEW VAUGHAN

(B) RELATIONSHIP WITH ORGANIZATION: OFFICER

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

(D) LOAN TO OR FROM ORGANIZATION? = FROM

(E) ORIGINAL PRINCIPAL AMOUNT \$ 40,000. (F) BALANCE DUE \$ 40,978.

(G) LOAN IN DEFAULT? = NO

(H) APPROVED BY BOARD OR COMMITTEE? = YES

BATTELLE MEMORIAL INSTITUTE

Part V Supplemental Information

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

(I) WRITTEN AGREEMENT? = YES

(A) NAME OF PERSON: MATTHEW VAUGHAN

(B) RELATIONSHIP WITH ORGANIZATION: OFFICER

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

(D) LOAN TO OR FROM ORGANIZATION? = FROM

(E) ORIGINAL PRINCIPAL AMOUNT \$ 600,000. (F) BALANCE DUE \$ 609,102.

(G) LOAN IN DEFAULT? = NO

(H) APPROVED BY BOARD OR COMMITTEE? = YES

(I) WRITTEN AGREEMENT? = YES

(A) NAME OF PERSON: MATTHEW VAUGHAN

(B) RELATIONSHIP WITH ORGANIZATION: OFFICER

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

(D) LOAN TO OR FROM ORGANIZATION? = FROM

(E) ORIGINAL PRINCIPAL AMOUNT \$ 15,385. (F) BALANCE DUE \$ 15,594.

(G) LOAN IN DEFAULT? = NO

(H) APPROVED BY BOARD OR COMMITTEE? = YES

(I) WRITTEN AGREEMENT? = YES

(A) NAME OF PERSON: MATTHEW VAUGHAN

(B) RELATIONSHIP WITH ORGANIZATION: OFFICER

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

(D) LOAN TO OR FROM ORGANIZATION? = FROM

(E) ORIGINAL PRINCIPAL AMOUNT \$ 75,385. (F) BALANCE DUE \$ 76,345.

(G) LOAN IN DEFAULT? = NO

(H) APPROVED BY BOARD OR COMMITTEE? = YES

Part V Supplemental Information Complete this part to provide additional information for responses to questions on Schedule L (see instructions). (A) NAME OF PERSON: MATTHEW VAUGHAN (B) RELATIONSHIP WITH ORGANIZATION: OFFICER (C) PURPOSE OF LOAN: SPLIT-DOLLAR LIFE INSURANCE (D) LOAN TO OR FROM ORGANIZATION? = FROM (E) ORIGINAL PRINCIPAL AMOUNT \$ 15,385. (F) BALANCE DUE \$ 15,576. (G) LOAN IN DEFAULT? = NO (H) APPROVED BY BOARD OR COMMITTEE? = YES (I) WRITTEN AGREEMENT? = YES (A) NAME OF PERSON: MATTHEW VAUGHAN (B) RELATIONSHIP WITH ORGANIZATION: OFFICER (C) PURPOSE OF LOAN: SPLIT-DOLLAR LIFE INSURANCE (D) LOAN TO OR FROM ORGANIZATION? = FROM (E) ORIGINAL PRINCIPAL AMOUNT \$ 15,385. (F) BALANCE DUE \$ 15,557. (G) LOAN IN DEFAULT? = NO (H) APPROVED BY BOARD OR COMMITTEE? = YES (I) WRITTEN AGREEMENT? = YES (A) NAME OF PERSON: MATTHEW VAUGHAN (B) RELATIONSHIP WITH ORGANIZATION: OFFICER (C) PURPOSE OF LOAN: SPLIT-DOLLAR LIFE INSURANCE (D) LOAN TO OR FROM ORGANIZATION? = FROM (E) ORIGINAL PRINCIPAL AMOUNT \$ 15,385. (F) BALANCE DUE \$ 15,554. (G) LOAN IN DEFAULT? = NO (H) APPROVED BY BOARD OR COMMITTEE? = YES

Schedule (form 390) BATTELLE MEMORIAL INSTITUTE 31-4379427 Page 2 Part V Supplemental Information Complete this part to provide additional information for responses to questions on Schedule L (see instructions). (A) NAME OF PERSON: MATTHEW VAUGHAN (B) RELATIONSHIP WITH ORGANIZATION: OFFICER (C) PURPOSE OF LOAN: SPLIT-DOLLAR LIFE INSURANCE (D) LOAN TO OR FROM ORGANIZATION? = FROM (E) ORIGINAL PRINCIPAL AMOUNT \$ 15,385. (F) BALANCE DUE \$ 15,543. (G) LOAN IN DEFAULT? = NO (H) APPROVED BY BOARD OR COMMITTE? = YES (I) WRITTEN AGREEMENT? = YES (I) WRITTEN AGREEMENT? = YES (C) FURPOSE OF LOAN: SPLIT-DOLLAR LIFE INSURANCE (D) LOAN TO OR FROM ORGANIZATION: OFFICER (I) WRITTEN AGREEMENT? = YES (I) WRITTEN AGREEMENT? = YES (I) WRITTEN AGREEMENT? = YES (I) URITAL DIFT ORGANIZATION: OFFICER (C) FURPOSE OF LOAN: SPLIT-DOLLAR LIFE INSURANCE (D) LOAN TO OR FROM ORGANIZATION? = FROM (B) RELATIONSHIP WITH ORGANIZATION? = FROM (E) ORIGINAL FRINCIPAL AMOUNT \$ 23,077. (F) BALANCE DUE \$ 23,259. (G) LOAN IN DEFAULT? = NO (H) APPROVED BY BOARD OR COMMITTE? = YES
 (A) NAME OF PERSON: MATTHEW VAUGHAN (B) RELATIONSHIP WITH ORGANIZATION: OFFICER (C) PURPOSE OF LOAN: SPLIT-DOLLAR LIFE INSURANCE (D) LOAN TO OR FROM ORGANIZATION? = FROM (E) ORIGINAL PRINCIPAL AMOUNT \$ 15,385. (F) BALANCE DUE \$ 15,543. (G) LOAN IN DEFAULT? = NO (H) APPROVED BY BOARD OR COMMITTE? = YES (1) WRITTEN AGREEMENT? = YES (A) NAME OF PERSON: MATTHEW VAUGHAN (B) RELATIONSHIP WITH ORGANIZATION: OFFICER (C) PURPOSE OF LOAN: SPLIT-DOLLAR LIFE INSURANCE (D) LOAN TO OR FROM ORGANIZATION? = FROM (E) ORIGINAL PRINCIPAL AMOUNT \$ 23,077. (F) BALANCE DUE \$ 23,259. (G) LOAN IN DEFAULT? = NO
 (B) RELATIONSHIP WITH ORGANIZATION: OFFICER (C) PURPOSE OF LOAN: SPLIT-DOLLAR LIFE INSURANCE (D) LOAN TO OR FROM ORGANIZATION? = FROM (E) ORIGINAL PRINCIPAL AMOUNT \$ 15,385. (F) BALANCE DUE \$ 15,543. (G) LOAN IN DEFAULT? = NO (H) APPROVED BY BOARD OR COMMITTE? = YES (I) WRITTEN AGREEMENT? = YES (A) NAME OF PERSON: MATTHEW VAUGHAN (B) RELATIONSHIP WITH ORGANIZATION: OFFICER (C) FURPOSE OF LOAN: SPLIT-DOLLAR LIFE INSURANCE (D) LOAN TO OR FROM ORGANIZATION? = FROM (E) ORIGINAL PRINCIPAL AMOUNT \$ 23,077. (F) BALANCE DUE \$ 23,259. (G) LOAN IN DEFAULT? = NO
(C) PURPOSE OF LOAN: SPLIT-DOLLAR LIFE INSURANCE (D) LOAN TO OR FROM ORGANIZATION? = FROM (E) ORIGINAL PRINCIPAL AMOUNT \$ 15,385. (F) BALANCE DUE \$ 15,543. (G) LOAN IN DEFAULT? = NO (H) APPROVED BY BOARD OR COMMITTEE? = YES (I) WRITTEN AGREEMENT? = YES (A) NAME OF PERSON: MATTHEW VAUGHAN (B) RELATIONSHIP WITH ORGANIZATION: OFFICER (C) PURPOSE OF LOAN: SPLIT-DOLLAR LIFE INSURANCE (D) LOAN TO OR FROM ORGANIZATION? = FROM (E) ORIGINAL FRINCIPAL AMOUNT \$ 23,077. (F) BALANCE DUE \$ 23,259. (G) LOAN IN DEFAULT? = NO
(D) LOAN TO OR FROM ORGANIZATION? = FROM (E) ORIGINAL PRINCIPAL AMOUNT \$ 15,385. (F) BALANCE DUE \$ 15,543. (G) LOAN IN DEFAULT? = NO (H) APPROVED BY BOARD OR COMMITTEE? = YES (I) WRITTEN AGREEMENT? = YES (A) NAME OF PERSON: MATTHEW VAUGHAN (B) RELATIONSHIP WITH ORGANIZATION: OFFICER (C) PURPOSE OF LOAN: SPLIT-DOLLAR LIFE INSURANCE (D) LOAN TO OR FROM ORGANIZATION? = FROM (E) ORIGINAL PRINCIPAL AMOUNT \$ 23,077. (F) BALANCE DUE \$ 23,259. (G) LOAN IN DEFAULT? = NO
<pre>(E) ORIGINAL PRINCIPAL AMOUNT \$ 15,385. (F) BALANCE DUE \$ 15,543. (G) LOAN IN DEFAULT? = NO (H) APPROVED BY BOARD OR COMMITTEE? = YES (1) WRITTEN AGREEMENT? = YES (A) NAME OF PERSON: MATTHEW VAUGHAN (B) RELATIONSHIP WITH ORGANIZATION: OFFICER (C) FURPOSE OF LOAN: SPLIT-DOLLAR LIFE INSURANCE (D) LOAN TO OR FROM ORGANIZATION? = FROM (E) ORIGINAL PRINCIPAL AMOUNT \$ 23,077. (F) BALANCE DUE \$ 23,259. (G) LOAN IN DEFAULT? = NO</pre>
<pre>(G) LOAN IN DEFAULT? = NO (H) APPROVED BY BOARD OR COMMITTEE? = YES (I) WRITTEN AGREEMENT? = YES (I) WRITTEN AGREEMENT? = YES (A) NAME OF PERSON: MATTHEW VAUGHAN (B) RELATIONSHIP WITH ORGANIZATION: OFFICER (C) FURPOSE OF LOAN: SPLIT-DOLLAR LIFE INSURANCE (D) LOAN TO OR FROM ORGANIZATION? = FROM (E) ORIGINAL PRINCIPAL AMOUNT \$ 23,077. (F) BALANCE DUE \$ 23,259. (G) LOAN IN DEFAULT? = NO</pre>
 (H) APPROVED BY BOARD OR COMMITTEE? = YES (I) WRITTEN AGREEMENT? = YES (A) NAME OF PERSON: MATTHEW VAUGHAN (B) RELATIONSHIP WITH ORGANIZATION: OFFICER (C) PURPOSE OF LOAN: SPLIT-DOLLAR LIFE INSURANCE (D) LOAN TO OR FROM ORGANIZATION? = FROM (E) ORIGINAL PRINCIPAL AMOUNT \$ 23,077. (F) BALANCE DUE \$ 23,259. (G) LOAN IN DEFAULT? = NO
<pre>(1) WRITTEN AGREEMENT? = YES (A) NAME OF PERSON: MATTHEW VAUGHAN (B) RELATIONSHIP WITH ORGANIZATION: OFFICER (C) PURPOSE OF LOAN: SPLIT-DOLLAR LIFE INSURANCE (D) LOAN TO OR FROM ORGANIZATION? = FROM (E) ORIGINAL PRINCIPAL AMOUNT \$ 23,077. (F) BALANCE DUE \$ 23,259. (G) LOAN IN DEFAULT? = NO</pre>
 (A) NAME OF PERSON: MATTHEW VAUGHAN (B) RELATIONSHIP WITH ORGANIZATION: OFFICER (C) PURPOSE OF LOAN: SPLIT-DOLLAR LIFE INSURANCE (D) LOAN TO OR FROM ORGANIZATION? = FROM (E) ORIGINAL PRINCIPAL AMOUNT \$ 23,077. (F) BALANCE DUE \$ 23,259. (G) LOAN IN DEFAULT? = NO
 (B) RELATIONSHIP WITH ORGANIZATION: OFFICER (C) PURPOSE OF LOAN: SPLIT-DOLLAR LIFE INSURANCE (D) LOAN TO OR FROM ORGANIZATION? = FROM (E) ORIGINAL PRINCIPAL AMOUNT \$ 23,077. (F) BALANCE DUE \$ 23,259. (G) LOAN IN DEFAULT? = NO
 (B) RELATIONSHIP WITH ORGANIZATION: OFFICER (C) PURPOSE OF LOAN: SPLIT-DOLLAR LIFE INSURANCE (D) LOAN TO OR FROM ORGANIZATION? = FROM (E) ORIGINAL PRINCIPAL AMOUNT \$ 23,077. (F) BALANCE DUE \$ 23,259. (G) LOAN IN DEFAULT? = NO
<pre>(C) PURPOSE OF LOAN: SPLIT-DOLLAR LIFE INSURANCE (D) LOAN TO OR FROM ORGANIZATION? = FROM (E) ORIGINAL PRINCIPAL AMOUNT \$ 23,077. (F) BALANCE DUE \$ 23,259. (G) LOAN IN DEFAULT? = NO</pre>
 (D) LOAN TO OR FROM ORGANIZATION? = FROM (E) ORIGINAL PRINCIPAL AMOUNT \$ 23,077. (F) BALANCE DUE \$ 23,259. (G) LOAN IN DEFAULT? = NO
 (E) ORIGINAL PRINCIPAL AMOUNT \$ 23,077. (F) BALANCE DUE \$ 23,259. (G) LOAN IN DEFAULT? = NO
(G) LOAN IN DEFAULT? = NO
(H) APPROVED BY BOARD OR COMMITTEE? = YES
(I) WRITTEN AGREEMENT? = YES
(A) NAME OF PERSON: MATTHEW VAUGHAN
(B) RELATIONSHIP WITH ORGANIZATION: OFFICER
(C) PURPOSE OF LOAN: SPLIT-DOLLAR LIFE INSURANCE
(D) LOAN TO OR FROM ORGANIZATION? = FROM
(E) ORIGINAL PRINCIPAL AMOUNT \$ 15,385. (F) BALANCE DUE \$ 15,467.
(G) LOAN IN DEFAULT? = NO
(H) APPROVED BY BOARD OR COMMITTEE? = YES
(I) WRITTEN AGREEMENT? = YES

(A) NAME OF PERSON: MATTHEW VAUGHAN

Schedule L (Form 990) BATTELLE MEMORIAL INSTITUTE	31-4379427	Page 2
Part V Supplemental Information		
Complete this part to provide additional information for responses to questions on Schedule L (see instruction	ons).	
(B) RELATIONSHIP WITH ORGANIZATION: OFFICER		
(C) PURPOSE OF LOAN: SPLIT-DOLLAR LIFE INSURANCE		
(D) LOAN TO OR FROM ORGANIZATION? = FROM		
(E) ORIGINAL PRINCIPAL AMOUNT \$ 15,385. (F) BALANCE DUE \$ 15,424.		
(G) LOAN IN DEFAULT? = NO		
(H) APPROVED BY BOARD OR COMMITTEE? = YES		
(I) WRITTEN AGREEMENT? = YES		
(A) NAME OF PERSON: THOMAS MASON		
(B) RELATIONSHIP WITH ORGANIZATION: OFFICER		
(C) PURPOSE OF LOAN: SPLIT-DOLLAR LIFE INSURANCE		
(D) LOAN TO OR FROM ORGANIZATION? = FROM		
(E) ORIGINAL PRINCIPAL AMOUNT \$ 100,000. (F) BALANCE DUE \$ 103,275.		
(G) LOAN IN DEFAULT? = NO		
(H) APPROVED BY BOARD OR COMMITTEE? = YES		
(I) WRITTEN AGREEMENT? = YES		
(A) NAME OF PERSON: THOMAS MASON		
(B) RELATIONSHIP WITH ORGANIZATION: OFFICER		
(C) PURPOSE OF LOAN: SPLIT-DOLLAR LIFE INSURANCE		
(D) LOAN TO OR FROM ORGANIZATION? = FROM		
(E) ORIGINAL PRINCIPAL AMOUNT \$ 10,000. (F) BALANCE DUE \$ 10,293.		
(G) LOAN IN DEFAULT? = NO		
(H) APPROVED BY BOARD OR COMMITTEE? = YES		
(I) WRITTEN AGREEMENT? = YES		
(A) NAME OF PERSON: THOMAS MASON		
(B) RELATIONSHIP WITH ORGANIZATION: OFFICER		

Schedule L (Form 990) BATTELLE MEMORIAL INSTITUTE	31-4379427	Page 2
Part V Supplemental Information Complete this part to provide additional information for responses to questions on Schedule L (see instruction)	ructions).	
(C) PURPOSE OF LOAN: SPLIT-DOLLAR LIFE INSURANCE		
(D) LOAN TO OR FROM ORGANIZATION? = FROM		
(E) ORIGINAL PRINCIPAL AMOUNT \$ 200,000. (F) BALANCE DUE \$ 203,699.		
(G) LOAN IN DEFAULT? = NO		
(H) APPROVED BY BOARD OR COMMITTEE? = YES		
(I) WRITTEN AGREEMENT? = YES		
(A) NAME OF PERSON: THOMAS MASON		
(B) RELATIONSHIP WITH ORGANIZATION: OFFICER		
(C) PURPOSE OF LOAN: SPLIT-DOLLAR LIFE INSURANCE		
(D) LOAN TO OR FROM ORGANIZATION? = FROM		
(E) ORIGINAL PRINCIPAL AMOUNT \$ 20,000. (F) BALANCE DUE \$ 20,489.		
(G) LOAN IN DEFAULT? = NO		
(H) APPROVED BY BOARD OR COMMITTEE? = YES		
(I) WRITTEN AGREEMENT? = YES		
(A) NAME OF PERSON: THOMAS MASON		
(B) RELATIONSHIP WITH ORGANIZATION: OFFICER		
(C) PURPOSE OF LOAN: SPLIT-DOLLAR LIFE INSURANCE		
(D) LOAN TO OR FROM ORGANIZATION? = FROM		
(E) ORIGINAL PRINCIPAL AMOUNT \$ 200,000. (F) BALANCE DUE \$ 203,034.		
(G) LOAN IN DEFAULT? = NO		
(H) APPROVED BY BOARD OR COMMITTEE? = YES		
(I) WRITTEN AGREEMENT? = YES		
(A) NAME OF PERSON: THOMAS MASON		
(B) RELATIONSHIP WITH ORGANIZATION: OFFICER		

(B) RELATIONSHIP WITH ORGANIZATION: OFFICER

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

(D) LOAN TO OR FROM ORGANIZATION? = FROM

(E) ORIGINAL PRINCIPAL AMOUNT \$ 20,000. (F) BALANCE DUE \$ 20,255.

(G) LOAN IN DEFAULT? = NO

(H) APPROVED BY BOARD OR COMMITTEE? = YES

(I) WRITTEN AGREEMENT? = YES

(A) NAME OF PERSON: BRIAN SMITH

(B) RELATIONSHIP WITH ORGANIZATION: OFFICER

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

(D) LOAN TO OR FROM ORGANIZATION? = FROM

(E) ORIGINAL PRINCIPAL AMOUNT \$ 21,667. (F) BALANCE DUE \$ 22,067.

(G) LOAN IN DEFAULT? = NO

(H) APPROVED BY BOARD OR COMMITTEE? = YES

(I) WRITTEN AGREEMENT? = YES

(A) NAME OF PERSON: BRIAN SMITH

(B) RELATIONSHIP WITH ORGANIZATION: OFFICER

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

(D) LOAN TO OR FROM ORGANIZATION? = FROM

(E) ORIGINAL PRINCIPAL AMOUNT \$ 1,667. (F) BALANCE DUE \$ 1,706.

(G) LOAN IN DEFAULT? = NO

(H) APPROVED BY BOARD OR COMMITTEE? = YES

(I) WRITTEN AGREEMENT? = YES

(A) NAME OF PERSON: BRIAN SMITH

(B) RELATIONSHIP WITH ORGANIZATION: OFFICER

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

(D) LOAN TO OR FROM ORGANIZATION? = FROM

Schedule L (Form 990) BATTELLE MEMORIAL INSTITUTE	31-4379427	Page 2
Part V Supplemental Information Complete this part to provide additional information for responses to questions on Schedule L (see instru	ctions).	
(E) ORIGINAL PRINCIPAL AMOUNT \$ 3,833. (F) BALANCE DUE \$ 3,927.		
(G) LOAN IN DEFAULT? = NO		
(H) APPROVED BY BOARD OR COMMITTEE? = YES		
(I) WRITTEN AGREEMENT? = YES		
(A) NAME OF PERSON: BRIAN SMITH		
(B) RELATIONSHIP WITH ORGANIZATION: OFFICER		
(C) PURPOSE OF LOAN: SPLIT-DOLLAR LIFE INSURANCE		
(D) LOAN TO OR FROM ORGANIZATION? = FROM		
(E) ORIGINAL PRINCIPAL AMOUNT \$ 1,667. (F) BALANCE DUE \$ 1,709.		
(G) LOAN IN DEFAULT? = NO		
(H) APPROVED BY BOARD OR COMMITTEE? = YES		
(I) WRITTEN AGREEMENT? = YES		
(A) NAME OF PERSON: BRIAN SMITH		
(B) RELATIONSHIP WITH ORGANIZATION: OFFICER		
(C) PURPOSE OF LOAN: SPLIT-DOLLAR LIFE INSURANCE		
(D) LOAN TO OR FROM ORGANIZATION? = FROM		
(E) ORIGINAL PRINCIPAL AMOUNT \$ 1,667. (F) BALANCE DUE \$ 1,712.		
(G) LOAN IN DEFAULT? = NO		
(H) APPROVED BY BOARD OR COMMITTEE? = YES		
(I) WRITTEN AGREEMENT? = YES		
(A) NAME OF PERSON: BRIAN SMITH		
(B) RELATIONSHIP WITH ORGANIZATION: OFFICER		
(C) PURPOSE OF LOAN: SPLIT-DOLLAR LIFE INSURANCE		
(D) LOAN TO OR FROM ORGANIZATION? = FROM		
(E) ORIGINAL PRINCIPAL AMOUNT \$ 1,667. (F) BALANCE DUE \$ 1,709.		

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

(G) LOAN IN DEFAULT? = NO

(H) APPROVED BY BOARD OR COMMITTEE? = YES

(I) WRITTEN AGREEMENT? = YES

(A) NAME OF PERSON: BRIAN SMITH

(B) RELATIONSHIP WITH ORGANIZATION: OFFICER

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

(D) LOAN TO OR FROM ORGANIZATION? = FROM

(E) ORIGINAL PRINCIPAL AMOUNT \$ 1,667. (F) BALANCE DUE \$ 1,706.

(G) LOAN IN DEFAULT? = NO

(H) APPROVED BY BOARD OR COMMITTEE? = YES

(I) WRITTEN AGREEMENT? = YES

(A) NAME OF PERSON: BRIAN SMITH

(B) RELATIONSHIP WITH ORGANIZATION: OFFICER

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

(D) LOAN TO OR FROM ORGANIZATION? = FROM

(E) ORIGINAL PRINCIPAL AMOUNT \$ 1,667. (F) BALANCE DUE \$ 1,703.

(G) LOAN IN DEFAULT? = NO

(H) APPROVED BY BOARD OR COMMITTEE? = YES

(I) WRITTEN AGREEMENT? = YES

(A) NAME OF PERSON: BRIAN SMITH

(B) RELATIONSHIP WITH ORGANIZATION: OFFICER

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

(D) LOAN TO OR FROM ORGANIZATION? = FROM

(E) ORIGINAL PRINCIPAL AMOUNT \$ 1,667. (F) BALANCE DUE \$ 1,700.

(G) LOAN IN DEFAULT? = NO

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

(H) APPROVED BY BOARD OR COMMITTEE? = YES

(I) WRITTEN AGREEMENT? = YES

(A) NAME OF PERSON: BRIAN SMITH

(B) RELATIONSHIP WITH ORGANIZATION: OFFICER

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

(D) LOAN TO OR FROM ORGANIZATION? = FROM

(E) ORIGINAL PRINCIPAL AMOUNT \$ 1,667. (F) BALANCE DUE \$ 1,698.

(G) LOAN IN DEFAULT? = NO

(H) APPROVED BY BOARD OR COMMITTEE? = YES

(I) WRITTEN AGREEMENT? = YES

(A) NAME OF PERSON: BRIAN SMITH

(B) RELATIONSHIP WITH ORGANIZATION: OFFICER

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

(D) LOAN TO OR FROM ORGANIZATION? = FROM

(E) ORIGINAL PRINCIPAL AMOUNT \$ 833. (F) BALANCE DUE \$ 848.

(G) LOAN IN DEFAULT? = NO

(H) APPROVED BY BOARD OR COMMITTEE? = YES

(I) WRITTEN AGREEMENT? = YES

(A) NAME OF PERSON: BRIAN SMITH

(B) RELATIONSHIP WITH ORGANIZATION: OFFICER

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

(D) LOAN TO OR FROM ORGANIZATION? = FROM

(E) ORIGINAL PRINCIPAL AMOUNT \$ 1,667. (F) BALANCE DUE \$ 1,694.

(G) LOAN IN DEFAULT? = NO

(H) APPROVED BY BOARD OR COMMITTEE? = YES

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

(I) WRITTEN AGREEMENT? = YES

(A) NAME OF PERSON: BRIAN SMITH

- (B) RELATIONSHIP WITH ORGANIZATION: OFFICER
- (C) PURPOSE OF LOAN: SPLIT-DOLLAR LIFE INSURANCE
- (D) LOAN TO OR FROM ORGANIZATION? = FROM
- (E) ORIGINAL PRINCIPAL AMOUNT \$ 22,500. (F) BALANCE DUE \$ 22,841.
- (G) LOAN IN DEFAULT? = NO
- (H) APPROVED BY BOARD OR COMMITTEE? = YES
- (I) WRITTEN AGREEMENT? = YES

(A) NAME OF PERSON: BRIAN SMITH

(B) RELATIONSHIP WITH ORGANIZATION: OFFICER

- (C) PURPOSE OF LOAN: SPLIT-DOLLAR LIFE INSURANCE
- (D) LOAN TO OR FROM ORGANIZATION? = FROM
- (E) ORIGINAL PRINCIPAL AMOUNT \$ 1,667. (F) BALANCE DUE \$ 1,689.
- (G) LOAN IN DEFAULT? = NO
- (H) APPROVED BY BOARD OR COMMITTEE? = YES
- (I) WRITTEN AGREEMENT? = YES

(A) NAME OF PERSON: BRIAN SMITH

(B) RELATIONSHIP WITH ORGANIZATION: OFFICER

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

(D) LOAN TO OR FROM ORGANIZATION? = FROM

(E) ORIGINAL PRINCIPAL AMOUNT \$ 5,528. (F) BALANCE DUE \$ 5,598.

(G) LOAN IN DEFAULT? = NO

(H) APPROVED BY BOARD OR COMMITTEE? = YES

Part V Supplemental Information Complete this part to provide additional information for responses to questions on Schedule L (see instructions). (A) NAME OF PERSON: BRIAN SMITH (B) RELATIONSHIP WITH ORGANIZATION: OFFICER (C) PURPOSE OF LOAN: SPLIT-DOLLAR LIFE INSURANCE (D) LOAN TO OR FROM ORGANIZATION? = FROM (E) ORIGINAL PRINCIPAL AMOUNT \$ 1,528. (F) BALANCE DUE \$ 1,547. (G) LOAN IN DEFAULT? = NO (H) APPROVED BY BOARD OR COMMITTEE? = YES (I) WRITTEN AGREEMENT? = YES (A) NAME OF PERSON: BRIAN SMITH (B) RELATIONSHIP WITH ORGANIZATION: OFFICER (C) PURPOSE OF LOAN: SPLIT-DOLLAR LIFE INSURANCE (D) LOAN TO OR FROM ORGANIZATION? = FROM (E) ORIGINAL PRINCIPAL AMOUNT \$ 1,528. (F) BALANCE DUE \$ 1,545. (G) LOAN IN DEFAULT? = NO (H) APPROVED BY BOARD OR COMMITTEE? = YES (I) WRITTEN AGREEMENT? = YES (A) NAME OF PERSON: BRIAN SMITH (B) RELATIONSHIP WITH ORGANIZATION: OFFICER (C) PURPOSE OF LOAN: SPLIT-DOLLAR LIFE INSURANCE (D) LOAN TO OR FROM ORGANIZATION? = FROM (E) ORIGINAL PRINCIPAL AMOUNT \$ 1,528. (F) BALANCE DUE \$ 1,545. (G) LOAN IN DEFAULT? = NO (H) APPROVED BY BOARD OR COMMITTEE? = YES (I) WRITTEN AGREEMENT? = YES

Schedule L (Form 990) BATTELLE MEMORIAL INSTITUTE	31-4379427	Page 2
Part V Supplemental Information Complete this part to provide additional information for responses to questions on Schedule L (see instruction	uns)	
	jnoj.	
(A) NAME OF PERSON: BRIAN SMITH		
(B) RELATIONSHIP WITH ORGANIZATION: OFFICER		
(C) PURPOSE OF LOAN: SPLIT-DOLLAR LIFE INSURANCE		
(D) LOAN TO OR FROM ORGANIZATION? = FROM		
(E) ORIGINAL PRINCIPAL AMOUNT \$ 1,528. (F) BALANCE DUE \$ 1,543.		
(G) LOAN IN DEFAULT? = NO		
(H) APPROVED BY BOARD OR COMMITTEE? = YES		
(I) WRITTEN AGREEMENT? = YES		
(A) NAME OF PERSON: BRIAN SMITH		
(B) RELATIONSHIP WITH ORGANIZATION: OFFICER		
(C) PURPOSE OF LOAN: SPLIT-DOLLAR LIFE INSURANCE		
(D) LOAN TO OR FROM ORGANIZATION? = FROM		
(E) ORIGINAL PRINCIPAL AMOUNT \$ 2,292. (F) BALANCE DUE \$ 2,310.		
(G) LOAN IN DEFAULT? = NO		
(H) APPROVED BY BOARD OR COMMITTEE? = YES		
(I) WRITTEN AGREEMENT? = YES		
(A) NAME OF PERSON: BRIAN SMITH		
(B) RELATIONSHIP WITH ORGANIZATION: OFFICER		
(C) PURPOSE OF LOAN: SPLIT-DOLLAR LIFE INSURANCE		
(D) LOAN TO OR FROM ORGANIZATION? = FROM		
(E) ORIGINAL PRINCIPAL AMOUNT \$ 1,528. (F) BALANCE DUE \$ 1,536.		
(G) LOAN IN DEFAULT? = NO		
(H) APPROVED BY BOARD OR COMMITTEE? = YES		
(I) WRITTEN AGREEMENT? = YES		

⁽A) NAME OF PERSON: BRIAN SMITH

Schedule L (Form 990) BATTELLE MEMORIAL INSTITUTE	31-4379427	Page 2
Part V Supplemental Information Complete this part to provide additional information for responses to questions on Schedule L (see instruct)	tions).	
(B) RELATIONSHIP WITH ORGANIZATION: OFFICER		
(C) PURPOSE OF LOAN: SPLIT-DOLLAR LIFE INSURANCE		
(D) LOAN TO OR FROM ORGANIZATION? = FROM		
(E) ORIGINAL PRINCIPAL AMOUNT \$ 1,528. (F) BALANCE DUE \$ 1,532.		
(G) LOAN IN DEFAULT? = NO		
(H) APPROVED BY BOARD OR COMMITTEE? = YES		
(I) WRITTEN AGREEMENT? = YES		
(A) NAME OF PERSON: MARK PERRIGO		
(B) RELATIONSHIP WITH ORGANIZATION: OFFICER		
(C) PURPOSE OF LOAN: SPLIT-DOLLAR LIFE INSURANCE		
(D) LOAN TO OR FROM ORGANIZATION? = FROM		
(E) ORIGINAL PRINCIPAL AMOUNT \$ 1,154. (F) BALANCE DUE \$ 1,170.		
(G) LOAN IN DEFAULT? = NO		
(H) APPROVED BY BOARD OR COMMITTEE? = YES		
(I) WRITTEN AGREEMENT? = YES		
(A) NAME OF PERSON: MARK PERRIGO		
(B) RELATIONSHIP WITH ORGANIZATION: OFFICER		
(C) PURPOSE OF LOAN: SPLIT-DOLLAR LIFE INSURANCE		
(D) LOAN TO OR FROM ORGANIZATION? = FROM		
(E) ORIGINAL PRINCIPAL AMOUNT \$ 1,154. (F) BALANCE DUE \$ 1,169.		
(G) LOAN IN DEFAULT? = NO		
(H) APPROVED BY BOARD OR COMMITTEE? = YES		
(I) WRITTEN AGREEMENT? = YES		
(A) NAME OF PERSON: MARK PERRIGO		
(B) RELATIONSHIP WITH ORGANIZATION: OFFICER		
Schedule L (Form 990) BATTELLE MEMORIAL INSTITUTE	31-4379427	Page 2
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Part V Supplemental Information Complete this part to provide additional information for responses to questions on Schedule L (see instructi	ions)	
	01107.	
(C) PURPOSE OF LOAN: SPLIT-DOLLAR LIFE INSURANCE		
(D) LOAN TO OR FROM ORGANIZATION? = FROM		
(E) ORIGINAL PRINCIPAL AMOUNT \$ 1,154. (F) BALANCE DUE \$ 1,168.		
(G) LOAN IN DEFAULT? = NO		
(H) APPROVED BY BOARD OR COMMITTEE? = YES		
(I) WRITTEN AGREEMENT? = YES		
(A) NAME OF PERSON: MARK PERRIGO		
(B) RELATIONSHIP WITH ORGANIZATION: OFFICER		
(C) PURPOSE OF LOAN: SPLIT-DOLLAR LIFE INSURANCE		
(D) LOAN TO OR FROM ORGANIZATION? = FROM		
(E) ORIGINAL PRINCIPAL AMOUNT \$ 1,154. (F) BALANCE DUE \$ 1,167.		
(G) LOAN IN DEFAULT? = NO		
(H) APPROVED BY BOARD OR COMMITTEE? = YES		
(I) WRITTEN AGREEMENT? = YES		
(A) NAME OF PERSON: MARK PERRIGO		
(B) RELATIONSHIP WITH ORGANIZATION: OFFICER		
(C) PURPOSE OF LOAN: SPLIT-DOLLAR LIFE INSURANCE		
(D) LOAN TO OR FROM ORGANIZATION? = FROM		
$\langle \mathbf{r} \rangle$ obtains defining a solution of 1.154 $\langle \mathbf{r} \rangle$ defining a 1.157		
(E) ORIGINAL PRINCIPAL AMOUNT \$ 1,154. (F) BALANCE DUE \$ 1,167.		
(G) LOAN IN DEFAULT? = NO		
(H) APPROVED BY BOARD OR COMMITTEE? = YES		
(I) WRITTEN AGREEMENT? = YES		
(A) NAME OF PERSON: MARK PERRIGO		
(D) DET ARTONCUTD WIRD ODCANIZARION. OFFICED		

(B) RELATIONSHIP WITH ORGANIZATION: OFFICER

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

Part V Supplemental Information

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

(D) LOAN TO OR FROM ORGANIZATION? = FROM

(E) ORIGINAL PRINCIPAL AMOUNT \$ 1,154. (F) BALANCE DUE \$ 1,166.

(G) LOAN IN DEFAULT? = NO

(H) APPROVED BY BOARD OR COMMITTEE? = YES

(I) WRITTEN AGREEMENT? = YES

(A) NAME OF PERSON: MARK PERRIGO

(B) RELATIONSHIP WITH ORGANIZATION: OFFICER

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

(D) LOAN TO OR FROM ORGANIZATION? = FROM

(E) ORIGINAL PRINCIPAL AMOUNT \$ 1,731. (F) BALANCE DUE \$ 1,745.

(G) LOAN IN DEFAULT? = NO

(H) APPROVED BY BOARD OR COMMITTEE? = YES

(I) WRITTEN AGREEMENT? = YES

(A) NAME OF PERSON: MARK PERRIGO

(B) RELATIONSHIP WITH ORGANIZATION: OFFICER

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

(D) LOAN TO OR FROM ORGANIZATION? = FROM

(E) ORIGINAL PRINCIPAL AMOUNT \$ 1,154. (F) BALANCE DUE \$ 1,160.

(G) LOAN IN DEFAULT? = NO

(H) APPROVED BY BOARD OR COMMITTEE? = YES

(I) WRITTEN AGREEMENT? = YES

(A) NAME OF PERSON: MARK PERRIGO

(B) RELATIONSHIP WITH ORGANIZATION: OFFICER

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

(D) LOAN TO OR FROM ORGANIZATION? = FROM

Schedule L (Form 990) BATTELLE MEMORIAL INSTITUTE	31-4379427	Page 2
Part V Supplemental Information Complete this part to provide additional information for responses to questions on Schedule L (see instruct)	ions).	
(E) ORIGINAL PRINCIPAL AMOUNT \$ 1,154. (F) BALANCE DUE \$ 1,157.		
(G) LOAN IN DEFAULT? = NO		
(H) APPROVED BY BOARD OR COMMITTEE? = YES		
(I) WRITTEN AGREEMENT? = YES		
(A) NAME OF PERSON: PATRICK JARVIS		
(B) RELATIONSHIP WITH ORGANIZATION: OFFICER		
(C) PURPOSE OF LOAN: SPLIT-DOLLAR LIFE INSURANCE		
(D) LOAN TO OR FROM ORGANIZATION? = FROM		
(E) ORIGINAL PRINCIPAL AMOUNT \$ 150,000. (F) BALANCE DUE \$ 152,275.		
(G) LOAN IN DEFAULT? = NO		
(H) APPROVED BY BOARD OR COMMITTEE? = YES		
(I) WRITTEN AGREEMENT? = YES		
(A) NAME OF PERSON: PATRICK JARVIS		
(B) RELATIONSHIP WITH ORGANIZATION: OFFICER		
(C) PURPOSE OF LOAN: SPLIT-DOLLAR LIFE INSURANCE		
(D) LOAN TO OR FROM ORGANIZATION? = FROM		
(E) ORIGINAL PRINCIPAL AMOUNT \$ 11,537. (F) BALANCE DUE \$ 11,695.		
(G) LOAN IN DEFAULT? = NO		
(H) APPROVED BY BOARD OR COMMITTEE? = YES		
(I) WRITTEN AGREEMENT? = YES		
(A) NAME OF PERSON: PATRICK JARVIS		
(B) RELATIONSHIP WITH ORGANIZATION: OFFICER		
(C) PURPOSE OF LOAN: SPLIT-DOLLAR LIFE INSURANCE		
(D) LOAN TO OR FROM ORGANIZATION? = FROM		

(E) ORIGINAL PRINCIPAL AMOUNT \$ 26,537. (F) BALANCE DUE \$ 26,877.

Part V Supplemental Information

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

(G) LOAN IN DEFAULT? = NO

(H) APPROVED BY BOARD OR COMMITTEE? = YES

(I) WRITTEN AGREEMENT? = YES

(A) NAME OF PERSON: PATRICK JARVIS

(B) RELATIONSHIP WITH ORGANIZATION: OFFICER

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

(D) LOAN TO OR FROM ORGANIZATION? = FROM

(E) ORIGINAL PRINCIPAL AMOUNT \$ 11,537. (F) BALANCE DUE \$ 11,682.

(G) LOAN IN DEFAULT? = NO

(H) APPROVED BY BOARD OR COMMITTEE? = YES

(I) WRITTEN AGREEMENT? = YES

(A) NAME OF PERSON: PATRICK JARVIS

(B) RELATIONSHIP WITH ORGANIZATION: OFFICER

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

(D) LOAN TO OR FROM ORGANIZATION? = FROM

(E) ORIGINAL PRINCIPAL AMOUNT \$ 11,537. (F) BALANCE DUE \$ 11,668.

(G) LOAN IN DEFAULT? = NO

(H) APPROVED BY BOARD OR COMMITTEE? = YES

(I) WRITTEN AGREEMENT? = YES

(A) NAME OF PERSON: PATRICK JARVIS

(B) RELATIONSHIP WITH ORGANIZATION: OFFICER

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

(D) LOAN TO OR FROM ORGANIZATION? = FROM

(E) ORIGINAL PRINCIPAL AMOUNT \$ 11,537. (F) BALANCE DUE \$ 11,666.

(G) LOAN IN DEFAULT? = NO

Part V Supplemental Information

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

(H) APPROVED BY BOARD OR COMMITTEE? = YES

(I) WRITTEN AGREEMENT? = YES

(A) NAME OF PERSON: PATRICK JARVIS

(B) RELATIONSHIP WITH ORGANIZATION: OFFICER

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

(D) LOAN TO OR FROM ORGANIZATION? = FROM

(E) ORIGINAL PRINCIPAL AMOUNT \$ 11,537. (F) BALANCE DUE \$ 11,657.

(G) LOAN IN DEFAULT? = NO

(H) APPROVED BY BOARD OR COMMITTEE? = YES

(I) WRITTEN AGREEMENT? = YES

(A) NAME OF PERSON: PATRICK JARVIS

(B) RELATIONSHIP WITH ORGANIZATION: OFFICER

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

(D) LOAN TO OR FROM ORGANIZATION? = FROM

(E) ORIGINAL PRINCIPAL AMOUNT \$ 17,308. (F) BALANCE DUE \$ 17,444.

(G) LOAN IN DEFAULT? = NO

(H) APPROVED BY BOARD OR COMMITTEE? = YES

(I) WRITTEN AGREEMENT? = YES

(A) NAME OF PERSON: PATRICK JARVIS

(B) RELATIONSHIP WITH ORGANIZATION: OFFICER

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

(D) LOAN TO OR FROM ORGANIZATION? = FROM

(E) ORIGINAL PRINCIPAL AMOUNT \$ 11,537. (F) BALANCE DUE \$ 11,600.

(G) LOAN IN DEFAULT? = NO

(H) APPROVED BY BOARD OR COMMITTEE? = YES

BATTELLE MEMORIAL INSTITUTE

Part V Supplemental Information

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

(I) WRITTEN AGREEMENT? = YES

(A) NAME OF PERSON: PATRICK JARVIS

(B) RELATIONSHIP WITH ORGANIZATION: OFFICER

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

(D) LOAN TO OR FROM ORGANIZATION? = FROM

(E) ORIGINAL PRINCIPAL AMOUNT \$ 11,537. (F) BALANCE DUE \$ 11,568.

(G) LOAN IN DEFAULT? = NO

(H) APPROVED BY BOARD OR COMMITTEE? = YES

(I) WRITTEN AGREEMENT? = YES

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or Form 990-EZ. ▶ Go to www.irs.gov/Form990 for the latest information.



Employer identification number 31-4379427

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

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

BATTELLE MEMORIAL INSTITUTE

CHARITABLE, EDUCATIONAL AND SCIENTIFIC PURPOSES, INCLUDING THE

UTILIZATION OF SCIENCE, THE SCIENTIFIC METHOD AND RESEARCH FOR THE

BENEFIT AND EDUCATION OF MANKIND.

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

APPLIED SCIENTIFIC RESEARCH, CREATE SCIENTIFIC KNOWLEDGE AND TECHNICAL

SOLUTIONS IN KEY AREAS OF SCIENCE, INCREASE THE AVAILABILITY OF CLEAN

AND ABUNDANT ENERGY, RESTORE AND PROTECT THE ENVIRONMENT, ENGAGE IN

EDUCATIONAL ACTIVITIES, AND CONTRIBUTE TO NATIONAL SECURITY.

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

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

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

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

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

AND CONCLUSIONS TO THE ENTIRE BOARD FOLLOWING THE COMMITTEE MEETING.

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

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

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

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

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

REQUIREMENTS WITH RESPECT TO PERSONAL AND ORGANIZATIONAL CONFLICTS OF

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

Schedule O (Form 990) 2021	Page 2
Name of the organization	Employer identification number
BATTELLE MEMORIAL INSTITUTE	31-4379427
COURSE, EACH EMPLOYEE IS REQUIRED TO ELECTRONICALLY CERTIFY THAT THEY HAVE	
REVIEWED BATTELLE'S CODE OF BUSINESS ETHICS AND CONDUCT. BMI MAINTAINS AN	
ETHICS HOT LINE FOR ITS STAFF TO REPORT CONCERNS AND SUSPECTED VIOLATIONS	
OF BATTELLE'S POLICIES AND CODE OF BUSINESS ETHICS AND CONDUCT. REPORTED	
MATTERS AND CONCERNS ARE GIVEN DUE CONSIDERATION AND INVESTIGATED	
APPROPRIATELY.	
FORM 990, PART VI, SECTION B, LINE 15:	
COMPENSATION POLICY:	
BMI HAS A COMPREHENSIVE TOTAL COMPENSATION POLICY WHICH IT APPLIES TO ALL	
BAT HAS A COMPREHENSIVE TOTAL COMPENSATION FOLICI WHICH IT AFFILES TO ALL	
EMPLOYEES. BMI'S POLICY IS TO COMPENSATE EACH EMPLOYEE IN A MANNER WHICH	
IS EQUITABLE AND CONSISTENT WITH THE MARKET VALUE OF HIS/HER POSITION,	
HIS/HER PERFORMANCE, AND COMPENSATION OF HIS/HER ASSOCIATES AND PEERS. THE	
GOAL UNDERLYING BMI'S POLICY IS TO ATTRACT, RETAIN, AND REWARD THE	
HIGH-QUALITY EMPLOYEES IT NEEDS TO CONTINUE AND ADVANCE ITS EXEMPT	
PURPOSES.	
IN IMPLEMENTING ITS POLICY, BMI RIGOROUSLY UTILIZES NATIONAL, REGIONAL, AND	
LOCAL COMPENSATION SURVEYS AND BENCHMARKING OF OTHER ORGANIZATIONS TO	
ESTABLISH MARKET-COMPARABILITY OF TOTAL COMPENSATION AND TAKES GREAT CARE	
TO STRUCTURE COMPENSATION PROGRAMS TO COMPLY WITH ALL RELEVANT LEGAL, TAX	
AND REGULATORY REQUIREMENTS. WHEN CONSIDERING AND APPROVING KEY EXECUTIVE	
COMPENSATION, THE BMI BOARD OF DIRECTOR'S NORMAL PRACTICE IS TO FOLLOW	
PROCEDURES WHICH ESTABLISH A REBUTTABLE PRESUMPTION OF REASONABLENESS	
PURSUANT TO TREASURY REGULATION SECTION 53.4958-6.	

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

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

Schedule O (Form 990) 2021 Name of the organization BATTELLE MEMORIAL INSTITUTE		Page Employer identification number 31-4379427
1023 INCLUDES THE ARTICLES OF INCORPORATION AND THE CODE (OF REGULATIONS.	
THE CODE OF REGULATIONS IN FORM 1023 DOES NOT REFLECT THE	CHANGES MADE ON	
NOVEMBER 12, 2008. BMI MAKES FORMS 990 AND 990T AVAILABL	E TO THE PUBLIC	
FROM ITS WEB SITE. THE CONFLICT OF INTEREST POLICIES AND	FINANCIAL	
STATEMENTS ARE NOT MADE AVAILABLE TO THE PUBLIC.		
FORM 990, PART IX, LINE 11G, OTHER FEES:		
SUBCONTRACT & CONSULTING:		
PROGRAM SERVICE EXPENSES	1,783,839,337.	
MANAGEMENT AND GENERAL EXPENSES	817,407,667.	
FUNDRAISING EXPENSES	0.	
TOTAL EXPENSES	2,601,247,004.	
FOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	2,601,247,004.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:		
PENSION AND POST RETIREMENT BENEFITS	34,241,408.	
NONCONTROLLING INTEREST	326,843.	
MARKET VALUE ADJUSTMENT	-9,226,013.	
TOTAL TO FORM 990, PART XI, LINE 9	25,342,238.	

SCHEDULE R (Form 990) Department of the Treasury	Compl	Related Organizations and Unrelated Partnerships Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Complete if the organization answered "Yes" on Form 990.	anizations and Unrelated Partnerships tion answered "Yes" on Form 990, Part IV, line 33, 34, 35b, ▶ Attach to Form 990.	therships ne 33, 34, 35b, 36 tinformation	, or 37.		OMB No. 1545-0047 2021 Open to Public Inspection	Public
Name of the organization	ON BATTELLE MEMORIAL INSTITUTE	TTUTE				Employ 31-	Employer identification number 31-4379427	number
Part I Identificatio	Identification of Disregarded Entities. Complete if the organization		answered "Yes" on Form 990, Part IV, line 33					
Name, addre of d	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	ne End-of-year assets	r assets	(f) Direct controlling entity	- Du
BATTELLE NATIONAL - 04-3851808, 8300 FREDERICK, MD 217	BATTELLE NATIONAL BIODEFENSE INSTITUTE, LLC - 04-3851808, 8300 RESEARCH PLAZA, FREDERICK, MD 21702	MANAGEMENT OF NATIONAL LABORATORY	DELAWARE	45,870,	705. 10,168,	588.	BATTELLE MEMORIAL INSTITUTE	
BATTELLE ENERGY ALLIANCE, 2525 N FREMONT AVE IDAHO FALLS, ID 83415	LLLIANCE, LLC - 68-0588324 E 83415	MANAGEMENT OF NATIONAL LABORATORY	DELAWARE	1,630,232,245	و	BATT BATT 717,670.INST	BATTELLE MEMORIAL INSTITUTE	
BATTELLE SAVANNAH 85-0942867, SAVANN 29808	BATTELLE SAVANNAH RIVER ALLIANCE LLC - 85-0942867, SAVANNAH RIVER SITE, AIKEN, SC 29808	MANAGEMENT OF NATIONAL LABORATORY	DELAWARE	334,160,550		BATT 8,540,682. INST	BATTELLE MEMORIAL INSTITUTE	
Part II organizations	Identification of Related Tax-Exempt Organizations. organizations during the tax year.	tions. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt	answered "Yes" on Form 990,	Part IV, line 34, be	ecause it had one	or more relate	əd tax-exempt	
Name of re	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	I	(g) Section 512(b)(13) controlled entity? Yes No
BATTELLE EDUCATION 505 KING AVENUE COLUMBUS, OH 43201	N - 46-0585021 01	PROMOTE STEM EDUCATION	ОНІО	501(C)(3)	12 (A) I	BATTELLE MEMORIAL INSTITUTE		
NATIONAL ECOLOGICA INC 20-4510571, BOULDER, CO 80301	NATIONAL ECOLOGICAL OBSERVATORY NETWORK, INC 20-4510571, 1685 38TH ST. SUITE 100, BOULDER, CO 80301	ECOLOGICAL MONITORING	DISTRICT OF COLUMBIA	501(C)(3)	L	BATTELLE MEMORIAL INSTITUTE	IEMORIAL	×
For Paperwork Reduct	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	s for Form 990.				Sc	Schedule R (Form 990) 2021	990) 2021

132161 11-17-21 LHA

Schedule R (Form 990) 2021 BATTELLE MEMORIAL INSTITUTE [Part III] Identification of Related Organizations Taxable as a Partnership.	BATTELLE MEMORIAL INS ated Organizations Taxable	INSTITUTE able as a Partne	ership. Complete if the	f the organiz	organization answered	"Yes" on	Form 990, Part IV, line 34, because	line 34, bec	31 [.] ause it had one	31-4379427 it had one or more related	7 elated	Page 2
	unersnip uuring une u	av year.	-	-	-		-	-	-			
(a)	(q)	(c)			(e)	(j)	(6)	વ ે				(k)
Name, address, and EIN of related organization	Primary activity	cegar domicile (state or foreign country)	Direct controlling entity		Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	Disproportionate all ocations? Yes No	tionate Code V-UBI amount in box 20 of Schedule No K-1 (Form 1065)		General or P managing partner? Yes No	Percentage ownership
AMPLIFYBIO LLC - 86-2301671												
1425 PLAIN CITY-GEORGESVILLE A	ADVANCED		BATTELLE									
ROAD, WEST JEFFERSON, OH	MEDICAL		SERVICES									
43162 R	RESEARCH	DE	COMPANY, INC.	UNRELATED	A	-1,815,371.	76,046,322	22. X	N/A		×	55.56%
											+	
Part IV Identification of Related Organizations Taxable as a Corporation	ganizations Taxable	as a Corpo	or Trust.	complete if th	Complete if the organization answered	n answered "Yes"	s" on Form 990	, Part IV, lin	on Form 990, Part IV, line 34, because it had one or more related	it had one	or more	e related
	ו הסומווטו ט וומא ממו	ווא ווה ומא)	/cal.			. -	-	5		-		1
(a)			(q)	(c)	(q)			Ð	(6)	<u> </u>		(i) Section
Name, address, and EIN of related organization	Zc	Prin	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	olling Type of entity (C corp, S corp, or trust)		Share of total income	Share of end-of-year assets		Percentage ownership	512(b)(13) controlled entity?
BATTELLE ARABIA FOR SCIENCE & TECHNOLOGY	TECHNOLOGY				BATTELLE							_
AL-AKARIA PLAZA, LEVEL 6, NORTH WING, GATE		D_SCIENTIFIC	RESEARCH	SAUDI	MEMORIAL							
RIYADH, SAUDI ARABIA 11673		(DORMANT)		A	INSTITUTE	C CORP		0.		0.	100%	×
BATTELLE APPLIED SOLUTIONS, LLC	.c - 82-5131944				BATTELLE							
505 KING AVENUE		ENVIRONMENTAL	INTAL	4	MEMORIAL							
COLUMBUS, OH 43201		SERVICES		DE	INSTITUTE	C CORP		0.		0.	100%	x
BATTELLE SERVICES COMPANY INC.	- 31-1792334				BATTELLE							
505 KING AVENUE				4	MEMORIAL							
COLUMBUS, OH 43201		HOLDING C	COMPANY	НО	INSTITUTE	C CORP		440,225.	104,894,72	23.	100%	x
BATTELLE UK LIMITED					BATTELLE							
29 SPRINGFIELD LYONS APPROACH				UNITED	MEMORIAL							
CHELMSFORD ESSEX, UNITED KINGDOM	CM2 5LB	SCIENTIFIC	RESEARCH	KINGDOM	INSTITUTE	C CORP	13,	329,370.	16,726,35	352.	100%	х
B-C, JV LLC - 47-1470805					BATTELLE							
1204 TECHNOLOGY DRIVE		SCIENTIFIC	C RESEARCH		MEMORIAL							
ABERDEEN, MD 21004		(DORMANT)		MD	INSTITUTE	C CORP		0.		0. 70	70.00%	x
132162 11-17-21									й	Schedule R (Form 990) 2021	t (Form	990) 2021

Schedule R (Form 990) BATTELLE MEM

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

Understand Environment Financy and Environment Environment Description Environment Environment <th< th=""><th>(a)</th><th>(q)</th><th>(c)</th><th>(q)</th><th>(e)</th><th>(f)</th><th>(6)</th><th>(4)</th><th>(i)</th></th<>	(a)	(q)	(c)	(q)	(e)	(f)	(6)	(4)	(i)
001268 MATTELLE <	Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership	₹@2 ±
				BATTELLE MEMORIAL					
LDD MNERTADE BAFTELE BAFTELE BAFTELE BAFTELE CORP 4,490,347 106,657 730. 1008 31-6024333 HISTITURE CORP 194, 106,672, 1008 31-6024333 MENTELE MANGEMENT CORP 194, 106,672, 1008 31-6024333 MENTELE MANGEMENT CORP 194, 106,672, 1008 6017E 210 MANGEMENT DE MANGEMENT CORP 3,057,231, 5,788,661, 1008 6017E 210 MANGEMENT DE MANGEMENT CORP 3,057,231, 5,788,661, 1008 6017E 210 MANGEMENT DE MANGEMENT CORP 3,057,231, 5,788,661, 1008 6017E 210 MANGEMENT DE MANTELE CORP 212,188,740, 1008 6017E 210 MANGEMENT DE MANTELE CORP 212,387,740, 1008 6017E 210 MANTELE MANTELE MANTELE CORP 212,188,740, 1008 6017E 210 MANTELE MANTELE MANTELE CORP 212,188,740, 1008 60564 MANTELE MANTELE MANTELE MANTELE 233,370, 1008 </td <td>HO</td> <td>LICENSING COMPANY</td> <td>MA</td> <td></td> <td></td> <td>0.</td> <td></td> <td>100%</td> <td>x</td>	HO	LICENSING COMPANY	MA			0.		100%	x
Etools Insummature Exements Remembrance Correction Attraction				BATTELLE					
Internation Institute Code 4,40,947 106,657730 100 Internation Mandement Mandement Mandement Mandement 106,572 100 Internation Mandement Mandement Mandement 105 106,572 100 R142 Mandement Mandement Mandement 105 106,572 100 R142 Mandement Mandement Mandement 105 106,572 100 R142 Mandement Mandement Mandement 106 106,572 100 R142 Mandement Mandement Mandement 106 106 106 -99.1140665 Mandement Mandement Mandement 106 106 106 -99.1140665 Mandement Mandement Mandement 106 116 106 7000 Mandement Mandement Mandement 106 116 106 7000 Mandement Mandement Mandement 106 106		INSURING BATTELLE		MEMORIAL					
$ \begin{array}{ c c c c c c c c c c c c c c c c c c c$	HAMILTON, BERMUDA	RISKS	BERMUDA			4,490,947.	108,657,	100%	x
	INC			BATTELLE					
$ \begin{array}{ c c c c c c c c c c c c c c c c c c c$	505 KING AVENUE	VENTURE CAPITAL		MEMORIAL					
$\begin{array}{c c c c c c c c c c c c c c c c c c c $	но	MANAGEMENT	НО			194.	106,672.	100%	x
DRIVE SUTTE 210 DEMEMBRIAN DEMEMBRIAN DEMEMBRIAN DEMEMBRIAN DEMEMBRIAN DEMEMBRIAN DEMEMBRIAN S,788,661. 1008 -99-110866 BATTEURE BATTEURE BATTEURE BATTEURE BATTEURE 12,188,740. 1008 7000M BOLDING COMPANY DB MEMORIAL CORP -91,356. 12,188,740. 1008 77-0526344 BATTEURE MEMORIAL DE MEMORIAL 25. 523,370. 1008 77-0526344 DE MEMORIAN DE MEMORIAL 26. 23.3,370. 1008 77-0526345 DE MEMORIAN DE MEMORIAN DE MEMORIAN 23.3,370. 1008 77-0526345 DE DE MEMORIAN DE MEMORIAN 26. 23.3,370. 1008 77-0526345 DE MEMORIAN DE MEMORIAN DE 23.3,370. 1008 77-0526345 DE MEMORIAN DE MEMORIAN 25.3,370. 1008 77-0526345 DE MEMORIAN DE MEMORIAN 25.0,370. 10	1			BATTELLE					
$ \begin{array}{ c c c c c c c c c c c c c c c c c c c$	SUITE			MEMORIAL					
$ \begin{array}{c c c c c c c c c c c c c c c c c c c $		SOFTWARE DEVELOPMENT	DE				, 788,	100%	x
B DDING CORPANY DDING CORPANY DDING CORPANY DDING CORPANY EXERTINE C CORP -81,356 12,188,740 1008 - 71-052634 HINDOM INSTITUTE C CORP -81,356 12,188,740 1008 1 - 71-052634 B INSTITUTE C CORP 25 523,370 1008 1 INSTITUTE DE INSTITUTE C CORP 25 523,370 1008 1 INSTITUTE DE INSTITUTE C CORP 25 523,370 1008 1 INSTITUTE DE INSTITUTE 25 523,370 1008 1 INSTITUTE DE INSTITUTE 26 20 20 20 1 INSTITUTE DE INSTITUTE 25 523,370 20 1 INSTITUTE DE INSTITUTE 26 20 20 1 INSTITUTE INSTITUTE 26 27 23,370 20 1 INSTITUTE INSTITUTE 26 23,370 23,370 20 1 INSTITUTE INSTITUTE 26 26 23,370 20 1 INSTITUTE INSTITUTE 26 26 2	ı.			BATTELLE					
$ \begin{array}{ c c c c c c c c c c c c c c c c c c c$	16 CHARLOTTE SQUARE		UNITED	MEMORIAL					
$\begin{array}{c c c c c c c c c c c c c c c c c c c $		HOLDING COMPANY	KINGDOM			>	188,	100%	х
$\begin{array}{c c c c c c c c c c c c c c c c c c c $	Т			BATTELLE					
43201 LICENSING COMPANY DE INSTITUTE C COR 25, 523,370. 1064	505 KING AVENUE			MEMORIAL					
		LICENSING COMPANY	DE			25.	523,370.	100%	х

Schedule R (Form 990) 2021 BATTELLE MEMORIAL INSTITUTE

31-4379427

Page 3

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				_	Yes	٩
1 During the tax year, did the organization engage in any of the following transactions	s with one or more re	transactions with one or more related organizations listed in Parts II-IV?	n Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a	х	
b Gift, grant, or capital contribution to related organization(s)				1b		×
c Gift, grant, or capital contribution from related organization(s)				1c		х
				1d	x	
I nans or loan dijarantees by related organization(s)				4		×
				2		
f Dividends from related organization(s)				¥		×
				÷		×
 Used of associa to related organization (s) Dirichana of associa from related association(s) 				<u>ר</u>		×
				= ;	T	. ≻
I Excriarige of assets with related organization(s)				=		4
j Lease of facilities, equipment, or other assets to related organization(s)				÷		×
				:		\$
k Lease of facilities, equipment, or other assets from related organization(s)				¥	1	×
I Performance of services or membership or fundraising solicitations for related organization(s)	nization(s)			=	×	
m Performance of services or membership or fundraising solicitations by related organization(s)	nization(s)			1m	х	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	on(s)			1 L	х	
 Sharing of paid employees with related organization(s) 				10	×	
p Reimbursement paid to related organization(s) for expenses				1p		Х
q Reimbursement paid by related organization(s) for expenses				1q	х	
r Other transfer of cash or property to related organization(s)			4	+		×
				1s		x
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	no must complete th	is line, including covered r	elationships and transaction thresholds.			
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	lved		
(1) BATTELLE SERVICES COMPANY - SPECIFIED PAYMENT	A	13,194.	FMV			
(2) GEOSAFE CORPORATION - SPECIFIED PAYMENT	A	183,299.	FMV			
(3) BATTELLE EDUCATION	D	1,000,000.	FMV			
(4) BATTELLE UK LIMITED	ц	214,499.	FMV			
(5)						

Schedule R (Form 990) 2021

(6) 132163 11-17-21

31-4379427 Page 4		tal assets or gross revenue)	9	Code V-UBI General or Percentage amount in box 20 managing of Schedule K-1 <u>partner</u> (Form 1065) Yes No			۵ ۵ ۲	•			0. X 50.00%	 		U. X 42.628	 						 		 	
		ured by to	(4)	Dispropor- tionate allocations? Of Yes No			Þ	4			×		Þ	×					 			+		
	7.	of its activities (measu		Share of end-of-year assets				121			7,920,618.			L1,785,462.										
	1 990, Part IV, line 3	e than five percent o	(J)	Share of total income				, u c c c ,			5,895,635.			12,421,794.										-
	" on Form	cted more	(e) Are all	partners sec. 501(c)(3) orgs.? Yes No			\$	4			х		\$	×										
	he organization answered "Yes" on Form 990, Part IV, line 37	he organization condu stment partnerships.		Predominant income (related, unrelated, excluded from tax under sections 512-514)				VE LA LEU			RELATED			КЕЪАТЕЛ	 									
ы		hip through which the sion for certain inve	; ; ; ; ;	Legal domicile (state or foreign country)			F	TARWALTED			TENNESSEE			DELAWARE										
BATTELLE MEMORIAL INSTITUTE	lble as a Partnership. Co	entity taxed as a partners structions regarding exclu	(q)	Primary activity		MANAGEMENT OF	NATIONAL	INDIANOGAL	MANAGEMENT OF	NATIONAL	LABORATORY	MANAGEMENT OF	NATIONAL	LABORAT'OKY			-							
Schedule R (Form 990) 2021 BATTELLI	Part VI Unrelated Organizations Taxable as a Partnership. Complete if the	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 that was not a related organization. See instructions regarding exclusion for certain investment partnerships.	(a)	Name, address, and EIN of entity	N N	IATES, LLC - 11-3	P.O. BOX 5000, UPTON, NY	112/3 ПШ-РАММРТТР IIC - 62-17882355	1 BETHEL VALLEY ROAD BLDG	4500N, MS 6261, RM K-250, OAK	RIDGE, TN 37831	NAL SECURITY LLC	.3291283, BIKINI A	CLC ALAMOS, NM CL242, LUS										

Page 4

132164 11-17-21

Schedule R (Form 990) 2021

BATTELLE MEMORIAL INSTITUTE

Part VII Supplemental Information

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

SCHEDULE R, PART V

BMI RELATED ENTITIES PROVIDED CONTRACT SCIENTIFIC RESEARCH AND

DEVELOPMENT AND TECHNICAL SERVICES IN THE ORDINARY COURSE OF BUSINESS

UNDER ARMS-LENGTH TERMS, CONDITIONS, AND PRICING. THE SCIENTIFIC

RESEARCH AND DEVELOPMENT AND TECHNICAL SERVICES PROVIDED TO BMI AND

BMI'S UNITED KINGDOM AFFILIATES WERE PROVIDED UNDER ARMS-LENGTH TERMS

AND AT PRICING WHICH COMPLIED WITH THE INTER-COMPANY TRANSFER PRICING

RULES OF UNITED KINGDOM, AND THE UNITED STATES. BMI ENGAGED IN

TRANSACTIONS WITH RELATED ENTITIES SUCH AS: THE FURNISHING OF GOODS,

SERVICES OR FACILITIES. ALL TRANSACTIONS WITH TAXABLE RELATED

ENTITIES, OTHER THAN THE PROVISION OF ADMINISTRATIVE SERVICES, 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.

ADMINISTRATIVE SERVICES ARE PROVIDED TO RELATED PARTIES ON A FULLY

BURDENED COST BASIS.

SCHEDULE R, PART VI

BMI IS REQUIRED TO CONSOLIDATE BROOKHAVEN SCIENCE ASSOCIATES, LLC,

TRIAD NATIONAL SECURITY, LLC, AND UT-BATTELLE, LLC FOR FINANCIAL

ACCOUNTING PURPOSES AND ACCORDINGLY, THEIR FINANCIAL ATTRIBUTES ARE

REFLECTED IN THE REVENUES AND EXPENSES AND OTHER FINANCIAL INFORMATION

IN THIS FORM AND RELATED SCHEDULES.

Part VII Supplemental Information

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

SCHEDULE R, PART V, LINE 1M AND 1N $% \left({{\left({{{\left({{{{}}} \right)}} \right)}}} \right)$

BMI SHARES EMPLOYEES, FACILITIES, AND EQUIPMENT WITH BATTELLE

EDUCATION.

Form	990-T	E	EXTENDED TO AUGUST 15, 2023 Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))		DMB No. 1545-0047						
		For cal	endar year 2021 or other tax year beginning OCT 1, 2021 , and ending SEP 30, 2022		2021						
Deret			Go to www.irs.gov/Form990T for instructions and the latest information.	·							
Internal	nent of the Treasury Revenue Service		Do not enter SSN numbers on this form as it may be made public if your organization is a $501(c)(3)$.	Ope 501	n to Public Inspection for (c)(3) Organizations Only						
A [Check box if address changed.		Name of organization (Check box if name changed and see instructions.)	DEmployer	identification number						
B Exe	empt under section	Print	BATTELLE MEMORIAL INSTITUTE	31	-4379427						
X	501(c)(3)	or Type	Number, street, and room or suite no. If a P.O. box, see instructions.	EGroup ex (see instri	emption number uctions)						
	408(e) 220(e)	linhe	505 KING AVENUE	-							
	408A 530(a)		City or town, state or province, country, and ZIP or foreign postal code								
	529(a) 529A		COLUMBUS, OH 43201-2693		Check box if						
			bk value of all assets at end of year 1,503,032,732.	a	n amended return.						
	heck organization										
	heck if filing only to		Claim credit from Form 8941 Claim a refund shown on Form 2439								
		0	ation filing a consolidated return with a 501(c)(2) titleholding corporation	5							
			ed Schedules A (Form 990-T)		es X No						
			d identifying number of the parent corporation.								
				14-424-	3012						
	Part I Total Unrelated Business Taxable Income										
1	1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see										
2	,			2							
3	Add lines 1 and 2			3	5,463,634.						
4	Charitable contrib		see instructions for limitation rules) STMT 1 STMT 2	4	546,263.						
5	Total unrelated bu	siness	taxable income before net operating losses. Subtract line 4 from line 3	5	4,917,371.						
6	Deduction for net	operati	ng loss. See instructions	6							
7	Total of unrelated	busine	ss taxable income before specific deduction and section 199A deduction.								
	Subtract line 6 fro			7	4,917,371.						
8	Specific deduction	n (genei	ally \$1,000, but see instructions for exceptions)	8	1,000.						
9	Trusts. Section 19	99A deo	duction. See instructions	9							
10	Total deductions			10	1,000.						
11	Unrelated busine	ss taxa	ble income. Subtract line 10 from line 7. If line 10 is greater than line 7,								
Dor	t II Tax Com	outot	0n	11	4,916,371.						
		•			1,032,438.						
1			s corporations. Multiply Part I, line 11 by 21% (0.21)	1	1,052,450.						
2	Part I, line 11 from	_									
2	,			2							
3 4	Proxy tax. See ins Other tax amounts			4							
5	Alternative minimu			5							
6			cility income. See instructions	6							
7	•		n 6 to line 1 or 2, whichever applies	7	1,032,438.						
<u>,</u> Т Н Ф			an Act Natica, sao instructions		orm 990-T (2021)						

LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-T** (2021)

Form 9	90-T (2021)		F	Page 2
Part	III Tax and Payments			
1a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)			
b	Other credits (see instructions)			
с	General business credit. Attach Form 3800 (see instructions) 1, 764.			
d	Credit for prior year minimum tax (attach Form 8801 or 8827) 1d			
е	Total credits. Add lines 1a through 1d	1e	1,	764.
2	Subtract line 1e from Part II, line 7	2 1	,030,	674.
3	Other amounts due. Check if from: Form 4255 Form 8611 Form 8697 Form 8866			
	Other (attach statement)	3		
4	Total tax. Add lines 2 and 3 (see instructions).			
	section 1294. Enter tax amount here	4 1	,030,	674.
5	Current net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4	5		٥.
6a	Payments: A 2020 overpayment credited to 2021 6a 706,609.			
b	2021 estimated tax payments. Check if section 643(g) election applies 600,000.			
с	Tax deposited with Form 8868			
d	Foreign organizations: Tax paid or withheld at source (see instructions)			
е	Backup withholding (see instructions)			
f	Credit for small employer health insurance premiums (attach Form 8941)			
g	Other credits, adjustments, and payments: Form 2439			
Ū	□ Form 4136 Other Total ► 6g			
7	Total payments. Add lines 6a through 6g	7 1	,306,	609.
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached	8		
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	9		
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	10	275,	935.
11	Enter the amount of line 10 you want: Credited to 2022 estimated tax > 275,935. Refunded >	11		٥.
Part				
1	At any time during the 2021 calendar year, did the organization have an interest in or a signature or other authority		Yes	No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file			
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country			
	here SEE STATEMENT 3		Х	
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a			
	foreign trust?			x
	If "Yes," see instructions for other forms the organization may have to file.			
3	Enter the amount of tax-exempt interest received or accrued during the tax year > \$			
4	Enter available pre-2018 NOL carryovers here > \$ Do not include any post-2017 NOL carr	vover		
	shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part	-		
5	Post-2017 NOL carryovers. Enter available Business Activity Code and post-2017 NOL carryovers. Don't reduce	,		
	the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.			
	Business Activity Code Available post-2017 NOL ca	arryover		
	901101 \$	863,097.		
	\$	·		
6a	Did the organization change its method of accounting? (see instructions)			x
b	If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No,"			
2	explain in Part V			
Part				

Provide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.

Sign	Under penalties of perjury, I declare that I have correct, and complete. Declaration of preparer				wledge and belief, it is true,
Here	Signature of officer	8-7-23 Date	ASST TREASURER		May the IRS discuss this return with the preparer shown below (see instructions)? Yes No
Paid Prepare	Print/Type preparer's name	Preparer's signature	Date	Check self- employ	if PTIN /ed
Use Only				Firm's EIN	
	Firm's address 🕨			Phone no.	

BATTELLE MEMORIAL INSTITUTE

FORM 990-T	CONTRIBUTIONS	STATEMENT 1		
DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT		
50% CASH ONLY	N/A	804,013.		
TOTAL TO FORM 990-T, PART I, L	JINE 4	804,013.		

'ORM 990-T	CONTE	IBUTIONS SUM	MARY	STATEMENT	2
	CONTRIBUTIONS SUBJECT CONTRIBUTIONS SUBJECT				
CARRYOVER FOR TAX FOR TAX FOR TAX FOR TAX FOR TAX	OF PRIOR YEARS UNUSED YEAR 2016 YEAR 2017 YEAR 2018 YEAR 2019 YEAR 2020		NS		
FOTAL CARI FOTAL CURI	RYOVER RENT YEAR 10% CONTRIBU	TIONS	391,438 804,013		
	TRIBUTIONS AVAILABLE NCOME LIMITATION AS AD	1,195,451 546,263			
EXCESS 100	NTRIBUTIONS)% CONTRIBUTIONS ESS CONTRIBUTIONS		649,188 0 649,188		
ALLOWABLE	CONTRIBUTIONS DEDUCTI	ON		546,	263
TOTAL CONT	TRIBUTION DEDUCTION			546,	263

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

STATEMENT 3

NAME OF COUNTRY

SWITZERLAND UNITED KINGDOM

SCHEDULE A (Form 990-T)

Department of the Treasury

Internal Revenue Service

Unrelated Business Taxable Income From an Unrelated Trade or Business

► Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

OMB No. 1545-0047

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

5

Α	Name of the orga		
	BATTELLE	MEMORIAL	INSTITUTE

C Unrelated business activity code (see instructions)

541700

D Sequence:

1 _____0f

B Employer identification number

31 - 4379427

E Describe the unrelated trade or business COMMERCIAL/UNRELATED SERVICES

Pa	t I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net	
1a	Gross receipts or sales 84,216,990.				
	Less returns and allowances c Balance ►	1c	84,216,990.		
2	Cost of goods sold (Part III, line 8)	2	75,572,779.		
3	Gross profit. Subtract line 2 from line 1c	3	8,644,211.		8,644,211.
4a	Capital gain net income (attach Sch D (Form 1041 or Form				
	1120)). See instructions	4a			
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions)	4b			
с	Capital loss deduction for trusts	4c			
5	Income (loss) from a partnership or an S corporation (attach				
	statement)	5			
6	Rent income (Part IV)	6			
7	Unrelated debt-financed income (Part V)	7			
8	Interest, annuities, royalties, and rents from a controlled				
	organization (Part VI)	8			
9	Investment income of section 501(c)(7), (9), or (17)				
	organizations (Part VII)	9			
10	Exploited exempt activity income (Part VIII)	10			
11	Advertising income (Part IX)	11			
12	Other income (see instructions; attach statement)	12			
13	Total. Combine lines 3 through 12	13	8,644,211.		8,644,211.

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

1	Compensation of officers, directors, and trustees (Part X)		1	
2	Salaries and wages		2	
3	Repairs and maintenance		3	
4	Bad debts		4	
5	Interest (attach statement). See instructions SEE STATEMER	NT 4	5	409,462.
6	Taxes and licenses		6	194,453.
7	Depreciation (attach Form 4562). See instructions 7	994,807.		
8	Less depreciation claimed in Part III and elsewhere on return 8a		8b	994,807.
9	Depletion		9	
10	Contributions to deferred compensation plans		10	
11	Employee benefit programs		11	
12	Excess exempt expenses (Part VIII)		12	
13	Excess readership costs (Part IX)		13	
14	Other deductions (attach statement) SEE STATEMEN	NT 5	14	1,702,405.
15	Total deductions. Add lines 1 through 14		15	3,301,127.
16	Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line	13,		
	column (C)		16	5,343,084.
17	Deduction for net operating loss. See instructions		17	0.
18	Unrelated business taxable income. Subtract line 17 from line 16		18	5,343,084.
LHA	For Paperwork Reduction Act Notice, see instructions.	S	chedule A	(Form 990-T) 2021

123741 01-28-22

Schedule A (Form 990-T) 2021

Sched	ule A (Form 990-T) 2021				1 Page 2
Part		od of inventory valuation	on N/A		
1	Inventory at beginning of year			1	0.
2	Purchases			2	0.
3	Cost of labor				0.
4	Additional section 263A costs (attach statement)				0.
5	Other costs (attach statement)			⁶ 5	75,572,779.
6	Total. Add lines 1 through 5				75,572,779.
7	Inventory at end of year				0.
8	Cost of goods sold. Subtract line 7 from line 6. Enter h	<i>'</i>			75,572,779.
9 Part	Do the rules of section 263A (with respect to property p IV Rent Income (From Real Property and				Yes X No
1	Description of property (property street address, city, st A				
		A	В	C	D
2	Rent received or accrued				
а	From personal property (if the percentage of				
	rent for personal property is more than 10%				
b	but not more than 50%) From real and personal property (if the				
D	percentage of rent for personal property exceeds				
	50% or if the rent is based on profit or income)				
с	Total rents received or accrued by property.				
	Add lines 2a and 2b, columns A through D				
4 5 Part) 1	in lines 2(a) and 2(b) (attach statement) Image: Comparison of the statement in	e instructions)			0.
•	A	ity, state, 21 0000). Of			
	в 🛄				
	c 🗌				
	D				
		Α	В	С	D
2	Gross income from or allocable to debt-financed				D
					U
-	property				U
3	Deductions directly connected with or allocable				
	Deductions directly connected with or allocable to debt-financed property				U
а	Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement)				
a b	Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement) Other deductions (attach statement)				
а	Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement) Other deductions (attach statement) Total deductions (add lines 3a and 3b,				
a b c	Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement) Other deductions (attach statement) Total deductions (add lines 3a and 3b, columns A through D)				
a b	Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement) Other deductions (attach statement) Total deductions (add lines 3a and 3b, columns A through D) Amount of average acquisition debt on or allocable				
a b c	Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement) Other deductions (attach statement) Total deductions (add lines 3a and 3b, columns A through D) Amount of average acquisition debt on or allocable to debt-financed property (attach statement)				
a b c 4	Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement) Other deductions (attach statement) Total deductions (add lines 3a and 3b, columns A through D) Amount of average acquisition debt on or allocable				
a b c 4	Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement) Other deductions (attach statement) Total deductions (add lines 3a and 3b, columns A through D) Amount of average acquisition debt on or allocable to debt-financed property (attach statement) Average adjusted basis of or allocable to debt-	%	%	%	%
a b c 4 5	Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement) Other deductions (attach statement) Total deductions (add lines 3a and 3b, columns A through D) Amount of average acquisition debt on or allocable to debt-financed property (attach statement) Average adjusted basis of or allocable to debt- financed property (attach statement)	%	%	%	
a b c 4 5 6	Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement) Other deductions (attach statement) Total deductions (add lines 3a and 3b, columns A through D) Amount of average acquisition debt on or allocable to debt-financed property (attach statement) Average adjusted basis of or allocable to debt- financed property (attach statement) Divide line 4 by line 5	-			
a b c 4 5 6 7	Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement) Other deductions (attach statement) Total deductions (add lines 3a and 3b, columns A through D) Amount of average acquisition debt on or allocable to debt-financed property (attach statement) Average adjusted basis of or allocable to debt- financed property (attach statement) Divide line 4 by line 5 Gross income reportable. Multiply line 2 by line 6 Total gross income (add line 7, columns A through D).	-			%
a b c 4 5 6 7	Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement) Other deductions (attach statement) Total deductions (add lines 3a and 3b, columns A through D) Amount of average acquisition debt on or allocable to debt-financed property (attach statement) Average adjusted basis of or allocable to debt- financed property (attach statement) Divide line 4 by line 5 Gross income reportable. Multiply line 2 by line 6	Enter here and on Part	t I, line 7, column (A)	·····•	%

Sched	ule A (Form 990-T) 2021 VI Interest, Annu	uities Re	ovalties and Re	onts from	n Control	led Or	nanization	S (o)	oo inatruat	iono)		Page 3
rart		11105, 11					Exempt Control	,	ee instruct	,		
	1. Name of controlled organization		2. Employer identification number	3. Net unrelated 4. Tota		al of specified nents made	5. Part of column 4 that is included in th controlling organiza tion's gross income		nn 4 in the aniza-	the connected with		
(1)									- <u>g</u>			
(2)												
(3)												
(4)												
			No		Controlled O	•	ons					
7	7. Taxable Income	in	Net unrelated Icome (loss) e instructions)		otal of specif yments mad		10. Part of that is inclusion controlling gross	luded	in the zation's		con	uctions directly nected with e in column 10
(1)												
(2)												
(3)												
(4)												
							Add colum Enter here line 8, c	and or	n Part I, I (A)	Ente	er he	umns 6 and 11. re and on Part I, 3, column (B)
Totals Part		<u></u>		4/_\/7\ /	(A)	<u> </u>			0.			0.
Part		ription of	of a Section 50	T(C)(7), (_	l ,		ructions)		6	. Total deductions
	1. Desc		income		2. Amou incor		3. Deduction directly connect (attach stater	ected	4. Set- (attach st		nt)	and set-asides (add cols 3 and 4)
(1)												
(2)												
(3)												
<u>(4)</u>					Add amou column 2 here and o line 9, colu	. Enter n Part I,						Add amounts in column 5. Enter here and on Part I, line 9, column (B)
Totals Part		xompt A	ctivity Income	Othor T	L Chan Adw	- •		· · · ·				0.
1	Description of exploite					ะเมอกมุ	g income (see ins	structions)			
2	Gross unrelated busin		e from trade or busi	ness Ente	r here and o	n Part I	line 10. colum	n (Δ)		2		
3	Expenses directly con						-	• •		-		
Ū										3		
4	Net income (loss) from											
-										4		
5	Gross income from ac									5		
6	Expenses attributable									6		
7	Excess exempt expension											
	4. Enter here and on P	art II, line	12							7		

Schedule A (Form 990-T) 2021

	ule A (Form 990-T) 2021				Page 4
Part	U				
1	Name(s) of periodical(s). Check box if reportin	ng two or more periodicals on a	consolidated basis		
	A [
	В				
	c				
	D				
Enter a	amounts for each periodical listed above in the	corresponding column.			
		Α	В	С	D
2	Gross advertising income				
	Add columns A through D. Enter here and on	Part I, line 11, column (A)		►	0.
а			-		
3	Direct advertising costs by periodical				
а	Add columns A through D. Enter here and on	Part I, line 11, column (B)		►	0.
4	Advertising gain (loss). Subtract line 3 from lir	ne			
	2. For any column in line 4 showing a gain,				
	complete lines 5 through 8. For any column in	ר ר			
	line 4 showing a loss or zero, do not complete	e			
	lines 5 through 7, and enter zero on line 8 \dots				
5	Readership costs				
6	Circulation income				
7	Excess readership costs. If line 6 is less than				
	line 5, subtract line 6 from line 5. If line 5 is le	ss			
	than line 6, enter zero				
8	Excess readership costs allowed as a				
	deduction. For each column showing a gain of	on			
	line 4, enter the lesser of line 4 or line 7				
а	Add line 8, columns A through D. Enter the g	reater of the line 8a, columns to	otal or zero here and	d on	
_	Part II, line 13				0.
Part	X Compensation of Officers, Di	rectors, and Trustees	see instructions)		
				3. Percentage	4. Compensation
	1. Name	2. Title		of time devoted	attributable to
				to business	unrelated business
(1)				%	
(2)				%	
(3)				%	
(4)				%	
	Enter here and on Part II, line 1			▶	0.
Part	XI Supplemental Information (se	e instructions)			

31-4379427

FORM 990-T (A)	INTEREST PAID	STATEMENT 4
DESCRIPTION		AMOUNT
INTEREST EXPENSE		409,462.
TOTAL TO SCHEDULE A, PA	409,462.	
FORM 990-T (A)	OTHER DEDUCTIONS	STATEMENT 5
DESCRIPTION		AMOUNT
CORPORATE AND DIVISIONA	1,702,405.	
	RT II, LINE 14	1,702,405.

FORM 990-T (A) COST OF GOODS SOLD - OTHER COST	S STATEMENT 6
DESCRIPTION	AMOUNT
COST OF SALES - COMMERCIAL UNRELATED SERVICES	75,572,779.
TOTAL TO FORM 990-T, SCHEDULE A, LINE 5	75,572,779.

SCHEDULE A (Form 990-T)

Department of the Treasury

Internal Revenue Service

Unrelated Business Taxable Income From an Unrelated Trade or Business

► Go to www.irs.gov/Form990T for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

OMB No. 1545-0047

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

5

A	Name of the organization BATTELLE MEMORIAL INSTITUTE	B Employer identification number 31-4379427			
с	Unrelated business activity code (see instructions) > 339110	D	Sequence:	2	of

Describe the unrelated trade or business MANUFACTURING Ε

Pa	t I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net	
1a	Gross receipts or sales 1,515,968.				
b	Less returns and allowances c Balance ►	1c	1,515,968.		
2	Cost of goods sold (Part III, line 8)	2	1,501,983.		
3	Gross profit. Subtract line 2 from line 1c	3	13,985.		13,985.
4a	Capital gain net income (attach Sch D (Form 1041 or Form				
	1120)). See instructions	4a			
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions)	4b			
с	Capital loss deduction for trusts	4c			
5	Income (loss) from a partnership or an S corporation (attach				
	statement)	5			
6	Rent income (Part IV)	6			
7	Unrelated debt-financed income (Part V)	7			
8	Interest, annuities, royalties, and rents from a controlled				
	organization (Part VI)	8			
9	Investment income of section 501(c)(7), (9), or (17)				
	organizations (Part VII)	9			
10	Exploited exempt activity income (Part VIII)	10			
11	Advertising income (Part IX)	11			
12	Other income (see instructions; attach statement)	12			
13	Total. Combine lines 3 through 12	13	13,985.		13,985.

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

1	Compensation of officers, directors, and trustees (Part X)	1		
2	Salaries and wages	2	2	
3	Repairs and maintenance		3	
4	Bad debts	4	L	
5	Interest (attach statement). See instructions SEE STATEMENT 7	5	5	662.
6	Taxes and licenses	6	5	315.
7		609.		
8	Less depreciation claimed in Part III and elsewhere on return 8a	8k	b	1,609.
9	Depletion)	
10	Contributions to deferred compensation plans		0	
11	Employee benefit programs		1	
12	Excess exempt expenses (Part VIII)		2	
13	Excess readership costs (Part IX)	13	3	
14	Other deductions (attach statement) SEE STATEMENT 8	14	4	2,754.
15	Total deductions. Add lines 1 through 14		5	5,340.
16	Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13,			
	column (C)	16	6	8,645.
17	Deduction for net operating loss. See instructions	17	7	0.
18	Unrelated business taxable income. Subtract line 17 from line 16	18	8	8,645.
LHA	For Paperwork Reduction Act Notice, see instructions.	Sche	dule A (Form	990-T) 2021

Schedu Part	ule A (Form 990-T) 2021			ion N/A		Page 2
1			f inventory valuat		1	0.
2	Purchases				·····	0.
3	Cost of labor					0.
4	Additional section 263A costs (attach stateme	ent)			4	0.
5	Other costs (attach statement)				9 5	1,501,983.
6	Total. Add lines 1 through 5				6	1,501,983.
7						0.
8	Cost of goods sold. Subtract line 7 from line	6. Enter here a	and in Part I, line 2	2		1,501,983.
9	Do the rules of section 263A (with respect to					X Yes No
Part	IV Rent Income (From Real Prope	erty and Per	rsonal Proper	ty Leased with Re	eal Property)	
1	Description of property (property street addre	ss, city, state, 2	ZIP code). Check	if a dual-use. See instr	uctions.	
	A					
	B					
	D		•			
•	Destauration		A	В	C	D
2	Rent received or accrued					
а	From personal property (if the percentage of					
	rent for personal property is more than 10% but not more than 50%)					
b	From real and personal property (if the	·····				
D	percentage of rent for personal property exce	eds				
	50% or if the rent is based on profit or income					
с	Total rents received or accrued by property.	,				
	Add lines 2a and 2b, columns A through D					
4	Deductions directly connected with the incom in lines 2(a) and 2(b) (attach statement)					
5	Total deductions. Add line 4 columns A thro			line 6, column (B)		0.
Part '			,			
1	Description of debt-financed property (street a	address, city, s	tate, ZIP code). C	heck if a dual-use. See	instructions.	
	A B					
	c					
	D					
			А	В	С	D
2	Gross income from or allocable to debt-finance	ed		_	•	_
	property					
3	Deductions directly connected with or allocat					
	to debt-financed property					
а	Straight line depreciation (attach statement)					
b	Other deductions (attach statement)					
с	Total deductions (add lines 3a and 3b,					
	columns A through D)					
4	Amount of average acquisition debt on or allo					
	to debt-financed property (attach statement)					
5	Average adjusted basis of or allocable to deb					
	financed property (attach statement)					
6	Divide line 4 by line 5		%	%	%	%
7	Gross income reportable. Multiply line 2 by line		r hara and an Da	t L line 7 column (A)		0.
8	Total gross income (add line 7, columns A th	nough D). Ente	n nere and on Pal	r, ine /, column (A)	····· •	0.
9	Allocable deductions. Multiply line 3c by line 6	а Г				
10	Total allocable deductions. Add line 9, colu		D. Enter here and	on Part I. line 7. colur	nn (B)	0.
11	Total dividends-received deductions includ					0.

2

Sched	ule A (Form 990-T) 2021 VI Interest, Annu	lities Ro	ovalties and Re	onts from	n Control	led Or	manization	S (c)	oo instruct	ions)	Page 3
Fait		nues, nu					Exempt Contro	1	ee instruct	,	
	1. Name of controlled organization		2. Employer identification number	3. Net unrelated 4. Tota		al of specified nents made tion's gross i		art of colui s included rolling orga	mn 4 in the aniza-	6. Deductions directly connected with income in column 5	
(1)									<u>g</u> , eee inte		
(2)											
(3)											
(4)											
			No	nexempt C	Controlled O	rganizati	ons				
7				otal of specif yments mad		10. Part that is inc controlling gross	luded	in the zation's	11. Deductions directly connected with income in column 10		
(1)											
(2)											
(3)											
(4)											
	Add columns 5 and 10. Enter here and on Part I, line 8, column (A)				n Part I, n (A)	Ente	columns 6 and 11. r here and on Part I, ne 8, column (B)				
Totals Part			of a Saatian 50	1(_)(7) (0) or (17)				0.		0.
Fait		ription of	of a Section 50	T(C)(7), (3. Deduction		tructions)		5. Total deductions
	1. Desc				2. Amou incor		directly conn (attach state	ected	4. Set (attach st	asides tatemen	
(1)											
(2)											
(3)											
(4)					Add amou column 2 here and o line 9, colu	. Enter n Part I, umn (A)					Add amounts in column 5. Enter here and on Part I, line 9, column (B)
Totals Part		vomet A			hon Adv	0.					0.
			Activity Income,	, Other I		erusinę	g income	(see in	structions)		
1	Description of exploite	,		Foto		a Davit I	line 10 eeluure	·· (A)			
2	Gross unrelated busin									2	
3	Expenses directly con line 10, column (B)									3	
4	Net income (loss) from		trade or business								
4			trade of business.				•			4	
5	Gross income from ac									5	
6	Expenses attributable									6	
7	Excess exempt expension										
	4. Enter here and on P		10							7	

Schedule A (Form 990-T) 2021

	ule A (Form 990-T) 2021				Page 4
Part	•				
1	Name(s) of periodical(s). Check box if reporting	two or more periodicals on a	consolidated basis	3.	
	A				
	B				
	D				
Enter a	amounts for each periodical listed above in the co	prresponding column.	1		
		Α	В	С	D
2	Gross advertising income				
	Add columns A through D. Enter here and on F	Part I, line 11, column (A)		►	0.
а			1		1
3	Direct advertising costs by periodical				
а	Add columns A through D. Enter here and on F	Part I, line 11, column (B)			0.
		[1		
4	Advertising gain (loss). Subtract line 3 from line				
	2. For any column in line 4 showing a gain,				
	complete lines 5 through 8. For any column in				
	line 4 showing a loss or zero, do not complete				
	lines 5 through 7, and enter zero on line 8				
5	Readership costs				
6	Circulation income				
7	Excess readership costs. If line 6 is less than				
	line 5, subtract line 6 from line 5. If line 5 is less	6			
	than line 6, enter zero				
8	Excess readership costs allowed as a				
	deduction. For each column showing a gain on				
	line 4, enter the lesser of line 4 or line 7				
а	Add line 8, columns A through D. Enter the gre	ater of the line 8a, columns to	otal or zero here an	d on	
	Part II, line 13				0.
Part	X Compensation of Officers, Dire	ectors, and Trustees	see instructions)	· · ·	
				3. Percentage	4. Compensation
	1. Name	2. Title		of time devoted	attributable to
				to business	unrelated business
(1)				%	
(2)				%	
(3)				%	
(4)				%	
	Enter here and on Part II, line 1				0.
Part	XI Supplemental Information (see	instructions)			

123732 01-28-22

31-4379427

FORM 990-T (A)	INTEREST PAID	STATEMENT 7
DESCRIPTION		AMOUNT
INTEREST EXPENSE		662.
TOTAL TO SCHEDULE A, PAR	T II, LINE 5	662.
FORM 990-T (A)	OTHER DEDUCTIONS	STATEMENT 8
DESCRIPTION		AMOUNT
CORPORATE AND DIVISIONAL	OVERHEAD	2,754.

FORM 990-T (A) COST OF GOODS SOLD - OTHER COSTS	STATEMENT 9
DESCRIPTION	AMOUNT
COST OF SALES - MANUFACTURING	1,501,983.
TOTAL TO FORM 990-T, SCHEDULE A, LINE 5	1,501,983.

SCHEDULE A (Form 990-T)

Department of the Treasury

Internal Revenue Service

Unrelated Business Taxable Income From an Unrelated Trade or Business

► Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

OMB No. 1545-0047

Open to Public Inspection for

501(c)(3) Organizations Only

5

Α	Name of the orga	nization	
	BATTELLE	MEMORIAL	INSTITUTE

901101 C Unrelated business activity code (see instructions)

31 - 43794273 <u>of</u>

B Employer identification number

D Sequence:

Describe the unrelated trade or business **QUALIFYING PARTNERSHIP INTEREST** F

Par	t I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a b	Gross receipts or sales c Balance ►	1c			
2	Cost of goods sold (Part III, line 8)	2			
3 4 a	Gross profit. Subtract line 2 from line 1c Capital gain net income (attach Sch D (Form 1041 or Form	3			
·u	1120)). See instructions	4a			
b c	Net gain (loss) (Form 4797) (attach Form 4797). See instructions) Capital loss deduction for trusts	4b 4c			
5	Income (loss) from a partnership or an S corporation (attach statement) STATEMENT 10	5	84,993.		84,993.
6	Rent income (Part IV)	6			
7 8	Unrelated debt-financed income (Part V) Interest, annuities, royalties, and rents from a controlled	7			
9	organization (Part VI) Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	8 9			
10	Exploited exempt activity income (Part VIII)	10			
11 12	Advertising income (Part IX) Other income (see instructions; attach statement)	11 12			
13	Total. Combine lines 3 through 12	13	84,993.		84,993.

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

1	Compensation of officers, directors, and trustees (Part X)		1				
2	Salaries and wages		2				
3	Repairs and maintenance					3	
4	Bad debts					4	
5	Interest (attach statement). See instructions					5	
6	Taxes and licenses					6	
7	Depreciation (attach Form 4562). See instructions	7					
8	Less depreciation claimed in Part III and elsewhere on return	8a				8b	
9	Depletion					9	
10	Contributions to deferred compensation plans					10	
11	Employee benefit programs					11	
12	Excess exempt expenses (Part VIII)					12	
13	Excess readership costs (Part IX)					13	
14	Other deductions (attach statement)					14	
15	Total deductions. Add lines 1 through 14					15	0.
16	Unrelated business income before net operating loss deduction. Subtract line 15 from	Part	I, line 1	3,			
	column (C)					16	84,993.
17	Deduction for net operating loss. See instructions	STMT	11	STMT :	13	17	67,994.
18	Unrelated business taxable income. Subtract line 17 from line 16					18	16,999.
LHA	For Paperwork Reduction Act Notice, see instructions.				Sc	hedu	le A (Form 990-T) 2021

					3
Schedi Part	ule A (Form 990-T) 2021	od of inventory valuation			Page 2
1	Inventory at beginning of year			1	
2	Purchases				
3	Cost of labor				
4	Additional section 263A costs (attach statement)				
5	Other costs (attach statement)				
6	Total. Add lines 1 through 5				
7	Inventory at end of year				
8	Cost of goods sold. Subtract line 7 from line 6. Enter h				
9	Do the rules of section 263A (with respect to property p	roduced or acquired for	resale) apply to the org	anization?	Yes No
Part	IV Rent Income (From Real Property and	Personal Property	Leased with Rea	Property)	
1	Description of property (property street address, city, st	ate, ZIP code). Check if	a dual-use. See instruct	ions.	
	в 🛄				
	c 🗌				
	D				
		Α	В	С	D
2	Rent received or accrued				
а	From personal property (if the percentage of				
	rent for personal property is more than 10%				
	but not more than 50%)				
b	From real and personal property (if the				
	percentage of rent for personal property exceeds				
	50% or if the rent is based on profit or income)				
с	Total rents received or accrued by property.				
	Add lines 2a and 2b, columns A through D				
3	Total rents received or accrued. Add line 2c columns A	through D. Enter here ar	nd on Part I, line 6, colui	mn (A) 🕨	0.
	Deductions directly connected with the income				
4	in lines 2(a) and 2(b) (attach statement)				
-	Total de destines - Addition Ancheren - Adheren b D. Est	and an Death Pr			0.
5 Part	Total deductions. Add line 4 columns A through D. Ent V Unrelated Debt-Financed Income (set	er here and on Part I, III		·····	•••
1	Description of debt-financed property (street address, c		eck if a dual-use. See ins	tructions	
•	A				
	в 🗌				
	c 🗌				
	D				
		Α	В	С	D
2	Gross income from or allocable to debt-financed		_	-	
	property				
3	Deductions directly connected with or allocable				
	to debt-financed property				
а	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
с	Total deductions (add lines 3a and 3b,				
	columns A through D)				
4	Amount of average acquisition debt on or allocable				
	to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-				
	financed property (attach statement)				
6	Divide line 4 by line 5		%		% %
7	Gross income reportable. Multiply line 2 by line 6				
8	Total gross income (add line 7, columns A through D).	Enter here and on Part	, line 7, column (A)	>	0.
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, columns A three	ough D. Enter here and o	on Part I, line 7, column	(B) >	0.
11	Total dividends-received deductions included in line	10		►	0.

Sched	ule A (Form 990-T) 2021 VI Interest, Annu	lities Ro	ovalties and Re	onts from	n Control	led Or	manization	S (c)	oo instruct	ions)	Page 3
Fait		nues, nu					Exempt Contro	1	ee instruct		
	1. Name of controlled organization		2. Employer identification number	3. Net unrelated 4. Tota		al of specified nents made tion's gross i		art of colui s included rolling orga	mn 4 in the aniza-	6. Deductions directly connected with income in column 5	
(1)									<u>g</u> , eee inte		
(2)											
(3)											
(4)											
			No	nexempt C	Controlled O	rganizati	ons				
7				otal of specif yments mad		10. Part that is inc controlling gross	luded	in the zation's	11. Deductions directly connected with income in column 10		
(1)											
(2)											
(3)											
(4)											
	Add columns 5 and 10. Enter here and on Part I, line 8, column (A)				n Part I, n (A)	Ente	columns 6 and 11. r here and on Part I, ne 8, column (B)				
Totals Part			of a Santian 50	1(_)(7) (0) or (17)				0.		0.
Fait		ription of	of a Section 50	T(C)(7), (3. Deduction		tructions)		5. Total deductions
	1. Desc		income		2. Amou incor		directly conn (attach state	ected	4. Set (attach st	asides tatemen	
(1)											
(2)											
(3)											
(4)					Add amou column 2 here and o line 9, colu	. Enter n Part I, umn (A)					Add amounts in column 5. Enter here and on Part I, line 9, column (B)
Totals Part		vomet A			hon Adv	0.					0.
			Activity Income,	, Other I		erusinę	g income	(see in	structions)		
1	Description of exploite	,		Foto		a Davit I	line 10 eeluure	·· (A)			
2	Gross unrelated busin									2	
3	Expenses directly con line 10, column (B)									3	
4	Net income (loss) from		trade or business								
4			trade of business.				•			4	
5	Gross income from ac									5	
6	Expenses attributable									6	
7	Excess exempt expension										
	4. Enter here and on P		10							7	

Schedule A (Form 990-T) 2021

	ule A (Form 990-T) 2021				Page 4
Part	•	No o de la companya d			
1	Name(s) of periodical(s). Check box if report	ting two or more periodicals on a	consolidated basis	S.	
	A				
	B				
Enter a	amounts for each periodical listed above in th				
•		A	B	C	D
2	Gross advertising income				0.
	Add columns A through D. Enter here and c	on Part I, line 11, column (A)		▶	Ū.
а					
3					
а	Add columns A through D. Enter here and c	on Part I, line 11, column (B)		►	0.
			1		
4	Advertising gain (loss). Subtract line 3 from	line			
	2. For any column in line 4 showing a gain,				
	complete lines 5 through 8. For any column				
	line 4 showing a loss or zero, do not comple				
	lines 5 through 7, and enter zero on line 8 \cdot				
5	Readership costs				
6	Circulation income				
7	Excess readership costs. If line 6 is less that				
	line 5, subtract line 6 from line 5. If line 5 is				
	than line 6, enter zero				
8	Excess readership costs allowed as a				
	deduction. For each column showing a gair				
	line 4, enter the lesser of line 4 or line 7 \dots				
а	Add line 8, columns A through D. Enter the	greater of the line 8a, columns to	tal or zero here an	d on	
	Part II, line 13				0.
Part	X Compensation of Officers, D	Directors, and Trustees (s	see instructions)	<u> </u>	
				3. Percentage	4. Compensation
	1. Name	2. Title		of time devoted	attributable to
				to business	unrelated business
(1)				%	
(2)				%	
(3)				%	
(4)				%	
	Enter here and on Part II, line 1				0.
Part	XI Supplemental Information	see instructions)			

3

FORM 990-T (A) INC	OME (LOSS) FROM PA	RTNERSHIPS	STATEMENT 10
DESCRIPTION			NET INCOME OR (LOSS)
ALLIANCE BERNSTEIN HOLDING (LOSS) BLUE POINT CAPITAL PARTNERS INCOME (LOSS) GS CAPITAL PARTNERS VI PARA INCOME (LOSS) MAGELLAN MIDSTREAM PARTNERS INCOME (LOSS) ENTERPRISE PRODUCTS PARTNER INCOME (LOSS) FOTAL INCLUDED ON SCHEDULE	III, L.P ORDIN LLEL, L.P ORDIN , L.P ORDINARY S, L.P ORDINARY	ARY BUSINESS ARY BUSINESS BUSINESS	31,618 84,392 1 -5,570 -25,448 84,993
FORM 990-T (A) POST 2017 NOL SCHEDULE		STATEMENT 11	
PRIOR YEAR POST 2017 NOL	NOL DEDUCTION	CARRYFO POST 20	RWARD OF 17 NOL
863,097.	67,994.		795,103.
990-т SCH А РОЅТ-2	017 NET OPERATING	LOSS DEDUCTION	STATEMENT 12
	017 NET OPERATING LOSS PREVIOUSLY APPLIED	LOSS DEDUCTION LOSS REMAINING	STATEMENT 12 AVAILABLE THIS YEAR
	LOSS PREVIOUSLY	LOSS	AVAILABLE

_
SCH A (990-T)	SCHEDULE A NOL DETAIL	STATEMENT 13
TAXABLE INCOME FROM	Ι ΑΙΤ. ΕΝΤΤΤΤΕς	5,531,628.
	ON OF TAXABLE INCOME	84,993.
	ENTAGE OF PRE-2018 NET OPERATING LOSS NED PRE-2018 NET OPERATING LOSS	1.54% 0.
TAXABLE INCOME AFTE 80% INCOME LIMITATI	ER PRE-2018 NET OPERATING LOSS CON	84,993. 67,994.
POST-2017 AVAILABLE LESSER OF POST-2017	NET OPERATING LOSS OR 80% LIMITATION	863,097. 67,994.

SCHEDULE A (Form 990-T)

Department of the Treasury

Internal Revenue Service

Unrelated Business Taxable Income From an Unrelated Trade or Business

► Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

OMB No. 1545-0047

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

5

B Employer identification number

4

of

31 - 4379427

D Sequence:

Α	Name of the orga	nization	
	BATTELLE	MEMORIAL	INSTITUTE

900003 C Unrelated business activity code (see instructions)

<u>E [</u>	E Describe the unrelated trade or business SPECIFIED PAYMENTS FROM CONTROLLED ENTITY (BSCI)							
	t I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net			
1a	Gross receipts or sales							
b	Less returns and allowances c Balance 🕨	1c						
2	Cost of goods sold (Part III, line 8)							
3	Gross profit. Subtract line 2 from line 1c	3						
4a	Capital gain net income (attach Sch D (Form 1041 or Form							
	1120)). See instructions	4a						
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions)	4b						
с	Capital loss deduction for trusts	4c						
5	Income (loss) from a partnership or an S corporation (attach							
	statement)	5						
6	Rent income (Part IV)	6						
7	Unrelated debt-financed income (Part V)	7						
8	Interest, annuities, royalties, and rents from a controlled							
	organization (Part VI)	8	13,194.	7,078.	6,116.			
9	Investment income of section 501(c)(7), (9), or (17)							
	organizations (Part VII)	9						
10	Exploited exempt activity income (Part VIII)	10						
11	Advertising income (Part IX)	11						
12	Other income (see instructions; attach statement)	12						
13	Total. Combine lines 3 through 12	13	13,194.	7,078.	6,116.			
Pa	t II Deductions Not Taken Elsewhere []] [][][][][][][][][][][][][][][][][]			000000000000000000000000000000000000000	00 00			
1	Compensation of officers, directors, and trustees (Part X)			1				
2	Salaries and wages			2				
3	Repairs and maintenance			3				
4	Bad debts							
5	Interest (attach statement). See instructions							
6	Taxes and licenses		······	6				
7	Depreciation (attach Form 4562). See instructions							
8	Less depreciation claimed in Part III and elsewhere on return			8b				
9	Depletion							
10	Contributions to deferred compensation plans							
11	Employee benefit programs	11						
12	Excess exempt expenses (Part VIII)							
13	Excess readership costs (Part IX)							
14	Other deductions (attach statement)							
15					0.			
16	Unrelated business income before net operating loss deduction. Su				C 11C			
	column (C)				6,116.			
17	Deduction for net operating loss. See instructions				0.			
18	Unrelated business taxable income. Subtract line 17 from line 16	18	6,116.					

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2021

<u> </u>	(7				4
Sched Part	ule A (Form 990-T) 2021 III Cost of Goods Sold Enter meth	od of inventory valuatio	n 🕨		Page 2
1	Inventory at beginning of year			1	
2	Purchases				
3	Cost of labor				
4	Additional section 263A costs (attach statement)				
5	Other costs (attach statement)				
6	Total. Add lines 1 through 5				
7	Inventory at end of year				
8	Cost of goods sold. Subtract line 7 from line 6. Enter h	ere and in Part I, line 2			
9	Do the rules of section 263A (with respect to property p				Yes No
Part			-		
1	Description of property (property street address, city, st	ate, ZIP code). Check i	f a dual-use. See instruct	tions.	
	B				
		Α	В	С	D
2	Rent received or accrued			v	
a	From personal property (if the percentage of				
	rent for personal property is more than 10%				
	but not more than 50%)				
b	From real and personal property (if the				
	percentage of rent for personal property exceeds				
	50% or if the rent is based on profit or income)				
С	Total rents received or accrued by property.				
	Add lines 2a and 2b, columns A through D				
3	Total rents received or accrued. Add line 2c columns A	through D. Enter here a	ind on Part I, line 6, colu	mn (A)	0.
	Deductions directly connected with the income				
4	in lines 2(a) and 2(b) (attach statement)				
5	Total deductions. Add line 4 columns A through D. Ent	for here and an Dart L li	no 6. oolumn (P)	•	0.
Part					••
1	Description of debt-financed property (street address, c		eck if a dual-use. See in	structions.	
	A 🗌	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	в 🗔				
	c 🗌				
	D				
	-	A	В	С	D
2	Gross income from or allocable to debt-financed				
	property				
3	Deductions directly connected with or allocable				
	to debt-financed property				
а	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
С	Total deductions (add lines 3a and 3b,				
	columns A through D)				
4	Amount of average acquisition debt on or allocable				
F	to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-				
6	financed property (attach statement) Divide line 4 by line 5		%	%	б б
7	Gross income reportable. Multiply line 2 by line 6	/0	/0		70
8	Total gross income (add line 7, columns A through D).	Enter here and on Part	I. line 7. column (A)		0.
-			.,	····· -	-
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, columns A thro	ough D. Enter here and	on Part I, line 7, column	(B) ► _	0.
11	Total dividends-received deductions included in line	10		>	0.

Schedu Part	ule A (Form 990-T) 2021 VI Interest, Annu	ities R	ovalties and Re	nts fror	n Control	led Or	ganization	3 (6)	ee instruct	ions)		Page 3
1 art							Exempt Control	1		,	ጥ 15	
	1. Name of controllec organization	1	2. Employer identification number	incon	unrelated ne (loss) structions)	4. Total of specified payments made		5. Part of column 4 that is included in the controlling organiza- tion's gross income		mn 4 in the aniza-	6. De co	ductions directly onnected with ome in column 5
(1) BA	TTELLE SERVICE C		31-1792334					<u>g</u> , eeee				
(2)												
(3)												
(4)												
			Noi	nexempt C	Controlled O	rganizati	ons					
7	. Taxable Income	ir	Net unrelated Icome (loss) e instructions)		otal of specif yments mad		10. Part of that is inclusion controlling of gross	luded	in the zation's		conn	ictions directly ected with in column 10
(1)	-1,855,794.		6,116.		1	3,194.			13,194.			7,078.
(2)												
(3)												
(4)												
Totals						►	Add colum Enter here line 8, c	and or columr	n Part I,	Ente	er here	mns 6 and 11. e and on Part I, column (B) 7,078.
Part	VII Investment I	ncome	of a Section 50 [.]	1(c)(7), (9), or (17)	Orgar	nization _{(s}	ee inst	tructions)			
	1. Desc	ription of	income		2. Amou incor		3. Deduction directly connormal (attach stater	ected	4. Set- (attach st		nt)	Total deductions and set-asides add cols 3 and 4)
(1)												
(2)												
(3)												
<u>(4)</u>					Add amor column 2 here and o line 9, colu	. Enter n Part I, umn (A)					h	Add amounts in column 5. Enter ere and on Part I, ine 9, column (B)
Totals Part	VIII Explaited Ex	(omst /	Activity Income,		han Adv	0.						0.
				Other		erusinę	g income (see in	structions)			
1 2	Description of exploited Gross unrelated busine	,		ana Enta	* bara and a	n Dout I	line 10 colum	~ (A)		2		
2	Expenses directly conr									2		
5										3		
4	Net income (loss) from		trade or business S									
	lines 5 through 7									4		
5	Gross income from act									5		
6	Expenses attributable t									6		
7	Excess exempt expens											
	4. Enter here and on Pa									7		

Schedule A (Form 990-T) 2021

	ule A (Form 990-T) 2021				Page 4
Part	•				
1	Name(s) of periodical(s). Check box if reporting	two or more periodicals on a	consolidated basis		
	A [
	В				
	c				
	D				
Enter a	amounts for each periodical listed above in the co	rresponding column.	1		
		Α	В	C	D
2	Gross advertising income				
	Add columns A through D. Enter here and on Pa	art I, line 11, column (A)		►	0.
а			-		
3	Direct advertising costs by periodical				
а	Add columns A through D. Enter here and on Pa	art I, line 11, column (B)		►	0.
			-		
4	Advertising gain (loss). Subtract line 3 from line				
	2. For any column in line 4 showing a gain,				
	complete lines 5 through 8. For any column in				
	line 4 showing a loss or zero, do not complete				
	lines 5 through 7, and enter zero on line 8				
5	Readership costs				
6	Circulation income				
7	Excess readership costs. If line 6 is less than				
	line 5, subtract line 6 from line 5. If line 5 is less				
	than line 6, enter zero				
8	Excess readership costs allowed as a				
	deduction. For each column showing a gain on				
	line 4, enter the lesser of line 4 or line 7				
а	Add line 8, columns A through D. Enter the grea	ater of the line 8a, columns to	otal or zero here and	d on	
-	Part II, line 13	· · · · · ·		►	0.
Part	X Compensation of Officers, Direct	ctors, and Trustees	see instructions)	г – т	
				3. Percentage	4. Compensation
	1. Name	2. Title		of time devoted	attributable to
				to business	unrelated business
(1)				%	
(2)				%	
(3)				%	
(4)				%	
	Enter here and on Part II, line 1				0.
Part	XI Supplemental Information (see)	instructions)			

FORM 990-TDESCRIPTION OF ORGANIZATION'S UNRELATEDSTATEMENT 14SCHEDULE ABUSINESS ACTIVITYSTATEMENT 14

SPECIFIED PAYMENTS FROM CONTROLLED ENTITY (BSCI)

TO FORM 990-T, SCHEDULE A, LINE E

FORM 990-T (A)	STATEMENT 15							
ACTIVITY DESCRIPTION NUMBER AMOUNT TOTAL								
INTEREST EXPENSE	- SUBTOTAL -	25	7,078.	7,078.				
TOTAL OF FORM 990	-T, SCHEDULE A, PART VI	, COLUMN 11		7,078.				

SCHEDULE A (Form 990-T)

Department of the Treasury

Internal Revenue Service

Unrelated Business Taxable Income From an Unrelated Trade or Business

► Go to www.irs.gov/Form990T for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

OMB No. 1545-0047

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

5

5 <u>of</u>

B Employer identification number

31 - 4379427

D Sequence:

Α	Name of the orga	nization	
	BATTELLE	MEMORIAL	INSTITUTE

900003 C Unrelated business activity code (see instructions)

Pa	t I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales				
b	Less returns and allowances c Balance ►	1c			
2	Cost of goods sold (Part III, line 8)	2			
3	Gross profit. Subtract line 2 from line 1c	3			
4 a	Capital gain net income (attach Sch D (Form 1041 or Form				
	1120)). See instructions	4a			
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions)	4b			
с	Capital loss deduction for trusts	4c			
5	Income (loss) from a partnership or an S corporation (attach				
	statement)	5			
6	Rent income (Part IV)	6			
7	Unrelated debt-financed income (Part V)	7			
8	Interest, annuities, royalties, and rents from a controlled				
	organization (Part VI)	8	183,299.	94,509.	88,790.
9	Investment income of section 501(c)(7), (9), or (17)				
	organizations (Part VII)	9			
10	Exploited exempt activity income (Part VIII)	10			
11	Advertising income (Part IX)	11			
12	Other income (see instructions; attach statement)	12			
13	Total. Combine lines 3 through 12	13	183,299.	94,509.	88,790.
Pa	t II Deductions Not Taken Elsewhere See instruction directly connected with the unrelated business in		limitations on ded	uctions. Deductions n	nust be

1	Compensation of officers, directors, and trustees (Part X)	 	1	
2	Salaries and wages	 	2	
3	Repairs and maintenance	3		
4	Bad debts			
5	Interest (attach statement). See instructions			
6	Taxes and licenses			
7	Depreciation (attach Form 4562). See instructions			
8	Less depreciation claimed in Part III and elsewhere on return		8b	
9	Depletion	9		
10	Contributions to deferred compensation plans			
11	Employee benefit programs	 	11	
12	Excess exempt expenses (Part VIII)			
13	Excess readership costs (Part IX)			
14	Other deductions (attach statement)			
15	Total deductions. Add lines 1 through 14			0.
16	Unrelated business income before net operating loss deduction. Subtract line 15 from			
	column (C)	 	16	88,790.
17	Deduction for net operating loss. See instructions			0.
18	Unrelated business taxable income. Subtract line 17 from line 16			88,790.
LHA	For Paperwork Reduction Act Notice, see instructions.	 	Schedu	e A (Form 990-T) 2021

123741 01-28-22

	A (Form 990-T) 2021		-		Page
Part III	Cost of Goods Sold Enter meth	od of inventory valuati	on 🕨		<u> </u>
1 In	iventory at beginning of year				1
	urchases				2
	ost of labor				
	dditional section 263A costs (attach statement)				1
	ther costs (attach statement)				<u>;</u>
6 To	otal. Add lines 1 through 5				
	ventory at end of year				1
	ost of goods sold. Subtract line 7 from line 6. Enter h				
9 Do Part IV	o the rules of section 263A (with respect to property p Rent Income (From Real Property and				Yes No
	escription of property (property street address, city, st	•	-		
D		Α	В	С	D
2 Re	ent received or accrued	<u> </u>	D		
	rom personal property (if the percentage of				
	ent for personal property is more than 10%				
	ut not more than 50%)				
	rom real and personal property (if the				
	ercentage of rent for personal property exceeds				
-	0% or if the rent is based on profit or income)				
	otal rents received or accrued by property.				
	dd lines 2a and 2b, columns A through D				
		•			
3 To	otal rents received or accrued. Add line 2c columns A	hrough D. Enter here	and on Part I, line 6, c	olumn (A)	0
D [,]	eductions directly connected with the income				
4 in	lines 2(a) and 2(b) (attach statement)				
	otal deductions. Add line 4 columns A through D. Ent		ine 6, column (B)		0
Part V	Unrelated Debt-Financed Income (se				
1 De	escription of debt-financed property (street address, ci	ty, state, ZIP code). Cl	neck if a dual-use. See	e instructions.	
Α					
В					
С					
C D		I			
D		A	В	С	D
D		A	В	С	D
D 2 Gi	ross income from or allocable to debt-financed	A	В	С	D
2 Gi pr 3 De	ross income from or allocable to debt-financed roperty eductions directly connected with or allocable	A	В	C	D
2 Gi pr 3 Da to	ross income from or allocable to debt-financed roperty eductions directly connected with or allocable o debt-financed property	A	В	С	D
2 Gi pr 3 Da to a St	ross income from or allocable to debt-financed roperty eductions directly connected with or allocable o debt-financed property traight line depreciation (attach statement)	A	В	С	D
2 Gi pr 3 Do to a St b O	ross income from or allocable to debt-financed roperty eductions directly connected with or allocable o debt-financed property traight line depreciation (attach statement) ther deductions (attach statement)	A	В	С	D
2 Gi pr 3 De to a St b O c To	ross income from or allocable to debt-financed roperty eductions directly connected with or allocable b debt-financed property traight line depreciation (attach statement) ther deductions (attach statement) otal deductions (add lines 3a and 3b,	A	В	C	D
2 Gi pr 3 Da to a St b O c To c	ross income from or allocable to debt-financed roperty eductions directly connected with or allocable o debt-financed property traight line depreciation (attach statement) ther deductions (attach statement) otal deductions (add lines 3a and 3b, plumns A through D)	A	В	С	D
2 Gi pr 3 Da to a St b O c To cc 4 Ar	ross income from or allocable to debt-financed roperty eductions directly connected with or allocable o debt-financed property traight line depreciation (attach statement) ther deductions (attach statement) otal deductions (atd lines 3a and 3b, olumns A through D) mount of average acquisition debt on or allocable	A	B	C	D
2 Gi pr 3 Do to a St b O c To cc 4 Ar	ross income from or allocable to debt-financed roperty eductions directly connected with or allocable o debt-financed property traight line depreciation (attach statement) ther deductions (attach statement) otal deductions (atd lines 3a and 3b, plumns A through D) mount of average acquisition debt on or allocable o debt-financed property (attach statement)	A	B	C	D
2 Gi pr 3 Do to a St b O c c c 4 Ai to 5 Av	ross income from or allocable to debt-financed roperty eductions directly connected with or allocable o debt-financed property traight line depreciation (attach statement) ther deductions (attach statement) otal deductions (add lines 3a and 3b, olumns A through D) mount of average acquisition debt on or allocable o debt-financed property (attach statement) verage adjusted basis of or allocable to debt-		B	C	D
2 Gi pr 3 Do to a St b O c To c c 4 Ar to 5 Av	ross income from or allocable to debt-financed roperty eductions directly connected with or allocable o debt-financed property traight line depreciation (attach statement) ther deductions (attach statement) otal deductions (add lines 3a and 3b, olumns A through D) mount of average acquisition debt on or allocable o debt-financed property (attach statement) verage adjusted basis of or allocable to debt- nanced property (attach statement)				
2 Gi pr 3 Do to a St b O c To c c 4 Ar to 5 Av fir 6 Di	ross income from or allocable to debt-financed roperty eductions directly connected with or allocable o debt-financed property traight line depreciation (attach statement) ther deductions (attach statement) otal deductions (add lines 3a and 3b, olumns A through D) mount of average acquisition debt on or allocable o debt-financed property (attach statement) verage adjusted basis of or allocable to debt- nanced property (attach statement) ivide line 4 by line 5		B 		D
2 Gi pr 3 Da to a St b Or c To c c 4 Ar to 5 Ar fir 6 Di 7 Gi	ross income from or allocable to debt-financed roperty eductions directly connected with or allocable o debt-financed property traight line depreciation (attach statement) ther deductions (attach statement) otal deductions (atd lines 3a and 3b, olumns A through D) mount of average acquisition debt on or allocable o debt-financed property (attach statement) verage adjusted basis of or allocable to debt- nanced property (attach statement) ivide line 4 by line 5 ross income reportable. Multiply line 2 by line 6	%	%		%
2 Gi pr 3 Da to a St b Or c To c c 4 Ar to 5 Ar fir 6 Di 7 Gi	ross income from or allocable to debt-financed roperty eductions directly connected with or allocable o debt-financed property traight line depreciation (attach statement) ther deductions (attach statement) otal deductions (add lines 3a and 3b, olumns A through D) mount of average acquisition debt on or allocable o debt-financed property (attach statement) verage adjusted basis of or allocable to debt- nanced property (attach statement) ivide line 4 by line 5	%	%		
2 Gi pr 3 Do to a St b O c To cc 4 Ar to 5 Av fir 6 Di 7 Gi 8 To	ross income from or allocable to debt-financed roperty eductions directly connected with or allocable o debt-financed property traight line depreciation (attach statement) ther deductions (attach statement) otal deductions (atd lines 3a and 3b, olumns A through D) mount of average acquisition debt on or allocable o debt-financed property (attach statement) verage adjusted basis of or allocable to debt- nanced property (attach statement) ivide line 4 by line 5 ross income reportable. Multiply line 2 by line 6 otal gross income (add line 7, columns A through D).	%	%		%
2 Gi pr 3 Do to a St b O c To c c 4 An to 5 Av fir 6 Di 7 Gi 8 To	ross income from or allocable to debt-financed roperty eductions directly connected with or allocable o debt-financed property traight line depreciation (attach statement) ther deductions (attach statement) otal deductions (atd lines 3a and 3b, olumns A through D) mount of average acquisition debt on or allocable o debt-financed property (attach statement) verage adjusted basis of or allocable to debt- nanced property (attach statement) ivide line 4 by line 5 ross income reportable. Multiply line 2 by line 6	% Enter here and on Par	% t I, line 7, column (A)		

Schedu Dart	ule A (Form 990-T) 2021 VI Interest, Annu	ities R	ovalties and Re	onts from	n Contro	led Or	nanization	s (a	ee instruct	iono)	Page 3
rart		1103, 11					Exempt Contro	· ·		,	17
	1. Name of controlled organization	ť	2. Employer identification number	3. Net unrelated income (loss) (see instructions)		4. Total of specified payments made		5. Part of column 4 that is included in the controlling organiza- tion's gross income		mn 4 6 in the aniza-	5. Deductions directly connected with income in column 5
(1) GE	OSAFE CORPORATIO		91-1404268						o grooo inc		
(2)											
(3)											
(4)											
			Noi	· · · · ·	Controlled O	•	ons				
7	7. Taxable Income	ir	Net unrelated ncome (loss) e instructions)		otal of speci yments mac		10. Part of that is inclusion controlling gross	luded	in the zation's	c	Deductions directly connected with ome in column 10
(1)	-319.		88,790.		18	3,299.		1	.83,299.		94,509.
(2)											
(3)											
(4)											
Totals Part				4 (_) (7) (0)	►	Add colum Enter here line 8, c	and or columr 1	n Part I, n (A) .83 , 299 .	Enter	columns 6 and 11. here and on Part I, he 8, column (B) 94 , 509 .
Fail		ription of	of a Section 50 ⁻	T(C)(7), (1		1		tructions)		5. Total deductions
	I. Desc		Income		2. Amou incor		3. Deduction directly conno- (attach stater	ected	4. Set- (attach st	asides tatement	
(1)											
(2)											
(3)											
(4) Totals				•	Add amo column 2 here and o line 9, colu	. Enter n Part I,					Add amounts in column 5. Enter here and on Part I, line 9, column (B) 0.
Part	VIII Exploited E	xempt A	Activity Income,	Other 1	Than Adv	ertising		see in	structions)		
1	Description of exploite						<u>,</u>		311001013/		
2	Gross unrelated busine	5		ness. Ente	r here and o	n Part I.	line 10. colum	n (A)		2	
3	Expenses directly conr										
										3	
4	Net income (loss) from										
	lines 5 through 7						-			4	
5	Gross income from act	tivity that i	is not unrelated busi	ness incor	ne					5	
6	Expenses attributable									6	
7	Excess exempt expense										
	4. Enter here and on P	art II, line	12							7	

Schedule A (Form 990-T) 2021

	ule A (Form 990-T) 2021				Page 4
Part					
1	Name(s) of periodical(s). Check box if reporting	g two or more periodicals on a	a consolidated basis	S.	
	A				
	B				
	D				
Enter a	amounts for each periodical listed above in the c				
		Α	B	C	D
2	Gross advertising income				
	Add columns A through D. Enter here and on I	Part I, line 11, column (A)		▶	0.
а					
3	Direct advertising costs by periodical				
а	Add columns A through D. Enter here and on I	Part I, line 11, column (B)		►	0.
			1		
4	Advertising gain (loss). Subtract line 3 from line	e			
	2. For any column in line 4 showing a gain,				
	complete lines 5 through 8. For any column in				
	line 4 showing a loss or zero, do not complete				
	lines 5 through 7, and enter zero on line 8 \dots				
5	Readership costs				
6	Circulation income				
7	Excess readership costs. If line 6 is less than				
	line 5, subtract line 6 from line 5. If line 5 is les				
	than line 6, enter zero				
8	Excess readership costs allowed as a				
	deduction. For each column showing a gain or				
	line 4, enter the lesser of line 4 or line 7				
а	Add line 8, columns A through D. Enter the gre	eater of the line 8a, columns t	otal or zero here an	d on	
	Part II, line 13	· · · · · ·		>	0.
Part	X Compensation of Officers, Dire	ectors, and Trustees	(see instructions)	<u>г г</u>	
				3. Percentage	4. Compensation
	1. Name	2. Title		of time devoted	attributable to
				to business	unrelated business
(1)				%	
2)				%	
(3)				%	
(4)				%	
	Enter here and on Part II, line 1				٥.
Part	XI Supplemental Information (see	e instructions)			

5

FORM 990-TDESCRIPTION OF ORGANIZATION'S UNRELATEDSTATEMENT 16SCHEDULE ABUSINESS ACTIVITY

SPECIFIED PAYMENTS FROM CONTROLLED ENTITY (GEOSAFE)

TO FORM 990-T, SCHEDULE A, LINE E

FORM 990-T (A)	STATEMENT 17			
DESCRIPTION		ACTIVITY NUMBER	AMOUNT	TOTAL
INTEREST EXPENSE	- SUBTOTAL -	27	94,509.	94,509.
TOTAL OF FORM 990	-T, SCHEDULE A, PART VI	, COLUMN 11		94,509.

SCHEDULE O (Form 1120)

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

Consent Plan and Apportionment Schedule for a Controlled Group

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

Name	Employer identification number
BATTELLE MEMORIAL INSTITUTE	31-4379427
Part I Apportionment Plan Information	01 10/012/
 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	
 3 This corporation consents and represents to: a Adopt an apportionment plan. All the other members of this group are adopting an apportionment plan effective for the current tax year which ends on, and for all succeeding tax years. b 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 <u>DECEMBER 31, 2021</u>, and for all succeed years. c Terminate the current apportionment plan and not adopt a new plan. All the other members of this group are adopting an apportionment plan. d Terminate the current apportionment plan and adopt a new plan. All the other members of this group are adopting an apportionment plan effective for the current tax year which ends on, and the other members of this group are adopting an apportionment plan and adopt a new plan. All the other members of this group are adopting an apportionment plan and adopt a new plan. All the other members of this group are adopting an apportionment plan and adopt a new plan. All the other members of this group are adopting an apportionment plan and adopt a new plan. All the other members of this group are adopting an apportionment plan and adopt a new plan. All the other members of this group are adopting an apportionment plan and adopt a new plan. All the other members of this group are adopting an apportionment plan and adopt a new plan. All the other members of this group are adopting an apportionment plan effective for the current tax year which ends on	
 4 If you checked box 3c or 3d above, check the applicable box below to indicate if the termination of the current apportionment plan was: a Elected by the component members of the group. b Required for the component members of the group. 	
 5 If you did not check a box on line 3 above, check the applicable box below concerning the status of the group's apportionment plan (see instructions). a No apportionment plan is in effect and none is being adopted. b An apportionment plan is already in effect. It was adopted for the tax year ending for all succeeding tax years. 	, and
 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, this corporation entered into an agreement with the Internal Revenue Service to extend the statute of limitations for purposes of assessment until b No. The members may not adopt or amend an apportionment plan. 	

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

For Paperwork Reduction Act Notice, see Instructions for Form 1120.

Schedule O (Form 1120) (Rev. 12-2018) BATTELLE MEMORIAL INSTITUTE Part II Apportionment (See instructions)					31-4379427 Page 2
				Apportionment	
(a) Group member's name and employer identification number		(b) Tax year end (Yr-Mo)	(c) Accumulated earnings credit	(d) Penalty for failure to pay estimated tax	(e) Other
1 BATTELLE MEMORIAL INSTITUTE	31-4379427	22-09			
2 BATTELLE SERVICES COMPANY, INC.	31-1792334	22-09			
3 GEOSAFE CORPORATION	91-1404268	22-09			
4 SCIENTIFIC ADVANCES, INC.	31-6024333	22-09			
5 VITEX SYSTEMS, INC.	77-0526364	21-12			
6 SEEBYTE, INC.	98-0563142	22-09			
7 BATTELLE EDUCATION	46-0585021	22-09			
8 NATIONAL ECOLOGICAL OBSERVATORY NETWORK INC.	20-4510571	22-09			
9 BATTELLE LABORATORY MANAGEMENT SERVICES, LLC	82-5131944	22-09			
10					
Total					
				Schedule O (F	Schedule O (Form 1120) (Rev. 12-2018)

General Business Credit

► Go to www.irs.gov/Form3800 for instructions and the latest information.

You must attach all pages of Form 3800, pages 1, 2, and 3, to your tax return.

OMB No 1545-0895

Identifying numb

BATTELLE MEMORIAL INSTITUTE 31-4379427 Current Year Credit for Credits Not Allowed Against Tentative Minimum Tax (TMT) Part I (See instructions and complete Part(s) III before Parts I and II.) General business credit from line 2 of all Parts III with box A checked 1 1 2 2 Passive activity credits from line 2 of all Parts III with box B checked 3 3 Enter the applicable passive activity credits allowed for 2021. See instructions Carryforward of general business credit to 2021. Enter the amount from line 2 of Part III with box C 4 checked. See instructions for statement to attach 4 Check this box if the carryforward was changed or revised from the original reported amount Carryback of general business credit from 2022. Enter the amount from line 2 of Part III with box D 5 checked 5 Add lines 1, 3, 4, and 5 6 Part II Allowable Credit Regular tax before credits: 7 Individuals. Enter the sum of the amounts from Form 1040, 1040-SR, or 1040-NR, line 16, and Schedule 2 (Form 1040), line 2 • Corporations. Enter the amount from Form 1120, Schedule J, Part I, line 2; or the applicable line of your return 1,032,438. 7 Estates and trusts. Enter the sum of the amounts from Form 1041, Schedule G, lines 1a and 1b, plus any Form 8978 amount included on line 1d; or the amount from the applicable line of your return Alternative minimum tax: 8 Individuals. Enter the amount from Form 6251, line 11 Ο. Corporations. Enter -0-8 • Estates and trusts. Enter the amount from Schedule I (Form 1041). line 54 Add lines 7 and 8 9 1,032,438. 9 10a Foreign tax credit 10a b Certain allowable credits (see instructions) 10b c Add lines 10a and 10b 10c 1,032,438. Net income tax. Subtract line 10c from line 9. If zero, skip lines 12 through 15 and enter -0- on line 16 11 11 1,032,438. Net regular tax. Subtract line 10c from line 7. If zero or less, enter -0-12 12 Enter 25% (0.25) of the excess, if any, of line 12 over \$25,000. See 13 251,860. 13 instructions Tentative minimum tax: 14 • Individuals. Enter the amount from Form 6251, line 9 Corporations. Enter -0-14 Estates and trusts. Enter the amount from Schedule I (Form 1041), line 52 251 860. Enter the greater of line 13 or line 14 15 15 Subtract line 15 from line 11. If zero or less, enter -0-780,578. 16 16 Enter the smaller of line 6 or line 16 17 17 C corporations: See the line 17 instructions if there has been an ownership change, acquisition, or reorganization. LHA For Paperwork Reduction Act Notice, see separate instructions. Form 3800 (2021)

For			Page 2
	art II Allowable Credit (continued) te: If you are not required to report any amounts on line 22 or 24 below, skip lines 18 through 25 and enter -0- on line 2	6	
18	Multiply line 14 by 75% (0.75). See instructions	18	
19	Enter the greater of line 13 or line 18	19	
20	Subtract line 19 from line 11. If zero or less, enter -0-	20	
21	Subtract line 17 from line 20. If zero or less, enter -0-	21	
22	Combine the amounts from line 3 of all Parts III with box A, C, or D checked	22	
23	Passive activity credit from line 3 of all Parts III with box B checked 23		
24	Enter the applicable passive activity credit allowed for 2021. See instructions	24	
25 26	Add lines 22 and 24 Empowerment zone and renewal community employment credit allowed. Enter the smaller of line 21	25	
20	or line 25	26	0.
27	Subtract line 13 from line 11. If zero or less, enter -0-	27	780,578.
28	Add lines 17 and 26	28	
29	Subtract line 28 from line 27. If zero or less, enter -0-	29	780,578.
30	Enter the general business credit from line 5 of all Parts III with box A checked	30	1,764.
31	Reserved	31	
32	Passive activity credits from line 5 of all Parts III with box B checked 32		
33	Enter the applicable passive activity credits allowed for 2021. See instructions	33	
34	Carryforward of business credit to 2021. Enter the amount from line 5 of Part III with box C checked and line 6 of Part III with box G checked. See instructions for statement to attach	34	
	Check this box if the carryforward was changed or revised from the original reported amount		►
35	Carryback of business credit from 2022. Enter the amount from line 5 of Part III with box D checked. See instructions	35	
36	Add lines 30, 33, 34, and 35	36	1,764.
37	Enter the smaller of line 29 or line 36	37	1,764.
38	Credit allowed for the current year. Add lines 28 and 37. Report the amount from line 38 (if smaller than the sum of Part I, line 6, and Part II, lines 25 and 36, see instructions) as indicated below or on the applicable line of your return. Individuals. Schedule 3 (Form 1040), line 6 Corporations. Form 1120, Schedule J, Part I, line 5c Estates and trusts. Form 1041, Schedule G, line 2b	38	1,764.

	3800 (2021)			Page 3
) shown on return			Identifying number
	ELLE MEMORIAL INSTITUTE	1		31-4379427
Par	t III General Business Credits or Eligible Small Business Credi	ts (see	e instructions)	
Com	blete a separate Part III for each box checked below. See instructions.			
A	General Business Credit From a Non-Passive Activity E	rved		
B	General Business Credit From a Passive Activity F	rved		
C		le Smal	II Business Credit Carryfor	wards
D	General Business Credit Carrybacks H L Rese	rved		
I	f you are filing more than one Part III with box A or B checked, complete and attach	first an	additional Part III combini	ng amounts from all
	Parts III with box A or B checked. Check here if this is the consolidated Part III		1	
Note	(a) Description of credit On any line where the credit is from more than one source, a separate Part III is nee ch pass-through entity.	eded	(b) Enter EIN if claiming the credit from a pass-through entity.	(c) Enter the appropriate amount.
1a	Investment (Form 3468, Part II only) (attach Form 3468)	1a		
b	Reserved	1b		
с	Increasing research activities (Form 6765)	1c		1
d	Low-income housing (carryforward only) (see instructions)			
е	Disabled access (Form 8826)*			
f	Renewable electricity, refined coal, and Indian coal production (Form 8835)			
g	Indian employment (Form 8845)	1g		
h	Orphan drug (Form 8820)			
i	New markets (Form 8874)			
i	Small employer pension plan startup costs and auto-enrollment (Form 8881)			1
, k	Employer-provided child care facilities and services (Form 8882)*			1
ī	Biodiesel and renewable diesel fuels (attach Form 8864)			1
m	Low sulfur diesel fuel production (Form 8896)			1
n	Distilled spirits (Form 8906)			1
0	Nonconventional source fuel (carryforward only)			1
p	Energy efficient home (Form 8908)			1
q	Energy efficient appliance (carryforward only)			1
ч r	Alternative motor vehicle (Form 8910)			1
s	Alternative fuel vehicle refueling property (Form 8911)			1
t	Enhanced oil recovery credit			+
u	Mine rescue team training (Form 8923)			+
v	Agricultural chemicals security (carryforward only)			+
	Employer differential wage payments (Form 8932)			
w	Carbon oxide sequestration (Form 8933)			
x	Qualified plug-in electric drive motor vehicle (Form 8936)	1v		
у -	Qualified plug-in electric vehicle (carryforward only)			
z				
aa bb	Employee retention (Form 5884-A) General credits from an electing large partnership (carryforward only)	1aa 1bb		+
bb		dai		+
22	Other. Oil and gas production from marginal wells (Form 8904) and certain other credits (see instructions)	4		
2	credits (see instructions) Add lines 1a through 1zz and enter here and on the applicable line of Part I	1 <u>zz</u>		
2				
3				
4a ⊾	Investment (Form 3468, Part III) (attach Form 3468)			+
b	Work opportunity (Form 5884)	4b		+
c	Biofuel producer (Form 6478)	4c		+
d	Low-income housing (Form 8586)			+
e	Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e		+
f	Employer social security and Medicare taxes paid on certain employee			
_	tips (Form 8846)	4f		+
g	Qualified railroad track maintenance (Form 8900)			+
h	Small employer health insurance premiums (Form 8941)			+
i	Increasing research activities (Form 6765)		00.0001000	
j	Employer credit for paid family and medical leave (Form 8994)		82-3291283	1,764.
z	Other	4z		
5	Add lines 4a through 4z and enter here and on the applicable line of Part II			1,764.
6	Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6		1,764.
* See	instructions for limitation on this credit. 114403 11-30-21			Form 3800 (2021)



Limitation on Business Interest Expense Under Section 163(j)

OMB No. 1545-0123

Identification number

31-4379427

Attach to your tax return.

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

Taxpayer name(s) shown on tax return BATTELLE MEMORIAL INSTITUTE

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

Name of foreign entity

Employer identification number, if any

Reference ID number

Part I Computation of Allowable Business Interest Expense

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

Section I - Business Interest Expense

1	Current year business interest expense (not including floor plan				
	financing interest expense), before the section 163(j) limitation	1	410,124.		
2	Disallowed business interest expense carryforwards from prior				
	years. (Does not apply to a partnership)	2			
3	Partner's excess business interest expense treated as paid or				
	accrued in current year (Schedule A, line 44, column (h))	3			
4	Floor plan financing interest expense. See instructions	4			
5	Total business interest expense. Add lines 1 through 4		►	5	410,124.
3 4 5	years. (Does not apply to a partnership) Partner's excess business interest expense treated as paid or accrued in current year (Schedule A, line 44, column (h)) Floor plan financing interest expense. See instructions			5	410,12

Section II - Adjusted Taxable Income

Taxable Income

6 Taxable income. See instructions 6 4,916,371.

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

7	Any item of loss or deduction that is not properly allocable to a		
	trade or business of the taxpayer. See instructions	7	
8	Any business interest expense not from a pass-through entity. See		
	instructions	8	410,124.
9	Amount of any net operating loss deduction under section 172	9	
10	Amount of any qualified business income deduction allowed under		
	section 199A	10	
11	Deduction allowable for depreciation, amortization, or depletion attributable		
	to a trade or business. See instructions	11	996,416.
12	Amount of any loss or deduction items from a pass-through entity.		
	See instructions	12	31,018.
13	Other additions. See instructions	13	
14	Total current year partner's excess taxable income (Schedule A, line		
	44, column (f))	14	
15	Total current year S corporation shareholder's excess taxable		
	income (Schedule B, line 46, column (c))	15	
16	Total. Add lines 7 through 15		

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

17	Any item of income or gain that is not properly allocable to a trade						
	or business of the taxpayer. See instructions	17	()		
18	Any business interest income not from a pass-through entity. See instructions	18	()		
19	Amount of any income or gain items from a pass-through entity.						
	See instructions	19	(116,	011.)		
20	Other reductions. See instructions	20	()		
21	Total. Combine lines 17 through 20					21	(116,011.)
22	Adjusted taxable income. Combine lines 6, 16, and 21. (If zero or less, enter -0	D)				22	6,237,918.
							- 9000 (5 - 6666)

LHA For Paperwork Reduction Act Notice, see the instructions.

g interest expense (line 4) 28 3, 27, and 28 29 Allowable Business Interest Expense 29 1,87 Allowable Business Interest Expense 30 business interest expense deduction. See instructions 30 Carryforward accord colspan="2">accord colspan="2" <td colspan<="" th=""></td>	
Allowable Business Interest Expense apartnership that is subject to section 163(j). The partnership items below are allocated to the partners allowable Business Interest Expense interest expense. Enter amount from line 31 as an 25 from line 5. (If zero or less, enter -0) as an 25 from line 5. (If zero or less, enter -0) and 25 from line 5. (If zero or less, enter -0) as an 25 from line 5. (If zero or less, enter -0) and 25 from line 5. (If zero or less, enter -0) and 12 from line 26. (If zero or less, enter -0) and 25 from line 5. (If zero or less, enter -0) ad an 25 from line 5. (If line 26 is zero, enter -0) ad an 26 Enter the result as a decimal. (If line 26 is zero, enter -0) ad come. Multiply line 35 by line 22	
Image: business interest expense deduction. See instructions 30 41 Carryforward ass interest expense. Subtract line 29 from line 5. (If zero or less, enter -0) 31 O Pass-Through Items ay a partnership that is subject to section 163(j). The partnership items below are allocated to the partners d by the partnership. See the instructions for more information. Excess Business Interest Expense interest expense. Enter amount from line 31 Binerest expense. interest expense. Enter amount from line 31 Binerest expense. interest expense. Enter amount from line 31 Bines 4 and 25 from line 5. (If zero or less, enter -0) on line 26. (If zero or less, enter -0) ad box for line 26. (If zero or less, enter -0) Bine 26. Enter the result as a decimal. (If line 26 is zero, enter -0) Bine 26. Enter the result as a decimal. (If line 26 is zero, enter -0) Bine 26. Inter the result as a decimal. (If line 26 is zero, enter -0) Bine 26	
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Excess Taxable Income (If you entered an amount on line 32, skip lines 33 through 37.) of lines 4 and 25 from line 5. (If zero or less, enter -0) on line 26. (If zero or less, enter -0) on line 26. (If zero or less, enter -0) on line 26. (If zero or less, enter -0) on line 26. (If zero or less, enter -0) on line 26. (If zero or less, enter -0) on line 26. (If zero or less, enter -0) on line 26. (If zero or less, enter -0) on line 26. (If zero or less, enter -0) on line 26. (If zero or less, enter -0) on line 26. (If zero or less, enter -0) on line 26. (If zero or less, enter -0) on line 26. (If zero or less, enter -0) on line 26. (If zero or less, enter -0) on line 26. (If zero or less, enter -0) on line 26. (If zero or less, enter -0) on line 35 by line 22	
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a decimal. (If line 26 is zero, enter -0) 35 come. Multiply line 35 by line 22 36	
come. Multiply line 35 by line 22	
interest income. Subtract the sum of lines 1, 2, and 3 from line 25. (If zero or	
37	
ion Pass-Through Items	
by S corporations that are subject to section 163(j). The S corporation items below are allocated to the shareholders. ore information.	
Excess Taxable Income	
of lines 4 and 25 from line 5. (If zero or less, enter -0) 38	
om line 26. (If zero or less, enter -0)	
ne 26. Enter the result as a decimal. (If line 26 is zero, enter -0) 40	
come. Multiply line 40 by line 22	
Excess Business Interest Income	
interest income. Subtract the sum of lines 1, 2, and 3 from line 25. (If zero or	
42	

26	Multiply adjusted taxable income (line 22) by the applicable percentage. See instructions	26	1,871,375.		
27	Business interest income (line 25)	27			
28	Floor plan financing interest expense (line 4)	28			
29	Total. Add lines 26, 27, and 28			29	1,871,375
			······		

Limitation on Business Interest Expense

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30	Total current year business interest expense deduction. See instructions	30	410,124.
	Carryforward		

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

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

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

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

42	Excess business interest income. Subtract the sum of lines 1, 2, and 3 from line 25. (If zero or		
	less, enter -0)	42	
			Form 8990 (Rev. 5-2020)

25

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Form 8990 (Rev. 5-2020)

23

24

25

Section III - Business Interest Income

Total. Add lines 23 and 24

Current year business interest income. See instructions

Schedule A, line 44, column (g), and Schedule B, line 46, column (d))

Excess business interest income from pass-through entities (total of

Section IV - Section 163(j) Limitation Calculations