AMENDED 990T TO ADD FORM 8858 FOR GREENLAND BRANCH AMENDED RETURN

Form	990-T	Lacing organization business mostle rax netam						OMB No. 1545-0047			
		(and proxy tax under section 6033(e))								0040	
		For ca	lendar year 2019 or other tax yea	beginning OCT 1, 20	19	, and ending	SEP 30, 202	20		2019	
Depart Interna	ment of the Treasury Il Revenue Service	•	■ 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). Open to Public Inspection for 501(c)(3) Organizations Only							or y	
Α	Check box if address changed		Name of organization ((Emp	oyer identification number loyees' trust, see uctions.)		
B Ex	cempt under section	Print	BATTELLE MEMORIAL	INSTITUTE						31-4379427	
X] 501(c)(3)] 408(e)220(e)	or Type	Number, street, and room 505 KING AVENUE	or suite no. If a P.O. box	k, see ins	structions.				ated business activity code nstructions.)	
	408A 530(a) 529(a)		City or town, state or prov		r foreign	postal code			5417	00	
C Boo	ok value of all assets and of year		F Group exemption numb	er (See instructions.)	>						_
are	1,336,035,	166.	G Check organization type	x 501(c) corp	oration	501(c) tr	ust	401(a)	trust	Other trust	
H En	ter the number of the o	organiza	tion's unrelated trades or b	usinesses.	5	Desc	cribe the only (or	r first) uni	related		
tra	de or business here 🕨	COM	MERICAL/UNRELATED	SERVICES		If only	one, complete P	arts I-V. I	If more	than one,	
des	cribe the first in the b	lank spa	ce at the end of the previou	s sentence, complete Par	rts I and	III, complete a Sch	edule M for each	additiona	al trade	or	
bus	siness, then complete l	Parts III	-V.								
			oration a subsidiary in an a		ıt-subsio	diary controlled grou	лр ?	▶ [Ye	es X No	
			tifying number of the parent	corporation.							
	e books are in care of						elephone number				
			de or Business Inc	ome		(A) Income	(B) I	Expenses		(C) Net	_
	Gross receipts or sale		55,622,028.								
	Less returns and allow			c Balance ▶	1c	55,622,0					
			A, line 7)		2	50,467,8				5 154 005	_
	Gross profit. Subtract				3	5,154,2	27.			5,154,227	÷
			h Schedule D)		4a						—
			art II, line 17) (attach Form		4b						—
			sts		4c						—
			ship or an S corporation (at		5 6						—
	Rent income (Schedu	, ,	ne (Schedule E)		7						—
8			nd rents from a controlled o		8						—
	•		on 501(c)(7), (9), or (17) or	-	9						—
			me (Schedule I)		10						—
			; J)		11						_
			ns; attach schedule)		12						_
	Total. Combine lines		ah 12			5,154,2	27.			5,154,227	· .
Pa	rt II Deductio	ns No	t Taken Elsewhere	(See instructions fo	r limita	tions on deductio	ns.)				_
			e directly connected wit								
14	Compensation of offi	icers, di	rectors, and trustees (Sche	dule K)					14		
15									15		
16									16		
17	Bad debts								17		
18								18	168,493	_	
19	Taxes and licenses								19	508,304	•
20			562)				58	0,405.			_
21			n Schedule A and elsewhere						21b	580,405	<u>. </u>
22	Depletion								22		_
23			mpensation plans						23		_
24									24		_
25						25		_			
26							26	394,957	<u>—</u>		
27	Total deductions (at	iach sch	14 through 07			SEE STATI	DETERT 4		27	1,652,159	
28	Involved by since ±	uu III1es ovabla :	14 through 27ncome before net operating	loce deduction Cubtrant	lina OO	from line 19			28	3,502,068	
29 30			ncome before net operating loss arising in tax years beg						29	3,302,000	<u>.</u>
JU	(-		_	-				30	n).
31	, , , , , , , , , , , , , , , , , , , ,		ncome. Subtract line 30 from						31	3,502,068	_
<u></u>	בווו סומנטט מטטוווטטט ני	andbit I	Gabtiagt fille by IIVI							, , , , , , ,	_

Page 2

Part	III	Total Unrelated Business Taxab	le Income							
32	Total of	unrelated business taxable income computed f	rom all unrelated trades	or businesses (s	ee instructions)		32		4,209,	928.
		s paid for disallowed fringes					33			
34	Charitab	ole contributions (see instructions for limitation	rules) STMT	¹ 4	STMT 5		34			893.
		related business taxable income before pre-201	·				35		3,789,	035.
		on for net operating loss arising in tax years be					36			
		unrelated business taxable income before spec					37		3,789,	
	•	deduction (Generally \$1,000, but see line 38 in	•	,			38	+	1,	000.
		ed business taxable income. Subtract line 38	from line 37. If line 38 is	greater than lin	e 37,				2 700	025
		e smaller of zero or line 37 Fax Computation					39		3,788,	035.
		ations Taxable as Corporations. Multiply line	20 by 219/ (0.21)			•	40	T	795	487.
		Taxable at Trust Rates. See instructions for tax					40		,,,,,	107.
71		ex rate schedule or Schedule D (Form	•				41	7		
42		ax. See instructions	,				42			
43	Alternat	ive minimum tax (trusts only)					43			
44	Tax on	Noncompliant Facility Income. See instruction	18				44			
		dd lines 42, 43, and 44 to line 40 or 41, whiche					45		795,	487.
Part	V	Tax and Payments								
46 a	Foreign	tax credit (corporations attach Form 1118; trus	sts attach Form 1116)		46a					
		business credit. Attach Form 3800				1,169	<u>.</u>			
		or prior year minimum tax (attach Form 8801 o								
		edits. Add lines 46a through 46d					46e			169.
47	Subtrac	t line 46e from line 45					47		794,	318.
		xes. Check if from: Form 4255 F				1er (attach schedule)	48	+	504	210
49	Total ta	x. Add lines 47 and 48 (see instructions)					49	_	794,	318.
		et 965 tax liability paid from Form 965-A or For					50	-		0.
		its: A 2018 overpayment credited to 2019				2,358 950,000				
		timated tax payments				500,000				
ď	Foreign	osited with Form 8868organizations: Tax paid or withheld at source (egg instructions)		51d	300,000	\dashv			
						262	_			
	-	or small employer health insurance premiums (attach Form 8941)		51f		4			
		redits, adjustments, and payments:								
·			ner	Total	▶ 51g					
52	Total pa	ayments. Add lines 51a through 51g					52	<u> </u>	1,452,	620.
		ed tax penalty (see instructions). Check if Form					53			
54	Tax due	. If line 52 is less than the total of lines 49, 50,	and 53, enter amount ov	ved		>	54			
55	Overpay	yment. If line 52 is larger than the total of lines	49, 50, and 53, enter an	nount overpaid		····· >	55		658,	302.
		e amount of line 55 you want: Credited to 202				Refunded	56			0.
Part		Statements Regarding Certain A							1	
		ime during the 2019 calendar year, did the orga		•		•			Yes	No
		inancial account (bank, securities, or other) in a		-	-					
		Form 114, Report of Foreign Bank and Financia SEE STATEMENT 3	ar Accounts. If Yes, ente	r the name of th	e foreign country	1			Х	
	here		ibution from or was it th	a granter of or	transforor to a f	araign truat?				х
	_	the tax year, did the organization receive a distr see instructions for other forms the organization		ie granitor or, or	iransieror io, a n	oreigii trustr				
	,	e amount of tax-exempt interest received or ac	•	· \ \$						
	Un	der penalties of perjury, I declare that I have examined the	his return, including accompa	nying schedules an			edge and	d belief, it is t	rue,	
Sign	co	rrect, and complete. Declaration of preparer (other than t	taxpayer) is based on all infor	mation of which pre	parer has any knowl					
Here		Signature of officer	8-15-22	ASST TRE	EASURER		-	IRS discuss tl arer shown be		vith
		Signature of officer	Date	Title			nstructio		Yes	No
	•	Print/Type preparer's name	Preparer's signature		Date	Check	if P	TIN		
Paid			-			self- employed	ı			
Prep						1				
_	Only	Firm's name ▶				Firm's EIN	<u> </u>			
	•									
		Firm's address				Phone no				

Schedule A - Cost of Goods S	old. Enter	method of invent	ory v	aluation N/A					
1 Inventory at beginning of year	1	0.	6	Inventory at end of yea	r		6		0.
2 Purchases	2			Cost of goods sold. Subtract line 6					
3 Cost of labor	3			from line 5. Enter here	Part I,				
4a Additional section 263A costs				line 2		7	50,467,	801.	
(attach schedule)	4a		8	Do the rules of section	263A (\	with respect to		Yes	No
b Other costs (attach schedule) **	4b	50,467,801.		property produced or a	cquired	for resale) apply to			
5 Total. Add lines 1 through 4b	5	50,467,801.		the organization?				х	
Schedule C - Rent Income (Fr	om Real	Property and	Per	sonal Property L	ease	d With Real Prope	erty)		
(see instructions)									
1. Description of property									
(1)									
(2)									
(3)									
(4)									
2	. Rent receiv	ed or accrued				2/ >2 /			
(a) From personal property (if the percent rent for personal property is more than 10% but not more than 50%)	age of n	of rent for pe	ersonal	onal property (if the percentag property exceeds 50% or if ed on profit or income)	ge	3(a) Deductions directly columns 2(a) an	connect d 2(b) (a	ed with the income in ttach schedule)	1
(1)									
(2)									
(3)									
(4)									
Total	0.	Total			0.				
(c) Total income. Add totals of columns 2(a here and on page 1, Part I, line 6, column (A		ter			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	•		0.
Schedule E - Unrelated Debt-	Financed	Income (see i	nstru	ctions)			_		
						3. Deductions directly conn			
_			2	. Gross income from or allocable to debt-	(2)	to debt-finance	ea prope	(b) Other deduction	
1. Description of debt-financ	ed property			financed property	(a)	(attach schedule)		(attach schedule)	IS
(1)							+		
(2)							-		
(3)							-		
(4)							+		
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a	adjusted basis allocable to nced property n schedule)	6	Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	(0	8. Allocable deduct column 6 x total of co 3(a) and 3(b))	
(1)				%					
(2)				%					
(3)				%					
(4)				%					
<u> </u>					E	nter here and on page 1,	Е	nter here and on pag	e 1,
						Part I, line 7, column (A).		Part I, line 7, column (
Totals					<u></u>	0			0.
Total dividends-received deductions inclu						>			0.

Form **990-T** (2019)

	7 11111011111		,	Fyamat	Controlled O	raani-ati	a		(300 1110	Struction	13)
					Controlled O			Τ			• • • • • • • •
Name of controlled organiza	ation	2. Employer identification number		3. Net unrelated income (loss) (see instructions)			 Total of specified payments made 		5. Part of column 4 that is included in the controlling organization's gross income		Deductions directly connected with income in column 5
(1)											
(2)											
(3)											
(4)											
Nonexempt Controlled Organ	nizations	1									
7 Taxable Income		unrelated incom	no (loop)	O Total	of openified pay		10. Part of colu	O 4h-a	at in in almost	44 5	advetiana dinastiva anno atad
7. Taxable lilcollie		(see instructions		9. 10tai	of specified payr made	nents	in the controll	ing orgai s income	nization's	wit	eductions directly connected th income in column 10
(1)											
(2)											
(3)											
(4)				+							
Totals						•	Add colur Enter here and line 8,		e 1, Part I,	1	dd columns 6 and 11. here and on page 1, Part I, line 8, column (B).
Schedule G - Investme	ent Inco	me of a S	Section	501(c)(7	7), (9), or (17) Org	anization				
	tructions)					,					
1. Des	scription of inc	ome			2. Amount of	income	 Deduction directly connection (attach sched) 	ected	4. Set-	asides schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)							•	<u> </u>			
(2)											
(3)											
(4)											
()					Enter here and	on page 1,					Enter here and on page 1
				_	Part I, line 9, co	lumn (A).					Part I, line 9, column (B).
Schedule I - Exploited	Evemo	t Activity	Incom	e Other	Than Adv	0. vertisin	a Income				0.
(see instr	-	c Activity		c, Caro	manna		g moonic				
	T ,				4. Net incon	20 (1000)					_
1. Description of exploited activity	unrelate inco	Gross d business me from r business	directly with p of ur	xpenses connected roduction nrelated ss income	from unrelated business (co minus colum gain, comput through	trade or olumn 2 n 3). If a e cols. 5	5. Gross incommendation from activity is not unrelational business incommendation.	that ted	6. Exp attribut colu	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)											
(2)											
(3)											
(4)											
(4)	Enter h	ere and on	Enter h	ere and on							Enter here and
	page	1, Part I,), col. (A).	page	1, Part I,), col. (B).							on page 1, Part II, line 25.
T.1.1.		. , ,	iiio it								
Totals Advertise	ina Inco	0.		0.							0.
Schedule J - Advertis					12 .1 . 11	D '-					
Part I Income From	Periodi	cais Repo	ortea d	on a Cons	solidated	Basis					
1. Name of periodical		2. Gross advertising income	ad	3. Direct vertising costs	or (loss) (c col. 3). If a g	tising gain ol. 2 minus ain, comput nrough 7.	5. Circula income		6. Read		7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)											
(2)											
(3)											
(4)											
			\neg								
Totals (carry to Part II, line (5))			0.	(o.						0.

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

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I	0.	0.				0.
	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).				Enter here and on page 1, Part II, line 26.
Totals, Part II (lines 1-5)	0.	0.				0.

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

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

Form **990-T** (2019)

STATEMENT 3

FORM 990-T	INTEREST PAID	STATEMENT 1
DESCRIPTION		AMOUNT
INTEREST EXPENSE		168,493.
TOTAL TO FORM 990-T, PAGE 1, L	INE 18	168,493.
FORM 990-T	OTHER DEDUCTIONS	STATEMENT 2
DESCRIPTION		AMOUNT
CORPORATE AND DIVISIONAL OVERH	EAD	394,957.
TOTAL TO FORM 990-T, PAGE 1, L	INE 27	394,957.

NAME OF FOREIGN COUNTRY IN WHICH

ORGANIZATION HAS FINANCIAL INTEREST

NAME OF COUNTRY

FORM 990-T

SWITZERLAND UNITED KINGDOM

FORM 990-T	CONTRIBUTIONS	STATEMENT 4
DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT
50% CASH ONLY	N/A	295,381.
TOTAL TO FORM 990-T, PAGE 2, LI	NE 34	295,381.

FORM 990-T CONTRIBUTIONS SUMMARY		STATEMENT 5
QUALIFIED CONTRIBUTIONS SUBJECT TO 100% LIMIT QUALIFIED CONTRIBUTIONS SUBJECT TO 25% LIMIT		
CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS FOR TAX YEAR 2014 FOR TAX YEAR 2015 FOR TAX YEAR 2016 FOR TAX YEAR 2017		
FOR TAX YEAR 2018 312,647		
TOTAL CARRYOVER TOTAL CURRENT YEAR 10% CONTRIBUTIONS	312,647 295,381	
TOTAL CONTRIBUTIONS AVAILABLE TAXABLE INCOME LIMITATION AS ADJUSTED	608,028 420,893	•
EXCESS CONTRIBUTIONS EXCESS 100% CONTRIBUTIONS TOTAL EXCESS CONTRIBUTIONS	187,135 0 187,135	-
ALLOWABLE CONTRIBUTIONS DEDUCTION		420,893
TOTAL CONTRIBUTION DEDUCTION		420,893

FORM 990-T COST OF GOODS SOLD - OTHER COSTS	STATEMENT 6
DESCRIPTION	AMOUNT
COST OF SALES FOR COMMERCIAL/UNRELATED SERVICES	50,467,801.
TOTAL TO FORM 990-T, SCHEDULE A, LINE 4B	50,467,801.

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income from an Unrelated Trade or Business

For calendar year 2019 or other tax year beginning OCT 1, 2019

, and ending SEP 30, 2020

Department of the Treasury Internal Revenue Service

Name of the organization

BATTELLE MEMORIAL INSTITUTE

► 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

ENTITY

Employer identification number

31-4379427

501(c)(3) Organizations Only

Unrelated Business Activity Code (see instructions) 339110 Describe the unrelated trade or business MANUFACTURING			•	
Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales b Less returns and allowances Cost of goods sold (Schedule A, line 7) Gross profit. Subtract line 2 from line 1c Capital gain net income (attach Schedule D) b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) c Capital loss deduction for trusts Income (loss) from a partnership or an S corporation (attach statement) Rent income (Schedule C) Unrelated debt-financed income (Schedule E) Interest, annuities, royalties, and rents from a controlled organization (Schedule F) Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	1c 2 3 4a 4b 4c 5 6 7 8	3,166,564. 2,240,350. 926,214.	(B) Expenses	926,214.
10 Exploited exempt activity income (Schedule I) 11 Advertising income (Schedule J) 12 Other income (See instructions; attach schedule) 13 Total. Combine lines 3 through 12 Part II Deductions Not Taken Elsewhere (See instruction directly connected with the unrelated business income			uctions.) (Deduc	926,214. etions must be
14 Compensation of officers, directors, and trustees (Schedule K) 15 Salaries and wages				14

16 16 Repairs and maintenance 17 17 Bad debts Interest (attach schedule) (see instructions)

SEE STATEMENT 7 30,278. 18 18 91,342. 19 Taxes and licenses 20 Depreciation (attach Form 4562) 20 Less depreciation claimed on Schedule A and elsewhere on return 104,299. 21 21b 22 22 Depletion Contributions to deferred compensation plans 23 23 24 24 Employee benefit programs Excess exempt expenses (Schedule I) 25 25 Excess readership costs (Schedule J) 26 26 Other deductions (attach schedule) SEE STATEMENT 8 70,974. 27 27 Total deductions. Add lines 14 through 27 296,893. 28 28 629,321. 29 Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13 29 30 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see 30 629 321. Unrelated business taxable income. Subtract line 30 from line 29

For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2019

FORM 990-T (M)	INTEREST PAID	STATEMENT 7
DESCRIPTION		AMOUNT
INTEREST EXPENSE		30,278.
TOTAL TO SCHEDULE M, PAR	T II, LINE 18	30,278.
FORM 990-T (M)	OTHER DEDUCTIONS	STATEMENT 8
DESCRIPTION		AMOUNT
CORPORATE AND DIVISIONAL	OVERHEAD	70,974.
TOTAL TO SCHEDULE M, PAR	T II, LINE 27	70,974.

BATTELLE MEMORIAL INSTITUTE

Schedule A - Cost of Goods	Sold. Enter	method of invent	ory v	aluation N/A					_
1 Inventory at beginning of year				Inventory at end of yea	r		6		
2 Purchases			7	Cost of goods sold. Subtract line 6					
3 Cost of labor				from line 5. Enter here					
4a Additional section 263A costs				line 2		[7	2,240,350).
(attach schedule)	4a		8	Do the rules of section	263A (\	with respect to		Yes No	<u> </u>
b Other costs (attach schedule) ***		2,240,350.		property produced or a	cquired	for resale) apply to			
5 Total. Add lines 1 through 4b	5	2,240,350.		the organization?				Х	
Schedule C - Rent Income (From Real	Property and	Per	sonal Property L	ease	d With Real Prope	erty)		
(see instructions)									_
1. Description of property									
(1)									
(2)									
(3)									
(4)									
	:	ed or accrued				O(a) Daductions discording		h - 1 1 -	
(a) From personal property (if the percorent for personal property is more 10% but not more than 50%)	entage of than	` ' of rent for pe	ersonal	onal property (if the percentage property exceeds 50% or if ed on profit or income)	ge	3(a) Deductions directly of columns 2(a) and	ionnected with to I 2(b) (attach sch	ne income in nedule)	
(1)									_
(2)									
(3)									
(4)									
Total	0.	Total			0.				_
(c) Total income. Add totals of columns 2 here and on page 1, Part I, line 6, column		iter -			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	•	0	ο.
Schedule E - Unrelated Deb		Income (see i	instru	ctions)					_
			,	2. Gross income from		3. Deductions directly connect to debt-finance		ocable	
1. Description of debt-fin	anood property		'	or allocable to debt-	(a)	Straight line depreciation	' ' '.	er deductions	_
1. Description of debt-fin	anced property			financed property	, ,	(attach schedule)		h schedule)	
(1)									_
(2)									
(3)									
(4)									
 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 	of or a debt-fina	e adjusted basis allocable to inced property h schedule)	6	Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	(column 6	able deductions x total of columns a) and 3(b))	3
(1)				%					_
(2)				%					_
(3)				%					
(4)				%					_
				· ·		nter here and on page 1, Part I, line 7, column (A).		and on page 1, e 7, column (B).	
Tatala				_	·	0.	,		1
Totals	cludad in colum	 n Q		>		<u> </u>) <u>.</u>
Total dividends-received deductions in	orauta iii COMMIII	ΙΟ					1	U	٠.

Form **990-T** (2019)

FORM 990-T (M) COST OF GOODS SOLD - OTHER COSTS	STATEMENT 9
DESCRIPTION	AMOUNT
COSTS OF SALES FOR MANUFACTURING	2,240,350.
TOTAL TO FORM 990-T, SCHEDULE A, LINE 4B	2,240,350.

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income from an Unrelated Trade or Business

For calendar year 2019 or other tax year beginning $\,$ OCT 1, 2019

, and ending SEP 30, 2020

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

BATTELLE MEMORIAL INSTITUTE

501(c)(3) Organizations Only

OMB No. 1545-0047

Internal Revenue Service Name of the organization

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

Employer identification number 31-4379427

ENTITY

Unrelated Business Activity Code (see instructions) ▶ QUALIFYING PARTNERSHIP INTEREST Describe the unrelated trade or business **Unrelated Trade or Business Income** (B) Expenses (C) Net (A) Income 1a Gross receipts or sales **b** Less returns and allowances c Balance ▶ 1c Cost of goods sold (Schedule A, line 7) 2 2 Gross profit. Subtract line 2 from line 1c 3 4a Capital gain net income (attach Schedule D) 4a Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4b c Capital loss deduction for trusts 4c Income (loss) from a partnership or an S corporation (attach 5 statement) STATEMENT 9 -216,017, -216,017. 5 Rent income (Schedule C) 6 6 Unrelated debt-financed income (Schedule E) 7 7 8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F) 8 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 10 Exploited exempt activity income (Schedule I) 10 Advertising income (Schedule J) 11 Other income (See instructions; attach schedule) 12 12 -216,017. -216,017. 13 Total. Combine lines 3 through 12 13 Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Deductions must be directly connected with the unrelated business income.)

14	Compensation of officers, directors, and trustees (Schedule K)	14			
15	Salaries and wages		15		
16	Repairs and maintenance				
17	Bad debts				
18	Interest (attach schedule) (see instructions)				
19	Taxes and licenses				
20	Depreciation (attach Form 4562)	20			
21	Less depreciation claimed on Schedule A and elsewhere on return	21b	,		
22	Depletion	22			
23	Contributions to deferred compensation plans				
24	Employee benefit programs	24			
25	Excess exempt expenses (Schedule I)				
26	Excess readership costs (Schedule J)		26		
27	Other deductions (attach schedule)				
28	Total deductions. Add lines 14 through 27			0.	
29	Unrelated business taxable income before net operating loss deduction. Subtract line	29		-216,017.	
30	Deduction for net operating loss arising in tax years beginning on or after January 1,	2018 (see			
	instructions)		30		0.
31	Unrelated business taxable income. Subtract line 30 from line 29				-216,017.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2019

FORM 990-T (M) INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 10
DESCRIPTION	NET INCOME OR (LOSS)
ALLIANCE BERNSTEIN HOLDING L.P ORDINARY BUSINESS INCOME	
(LOSS)	21,373.
AMERIGAS PARTNERS, L.P ORDINARY BUSINESS INCOME (LOSS) BLUE POINT CAPITAL PARTNERS III, L.P ORDINARY BUSINESS	-2,660.
INCOME (LOSS)	-148,076.
GS CAPITAL PARTNERS VI PARALLEL, L.P ORDINARY BUSINESS	
INCOME (LOSS)	-1.
MAGELLAN MIDSTREAM PARTNERS, L.P ORDINARY BUSINESS	
INCOME (LOSS)	-24,766.
ALIEN TECHNOLOGY, INC ORDINARY BUSINESS INCOME (LOSS)	-3.
CEDAR FAIR, L.P ORDINARY BUSINESS INCOME (LOSS) ENTERPRISE PRODUCTS PARTNERS, L.P ORDINARY BUSINESS	-6,936.
INCOME (LOSS)	-54,948.
TOTAL INCLUDED ON SCHEDULE M, PART I, LINE 5	-216,017.

Unrelated Business Taxable Income from an Unrelated Trade or Business

For calendar year 2019 or other tax year beginning $\begin{tabular}{c} OCT & 1 \end{tabular}$, $\begin{tabular}{c} 2019 \end{tabular}$

____ , and ending <u>SEP</u> 30, 2020

ENTITY

Department of the Treasury ► Go to www.irs.gov/Form990T for instructions and the latest information. Internal Revenue Service Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

501(c)(3) Organizations Only

OMB No. 1545-0047

ivanie	BATTELLE MEMORIAL INSTITUTE	31-4379427			
— U	nrelated Business Activity Code (see instructions) > 900003			L	
	escribe the unrelated trade or business SPECIFIED PAY	MENTS	FROM CONTROLLED ENT	TITY (BSCI)	
Par			(A) Income	(B) Expenses	(C) Net
1 a	Gross receipts or sales				
b	Less returns and allowances c Balance ▶	1c			
2	Cost of goods sold (Schedule A, line 7)	2			
3	Gross profit. Subtract line 2 from line 1c	3			
4 a	Capital gain net income (attach Schedule D)	4a			
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b			
С	Capital loss deduction for trusts	4c			
5	Income (loss) from a partnership or an S corporation (attach				
	statement)	5			
6	Rent income (Schedule C)	6			
7	Unrelated debt-financed income (Schedule E)	7			
8	Interest, annuities, royalties, and rents from a controlled				
	organization (Schedule F)	8	16,798.	9,728.	7,070.
9	Investment income of a section 501(c)(7), (9), or (17)				
	organization (Schedule G)	9			
10	Exploited exempt activity income (Schedule I)	10			
11	Advertising income (Schedule J)	11			
12	Other income (See instructions; attach schedule)	12			
13	Total. Combine lines 3 through 12	13	16,798.	9,728.	7,070.
	Deductions Not Taken Elsewhere (See instruct directly connected with the unrelated business in Compensation of officers, directors, and trustees (Schedule K)	come.)			s must be
	Salaries and wages				
	Repairs and maintenance				
	Bad debts				
	Interest (attach schedule) (see instructions)				
	Taxes and licenses				
	Depreciation (attach Form 4562)				
	Less depreciation claimed on Schedule A and elsewhere on return			21b	
	Depletion			22	
24	Employee benefit programs				
	Excess exempt expenses (Schedule I)				
	Excess readership costs (Schedule J)				
	Other deductions (attach schedule)				
28	Total deductions. Add lines 14 through 27			28	0.
	Unrelated business taxable income before net operating loss dedu				7,070.
	Deduction for net operating loss arising in tax years beginning on c				
	instructions)			30	0.
	Unrelated business taxable income. Subtract line 30 from line 29			31	7,070.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2019

Schedule F - Interest, F	nnuitie	s, Royai	ties, an	1	Controlled O			itions	s (see ins	struction	ns)
1. Name of controlled organization	on	2. Emidentifi		3. Net unr	related income e instructions)	4 . Tot	al of specified ments made	5. Part of column 4 that is included in the controlling organization's gross income		6. Deductions directly connected with income in column 5	
(1) BATTELLE SERVICE											
(2) CORPORATION INC		31-179	2334								
(3)											
(4)											
Nonexempt Controlled Organiz	zations					•				•	
7. Taxable Income		inrelated incon see instruction		9. Total	of specified payi made	nents	10. Part of coluin the controllingross	mn 9 tha ing orgar s income	nization's	with	eductions directly connected in income in column 10
(1)											
(2) -321,324.			7,070.		1	6,798.			16,798.		9,728
(3)			, -			, -			, -		
(4)											
							Add colun Enter here and line 8, o		e 1, Part I,		dd columns 6 and 11. nere and on page 1, Part I, line 8, column (B).
Totals						>			16,798.		9,728
Schedule G - Investme	nt Incor	ne of a S	Section	501(c)(7	'), (9), or (17) Org	ganization				
(see instr	uctions)										
1. Descr	ription of inco	me			2. Amount of	income	 Deduction directly connected (attach sched) 	ected	4. Set- (attach s	asides schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)											
(2)											
(3)											
(4)											
Totals				>	Enter here and Part I, line 9, co						Enter here and on page 1 Part I, line 9, column (B).
Schedule I - Exploited (see instru	-	Activity	Income	e, Other	Than Adv	ertisin/	g Income				
1. Description of exploited activity	unrelated incom	Gross business ne from business	directly of with pro of unr	penses connected oduction related s income	4. Net incon from unrelated business (co minus colum gain, comput through	trade or olumn 2 n 3). If a e cols. 5	5. Gross incofrom activity to is not unrelated business inco	that ted	attribut	penses table to mn 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)											
(1) (2) (3)											
(3)											
(4)											
Totals -	page 1	re and on , Part I, col. (A).	page 1	re and on , Part I, col. (B).							Enter here and on page 1, Part II, line 25.
Schedule J - Advertisir	ng Incor	ne (see i	instruction	ns)							
Part I Income From F	Periodic	als Rep	orted o	n a Cons	solidated	Basis					
1. Name of periodical		2. Gross advertising income		3. Direct ertising costs	or (loss) (c col. 3). If a g	tising gain ol. 2 minus ain, comput nrough 7.	5. Circulatincome		6. Read		7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)											
(1) (2) (3) (4)											
(3)											
(4)											

Totals (carry to Part II, line (5))

FORM 990-T (M)	STATEMENT 11			
DESCRIPTION		ACTIVITY NUMBER	AMOUNT	TOTAL
INTEREST EXPENSE	- SUBTOTAL -	4	9,728.	9,728.
TOTAL OF FORM 990	-T, SCHEDULE F, COLUMN	11		9,728.

Unrelated Business Taxable Income from an Unrelated Trade or Business

For calendar year 2019 or other tax year beginning OCT 1, 2019

____ , and ending SEP 30, 2020

Department of the Treasury Internal Revenue Service

► 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

ENTITY

501(c)(3) Organizations Only

Name of the organiza	ation BATTELLE MEMORIAL INSTITUTE				Employer identificati 31-4379427	on number	
I Inrelated Rus		00003			92 2077227		
			FROM CONTROLL	ED ENTI	TY (GEOSAFE)		
	ated Trade or Business Income		(A) Income		(B) Expenses	(C) Net	
1a Gross receip	ots or sales						
b Less returns a	and allowances c Bala	ance 🕨 1c					
2 Cost of goo	ds sold (Schedule A, line 7)	2					
	Subtract line 2 from line 1c						
	net income (attach Schedule D)						
	ss) (Form 4797, Part II, line 17) (attach Form 47						
	deduction for trusts						
	s) from a partnership or an S corporation (attac	I .					
•	,						
	(Schedule C)						
	ebt-financed income (Schedule E)						
	nuities, royalties, and rents from a controlled						
•	(Schedule F)	8	172,3	352.	100,883.	71,469.	
	ncome of a section 501(c)(7), (9), or (17)				·	•	
	(Schedule G)	9					
	empt activity income (Schedule I)						
	income (Schedule J)						
	e (See instructions; attach schedule)						
	pine lines 3 through 12	13	172,3	352.	100,883.	71,469.	
	ctions Not Taken Elsewhere (See ir	etructione f	or limitations or	dedu	ctions) (Deductio	one must be	
	ly connected with the unrelated busir			i deduc	stions.) (Deduction	ins must be	
u 00.	.y commodica mar and annotated back	1000 111001110	.,				
14 Compensati	on of officers, directors, and trustees (Schedul	e K)			14		
15 Salaries and	wages				15		
	maintenance						
	ach schedule) (see instructions)						
	censes						
	n (attach Form 4562)						
	iation claimed on Schedule A and elsewhere o				21b		
 23 Contribution	s to deferred compensation plans						
	usiness taxable income before net operating lo					71,469.	
	or net operating loss arising in tax years beginn					, <u>, </u>	
instructions		ū	• • • • • • • • • • • • • • • • • • • •		30	0.	
	usiness taxable income. Subtract line 30 from I					71,469.	
	vork Reduction Act Notice, see instructions.					e M (Form 990-T) 2019	

Page 4

				Exempt (Controlled O	rganizati	ions				
1. Name of controlled organization	ion	2. Emplidentification	ıtion		elated income instructions)	4. To pay	tal of specified ments made	includ	rt of column 4 i led in the contr cation's gross i	olling	6. Deductions directly connected with income in column 5
(1) GEOSAFE CORPORATION		91-1404	268								
(2)											
(3)											
(4)											
Nonexempt Controlled Organiz	zations										
7. Taxable Income		nrelated income ee instructions)	(loss)	9. Total	of specified payr made	nents	10. Part of column in the controllingross	mn 9 tha ng orgar s income	t is included nization's	with	eductions directly connected n income in column 10
1 100			1 460		17	2 252			70 250	517	ATEMENT 12
(1) -1,128.		/	1,469.		17	2,352.			72,352.		100,883
(2)											
(3)											
_(4)											
							Add colun Enter here and line 8, o		e 1, Part I,		dd columns 6 and 11. nere and on page 1, Part I, line 8, column (B).
Totals						•		1	72,352.		100,883
Schedule G - Investme		ne of a So	ection	501(c)(7	'), (9), or (17) Org	ganization		,		·
<u>`</u>	ription of incon	ne			2. Amount of	income	3. Deductio directly conne	ns cted	4. Set-	asides	5. Total deductions and set-asides
(4)							(attach sched	ule)	(attach s	criedule)	(col. 3 plus col. 4)
(1)											
(2) (3)											
(3)											
(4)											
Totals Schedule I - Exploited	Exempt /	Activity I	ncome	⊳ e, Other	Enter here and Part I, line 9, co	lumn (A).	ng Income				Enter here and on page 1 Part I, line 9, column (B).
(see instru	-						·		T		1
1. Description of exploited activity	2. Gr unrelated t income trade or b	business from	directly of with proof uni	penses connected oduction related s income	4. Net incon from unrelated business (co minus colum gain, comput through	I trade or Ilumn 2 n 3). If a e cols. 5	5. Gross inco from activity t is not unrelat business inco	hat ed	6. Exp attribut colur	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)											
(1) (2) (3)											
(3)											
(4)											
	Enter here page 1, line 10, c	Part I,	page 1	re and on 1, Part I, , col. (B).							Enter here and on page 1, Part II, line 25.
Totals Advertising				\							
Schedule J - Advertisir			struction		19 .1	D '-					
Part I Income From I	Periodica	ais Repo	rtea o	n a Cons	solidated	Basis					
1. Name of periodical		2. Gross advertising income		3. Direct ertising costs					6. Reade		7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)											
(2)											
(1) (2) (3)									1		
(4)											
· · ·											
Totals (carry to Part II, line (5))	▶										

FORM 990-T (M)	STATEMENT 12			
DESCRIPTION		ACTIVITY NUMBER	AMOUNT	TOTAL
INTEREST EXPENSE	- SUBTOTAL -	5	100,883.	100,883.
TOTAL OF FORM 990	-T, SCHEDULE F, COLUMN 1	.1		100,883.

Battelle Memorial Institute

EIN: 31-4379427

Tax Year 2019 (October 1, 2019 to September 30, 2020)

Schedule A - Costs of Goods Sold Line 4b

	UBI Research Project Revenue	Cost of Goods Sold/Direct Expenses	UBI Gross Profit
Battelle Columbus Division	29,941,632	(24,284,639)	5,656,993
Pacific Northwest Division	5,389,579	(4,966,131)	423,448
UT-Battelle, LLC	8,852,036	(8,852,036)	0
Brookhaven Science Associates, LLC	5,949,181	(5,949,181)	0
Battelle Energy Alliance, LLC	5,257,422	(5,257,422)	0
Triad, LLC	3,398,742	(3,398,742)	0
Battelle National Biodefense Institute, LLC			0
Total - Battelle Memorial Institute	58,788,592	(52,708,151)	6,080,441

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.

OMB No. 1545-0123

Name Employer identification number BATTELLE MEMORIAL INSTITUTE 31-4379427 Part I Apportionment Plan Information Type of controlled group: a X Parent-subsidiary group 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. ____ From _________, until _________. 3 This corporation consents and represents to: a Adopt an apportionment plan. All the other members of this group are adopting an apportionment plan effective for the current tax year which ends on ______, and for all succeeding tax years. b X Amend the current apportionment plan. All the other members of this group are currently amending a previously adopted plan, which was in effect for the tax year ending DECEMBER 31, 2019c Terminate the current apportionment plan and not adopt a new plan. All the other members of this group are not adopting an apportionment plan. d Terminate the current apportionment plan and adopt a new plan. All the other members of this group are adopting an apportionment plan effective for the current tax year which ends on _______, and for all succeeding tax years. 4 If you checked box 3c or 3d above, check the applicable box below to indicate if the termination of the current apportionment Elected by the component members of the group. 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). No apportionment plan is in effect and none is being adopted. An apportionment plan is already in effect. It was adopted for the tax year ending , and for all succeeding tax years. 6 If all the members of this group are adopting a plan or amending the current plan for a tax year after the due date (including extensions) of the tax return for this corporation, is there at least one year remaining on the statute of limitations from the date this corporation filed its amended return for such tax year for assessing any resulting deficiency? See instructions. 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.

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

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

Schedule O (Form 1120) (Rev. 12-2018)

Schedule O (Form 1120) (Rev. 12-2018) BATTELLE MEMORIAL INSTITUTE 31-4379427 Page 2

Part II Apportionment (See instructions)								
(a) Group member's name and employer identification number			Apportionment					
		(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	20-09						
2 BATTELLE OKLAHOMA, LLC	20-0292062	20-09						
BATTELLE SERVICES COMPANY, INC.	31-1792334	20-09						
4 GEOSAFE CORPORATION	91-1404268	20-09						
5 SCIENTIFIC ADVANCES, INC.	31-6024333	20-09						
6 VITEX SYSTEMS, INC.	77-0526364	19-12						
7 SEEBYTE, INC.	98-0563142	20-09						
8 BATTELLE EDUCATION	46-0585021	20-09						
9 NATIONAL ECOLOGICAL OBSERVATORY NETWORK INC.	20-4510571	20-09						
10								
Total								

Schedule O (Form 1120) (Rev. 12-2018)

Form **3800**

Department of the Treasury Internal Revenue Service (99)

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.

2019
Attachment
Seguence No. 22

Identifying number

Current Year Credit for Credits Not Allowed Against Tentative Minimum Tax (Tredits 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 Passive activity credits from line 2 of all Parts III with box B checked Enter the applicable passive activity credits allowed for 2010. See instructions	1	
1 General business credit from line 2 of all Parts III with box A checked 2 Passive activity credits from line 2 of all Parts III with box B checked 2	3	
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 2019. See instructions		
4 Carryforward of general business credit to 2019. Enter the amount from line 2 of Part III with box C	4	_
checked. See instructions for statement to attach		
5 Carryback of general business credit from 2020. Enter the amount from line 2 of Part III with box D		_
checked	5	
6 Add lines 1, 3, 4, and 5	6	
Part II Allowable Credit		
7 Regular tax before credits:		
 Individuals. Enter the sum of the amounts from Form 1040 or 1040-SR, line 12a, and 		
Schedule 2 (Form 1040 or 1040-SR), line 2, or the sum of the amounts from Form		
1040-NR, lines 42 and 44		
Corporations. Enter the amount from Form 1120, Schedule J, Part I, line 2; or the	7	795,487.
applicable line of your return		
Estates and trusts. Enter the sum of the amounts from Form 1041, Schedule G,		
lines 1a and 1b; or the amount from the applicable line of your return		
8 Alternative minimum tax:		
● Individuals. Enter the amount from Form 6251, line 11		
● Corporations. Enter -0-	8	0.
• Estates and trusts. Enter the amount from Schedule I (Form 1041), line 54		
9 Add lines 7 and 8	9	795,487.
10a Foreign tax credit 10a		
b Certain allowable credits (see instructions) 10b		
c Add lines 10a and 10b	10c	
11 Net income tax. Subtract line 10c from line 9. If zero, skip lines 12 through 15 and enter -0- on line 16	11	795,487.
12 Net regular tax. Subtract line 10c from line 7. If zero or less, enter -0-	187.	
13 Enter 25% (0.25) of the excess, if any, of line 12 over \$25,000. See		
instructions 192,6	522.	
14 Tentative minimum tax:		
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		
15 Enter the greater of line 13 or line 14	15	192,622.
16 Subtract line 15 from line 11. If zero or less, enter -0-	16	602,865.
17 Enter the smaller of line 6 or line 16	I I	
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 (2019)

Form 3800 (2019) Page **2**

Pa	art II Allowable Credit (continued)		
Not	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 lin	e 26.	
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		
24	Enter the applicable passive activity credit allowed for 2019. See instructions	24	
25	Add lines 22 and 24	. 25	
26	Empowerment zone and renewal community employment credit allowed. Enter the smaller of line 21		_
	or line 25	26	0.
27	Subtract line 13 from line 11. If zero or less, enter -0-	. 27	602,865.
28	Add lines 17 and 26	. 28	
29	Subtract line 28 from line 27. If zero or less, enter -0-	. 29	602,865.
30	Enter the general business credit from line 5 of all Parts III with box A checked	30	1,169.
31	Reserved	31	
32	Passive activity credits from line 5 of all Parts III with box B checked		
33	Enter the applicable passive activity credits allowed for 2019. See instructions	33	
34	Carryforward of business credit to 2019. 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	
	and line of or Fart III with box of checked. See instructions for statement to attach	34	
35	Carryback of business credit from 2020. 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	1,169.
37	Enter the smaller of line 29 or line 36	37	1,169.
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 or 1040-SR), line 6, or Form 1040-NR, line 51 Corporations. Form 1120, Schedule J, Part I, line 5c		
	Fetates and trusts. Form 10/1. Schedule G. line 2h.	38	1 169.

Form **3800** (2019)

Page 3 Name(s) shown on return Identifying number BATTELLE MEMORIAL INSTITUTE 31-4379427 Part III General Business Credits or Eligible Small Business Credits (see instructions) Complete a separate Part III for each box checked below. See instructions. General Business Credit From a Non-Passive Activity Reserved В General Business Credit From a Passive Activity F Reserved С General Business Credit Carryforwards G Eligible Small Business Credit Carryforwards Reserved н D General Business Credit Carrybacks If you are filing more than one Part III with box A or B checked, complete and attach first an additional Part III combining amounts from all Parts III with box A or B checked. Check here if this is the consolidated Part III (a) Description of credit (b)
If claiming the credit from a pass-through entity, enter the EIN (c) Note: On any line where the credit is from more than one source, a separate Part III is needed Enter the appropriate amount for each pass-through entity Investment (Form 3468, Part II only) (attach Form 3468) 1a 1b b Reserved С Increasing research activities (Form 6765) 1c Low-income housing (Form 8586, Part I only) 1d d Disabled access (Form 8826) (see instructions for limitation) 1e е Renewable electricity, refined coal, and Indian coal production (Form 8835) 1f Indian employment (Form 8845) a 1g h Orphan drug (Form 8820) 1h New markets (Form 8874) 1i Small employer pension plan startup costs (Form 8881) (see instructions for limitation) 1j Employer-provided child care facilities and services (Form 8882) (see instructions 1k Biodiesel and renewable diesel fuels (attach Form 8864) 11 Low sulfur diesel fuel production (Form 8896) 1m m Distilled spirits (Form 8906) 1n n Nonconventional source fuel (carryforward only) 10 0 Energy efficient home (Form 8908) 1p Energy efficient appliance (carryforward only) 1q a Alternative motor vehicle (Form 8910) 1r Alternative fuel vehicle refueling property (Form 8911) 1s s Enhanced oil recovery credit (Form 8830) 1t Mine rescue team training (Form 8923) 1u u Agricultural chemicals security (carryforward only) 1v Employer differential wage payments (Form 8932) 1w w Carbon oxide sequestration (Form 8933) 1x x Qualified plug-in electric drive motor vehicle (Form 8936) 1<u>y</u> Qualified plug-in electric vehicle (carryforward only) 1z Employee retention (Form 5884-A) 1aa General credits from an electing large partnership (carryforward only) bb 1bb Other. Oil and gas production from marginal wells (Form 8904) and certain other credits (see instructions) 1zz 2 2 Add lines 1a through 1zz and enter here and on the applicable line of Part I Enter the amount from Form 8844 here and on the applicable line of Part II 3 3 Investment (Form 3468, Part III) (attach Form 3468) 4a 4a 4b b Work opportunity (Form 5884) Biofuel producer (Form 6478) 4c С Low-income housing (Form 8586, Part II) 4d d Renewable electricity, refined coal, and Indian coal production (Form 8835) е 4e Employer social security and Medicare taxes paid on certain employee 4f Qualified railroad track maintenance (Form 8900) 4g Small employer health insurance premiums (Form 8941) 4h h Increasing research activities (Form 6765) 4i 82-3291283 Employer credit for paid family and medical leave (Form 8994) 1,169. 4i j 4z 1,169 Add lines 4a through 4z and enter here and on the applicable line of Part II 5 5 1,169. Add lines 2, 3, and 5 and enter here and on the applicable line of Part II

Form **8990** (Rev. May 2020)

Limitation on Business Interest Expense Under Section 163(j)

► Attach to your tax return.

Department of the Treasury
Internal Revenue Service

Taxpaver name(s) shown on tax return

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

OMB No. 1545-0123

1 Current year business interest expense (not including floor plan financing interest expense), before the section 163(i) limitation 198,771. 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	Taxpayer name(s) shown on tax return BATTELLE MEMORIAL INSTITUTE					dentification number 31-4379427		
Employer identification number, if any Ferierrence ID number. Part II Computation of Allowable Business Interest Expense Part II compitation of Allowable Business Interest Expense Part II compitation of Allowable Business Interest Expense 1 Current year business interest expense (not including floor plan financing interest expense), before the section 163(). Section I - Business Interest expense, before the section 163() limitation. 1	If Form 89	990 relates to an information return for a foreign entity (for example, Form 547	1), enter:					
Part I Computation of Allowable Business Interest Expense Part I is completed by all taxpayers subject to section 163@. 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@. Section I - Business Interest expense 1 Current year business interest expense (not including floor plan financing interest expense), before the section 163@ limitation	Name of f	foreign entity 🕨						
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21 272				,	4			
			19	21.373	.)			
20 Other reductions. See instructions 20 (,	1			
				<u> </u>	21	(210,523.)		
				·····		4,482,360.		

Form	8990 (Rev. 5-2020)					Page 2
Sect	ion III - Business Interest Income					
23	Current year business interest income. See instructions	23				
24	Excess business interest income from pass-through entities (total of					
	Schedule A, line 44, column (g), and Schedule B, line 46, column (d))	24				
25	Total. Add lines 23 and 24	<u></u>)	25	
Sect	ion IV - Section 163(j) Limitation Calculations					
	Limitation on Business Intere	st Ex	pense			
26	Multiply adjusted taxable income (line 22) by the applicable percentage. See	00		2 241 180		
07	instructions Displace interest income (line 25)	26 27	+	2,241,180.	-	
27 28	Business interest income (line 25) Floor plan financing interest expense (line 4)	28	+		-	
29	Total. Add lines 26, 27, and 28	20			29	2,241,180.
	Allowable Business Interest	Exp	ense		20	
30	Total current year business interest expense deduction. See instructions				30	198,771.
	Carryforward					,
31	Disallowed business interest expense. Subtract line 29 from line 5. (If zero o		ontor 0	1	31	Τ
Par		1033,	, enter -c	,	1 01	
	Il is only completed by a partnership that is subject to section 163(j). The partnershare not carried forward by the partnership. See the instructions for more informatio		ms belov	v are allocated to t	he part	iners
4.74	Excess Business Interest		nse			
32	Excess business interest expense. Enter amount from line 31				32	
	Excess Taxable Income (If you entered an amou	nt on	i line 32	, skip lines 33 th		37.)
33	Subtract the sum of lines 4 and 25 from line 5. (If zero or less, enter -0)				33	<u> </u>
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	
	Excess Business Interest	Incor	me			
37	Excess business interest income. Subtract the sum of lines 1, 2, and 3 from	line 2	5. (If zero	o or		
Par	less, enter -0)	<u></u>			37	<u> </u>
Part I	Ill is only completed by S corporations that are subject to section 163(j). The S cor the instructions for more information.	porati	ion items	below are allocate	ed to th	ne shareholders.
	Excess Taxable Inco	me				
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	
	Excess Business Interest	Incor	me			
42	Excess business interest income. Subtract the sum of lines 1, 2, and 3 from	line 2	5. (If zero	o or		

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less, enter -0-.)