

Return of Organization Exempt From Income Tax

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

2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

A For the 2020 calendar year, or tax year beginning OCT 1, 2020 and ending SEP 30, 2021

Form header section containing fields B through M: B Check if applicable, C Name of organization (BATTELLE MEMORIAL INSTITUTE), D Employer identification number (31-4379427), E Telephone number (614-424-6424), F Name and address of principal officer (LEWIS VON THAER), G Gross receipts \$ (10,089,712,920), H(a) Is this a group return, H(b) Are all subordinates included?, H(c) Group exemption number, I Tax-exempt status, J Website (WWW.BATTELLE.ORG), K Form of organization (Corporation), L Year of formation (1925), M State of legal domicile (OH)

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1-7a Activities & Governance, 8-12 Revenue, 13-19 Expenses, 20-22 Net Assets or Fund Balances.

Part II Signature Block

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

Signature block fields: Sign Here (Signature of officer: THOMAS E. SHARPE, ASST. TREASURER), Preparer (Print/Type preparer's name, Signature, Date, Check if self-employed, PTIN), Preparer Use Only (Firm's name, Firm's address, Firm's EIN, Phone no.)

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

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

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

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

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

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

4a (Code:) (Expenses \$ 6,136,500,767. including grants of \$) (Revenue \$ 557,426,275.)
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 SEVENTH 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

4b (Code:) (Expenses \$ 459,743,853. including grants of \$) (Revenue \$ 408,973,060.)
BMI ALSO CONDUCTS SCIENTIFIC RESEARCH AND DEVELOPMENT PROGRAMS FOR OTHER FEDERAL, STATE AND LOCAL GOVERNMENT AGENCIES AND INDUSTRIAL SPONSORS, AND TRANSLATES SCIENCE AND TECHNOLOGY INTO PRODUCTS, SYSTEMS AND SERVICES FOR ITS SPONSORS. BMI PLACES SPECIAL EMPHASIS UPON SIGNATURE AREAS OF ENERGY, ENVIRONMENT AND MATERIAL SCIENCES, NATIONAL SECURITY, AND HEALTH AND LIFE SCIENCES.

4c (Code:) (Expenses \$ 29,452,429. including grants of \$ 29,452,429.) (Revenue \$)
EACH YEAR, BMI DISTRIBUTES AT LEAST TWENTY PERCENT OF ITS PRIOR YEAR 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.)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 6,625,697,049.

Part IV Checklist of Required Schedules

| | Yes | No |
|---|-----|----|
| 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> | X | |
| 2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? | | X |
| 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> | | X |
| 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> | X | |
| 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> | | X |
| 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> | | X |
| 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> | | X |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> | | X |
| 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> | | X |
| 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> | | X |
| 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. | | |
| a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> | X | |
| b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> | X | |
| c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> | | X |
| d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> | X | |
| e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> | X | |
| f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> | | X |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> | | X |
| b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> | X | |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> | | X |
| 14a Did the organization maintain an office, employees, or agents outside of the United States? | X | |
| b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> | X | |
| 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> | | X |
| 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> | | X |
| 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> | | X |
| 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> | | X |
| 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> | | X |
| 20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> | | X |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | | |
| 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> | X | |

Part IV Checklist of Required Schedules (continued)

| | Yes | No |
|---|-----|----|
| 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> | | X |
| 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> | X | |
| 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> | | X |
| 24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | | |
| 24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | | |
| 24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | | |
| 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> | | X |
| b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> | | X |
| 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> | X | |
| 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, 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? <i>If "Yes," complete Schedule L, Part III</i> | | X |
| 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions): | | |
| a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| 29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> | | X |
| 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> | | X |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> | | X |
| 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> | | X |
| 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> | X | |
| 34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> | X | |
| 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? | X | |
| b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> | X | |
| 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> | | X |
| 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> | X | |
| 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? | X | |

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

| | Yes | No |
|---|-----|----|
| 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | | |
| b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | | |
| c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | X | |

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No checkboxes. Includes questions 2a through 16 regarding employee counts, tax returns, gross income, foreign accounts, prohibited transactions, and charitable contributions.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included on line 1a, above, who are independent; 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?; 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed AZ, CA, DC, GA, IL, KY, MA, NY, OH, 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) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records EDWARD GRECCO - 614-424-7997 505 KING AVENUE, COLUMBUS, OH 43201-2693

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See 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) Name and title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|---|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) LEWIS VON THAER PRESIDENT & CEO | 39.00 1.00 | | | X | | | | 4,233,802. | 0. | 44,904. |
| (2) RONALD D. TOWNSEND EXECUTIVE VP, GLOBAL LAB OPS | 40.00 | | | X | | | | 2,546,104. | 0. | 20,227. |
| (3) EDWARD GRECCO EXECUTIVE VP, CFO | 40.00 | | | X | | | | 1,388,388. | 0. | 49,563. |
| (4) RUSSELL P. AUSTIN SR VP, GEN COUNSEL & SECRETARY | 40.00 | | | X | | | | 1,134,338. | 0. | 137,394. |
| (5) STEVEN F. ASHBY SR VP, LAB DIRECTOR | 40.00 | | | X | | | | 856,599. | 0. | 127,221. |
| (6) MARK T. PETERS EXECUTIVE VP, LAB DIRECTOR | 40.00 | | | X | | | | 868,979. | 0. | 62,394. |
| (7) PATRICK F. JARVIS SR VP, MARKETING & COMMUNICATIONS | 40.00 | | | X | | | | 858,902. | 0. | 62,871. |
| (8) MATTHEW L. VAUGHAN EXECUTIVE VP, CONTRACT RESEARCH | 40.00 | | | X | | | | 851,068. | 0. | 45,674. |
| (9) GEORGE LECAKES VP & GENERAL MANAGER | 40.00 | | | | | X | | 768,486. | 0. | 55,889. |
| (10) AIMEE KENNEDY SR VP, CHIEF HR OFFICER | 40.00 | | | X | | | | 648,063. | 0. | 44,411. |
| (11) MICHAEL JANUS VP & GENERAL MANAGER | 40.00 | | | | | X | | 578,386. | 0. | 93,207. |
| (12) JOSEPH BERGER VP COMM MARKETING & SALES | 40.00 | | | | | X | | 558,789. | 0. | 63,406. |
| (13) THOMAS E. MASON SENIOR VP 07/17 TO 11/17 | 0.00 | | | | | | X | 616,441. | 0. | 0. |
| (14) GEORGE KORCH LAB DIRECTOR | 40.00 | | | | | X | | 560,253. | 0. | 23,422. |
| (15) JUSTIN SANCHEZ FELLOW | 40.00 | | | | | X | | 526,949. | 0. | 37,252. |
| (16) JOHN WAGNER SR VP, LAB DIRECTOR FROM 11/20 | 40.00 | | | X | | | | 491,782. | 0. | 59,645. |
| (17) THOMAS E. SHARPE ASST TREASURER & ASST SECRETARY | 39.00 1.00 | | | X | | | | 311,752. | 0. | 106,115. |

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|---|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (18) BRIAN R. SMITH TREASURER | 39.00 1.00 | | | X | | | | 316,202. | 0. | 65,984. |
| (19) MARK D. PERRIGO ASST TREAS. & CONTROLLER | 40.00 | | | X | | | | 182,911. | 0. | 20,059. |
| (20) JOHN K. WELCH CHAIRMAN AND DIRECTOR | 3.00 | X | | | | | | 171,989. | 0. | 0. |
| (21) STEPHEN D STEINOUR DIRECTOR | 3.00 | X | | | | | | 160,662. | 0. | 0. |
| (22) SEAN C. O'KEEFE DIRECTOR | 3.00 | X | | | | | | 158,405. | 0. | 0. |
| (23) BRETT BOSLEY ACTING CFO 7/17 TO 05/18 | 0.00 | | | | | X | | 153,875. | 0. | 0. |
| (24) JOHN C. LECHLEITER DIRECTOR | 3.00 | X | | | | | | 153,567. | 0. | 0. |
| (25) VICKY A. BAILEY DIRECTOR | 3.00 | X | | | | | | 152,582. | 0. | 0. |
| (26) MICHAEL J. GASSER DIRECTOR | 3.00 | X | | | | | | 151,471. | 0. | 0. |
| 1b Subtotal | | | | | | | | 19,400,745. | 0. | 1,119,638. |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | 573,224. | 0. | 0. |
| d Total (add lines 1b and 1c) | | | | | | | | 19,973,969. | 0. | 1,119,638. |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 15,724

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

Section B. Independent Contractors

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

| (A) Name and business address | (B) Description of services | (C) Compensation |
|--|--------------------------------|---------------------|
| CENTERRA GROUP LLC, 7121 FARIWAY DR, PALM BEACH GARDENS, FL 33418 | PROFESSIONAL SERVICES | 46,844,154. |
| MERRICK SMSI JOINT VENTURE LLP 600 6TH ST, LOS ALAMOS, NM 87544 | PROFESSIONAL SERVICES | 37,293,165. |
| GE-HITACHI NUCLEAR ENERGY AMERICAS LLC 3901 CASTLE HAYNE RD, WILMINGTON, NC 28402 | TECHNICAL SERVICES | 26,193,831. |
| EW HOWELL CO LLC 245 NEWTOWN RD, PLAINVIEW, NY 11803 | CONSTRUCTION SERVICES | 23,188,923. |
| ESTECH LLC 1200 N. MAIN ST, MERIDIAN, ID 83680 | PROFESSIONAL SERVICES | 23,147,180. |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 547

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VIII Statement of Revenue

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

| | | | (A) | (B) | (C) | (D) | |
|---|---|---|-----------------|------------------------------------|----------------------------|--|--|
| | | | Total revenue | Related or exempt function revenue | Unrelated business revenue | Revenue excluded from tax under sections 512 - 514 | |
| Contributions, Gifts, Grants and Other Similar Amounts | 1 a Federated campaigns | 1a | | | | | |
| | b Membership dues | 1b | | | | | |
| | c Fundraising events | 1c | | | | | |
| | d Related organizations | 1d | | | | | |
| | e Government grants (contributions) | 1e | 8,915,143,785. | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f | 39,523,072. | | | | |
| | g Noncash contributions included in lines 1a-1f | 1g | \$ | | | | |
| | h Total. Add lines 1a-1f | | | 8,954,666,857. | | | |
| Program Service Revenue | 2 a GOVERNMENT CONTRACTS | Business Code | | | | | |
| | | 541700 | 863,947,225. | 863,947,225. | | | |
| | b SCIENTIFIC RESEARCH | 541700 | 173,378,566. | 102,452,110. | 70,926,456. | | |
| | c | | | | | | |
| | d | | | | | | |
| | e | | | | | | |
| | f All other program service revenue | | | | | | |
| g Total. Add lines 2a-2f | | | 1,037,325,791. | | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | | 3,791,828. | | 166,763. | 3,625,065. | |
| | 4 Income from investment of tax-exempt bond proceeds | | | | | | |
| | 5 Royalties | | 5,228,537. | | | 5,228,537. | |
| | 6 a Gross rents | 6a | (i) Real | | | | |
| | | | (ii) Personal | | | | |
| | | | | 104,288. | | | |
| | b Less: rental expenses | 6b | 0. | | | | |
| | c Rental income or (loss) | 6c | 104,288. | | | | |
| | d Net rental income or (loss) | | | 104,288. | | 104,288. | |
| | 7 a Gross amount from sales of assets other than inventory | 7a | (i) Securities | | | | |
| | | | (ii) Other | | | | |
| | | | | 69,392,145. | 10,267,000. | | |
| | | b Less: cost or other basis and sales expenses | 7b | 208,859. | 2,681,697. | | |
| | c Gain or (loss) | 7c | 69,183,286. | 7,585,303. | | | |
| d Net gain or (loss) | | | 76,768,589. | | 76,768,589. | | |
| 8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 | 8a | | | | | | |
| | b Less: direct expenses | 8b | | | | | |
| c Net income or (loss) from fundraising events | | | | | | | |
| 9 a Gross income from gaming activities. See Part IV, line 19 | 9a | | | | | | |
| | b Less: direct expenses | 9b | | | | | |
| c Net income or (loss) from gaming activities | | | | | | | |
| 10 a Gross sales of inventory, less returns and allowances | 10a | | | | | | |
| | b Less: cost of goods sold | 10b | | | | | |
| | c Net income or (loss) from sales of inventory | | | | | | |
| Miscellaneous Revenue | 11 a MISCELLANEOUS REVENUE | Business Code | | | | | |
| | | 541700 | 8,907,816. | | | 8,907,816. | |
| | b CURRENCY CONVERSION | 541700 | 28,658. | | | 28,658. | |
| | c | | | | | | |
| | d All other revenue | | | | | | |
| e Total. Add lines 11a-11d | | | 8,936,474. | | | | |
| 12 Total revenue. See instructions | | | 10,086,822,364. | 966,399,335. | 71,093,219. | 94,662,953. | |

Part IX Statement of Functional Expenses

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

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|---|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ... | 29,452,429. | 29,452,429. | | |
| 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 | 19,174,660. | | 19,174,660. | |
| 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 | 3,948,352,360. | 2,689,482,544. | 1,258,869,816. | |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 388,268,489. | 263,715,097. | 124,553,392. | |
| 9 Other employee benefits | 885,830,211. | 601,756,168. | 284,074,043. | |
| 10 Payroll taxes | 284,916,508. | 193,731,935. | 91,184,573. | |
| 11 Fees for services (nonemployees): | | | | |
| a Management | 7,632,637. | 7,632,637. | | |
| b Legal | 14,572,595. | | 14,572,595. | |
| c Accounting | 2,449,872. | | 2,449,872. | |
| d Lobbying | 895,932. | 895,932. | | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | 1,101,506. | | 1,101,506. | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.) | 2,368,205,393. | 1,568,722,923. | 799,482,470. | |
| 12 Advertising and promotion | 151,587. | 151,587. | | |
| 13 Office expenses | 8,215,591. | 147,153. | 8,068,438. | |
| 14 Information technology | 257,299,184. | 179,154,131. | 78,145,053. | |
| 15 Royalties | | | | |
| 16 Occupancy | 126,885,499. | 83,665,146. | 43,220,353. | |
| 17 Travel | 55,930,857. | 38,634,393. | 17,296,464. | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials ... | | | | |
| 19 Conferences, conventions, and meetings | 584,955. | 371,756. | 213,199. | |
| 20 Interest | 9,467,398. | 6,051,941. | 3,415,457. | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 26,358,196. | 16,750,976. | 9,607,220. | |
| 23 Insurance | 7,616,244. | | 7,616,244. | |
| 24 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 O.) | | | | |
| a PURCHASES | 1,228,035,489. | 801,954,916. | 426,080,573. | |
| b NON-INCOME TAX EXPENSE | 145,664,429. | 104,215,850. | 41,448,579. | |
| c INCOME TAX EXPENSE | 1,615,062. | 1,031,409. | 583,653. | |
| d RENTAL & MAINTENANCE | 35,817,068. | 23,224,950. | 12,592,118. | |
| e All other expenses | 37,715,258. | 14,953,176. | 22,762,082. | |
| 25 Total functional expenses. Add lines 1 through 24e | 9,892,209,409. | 6,625,697,049. | 3,266,512,360. | 0. |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. | | | | |

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

Part X Balance Sheet

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

| | | (A) Beginning of year | | (B) End of year |
|--|--|--------------------------|----------------|--------------------|
| Assets | 1 Cash - non-interest-bearing | 55,828,111. | 1 | 85,777,638. |
| | 2 Savings and temporary cash investments | 153,920,382. | 2 | 216,566,620. |
| | 3 Pledges and grants receivable, net | | 3 | |
| | 4 Accounts receivable, net | 271,356,931. | 4 | 234,000,844. |
| | 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | 3,730,923. | 5 | 7,385,093. |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) | | 6 | |
| | 7 Notes and loans receivable, net | | 7 | |
| | 8 Inventories for sale or use | 2,396,353. | 8 | 1,582,027. |
| | 9 Prepaid expenses and deferred charges | 43,865,987. | 9 | 42,948,018. |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 569,349,618. | | |
| | b Less: accumulated depreciation | 10b 395,431,146. | | |
| | 11 Investments - publicly traded securities | 192,503,478. | 10c | 173,918,472. |
| | 12 Investments - other securities. See Part IV, line 11 | 416,212,401. | 11 | 456,078,522. |
| | 13 Investments - program-related. See Part IV, line 11 | 88,923,683. | 12 | 205,084,870. |
| | 14 Intangible assets | | 13 | |
| | 15 Other assets. See Part IV, line 11 | 107,296,917. | 14 | |
| 16 Total assets. Add lines 1 through 15 (must equal line 33) | 1,336,035,166. | 15 | 135,226,110. | |
| | | 16 | 1,558,568,214. | |
| Liabilities | 17 Accounts payable and accrued expenses | 167,786,549. | 17 | 187,288,818. |
| | 18 Grants payable | | 18 | |
| | 19 Deferred revenue | 48,114,463. | 19 | 52,259,591. |
| | 20 Tax-exempt bond liabilities | | 20 | |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| | 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 22 | |
| | 23 Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 Unsecured notes and loans payable to unrelated third parties | 240,000,000. | 24 | 305,000,000. |
| | 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D | 199,229,076. | 25 | 163,938,389. |
| | 26 Total liabilities. Add lines 17 through 25 | 655,130,088. | 26 | 708,486,798. |
| Net Assets or Fund Balances | Organizations that follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 27, 28, 32, and 33. | | | |
| | 27 Net assets without donor restrictions | | 27 | |
| | 28 Net assets with donor restrictions | | 28 | |
| | Organizations that do not follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 29 through 33. | | | |
| | 29 Capital stock or trust principal, or current funds | 0. | 29 | 0. |
| | 30 Paid-in or capital surplus, or land, building, or equipment fund | 0. | 30 | 0. |
| | 31 Retained earnings, endowment, accumulated income, or other funds | 680,905,078. | 31 | 850,081,416. |
| | 32 Total net assets or fund balances | 680,905,078. | 32 | 850,081,416. |
| 33 Total liabilities and net assets/fund balances | 1,336,035,166. | 33 | 1,558,568,214. | |

Part XI Reconciliation of Net Assets

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

| | | | |
|-----------|--|-----------|-----------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 10,086,822,364. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 9,892,209,409. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 194,612,955. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 680,905,078. |
| 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 | -4,747,932. |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | 9 | -20,688,685. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | 10 | 850,081,416. |

Part XII Financial Statements and Reporting

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

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

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

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

Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
|--|-------------|-------------|-------------|-------------|-------------|--------------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 4021423284. | 4189544923. | 7267057242. | 8189899250. | 8954666857. | 32622591556. |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 Total. Add lines 1 through 3 | 4021423284. | 4189544923. | 7267057242. | 8189899250. | 8954666857. | 32622591556. |
| 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. | | | | | | 32622591556. |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
|---|-------------|-------------|-------------|-------------|-------------|--------------------------|
| 7 Amounts from line 4 | 4021423284. | 4189544923. | 7267057242. | 8189899250. | 8954666857. | 32622591556. |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 17,433,343. | 18,682,222. | 16,430,283. | 25,093,193. | 17,894,364. | 95,533,405. |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | 2,624,143. | 4,657,994. | 7,812,493. | 3,789,035. | 4,781,665. | 23,665,330. |
| 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 | | | | | | 32741790291. |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | 4,410,906,619. |
| 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here | | | | | | <input type="checkbox"/> |

Section C. Computation of Public Support Percentage

| | | |
|---|-----------|-------------------------------------|
| 14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) | 14 | 99.64 % |
| 15 Public support percentage from 2019 Schedule A, Part II, line 14 | 15 | 99.58 % |
| 16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | <input checked="" type="checkbox"/> |
| b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| 17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| b 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions | | <input type="checkbox"/> |

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

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

Section A. Public Support

| Calendar year (or fiscal year beginning in) ► | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 Total. Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public support. (Subtract line 7c from line 6.) | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

| | | |
|---|-----------|---|
| 15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage from 2019 Schedule A, Part III, line 15 | 16 | % |

Section D. Computation of Investment Income Percentage

| | | |
|---|-----------|---|
| 17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) | 17 | % |
| 18 Investment income percentage from 2019 Schedule A, Part III, line 17 | 18 | % |

19a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

| | Yes | No |
|--|-----|----|
| 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i> | | |
| 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i> | | |
| 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i> | | |
| b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i> | | |
| c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i> | | |
| 4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i> | | |
| b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i> | | |
| c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i> | | |
| 5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i> | | |
| b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? | | |
| c Substitutions only. Was the substitution the result of an event beyond the organization's control? | | |
| 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i> | | |
| 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i> | | |
| 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i> | | |
| 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i> | | |
| b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i> | | |
| c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i> | | |
| 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i> | | |
| b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i> | | |

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

| Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
|----------------------------------|---|----------------|--------------------------------|
| 1 | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | | |
| a | Average monthly value of securities | 1a | |
| b | Average monthly cash balances | 1b | |
| c | Fair market value of other non-exempt-use assets | 1c | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | |
| e | Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>): | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | |
| 3 | Subtract line 2 from line 1d. | 3 | |
| 4 | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). | 4 | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | |
| 6 | Multiply line 5 by 0.035. | 6 | |
| 7 | Recoveries of prior-year distributions | 7 | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | |

| Section C - Distributable Amount | | | Current Year |
|----------------------------------|---|---|--------------|
| 1 | Adjusted net income for prior year (from Section A, line 8, column A) | 1 | |
| 2 | Enter 0.85 of line 1. | 2 | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, column A) | 3 | |
| 4 | Enter greater of line 2 or line 3. | 4 | |
| 5 | Income tax imposed in prior year | 5 | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). | 6 | |
| 7 | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). | | |

Schedule A (Form 990 or 990-EZ) 2020

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

| Section D - Distributions | | Current Year |
|----------------------------------|---|---------------------|
| 1 | Amounts paid to supported organizations to accomplish exempt purposes | 1 |
| 2 | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | 2 |
| 3 | Administrative expenses paid to accomplish exempt purposes of supported organizations | 3 |
| 4 | Amounts paid to acquire exempt-use assets | 4 |
| 5 | Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>) | 5 |
| 6 | Other distributions (<i>describe in Part VI</i>). See instructions. | 6 |
| 7 | Total annual distributions. Add lines 1 through 6. | 7 |
| 8 | Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions. | 8 |
| 9 | Distributable amount for 2020 from Section C, line 6 | 9 |
| 10 | Line 8 amount divided by line 9 amount | 10 |

| Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2020 | (iii) Distributable Amount for 2020 |
|--|-------------------------------------|---|--|
| 1 Distributable amount for 2020 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i>). See instructions. | | | |
| 3 Excess distributions carryover, if any, to 2020 | | | |
| a From 2015 | | | |
| b From 2016 | | | |
| c From 2017 | | | |
| d From 2018 | | | |
| e From 2019 | | | |
| f Total of lines 3a through 3e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2020 distributable amount | | | |
| i Carryover from 2015 not applied (see instructions) | | | |
| j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | |
| 4 Distributions for 2020 from Section D, line 7: \$ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2020 distributable amount | | | |
| c Remainder. Subtract lines 4a and 4b from line 4. | | | |
| 5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions. | | | |
| 6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions. | | | |
| 7 Excess distributions carryover to 2021. Add lines 3j and 4c. | | | |
| 8 Breakdown of line 7: | | | |
| a Excess from 2016 | | | |
| b Excess from 2017 | | | |
| c Excess from 2018 | | | |
| d Excess from 2019 | | | |
| e Excess from 2020 | | | |

Schedule A (Form 990 or 990-EZ) 2020

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶ **Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

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

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

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

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

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

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

| | |
|--|---|
| Name of organization <p style="text-align: center;">BATTELLE MEMORIAL INSTITUTE</p> | Employer identification number <p style="text-align: center;">31-4379427</p> |
|--|---|

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures ▶ \$ 0.
- 3 Volunteer hours for political campaign activities 0.

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ 0.
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ 0.
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

| (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds. If none, enter -0-. | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-. |
|----------|-------------|---------|---|--|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

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

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

| Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) | | (a) Filing organization's totals | (b) Affiliated group totals | | | | | | | | | | | | |
|--|---|---|------------------------------------|--------------------|-------------------------------|---|--|---|--|--|---|-------------------|--------------|--|--|
| 1a | Total lobbying expenditures to influence public opinion (grassroots lobbying) | | | | | | | | | | | | | | |
| b | Total lobbying expenditures to influence a legislative body (direct lobbying) | | | | | | | | | | | | | | |
| c | Total lobbying expenditures (add lines 1a and 1b) | | | | | | | | | | | | | | |
| d | Other exempt purpose expenditures | | | | | | | | | | | | | | |
| e | Total exempt purpose expenditures (add lines 1c and 1d) | | | | | | | | | | | | | | |
| f | Lobbying nontaxable amount. Enter the amount from the following table in both columns. | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table> | | If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | Not over \$500,000 | 20% of the amount on line 1e. | Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000. | Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000. | Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000. | Over \$17,000,000 | \$1,000,000. | | |
| If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | | | | | | | | | | | | | | |
| Not over \$500,000 | 20% of the amount on line 1e. | | | | | | | | | | | | | | |
| Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000. | | | | | | | | | | | | | | |
| Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000. | | | | | | | | | | | | | | |
| Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000. | | | | | | | | | | | | | | |
| Over \$17,000,000 | \$1,000,000. | | | | | | | | | | | | | | |
| g | Grassroots nontaxable amount (enter 25% of line 1f) | | | | | | | | | | | | | | |
| h | Subtract line 1g from line 1a. If zero or less, enter -0- | | | | | | | | | | | | | | |
| i | Subtract line 1f from line 1c. If zero or less, enter -0- | | | | | | | | | | | | | | |
| j | If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? | | | | | | | | | | | | | | |

Yes No

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

| Lobbying Expenditures During 4-Year Averaging Period | | | | | |
|---|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in) | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) Total |
| 2a Lobbying nontaxable amount | | | | | |
| b Lobbying ceiling amount (150% of line 2a, column(e)) | | | | | |
| c Total lobbying expenditures | | | | | |
| d Grassroots nontaxable amount | | | | | |
| e Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | |
| f Grassroots lobbying expenditures | | | | | |

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

| For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity. | (a) | | (b) |
|---|-----|----|----------|
| | Yes | No | Amount |
| 1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: | | | |
| a Volunteers? | | X | |
| b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? .. | X | | |
| c Media advertisements? | | X | |
| d Mailings to members, legislators, or the public? | | X | |
| e Publications, or published or broadcast statements? | | X | |
| f Grants to other organizations for lobbying purposes? | | X | |
| g Direct contact with legislators, their staffs, government officials, or a legislative body? | X | | 849,886. |
| h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | X | |
| i Other activities? | X | | 46,046. |
| j Total. Add lines 1c through 1i | | | 895,932. |
| 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | X | |
| b If "Yes," enter the amount of any tax incurred under section 4912 | | | |
| c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | | | |
| d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | | |

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

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

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

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

Part IV Supplemental Information

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

PART II-B, LINE 1, LOBBYING ACTIVITIES:

LINE 1 (I) OTHER ACTIVITIES

TWELVE ORGANIZATIONS REPORTED THAT A PORTION OF MEMBERSHIP DUES PAID BY

BATTELLE WERE USED FOR LOBBYING.

Part IV Supplemental Information (continued)

INTERNAL LOBBYING EXPENSES TOTALED \$273,305 AND EXTERNAL LOBBYING EXPENSES

TOTALED \$576,581 FOR A TOTAL OF \$849,886.

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; STATE, FOREIGN

OPERATIONS, AND RELATED PROGRAMS.

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 (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2020

Open to Public Inspection

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

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions regarding donor property and grant fund usage.

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

Form for Part II Conservation Easements. Includes checkboxes for purposes of easements, a table for lines 2a-2d (Total number, acreage, certified historic structures, and National Register listings), and questions 3-9 regarding modifications, states, monitoring, expenses, and reporting.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions 1a, 1b, and 2 regarding reporting requirements for art and historical treasures.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

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

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment _____ %
 - c Term endowment _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|--------|----|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | 7,777,004. | | | 7,777,004. |
| b Buildings | 345,537,181. | | 236,649,724. | 108,887,457. |
| c Leasehold improvements | | | | |
| d Equipment | 198,731,693. | | 158,781,422. | 39,950,271. |
| e Other | 17,303,740. | | | 17,303,740. |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) | | | | 173,918,472. |

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 | 191,460,010. | COST |
| (3) Other | | |
| (A) RABBI TRUSTS | 13,624,860. | 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.) | 205,084,870. | |

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) OTHER ASSETS | 10,629,193. |
| (2) GOODWILL | 6,944,100. |
| (3) PREPAID PENSION COSTS | 93,583,229. |
| (4) OPERATING LEASE | 24,069,588. |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) | 135,226,110. |

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 | 20,967,420. |
| (3) OTHER LONG TERM LIABILITIES | 4,905,609. |
| (4) LIABILITY FOR POSTRETIREMENT & OTHER BENEFITS | 121,217,936. |
| (5) OPERATING LEASE LIABILITY | 16,847,424. |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) | 163,938,389. |

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

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

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

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

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

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

Part XIII Supplemental Information.

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

SUPPLEMENTAL INFORMATION

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

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

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

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

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

POSITIONS WERE REQUIRED AND NONE WERE RECORDED IN THE FINANCIAL

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

FINANCIAL STATEMENTS.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2020

Open to Public
Inspection

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

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

| (a) Region | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in the region | (d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in the region | (f) Total expenditures for and investments in the region |
|--|-------------------------------------|--|--|--|--|
| CENTRAL AMERICA AND THE CARIBBEAN | | | INVESTMENTS | | 121,025,866. |
| EUROPE | | | INVESTMENTS | | 36,375,890. |
| EUROPE | 4 | 28 | PROGRAM SERVICES | SCIENTIFIC RESEARCH/SERVICES AND LABORATORY MANAGEMENT | 9,463,289. |
| NORTH AMERICA | 1 | 1 | PROGRAM SERVICES | SCIENTIFIC RESEARCH/SERVICES AND LABORATORY MANAGEMENT | 64,076. |
| RUSSIA AND NEIGHBORING STATES - ARMENIA, AZERBIJAN, BELARUS, | 1 | 1 | PROGRAM SERVICES | SCIENTIFIC RESEARCH/SERVICES AND LABORATORY MANAGEMENT | 66,541. |
| | | | | | |
| | | | | | |
| | | | | | |
| 3 a Subtotal | 6 | 30 | | | 166,995,662. |
| b Total from continuation sheets to Part I | 0 | 0 | | | 0. |
| c Totals (add lines 3a and 3b) | 6 | 30 | | | 166,995,662. |

Part IV Foreign Forms

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

Part V Supplemental Information

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

PART I, LINE 3:

ALL EXPENDITURES ARE BASED ON THE ACCRUAL METHOD OF ACCOUNTING.

PART 1, LINE 3

ALL OF THE EXPENDITURES IN THE REGION WERE ASSOCIATED WITH PROGRAM

SERVICES THAT WERE PERFORMED IN UKRAINE PURSUANT TO A CONTRACT WITH THE

U.S. GOVERNMENT AND NO PROGRAM SERVICES WERE PERFORMED IN RUSSIA.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization

BATTELLE MEMORIAL INSTITUTE

Employer identification number
31-4379427

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|---------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| ABACO RESCUE FUND 2 SAN DIEGO RD PONTE VEDRA, FL 32082 | 84-2977702 | 501(C)(3) | 10,000. | 0. | | | GENERAL OPERATING SUPPORT |
| ALBANY COLLEGE OF PHARMACY AND HEALTH SCIENCES - 106 NEW SCOTLAND AVE - ALBANY, NY 12208 | 14-1423161 | 501(C)(3) | 6,600. | 0. | | | GENERAL OPERATING SUPPORT |
| AMERICAN CANCER SOCIETY 3500 EMBASSY PKWY AKRON, OH 44333 | 13-1788491 | 501(C)(3) | 5,428. | 0. | | | GENERAL OPERATING SUPPORT |
| AMERICAN HEART ASSOCIATION 5455 NORTH HIGH ST COLUMBUS, OH 43214 | 13-5613797 | 501(C)(3) | 20,721. | 0. | | | GENERAL OPERATING SUPPORT |
| AMERICAN PHYSICAL SOCIETY 1 PHYSICS ELLIPSE COLLEGE PARK, MD 20740 | 13-1656610 | 501(C)(3) | 15,000. | 0. | | | GENERAL OPERATING SUPPORT |
| AMERICAN RED CROSS 431 18TH STREET NW WASHINGTON, DC 20006 | 53-0196605 | 501(C)(3) | 11,212. | 0. | | | GENERAL OPERATING SUPPORT |

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 131.

3 Enter total number of other organizations listed in the line 1 table 131.

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

Schedule I (Form 990) 2020

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| ANN'S CHOICE INC 701 MAIDEN CHOICE LN BALTIMORE, MD 21228 | 52-2324152 | 501(C)(3) | 7,500. | 0. | | | GENERAL OPERATING SUPPORT |
| BALLET METROPOLITAN 322 MT VERNON AVE COLUMBUS, OH 43215 | 31-0858562 | 501(C)(3) | 9,059. | 0. | | | GENERAL OPERATING SUPPORT |
| BARBER SCOTIA COLLEGE 145 CABARRUS AVE CONCORD, NC 28025 | 56-6007078 | 501(C)(3) | 10,250. | 0. | | | GENERAL OPERATING SUPPORT |
| BIG LOST RIVER IRRIGATION DISTRICT PO BOX 205 MACKAY, ID 83251 | 82-0356229 | 501(C)(3) | 10,000. | 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 |
| BRECKSVILLE-BROADVIEW HEIGHTS HIGH SCHOOL - 6380 MILL RD - BROADVIEW HEIGHTS, OH 44147 | 34-6000321 | 170(C)(1) | 10,230. | 0. | | | GENERAL OPERATING SUPPORT |
| BROOKHAVEN WOMEN'S & YOUTH SERVICES - 1 INDEPENDENCE HILL - FARMINGVILLE, NY 11738 | 11-2822637 | 501(C)(3) | 6,050. | 0. | | | GENERAL OPERATING SUPPORT |
| BUTTE COUNTY SHERIFF PO BOX 130 ARCO, ID 83213 | 82-6000288 | 170(C)(1) | 10,000. | 0. | | | GENERAL OPERATING SUPPORT |
| CATHOLIC RELIEF SERVICES 228 W LEXINGTON ST BALTIMORE, MD 21201 | 13-5563422 | 501(C)(3) | 6,910. | 0. | | | GENERAL OPERATING SUPPORT |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| CENTER OF SCIENCE AND INDUSTRY 333 WEST BROAD ST COLUMBUS, OH 43215 | 31-4383802 | 501(C)(3) | 41,500. | 0. | | | GENERAL OPERATING SUPPORT |
| CHAMBER MUSIC COLUMBUS PO BOX 14445 COLUMBUS, OH 43214 | 31-0679936 | 501(C)(3) | 5,150. | 0. | | | GENERAL OPERATING SUPPORT |
| COLLEGE & CAREER PLAZA 5313 CIRCITA DEL SUR SANTA FE, NM 87507 | 84-3961213 | 501(C)(3) | 6,050. | 0. | | | GENERAL OPERATING SUPPORT |
| COLUMBUS FOUNDATION 41 S HIGH ST COLUMBUS, OH 43215 | 31-6044264 | 501(C)(3) | 10,295,056. | 0. | | | GENERAL OPERATING SUPPORT |
| COLUMBUS METROPOLITAN CLUB 100 E. BROAD ST 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) | 28,667. | 0. | | | GENERAL OPERATING SUPPORT |
| COLUMBUS SYMPHONY ORCHESTRA 55 E STATE ST COLUMBUS, OH 43215 | 31-6402408 | 501(C)(3) | 12,750. | 0. | | | GENERAL OPERATING SUPPORT |
| COLUMBUS ZOOLOGICAL PARK ASSOC 9990 RIVERSIDE DR POWELL, OH 43065 | 31-4390844 | 501(C)(3) | 8,042. | 0. | | | GENERAL OPERATING SUPPORT |
| COMMUNITIES IN SCHOOLS OF NEW MEXICO - PO BOX 367 - SANTA FE, NM 87504 | 85-0481104 | 501(C)(3) | 6,433. | 0. | | | GENERAL OPERATING SUPPORT |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| CONGRESSIONAL MEDAL OF HONOR SOCIETY - 40 PATRIOTS POINT RD - MOUNT PLEASANT, SC 29464 | 52-6056376 | 501(C)(3) | 15,000. | 0. | | | GENERAL OPERATING SUPPORT |
| CORNELL UNIVERSITY 341 PINE TREE RD ITHACA, NY 14850 | 15-0532082 | 501(C)(3) | 5,210. | 0. | | | GENERAL OPERATING SUPPORT |
| CRISTO REY COLUMBUS HIGH SCHOOL 400 E TOWN ST COLUMBUS, OH 43215 | 27-4864843 | 170(C)(1) | 8,450. | 0. | | | GENERAL OPERATING SUPPORT |
| DISCOVER LIFE IN AMERICA 1316 CHEROKEE ORCHARD RD GATLINBURG, TN 37738 | 62-1770910 | 501(C)(3) | 7,500. | 0. | | | GENERAL OPERATING SUPPORT |
| DRAKE UNIVERSITY 2507 UNIVERSITY AVE DES MOINES, IA 50311 | 42-0680460 | 501(C)(3) | 6,720. | 0. | | | GENERAL OPERATING SUPPORT |
| EAST TENNESSEE FOUNDATION 520 W SUMMIT HILL DR KNOXVILLE, TN 37902 | 62-0807696 | 501(C)(3) | 1,930,350. | 0. | | | GENERAL OPERATING SUPPORT |
| EAST TENNESSEE HISTORICAL SOCIETY PO BOX 1629 KNOXVILLE, TN 37901 | 32-0320825 | 501(C)(3) | 15,000. | 0. | | | GENERAL OPERATING SUPPORT |
| ECHO OF BRANDON 507 N PARSONS AVE BRANDON, FL 33510 | 59-3051533 | 501(C)(3) | 7,500. | 0. | | | GENERAL OPERATING SUPPORT |
| ESPANOLA HUMANE 108 HAMM PKWY ESPANOLA, NM 87532 | 85-0406234 | 501(C)(3) | 22,621. | 0. | | | GENERAL OPERATING SUPPORT |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| FOOD DEPOT 1222 A SILER RD SANTA FE, NM 87507 | 85-0416803 | 501(C)(3) | 38,961. | 0. | | | GENERAL OPERATING SUPPORT |
| FOUNDATION FOR EXCELLENCE 526 W FREMONT AVE SUNNYVALE, CA 94087 | 77-0474749 | 501(C)(3) | 15,000. | 0. | | | GENERAL OPERATING SUPPORT |
| FOUR CORNERS GLOBAL OUTREACH 5801 W PLANO PKWY PLANO, TX 75093 | 27-1883284 | 501(C)(3) | 10,000. | 0. | | | GENERAL OPERATING SUPPORT |
| FREDERICK COMMUNITY COLLEGE FOUNDATION - 7932 OPOSUMTOWN PIKE - FREDERICK, MD 21702 | 52-1231768 | 501(C)(3) | 6,000. | 0. | | | SCHOLARSHIPS |
| FREDERICK COUNTY PUBLIC SCHOOLS 191 EAST SOUTH ST FREDERICK, MD 21701 | 52-6000941 | 170(C)(1) | 50,000. | 0. | | | STEM EDUCATION |
| FRIENDS OF THE ESPANOLA PUBLIC LIBRARY - 313 N PASEO DE ONATE - ESPANOLA, NM 87532 | 38-3798237 | 170(C)(1) | 6,445. | 0. | | | GENERAL OPERATING SUPPORT |
| FRIENDS OF THE SANTA FE PUBLIC LIBRARY - 145 WASHINGTON AVE - SANTA FE, NM 87501 | 51-0161692 | 170(C)(1) | 5,090. | 0. | | | GENERAL OPERATING SUPPORT |
| GIRLS INCORPORATED OF TN VALLEY PO BOX 7040 OAK RIDGE, TN 37831 | 59-1743795 | 501(C)(3) | 7,500. | 0. | | | GENERAL OPERATING SUPPORT |
| GOODWILL, COLUMBUS 1331 EDGEHILL ROAD COLUMBUS, OH 43212 | 31-4379448 | 501(C)(3) | 0. | 6,000. | FMV | 2005 CHEVY SUBURBAN TRUCK | GENERAL OPERATING SUPPORT |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| GREAT SMOKEY MOUNTAIN INSTITUTE 9275 TREMONT RD TOWNSEND, TN 37882 | 62-1833479 | 501(C)(3) | 7,500. | 0. | | | GENERAL OPERATING SUPPORT |
| GREAT SMOKY MOUNTAIN COUNCIL 373 CAMP BUCK TOMS RD ROCKWOOD, TN 37854 | 62-0476811 | 501(C)(3) | 5,750. | 0. | | | GENERAL OPERATING SUPPORT |
| GROWING UP NEW MEXICO 440 CERRILLOS RD SANTA FE, NM 87501 | 85-0163601 | 501(C)(3) | 32,395. | 0. | | | GENERAL OPERATING SUPPORT |
| HABITAT FOR HUMANITY 726 RIVERSIDE DR ESPAOLA, NM 87532 | 22-2598353 | 501(C)(3) | 7,908. | 0. | | | GENERAL OPERATING SUPPORT |
| HIGHLANDS FOUNDATION PO BOX 9000 LAS VEGAS, NM 87701 | 75-0121368 | 501(C)(3) | 7,075. | 0. | | | GENERAL OPERATING SUPPORT |
| HILLCREST HIGH SCHOOL 2800 OWEN ST IDAHO FALLS, ID 83406 | 82-6001206 | 170(C)(1) | 11,868. | 0. | | | GENERAL OPERATING SUPPORT |
| HOPE PREGNANCY CENTER PO BOX 1320 LOS ALAMOS, NM 87544 | 85-0423290 | 501(C)(3) | 13,861. | 0. | | | GENERAL OPERATING SUPPORT |
| IDAHO COMMUNITY FOUNDATION 210 W STATE ST BOISE, ID 83702 | 82-0425063 | 501(C)(3) | 23,750. | 0. | | | GENERAL OPERATING SUPPORT |
| IDAHO GOVERNOR'S CUP PO BOX 983 BOISE, ID 83701 | 20-8277116 | 501(C)(3) | 10,000. | 0. | | | IDAHO GOVERNOR'S CUP |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| IDAHO HISPANIC FOUNDATION 5465 E TERRA LINDA WAY NAMPA, ID 83687 | 83-0536327 | 501(C)(3) | 20,000. | 0. | | | GENERAL OPERATING SUPPORT |
| IDAHO STATE UNIVERSITY 921 S 8TH AVE POCATELLO, ID 83209 | 82-6000924 | 501(C)(3) | 11,500. | 0. | | | GENERAL OPERATING SUPPORT |
| IDAHO STEM ACTION CENTER FOUNDATION - 802 W BANNOCK ST - BOISE, ID 83702 | 82-2903945 | 501(C)(3) | 199,750. | 0. | | | GENERAL OPERATING SUPPORT |
| INSTITUTE ON SCIENCE FOR GLOBL POLICY - 13630 SAHUARO SUNSET RD - TUSCON, AZ 85749 | 45-3998749 | 501(C)(3) | 20,000. | 0. | | | COVID PROGRAMS |
| JEFFERSON SCHOOL 305 N 3700 E RIGBY, ID 83442 | 82-6000779 | 170(C)(1) | 17,500. | 0. | | | GENERAL OPERATING SUPPORT |
| JUNIOR ACHIEVEMENT OF EAST TENNESSEE - 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 | 501(C)(3) | 9,385. | 0. | | | GENERAL OPERATING SUPPORT |
| KNOXVILLE ZOOLOGICAL GARDENS 3500 KNOXVILLE ZOO DR KNOXVILLE, TN 37914 | 62-1034633 | 501(C)(3) | 7,500. | 0. | | | GENERAL OPERATING SUPPORT |
| LA CARES PO BOX 248 LOS ALAMOS, NM 87544 | 85-0431802 | 501(C)(3) | 5,409. | 0. | | | GENERAL OPERATING SUPPORT |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| LEGACY PARKS FOUNDATION 900 VOLUNTEER LANDING LANE KNOXVILLE, TN 37902 | 20-4631230 | 501(C)(3) | 7,500. | 0. | | | GENERAL OPERATING SUPPORT |
| LOS ALAMOS COMMUNITY FOUNDATION PO BOX 1225 LOS ALAMOS, NM 87544 | 35-2546420 | 501(C)(3) | 6,288. | 0. | | | GENERAL OPERATING SUPPORT |
| LOS ALAMOS FAMILY COUNCIL 1505 15TH ST LOS ALAMOS, NM 87544 | 85-0165066 | 501(C)(3) | 5,385. | 0. | | | GENERAL OPERATING SUPPORT |
| LOS ALAMOS INSTITUTE PO BOX 515 LOS ALAMOS, NM 87544 | 20-8369162 | 501(C)(3) | 9,500. | 0. | | | GENERAL OPERATING SUPPORT |
| LOS ALAMOS NATIONAL LABORATORY FOUNDATION - 1112 PLAZA DEL NORTE - ESPAOLA, NM 87532 | 74-2853972 | 501(C)(3) | 707,651. | 0. | | | GENERAL OPERATING SUPPORT |
| LOS ALAMOS PUBLIC SCHOOLS FOUNDATION - 1010 CENTRAL AVE - LOS ALAMOS, NM 87544 | 02-0773298 | 501(C)(3) | 15,235. | 0. | | | GENERAL OPERATING SUPPORT |
| LUNA COMMUNITY COLLEGE FOUNDATION 366 LUNA DR LAS VEGAS, NM 87701 | 74-2851490 | 501(C)(3) | 8,000. | 0. | | | GENERAL OPERATING SUPPORT |
| MANA DEL NORTE PO BOX 9236 SANTA FE, NM 87504 | 85-0436087 | 501(C)(3) | 5,500. | 0. | | | SCHOLARSHIPS |
| MESA TO MESA PO BOX 1008 ESPAOLA, NM 87532 | 47-2594591 | 501(C)(3) | 7,938. | 0. | | | GENERAL OPERATING SUPPORT |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| METRO EARLY COLLEGE 1929 KENNY RD COLUMBUS, OH 43210 | 90-0838465 | 501(C)(3) | 7,502,801. | 0. | | | GENERAL OPERATING SUPPORT |
| MID-OHIO FOODBANK 3960 BROOKHAVEN DR GROVE CITY, OH 43123 | 31-0865343 | 501(C)(3) | 39,760. | 0. | | | GENERAL OPERATING SUPPORT |
| MIDWAY MIDDLE SCHOOL 105 BLUFF RD KINGSTON, TN 37763 | 46-1439172 | 170(C)(1) | 12,000. | 0. | | | GENERAL OPERATING SUPPORT |
| MUSE KNOXVILLE 516 N BEAMAN ST KNOXVILLE, TN 37914 | 23-7039472 | 501(C)(3) | 10,000. | 0. | | | GENERAL OPERATING SUPPORT |
| MUSEUM OF APPALACHIA PO BOX 1189 CLINTON, TN 37828 | 04-3595011 | 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. | 0. | | | GENERAL OPERATING SUPPORT |
| MUSKEGON COUNTY COMMUNITY FOUNDATION - 425 W WESTERN AVE - MUSKEGON, MI 49440 | 38-6114135 | 501(C)(3) | 10,000. | 0. | | | GENERAL OPERATING SUPPORT |
| NATIONAL SOCIETY OF BLACK PHYSICISTS - 3033 WILSON BLVD - ARLINGTON, VA 22201 | 64-0800196 | 501(C)(3) | 6,000. | 0. | | | GENERAL OPERATING SUPPORT |
| NEUROTECH INSTITUTE 410 WEST 10TH AVE COLUMBUS, OH 43210 | 88-2087533 | 501(C)(3) | 5,000,000. | 0. | | | GENERAL OPERATING SUPPORT |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| NEW ALBANY COMMUNITY FOUNDATION 220 MARKET ST NEW ALBANY, OH 43054 | 31-1409264 | 501(C)(3) | 49,400. | 0. | | | GENERAL OPERATING SUPPORT |
| NEW MEXICO CONSORTIUM 4200 W JEMEZ RD LOS ALAMOS, NM 87544 | 26-0370262 | 501(C)(3) | 19,720. | 0. | | | GENERAL OPERATING SUPPORT |
| NEW YORK UNIVERSITY 105 E 17TH ST NEW YORK, NY 10003 | 13-5562308 | 501(C)(3) | 10,000. | 0. | | | GENERAL OPERATING SUPPORT |
| NNEMAP FOOD PANTRY PO BOX 10614 COLUMBUS, OH 43201 | 31-0896363 | 501(C)(3) | 10,100. | 0. | | | GENERAL OPERATING SUPPORT |
| NORTHERN NEW MEXICO COLLEGE FOUNDATION - 921 PASEO DE ONATE - ESPAOLA, NM 87532 | 74-2835828 | 501(C)(3) | 7,780. | 0. | | | GENERAL OPERATING SUPPORT |
| OAK RIDGE COMMUNITY PLAYHOUSE PO BOX 5705 OAK RIDGE, TN 37831 | 62-6002614 | 501(C)(3) | 10,250. | 0. | | | GENERAL OPERATING SUPPORT |
| OAK RIDGE PUBLIC SCHOOL EDUCATION FOUNDATION - P O BOX 117 - OAK RIDGE, TN 37831 | 62-1809810 | 501(C)(3) | 20,000. | 0. | | | GENERAL OPERATING SUPPORT |
| OHIO STATE UNIVERSITY FOUNDATION PO BOX 710811 COLUMBUS, OH 43271 | 31-1145986 | 501(C)(3) | 25,792. | 0. | | | GENERAL OPERATING SUPPORT |
| PAJARITO ENVIRONMENTAL EDUCATION CENTER - 2600 CANYON RD - LOS ALAMOS, NM 87544 | 85-0478101 | 501(C)(3) | 6,985. | 0. | | | GENERAL OPERATING SUPPORT |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| PELTONIA 450 W BROAD ST COLUMBUS, OH 43215 | 82-4997087 | 501(C)(3) | 16,968. | 0. | | | GENERAL OPERATING SUPPORT |
| POCATELLO-CHUBBUCK SCHOOL 3115 POLE LINE RD POCATELLO, ID 83201 | 82-6000591 | 170(C)(1) | 10,000. | 0. | | | GENERAL OPERATING SUPPORT |
| PROMUSICA CHAMBER ORCHESTRA 620 EAST BROAD ST COLUMBUS, OH 43215 | 31-0952873 | 501(C)(3) | 5,350. | 0. | | | GENERAL OPERATING SUPPORT |
| REDI FOR EASTERN IDAHO PO BOX 51564 IDAHO FALLS, ID 83405 | 82-0460529 | 501(C)(3) | 55,700. | 0. | | | GENERAL OPERATING SUPPORT |
| REGIONAL DEVELOPMENT CORP PO BOX 2698 ESPANOLA, NM 87532 | 74-2805791 | 501(C)(3) | 701,959. | 0. | | | GENERAL OPERATING SUPPORT |
| RIO ARRIBA ADULT LITERACY PROGRAM PO BOX 1113 ESPANOLA, NM 87532 | 46-0616148 | 501(C)(3) | 11,895. | 0. | | | GENERAL OPERATING SUPPORT |
| ROANE STATE FOUNDATION 276 PATTON LANE HARRIMAN, TN 37748 | 58-1413034 | 501(C)(3) | 34,000. | 0. | | | GENERAL OPERATING SUPPORT |
| ROCKY MOUNTAIN PUBLIC BROADCASTING NETWORK - 2101 ARAPAHOE ST - DENVER, CO 80202 | 84-0510785 | 501(C)(3) | 5,020. | 0. | | | GENERAL OPERATING SUPPORT |
| ROCKY MOUNTAIN YOUTH PO BOX 1960 RANCHOS DE TAOS, NM 87557 | 85-0404817 | 501(C)(3) | 6,655. | 0. | | | GENERAL OPERATING SUPPORT |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| SAINT ELIZABETH SHELTER 804 ALARID ST SANTA FE, NM 87505 | 85-0347650 | 501(C)(3) | 12,244. | 0. | | | GENERAL OPERATING SUPPORT |
| SALVATION ARMY 966 EAST MAIN ST COLUMBUS, OH 43205 | 13-5562351 | 501(C)(3) | 8,069. | 0. | | | GENERAL OPERATING SUPPORT |
| SANTA FE ANIMAL SHELTER AND HUMANE SOCIETY - 100 CAJA DEL RIO RD - SANTA FE, NM 87507 | 85-6000484 | 501(C)(3) | 5,641. | 0. | | | GENERAL OPERATING SUPPORT |
| SANTA FE BUSINESS INCUBATOR 3900 PASEO DEL SOL SANTA FE, NM 87507 | 85-0431271 | 501(C)(3) | 6,500. | 0. | | | GENERAL OPERATING SUPPORT |
| SANTA FE COMMUNITY FOUNDATION PO BOX 1827 SANTA FE, NM 87504 | 85-0303044 | 501(C)(3) | 9,608. | 0. | | | GENERAL OPERATING SUPPORT |
| SECOND CHANCE SHELTER 130 COUNTY RD 398 BOAZ, AL 35957 | 26-2717351 | 501(C)(3) | 10,000. | 0. | | | GENERAL OPERATING SUPPORT |
| SECRET CITY FESTIVAL OAK RIDGE TENNESSEE - 969 OAK RIDGE TPKE - OAK RIDGE, TN 37830 | 81-1946605 | 501(C)(3) | 7,500. | 0. | | | GENERAL OPERATING SUPPORT |
| SELF HELP 2390 NORTH RD LOS ALAMOS, NM 87544 | 85-0209449 | 501(C)(3) | 13,644. | 0. | | | GENERAL OPERATING SUPPORT |
| SHADOART PRODUCTIONS 503 S FRONT ST COLUMBUS, OH 43215 | 31-1340461 | 501(C)(3) | 10,200. | 0. | | | GENERAL OPERATING SUPPORT |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| SHORA FOUNDATION 2425 MARTIN LUTHER KING AVE KNOXVILLE, TN 37915 | 26-0907375 | 501(C)(3) | 7,500. | 0. | | | GENERAL OPERATING SUPPORT |
| SHOSHONE BANNOCK SCHOOL 17400 N HILINE RD POCATELLO, ID 83202 | 82-0197554 | 170(C)(1) | 25,000. | 0. | | | GENERAL OPERATING SUPPORT |
| ST JOSEPH MONTESSORI SCHOOL 933 HAMLET ST COLUMBUS, OH 43201 | 31-0912807 | 501(C)(3) | 10,000. | 0. | | | GENERAL OPERATING SUPPORT |
| ST JUDE CHILDRENS RESEARCH HOSPITAL - 262 DANNY THOMAS PL - MEMPHIS, TN 38105 | 62-0646012 | 501(C)(3) | 5,875. | 0. | | | GENERAL OPERATING SUPPORT |
| STEM SANTA FE PO BOX 33103 SANTA FE, NM 87594 | 82-2358193 | 501(C)(3) | 32,451. | 0. | | | GENERAL OPERATING SUPPORT |
| STONY BROOK FOUNDATION 230 ADMINISTRATION STONY BROOK, NY 11794 | 11-6077945 | 501(C)(3) | 5,200. | 0. | | | GENERAL OPERATING SUPPORT |
| SUMMER INSTITUTE OF LINGUISTICS 7500 W CAMP WISDOM RD DALLAS, TX 75236 | 75-1840827 | 501(C)(3) | 20,000. | 0. | | | GENERAL OPERATING SUPPORT |
| SUPERCOMPUTING CHALLENGE PO BOX 91824 ALBUQUERQUE, NM 87199 | 65-1207275 | 501(C)(3) | 21,437. | 0. | | | GENERAL OPERATING SUPPORT |
| TAOS COMMUNITY FOUNDATION PO BOX 1925 TAOS, NM 87571 | 85-0425147 | 501(C)(3) | 11,550. | 0. | | | GENERAL OPERATING SUPPORT |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| TRI-CITIES FOOD BANK 424 W DESCHUTES AVE KENNEWICK, WA 99336 | 91-1011971 | 501(C)(3) | 25,795. | 0. | | | GENERAL OPERATING SUPPORT |
| UNITED WAY OF IDAHO FALLS & BONNEVILLE - 330 SHOUP AVE - IDAHO FALLS, ID 83402 | 82-0233588 | 501(C)(3) | 45,350. | 0. | | | GENERAL OPERATING SUPPORT |
| UNITED WAY OF LONG ISLAND 819 GRAND BLVD DEER PARK, NY 11729 | 11-6042392 | 501(C)(3) | 25,000. | 0. | | | GENERAL OPERATING SUPPORT |
| UNITED WAY OF NORTHERN NEW MEXICO PO BOX 539 LOS ALAMOS, NM 87544 | 23-7138947 | 501(C)(3) | 244,509. | 0. | | | GENERAL OPERATING SUPPORT |
| UNITED WAY OF SOUTHEASTERN IDAHO PO BOX 911 POCATELLO, ID 83204 | 82-0209625 | 501(C)(3) | 11,500. | 0. | | | GENERAL OPERATING SUPPORT |
| UNITED WAY OF THE BLUEGRASS 100 MIDLAND AVE LEXINGTON, KY 40508 | 61-0444679 | 501(C)(3) | 8,510. | 0. | | | GENERAL OPERATING SUPPORT |
| UNIVERSITY OF IDAHO FOUNDATION 875 PERIMETER DR MOSCOW, ID 83844 | 23-7098404 | 501(C)(3) | 15,000. | 0. | | | IDAHO CLIMATE |
| UNIVERSITY OF NEW MEXICO FOUNDATION - 700 LOMAS BLVD - ALBUQUERQUE, NM 87102 | 85-0275408 | 501(C)(3) | 10,500. | 0. | | | GENERAL OPERATING SUPPORT |
| UNIVERSITY OF TENNESSEE FOUNDATION 800 ANDY HOLT TOWER KNOXVILLE, TN 37996 | 62-6001636 | 501(C)(3) | 21,110. | 0. | | | GENERAL OPERATING SUPPORT |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| UNIVERSITY OF WASHINGTON FOUNDATION - 320 MARY GATES HALL - SEATTLE, WA 98195 | 94-3079432 | 501(C)(3) | 13,550. | 0. | | | GENERAL OPERATING SUPPORT |
| US COAST GUARD ACADEMY ALUMNI ASSOC - 47 MOHEGAN AVE - NEW LONDON, CT 06320 | 61-1354978 | 501(C)(3) | 5,675. | 0. | | | GENERAL OPERATING SUPPORT |
| VANGUARD CHARITABLE ENDOWMENT PROGRAM - 100 VANGUARD BLVD - MALVERN, PA 17355 | 23-2888152 | 501(C)(3) | 15,869. | 0. | | | GENERAL OPERATING SUPPORT |
| VIRGINIA TECH FOUNDATION 902 PRICES FORK RD BLACKSBURG, VA 24060 | 54-0721690 | 501(C)(3) | 6,175. | 0. | | | GENERAL OPERATING SUPPORT |
| YMCA 1450 IRIS ST LOS ALAMOS, NM 87544 | 85-0130054 | 501(C)(3) | 11,474. | 0. | | | GENERAL OPERATING SUPPORT |
| YOUTHWORKS 1000 CORDOVA PL SANTA FE, NM 87505 | 85-0480524 | 501(C)(3) | 5,330. | 0. | | | GENERAL OPERATING SUPPORT |
| YWCA 420 W CLINCH AVE KNOXVILLE, TN 37902 | 62-0475701 | 501(C)(3) | 8,333. | 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 |

Schedule I (Form 990)

Part III

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

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|---------------------------------------|
| | | | | | |
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| | | | | | |
| | | | | | |

Part IV

Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

BATTELLE MEMORIAL INSTITUTE (BMI) SENDS A LETTER TO EACH ORGANIZATION THAT

STATES BY SIGNING AND DEPOSITING THE CHECK THEY ARE CONFIRMING THEY ARE A

501(C)(3) CHARITABLE ORGANIZATION OR A 170(C)(1) QUALIFYING GOVERNMENT

ENTITY. FOR LARGER GRANTS, BMI REQUESTS IN CONNECTION WITH SOME OF THE

ORGANIZATIONS, TO SIGN A DONOR OBJECTIVE LETTER THAT STATES THE SCOPE AND

PURPOSE OF THE DISTRIBUTION. THE BMI BOARD OF DIRECTORS HAS FINAL APPROVAL

FOR ANY DISTRIBUTIONS OVER \$500,000. BATTELLE ENERGY ALLIANCE LLC, BATTELLE

NATIONAL BIODEFENSE INSTITUTE LLC, BATTELLE SAVANNAH RIVER ALLIANCE LLC,

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), UNDER THE COLUMBUS FOUNDATION, A 501(C)(3)

PUBLIC CHARITY COMMUNITY FOUNDATION THAT IS LEGALLY AND FINANCIALLY

SEPARATE FROM BMI. A SUBSTANTIAL PORTION OF BMI'S CHARITABLE

DISTRIBUTIONS ARE MADE TO THE FUND. BMI RECOMMENDS DISTRIBUTIONS FROM

THE FUND TO QUALIFYING RECIPIENTS; HOWEVER, THE COLUMBUS FOUNDATION

MAKES FINAL DECISIONS ON THE ACTUAL DISTRIBUTIONS. FUNDS TRANSFERRED

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

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

BATTELLE MEMORIAL INSTITUTE

Employer identification number

31-4379427

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|---|---|
| <input checked="" type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input checked="" type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input checked="" type="checkbox"/> Tax indemnification and gross-up payments | <input checked="" type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

- b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain
- 2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

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.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" 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:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

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

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

Schedule J (Form 990) 2020

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.

| (A) Name and Title | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|--|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
| | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| (1) LEWIS VON THAER PRESIDENT & CEO | 637,040. 0. | 3,050,000. 0. | 546,762. 0. | 22,600. 0. | 22,304. 0. | 4,278,706. 0. | 0. 0. |
| (2) RONALD D. TOWNSEND EXECUTIVE VP, GLOBAL LAB OPS | 673,574. 0. | 1,700,774. 0. | 171,756. 0. | 19,775. 0. | 452. 0. | 2,566,331. 0. | 0. 0. |
| (3) EDWARD GRECCO EXECUTIVE VP, CFO | 486,599. 0. | 879,539. 0. | 22,250. 0. | 22,600. 0. | 26,963. 0. | 1,437,951. 0. | 0. 0. |
| (4) RUSSELL P. AUSTIN SR VP, GEN COUNSEL & SECRETARY | 442,214. 0. | 686,727. 0. | 5,397. 0. | 122,356. 0. | 15,038. 0. | 1,271,732. 0. | 0. 0. |
| (5) STEVEN F. ASHBY SR VP, LAB DIRECTOR | 489,001. 0. | 267,666. 0. | 99,932. 0. | 102,402. 0. | 24,819. 0. | 983,820. 0. | 0. 0. |
| (6) MARK T. PETERS EXECUTIVE VP, LAB DIRECTOR | 531,647. 0. | 279,404. 0. | 57,928. 0. | 26,251. 0. | 36,143. 0. | 931,373. 0. | 0. 0. |
| (7) PATRICK F. JARVIS SR VP, MARKETING & COMMUNICATIONS | 330,401. 0. | 526,767. 0. | 1,734. 0. | 34,890. 0. | 27,981. 0. | 921,773. 0. | 0. 0. |
| (8) MATTHEW L. VAUGHAN EXECUTIVE VP, CONTRACT RESEARCH | 272,997. 0. | 576,404. 0. | 1,667. 0. | 22,600. 0. | 23,074. 0. | 896,742. 0. | 0. 0. |
| (9) GEORGE LECAKES VP & GENERAL MANAGER | 340,603. 0. | 423,824. 0. | 4,059. 0. | 54,780. 0. | 1,109. 0. | 824,375. 0. | 0. 0. |
| (10) AIMEE KENNEDY SR VP, CHIEF HR OFFICER | 274,611. 0. | 371,625. 0. | 1,827. 0. | 26,516. 0. | 17,895. 0. | 692,474. 0. | 0. 0. |
| (11) MICHAEL JANUS VP & GENERAL MANAGER | 291,980. 0. | 284,728. 0. | 1,678. 0. | 92,670. 0. | 537. 0. | 671,593. 0. | 0. 0. |
| (12) JOSEPH BERGER VP COMM MARKETING & SALES | 196,877. 0. | 25,934. 0. | 335,978. 0. | 40,089. 0. | 23,317. 0. | 622,195. 0. | 0. 0. |
| (13) THOMAS E. MASON SENIOR VP 07/17 TO 11/17 | 0. 0. | 616,441. 0. | 0. 0. | 0. 0. | 0. 0. | 616,441. 0. | 0. 0. |
| (14) GEORGE KORCH LAB DIRECTOR | 363,564. 0. | 170,352. 0. | 26,337. 0. | 22,600. 0. | 822. 0. | 583,675. 0. | 0. 0. |
| (15) JUSTIN SANCHEZ FELLOW | 319,333. 0. | 46,675. 0. | 160,941. 0. | 14,125. 0. | 23,127. 0. | 564,201. 0. | 0. 0. |
| (16) JOHN WAGNER SR VP, LAB DIRECTOR FROM 11/20 | 359,342. 0. | 130,688. 0. | 1,752. 0. | 26,741. 0. | 32,904. 0. | 551,427. 0. | 0. 0. |

Schedule J (Form 990) 2020

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.

| (A) Name and Title | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|--|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
| | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| (17) THOMAS E. SHARPE ASST TREASURER & ASST SECRETARY | (i) 250,490. (ii) 0. | 59,014. | 2,248. | 85,947. | 20,168. | 417,867. | 0. |
| (18) BRIAN R. SMITH TREASURER | (i) 258,190. (ii) 0. | 56,533. | 1,479. | 43,179. | 22,805. | 382,186. | 0. |
| (19) MARK D. FERRIGO ASST TREAS. & CONTROLLER | (i) 111,954. (ii) 0. | 0. | 70,957. | 8,388. | 11,671. | 202,970. | 0. |
| (20) JOHN K. WELCH CHAIRMAN AND DIRECTOR | (i) 171,989. (ii) 0. | 0. | 0. | 0. | 0. | 171,989. | 0. |
| (21) STEPHEN D STEINOUR DIRECTOR | (i) 160,662. (ii) 0. | 0. | 0. | 0. | 0. | 160,662. | 0. |
| (22) SEAN C. O'KEEFE DIRECTOR | (i) 158,405. (ii) 0. | 0. | 0. | 0. | 0. | 158,405. | 0. |
| (23) BRETT BOSLEY ACTING CFO 7/17 TO 05/18 | (i) 51,343. (ii) 0. | 102,532. | 0. | 0. | 0. | 153,875. | 0. |
| (24) JOHN C. LECHLEITER DIRECTOR | (i) 153,567. (ii) 0. | 0. | 0. | 0. | 0. | 153,567. | 0. |
| (25) VICKY A. BAILEY DIRECTOR | (i) 152,582. (ii) 0. | 0. | 0. | 0. | 0. | 152,582. | 0. |
| (26) MICHAEL J. GASSER DIRECTOR | (i) 151,471. (ii) 0. | 0. | 0. | 0. | 0. | 151,471. | 0. |
| (27) MALESA LITTEAL SR VP, CHIEF HR OFFICER TO 9/19 | (i) 0. (ii) 0. | 133,908. | 0. | 0. | 0. | 133,908. | 0. |
| (i) | | | | | | | |
| (ii) | | | | | | | |
| (i) | | | | | | | |
| (ii) | | | | | | | |
| (i) | | | | | | | |
| (ii) | | | | | | | |
| (i) | | | | | | | |
| (ii) | | | | | | | |

Part III Supplemental Information

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

PART I, LINE 1A:

DIRECTORS, OFFICERS, AND STAFF TRAVEL ON THE CORPORATE PLANES. TRAVEL

EXPENSES COMPLY WITH A WRITTEN REIMBURSEMENT POLICY THAT FOLLOWS PUBLISHED

IRS GUIDANCE. ALL EXECUTIVES, INCLUDING THOSE INDIVIDUALS REPORTED ON PART

VII, ARE REQUIRED TO SUBSTANTIATE TRAVEL AND ENTERTAINMENT EXPENSES IN

ACCORDANCE WITH THE POLICY. INTERNAL AUDIT TESTED THE EXPENSE REPORTS

ASSOCIATED WITH DIRECTORS AND OFFICERS TRAVEL AND ENTERTAINMENT EXPENSES.

FOR 2020 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 IN

CONNECTION TO RELOCATION EXPENSES AND THE VALUE OF THE OFFICER'S COMPANION

TRAVEL AND RELOCATION EXPENSES WERE INCLUDED IN THE COMPENSATION OF SUCH

OFFICER REPORTED ON W-2.

BMI PROVIDES A TAX GROSS-UP FOR RELOCATION COSTS, AND OTHER MISCELLANEOUS

ITEMS. FOR 2020 ELEVEN OFFICERS AND NINE DIRECTORS HAD TAX GROSS UPS.

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

ACTIVITIES TO TAKE PLACE. FOR 2020 THERE WAS ONE CURRENT OFFICER WITH

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.

SOCIAL CLUB DUES.

PART I, LINE 4B:

EFFECTIVE OCTOBER 1, 2015, BATTELLE MEMORIAL INSTITUTE IMPLEMENTED THE

BATTELLE MEMORIAL INSTITUTE RETIREMENT BENEFITS RESTORATION PLAN

("RESTORATION PLAN"), A TOP HAT PLAN THAT REPLACES THE NOW TERMINATED

BATTELLE MEMORIAL INSTITUTE EXECUTIVE'S SECTION 457(F) PENSION PLAN. THE

RESTORATION PLAN IS A COMPONENT OF BATTELLE'S TOTAL COMPENSATION PACKAGE,

AND IT PROVIDES A DEFINED CONTRIBUTION ACCRUAL SPECIFIC TO PAY EARNED IN

EXCESS OF IRS PAY LIMITS. THESE CONTRIBUTIONS ARE VESTED ON A CLASS-YEAR

BASIS (5-YEARS AFTER CONTRIBUTION, OR AT AGE 65 IF EARLIER), AND ARE

TAXABLE TO THE PARTICIPANT IN THE YEAR OF VESTING. THE AMOUNT THAT BECOMES

VESTED/TAXABLE IS REPORTED ON THE PARTICIPANT'S FORM W-2 IN YEAR OF

VESTING. IN 2020, THREE WERE REPORTED WITH VESTED/TAXABLE COMPENSATION IN

COLUMN D OF PART VII AS APPLICABLE.

STEVEN ASHBY \$70,179

RON TOWNSEND \$157,452

GEORGE KORCH \$21,177

Part III Supplemental Information

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

PART I, LINE 7:

SHORT AND LONG-TERM INCENTIVE COMPENSATION PROGRAMS ARE TIED TO CORPORATE AND INDIVIDUAL PERFORMANCE.

PART I, LINE 8:

PAYMENTS IN PART VII SUBJECT TO THE INITIAL CONTRACT EXCEPTION:

LEWIS VON THAER - RETENTION PAYMENT

JUSTIN SANCHEZ - RETENTION PAYMENT

SCHEDULE J SUPPLEMENTAL INFORMATION

DIRECTORS ARE PAID AS INDEPENDENT CONTRACTORS IN PART VII.

EMPLOYEE WELFARE BENEFITS AND FRINGE BENEFITS:

IN ADDITION TO THE COMPENSATION AND RETIREMENT PLANS OTHERWISE LISTED

IN PART VII, THOSE INDIVIDUALS REPORTED ON PART VII WHO ARE EMPLOYEES

OF BMI ARE ELIGIBLE TO PARTICIPATE IN BMI'S EMPLOYEE WELFARE BENEFIT

AND GROUP INSURANCE PLANS ON THE SAME TERMS AS ANY OTHER EMPLOYEE.

CONTRIBUTIONS TO EMPLOYEE WELFARE BENEFIT AND GROUP INSURANCE PLANS ARE

MADE IN AGGREGATE BASED UPON GROUP ACTUARIAL FACTORS AND HISTORICAL

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.

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

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.

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

BENEFITS.

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

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.

TO FUND THE INSURANCE ARRANGEMENT. SUCH PAYMENTS ARE TREATED AS LOANS

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

LISTED IN SCHEDULE L, PART II.

SCHEDULE L
(Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No. 1545-0047

2020

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

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

▶ **Attach to Form 990 or Form 990-EZ.**

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

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

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

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

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

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

Part II Loans to and/or From Interested Persons.

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

| (a) Name of interested person | (b) Relationship with organization | (c) Purpose of loan | (d) Loan to or from the organization? | | (e) Original principal amount | (f) Balance due | (g) In default? | | (h) Approved by board or committee? | | (i) Written agreement? | |
|-------------------------------|------------------------------------|---------------------|---------------------------------------|------|-------------------------------|-----------------|-----------------|----|-------------------------------------|----|------------------------|----|
| | | | To | From | | | Yes | No | Yes | No | Yes | No |
| LEWIS VON THAER | OFFICER | SPLIT-DO | | X | 45,833. | 47,253. | | X | X | | X | |
| LEWIS VON THAER | OFFICER | SPLIT-DO | | X | 45,833. | 47,156. | | X | X | | X | |
| LEWIS VON THAER | OFFICER | SPLIT-DO | | X | 45,833. | 47,065. | | X | X | | X | |
| LEWIS VON THAER | OFFICER | SPLIT-DO | | X | 45,833. | 46,979. | | X | X | | X | |
| LEWIS VON THAER | OFFICER | SPLIT-DO | | X | 45,833. | 46,923. | | X | X | | X | |
| LEWIS VON THAER | OFFICER | SPLIT-DO | | X | 1,495,834. | 1,529,457. | | X | X | | X | |
| LEWIS VON THAER | OFFICER | SPLIT-DO | | X | 45,833. | 46,783. | | X | X | | X | |
| LEWIS VON THAER | OFFICER | SPLIT-DO | | X | 218,333. | 222,491. | | X | X | | X | |
| LEWIS VON THAER | OFFICER | SPLIT-DO | | X | 45,833. | 46,623. | | X | X | | X | |
| LEWIS VON THAER | OFFICER | SPLIT-DO | | X | 45,833. | 46,549. | | X | X | | X | |
| Total | | | | | | ▶ \$ | 7,385,093. | | | | | |

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 |
|-------------------------------|---|--------------------------|------------------------|---------------------------|
| | | | | |
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SEE PART V FOR CONTINUATIONS

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sharing of organization's revenues? | |
|-------------------------------|---|---------------------------|--------------------------------|---|----|
| | | | | Yes | No |
| | | | | | |
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Part V Supplemental Information.

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

SCHEDULE L, PART II, LOANS TO AND FROM INTERESTED PERSONS:

(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

(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

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 \$ 46,494.

(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 \$ 46,449.

(G) LOAN IN DEFAULT? = NO

(H) APPROVED BY BOARD OR COMMITTEE? = YES

(I) WRITTEN AGREEMENT? = 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: 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 \$ 46,421.

(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 \$ 46,376.

(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 \$ 46,332.

(G) LOAN IN DEFAULT? = NO

(H) APPROVED BY BOARD OR COMMITTEE? = YES

(I) WRITTEN AGREEMENT? = 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: 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 \$ 46,294.

(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 \$ 46,255.

(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 \$ 1,508,345.

(G) LOAN IN DEFAULT? = NO

(H) APPROVED BY BOARD OR COMMITTEE? = YES

(I) WRITTEN AGREEMENT? = YES

(A) NAME OF PERSON: LEWIS VON THAER

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 \$ 45,833. (F) BALANCE DUE \$ 46,299.

(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 \$ 245,833. (F) BALANCE DUE \$ 248,220.

(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 \$ 46,263.

(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

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 \$ 45,833. (F) BALANCE DUE \$ 46,271.

(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 \$ 46,210.

(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 \$ 46,128.

(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 \$ 46,049.

(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 \$ 45,970.

(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 \$ 45,898.

(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

Part V Supplemental Information

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

(E) ORIGINAL PRINCIPAL AMOUNT \$ 10,000. (F) BALANCE DUE \$ 10,288.

(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 \$ 10,269.

(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 \$ 110,000. (F) BALANCE DUE \$ 112,750.

(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.

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 \$ 310,000. (F) BALANCE DUE \$ 316,968.

(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 \$ 10,207.

(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 \$ 45,000. (F) BALANCE DUE \$ 45,857.

(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 \$ 10,172.

(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 \$ 10,156.

(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 \$ 10,144.

(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).

(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 \$ 11,693. (F) BALANCE DUE \$ 11,850.

(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 \$ 10,128.

(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 \$ 10,118.

(G) LOAN IN DEFAULT? = NO

(H) APPROVED BY BOARD OR COMMITTEE? = YES

(I) WRITTEN AGREEMENT? = 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 \$ 10,000. (F) BALANCE DUE \$ 10,109.

(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 \$ 10,100.

(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 \$ 10,092.

(G) LOAN IN DEFAULT? = NO

(H) APPROVED BY BOARD OR COMMITTEE? = YES

(I) WRITTEN AGREEMENT? = 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 \$ 410,000. (F) BALANCE DUE \$ 413,430.

(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 \$ 10,102.

(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 \$ 62,000. (F) BALANCE DUE \$ 62,602.

(G) LOAN IN DEFAULT? = NO

(H) APPROVED BY BOARD OR COMMITTEE? = YES

(I) WRITTEN AGREEMENT? = YES

(A) NAME OF PERSON: EDWARD GRECCO

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 \$ 10,000. (F) BALANCE DUE \$ 10,094.

(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 \$ 10,096.

(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 \$ 10,082.

(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

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 \$ 10,000. (F) BALANCE DUE \$ 10,064.

(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 \$ 10,047.

(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 \$ 10,030.

(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

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 \$ 10,000. (F) BALANCE DUE \$ 10,014.

(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 \$ 2,563.

(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

Part V Supplemental Information

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

(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 \$ 32,500. (F) BALANCE DUE \$ 33,231.

(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 \$ 2,552.

(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 \$ 6,500. (F) BALANCE DUE \$ 6,624.

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: 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 \$ 2,543.

(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 \$ 2,539.

(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 \$ 2,536.

(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: 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 \$ 2,500. (F) BALANCE DUE \$ 2,532.

(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 \$ 2,530.

(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).

(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 \$ 2,527.

(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 \$ 2,525.

(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 \$ 2,523.

(G) LOAN IN DEFAULT? = NO

(H) APPROVED BY BOARD OR COMMITTEE? = YES

(I) WRITTEN AGREEMENT? = 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 \$ 32,500. (F) BALANCE DUE \$ 32,772.

(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 \$ 2,525.

(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 \$ 8,500. (F) BALANCE DUE \$ 8,583.

(G) LOAN IN DEFAULT? = NO

(H) APPROVED BY BOARD OR COMMITTEE? = YES

(I) WRITTEN AGREEMENT? = 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 \$ 2,500. (F) BALANCE DUE \$ 2,523.

(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 \$ 2,524.

(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 \$ 2,521.

(G) LOAN IN DEFAULT? = NO

(H) APPROVED BY BOARD OR COMMITTEE? = YES

(I) WRITTEN AGREEMENT? = YES

(A) NAME OF PERSON: AIMEE KENNEDY

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 \$ 2,500. (F) BALANCE DUE \$ 2,516.

(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 \$ 2,512.

(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 \$ 2,507.

(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

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 \$ 2,503.

(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 \$ 17,063.

(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 \$ 426,033.

(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

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 \$ 16,667. (F) BALANCE DUE \$ 17,012.

(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 \$ 61,143.

(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 \$ 16,954.

(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

Part V Supplemental Information

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

(E) ORIGINAL PRINCIPAL AMOUNT \$ 16,667. (F) BALANCE DUE \$ 16,927.

(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 \$ 16,907.

(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 \$ 16,891.

(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 \$ 16,880.

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: 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 \$ 16,864.

(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 \$ 16,848.

(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 \$ 16,834.

(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: 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 \$ 16,820.

(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 \$ 420,152.

(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 \$ 40,388.

(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).

(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 \$ 102,248.

(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 \$ 10,190.

(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 \$ 201,673.

(G) LOAN IN DEFAULT? = NO

(H) APPROVED BY BOARD OR COMMITTEE? = YES

(I) WRITTEN AGREEMENT? = 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: 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 \$ 20,194.

(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 \$ 21,848.

(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 \$ 1,684.

(G) LOAN IN DEFAULT? = NO

(H) APPROVED BY BOARD OR COMMITTEE? = YES

(I) WRITTEN AGREEMENT? = 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 \$ 3,833. (F) BALANCE DUE \$ 3,871.

(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 \$ 1,682.

(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 \$ 1,683.

(G) LOAN IN DEFAULT? = NO

(H) APPROVED BY BOARD OR COMMITTEE? = YES

(I) WRITTEN AGREEMENT? = YES

(A) NAME OF PERSON: BRIAN SMITH

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 \$ 1,667. (F) BALANCE DUE \$ 1,680.

(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 \$ 1,677.

(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 \$ 1,675.

(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

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 \$ 1,667. (F) BALANCE DUE \$ 1,672.

(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 \$ 1,669.

(G) LOAN IN DEFAULT? = NO

(H) APPROVED BY BOARD OR COMMITTEE? = YES

(I) WRITTEN AGREEMENT? = YES

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization

BATTELLE MEMORIAL INSTITUTE

Employer identification number

31-4379427

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

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

CHARITABLE, EDUCATIONAL AND SCIENTIFIC PURPOSES, INCLUDING THE

UTILIZATION OF SCIENCE, THE SCIENTIFIC METHOD AND RESEARCH FOR THE

BENEFIT AND EDUCATION OF MANKIND.

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

BASIC AND APPLIED SCIENTIFIC RESEARCH, CREATE SCIENTIFIC KNOWLEDGE AND

TECHNICAL SOLUTIONS IN KEY AREAS OF SCIENCE, INCREASE THE AVAILABILITY

OF CLEAN AND ABUNDANT ENERGY, RESTORE AND PROTECT THE ENVIRONMENT,

ENGAGE IN EDUCATIONAL ACTIVITIES, AND CONTRIBUTE TO NATIONAL SECURITY.

FORM 990, PART 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

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

Schedule O (Form 990 or 990-EZ) 2020

| | |
|---|--|
| Name of the organization BATTELLE MEMORIAL INSTITUTE | Employer identification number 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 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

| | |
|---|--|
| Name of the organization BATTELLE MEMORIAL INSTITUTE | 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 AVAILABLE TO THE PUBLIC

FROM ITS WEB SITE. THE CONFLICT OF INTEREST POLICIES AND FINANCIAL

STATEMENTS ARE NOT MADE AVAILABLE TO THE PUBLIC.

FORM 990, PART IX, LINE 11G, OTHER FEES:

SUBCONTRACT & CONSULTING:

PROGRAM SERVICE EXPENSES 1,568,722,923.

MANAGEMENT AND GENERAL EXPENSES 799,482,470.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 2,368,205,393.

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 2,368,205,393.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CURRENCY TRANSLATION ADJUSTMENT 1,347,409.

PENSION AND POST RETIREMENT BENEFITS -22,114,214.

NONCONTROLLING INTEREST 78,120.

TOTAL TO FORM 990, PART XI, LINE 9 -20,688,685.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.

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

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization

BATTELLE MEMORIAL INSTITUTE

Employer identification number
31-4379427

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

| (a) Name, address, and EIN (if applicable) of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | (f) Direct controlling entity |
|--|--------------------------------------|---|---------------------|---------------------------|-------------------------------------|
| BATTELLE NATIONAL BIODEFENSE INSTITUTE, LLC - 04-3851808, 8300 RESEARCH PLAZA, FREDERICK, MD 21702 | MANAGEMENT OF NATIONAL LABORATORY | DELAWARE | 44,968,387. | 12,572,514. | BATTELLE MEMORIAL INSTITUTE |
| BATTELLE ENERGY ALLIANCE, LLC - 68-0588324 2525 N FREMONT AVE IDAHO FALLS, ID 83415 | MANAGEMENT OF NATIONAL LABORATORY | DELAWARE | 1,572,181,301. | 6,468,598. | BATTELLE MEMORIAL INSTITUTE |
| BATTELLE SAVANNAH RIVER ALLIANCE LLC - 85-0942867, SAVANNAH RIVER SITE, AIKEN, SC 29808 | MANAGEMENT OF NATIONAL LABORATORY | DELAWARE | 88,398,967. | 1,598,305. | BATTELLE MEMORIAL INSTITUTE |

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled entity? | |
|--|-------------------------|---|-------------------------------|---|-------------------------------------|--|----|
| | | | | | | Yes | No |
| BATTELLE EDUCATION - 46-0585021 505 KING AVENUE COLUMBUS, OH 43201 | PROMOTE STEM EDUCATION | OHIO | 501(C)(3) | 12 (A) I | BATTELLE MEMORIAL INSTITUTE | | X |
| NATIONAL ECOLOGICAL OBSERVATORY NETWORK, INC. - 20-4510571, 1685 38TH ST. SUITE 100, BOULDER, CO 80301 | ECOLOGICAL MONITORING | DISTRICT OF COLUMBIA | 501(C)(3) | 7 | BATTELLE MEMORIAL INSTITUTE | | X |

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

Schedule R (Form 990) 2020

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income (related, unrelated, excluded from tax under sections 512-514) | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportionate allocations? | | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | (k) Percentage ownership |
|---|---------------------------------|---|---------------------------------------|---|---------------------------------|--|---|----|---|---|--------------------------------|
| | | | | | | | Yes | No | | | |
| AMPLIFYBIO LLC - 86-2301671 | | | | | | | | | | | |
| 1425 PLAIN CITY-GEORGESVILLE ROAD, WEST JEFFERSON, OH 43162 | ADVANCED MEDICAL RESEARCH | DE | BATTELLE SERVICES COMPANY, INC. | UNRELATED | 0. | 0. | X | | N/A | X | 55.56% |
| | | | | | | | | | | | |
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership | (i) Section 512(b)(13) controlled entity? | |
|---|----------------------------------|---|-------------------------------------|--|---------------------------------|--|--------------------------------|---|----|
| | | | | | | | | Yes | No |
| BATTELLE ARABIA FOR SCIENCE & TECHNOLOGY AL-AKARIA PLAZA, LEVEL 6, NORTH WING, GATE D, RIYADH, SAUDI ARABIA 11673 | SCIENTIFIC RESEARCH (DORMANT) | SAUDI ARABIA | BATTELLE MEMORIAL INSTITUTE | C CORP | 0. | 0. | 100% | X | |
| BATTELLE LABORATORY MANAGEMENT SERVICES LLC - 82-5131944, 505 KING AVENUE, COLUMBUS, OH 43201 | LAB MANAGEMENT (DORMANT) | DE | BATTELLE MEMORIAL INSTITUTE | C CORP | 0. | 0. | 100% | X | |
| BATTELLE OKLAHOMA LLC - 20-0292062 505 KING AVENUE COLUMBUS, OH 43201 | REAL ESTATE ACTIVITIES | OK | BATTELLE MEMORIAL INSTITUTE | C CORP | 0. | 0. | 100% | X | |
| BATTELLE SERVICES COMPANY INC. - 31-1792334 505 KING AVENUE COLUMBUS, OH 43201 | EMPLOYEE LEASING | OH | BATTELLE MEMORIAL INSTITUTE | C CORP | 0. | 104,952,805. | 100% | X | |
| BATTELLE UK LIMITED 29 SPRINGFIELD LYONS APPROACH CHELMSFORD ESSEX, UNITED KINGDOM CM2 5LB | SCIENTIFIC RESEARCH | UNITED KINGDOM | BATTELLE MEMORIAL INSTITUTE | C CORP | 14,199,897. | 19,870,451. | 100% | X | |

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

| | Yes | No |
|--|-----|----|
| a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity | X | |
| b Gift, grant, or capital contribution to related organization(s) | X | |
| c Gift, grant, or capital contribution from related organization(s) | | X |
| d Loans or loan guarantees to or for related organization(s) | X | |
| e Loans or loan guarantees by related organization(s) | | X |
| f Dividends from related organization(s) | | |
| g Sale of assets to related organization(s) | | X |
| h Purchase of assets from related organization(s) | | X |
| i Exchange of assets with related organization(s) | | X |
| j Lease of facilities, equipment, or other assets to related organization(s) | | X |
| k Lease of facilities, equipment, or other assets from related organization(s) | | |
| l Performance of services or membership or fundraising solicitations for related organization(s) | X | |
| m Performance of services or membership or fundraising solicitations by related organization(s) | X | |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | X | |
| o Sharing of paid employees with related organization(s) | X | |
| p Reimbursement paid to related organization(s) for expenses | | X |
| q Reimbursement paid by related organization(s) for expenses | X | |
| r Other transfer of cash or property to related organization(s) | | |
| s Other transfer of cash or property from related organization(s) | | X |

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

| (a) Name of related organization | (b) Transaction type (as) | (c) Amount involved | (d) Method of determining amount involved |
|---|------------------------------|------------------------|--|
| (1) BATTELLE SERVICES COMPANY - SPECIFIED PAYMENT | A | 14,237. FMV | |
| (2) GEOSAFE CORPORATION - SPECIFIED PAYMENT | A | 152,525. FMV | |
| (3) AMPLIFYBIO LLC | B | 100,000,000. FMV | |
| (4) AMPLIFYBIO LLC | D | 1,000,000. FMV | |
| (5) AMPLIFYBIO LLC | L | 4,090,582. FMV | |
| (6) BATTELLE UK LIMITED | L | 265,763. FMV | |

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

| | (a) Name of other organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|------|-----------------------------------|-------------------------------|------------------------|--|
| (7) | SEEBYTE LIMITED | L | 121,766. | FMV |
| (8) | AMPLIFYBIO LLC | M | 2,753,308. | FMV |
| (9) | SEEBYTE LIMITED | M | 230,757. | FMV |
| (10) | SEEBYTE HOLDINGS | M | 229,594. | FMV |
| (11) | AMPLIFYBIO LLC | Q | 347,729. | FMV |
| (12) | BATTELLE OKLAHOMA | S | 323,350. | FMV |
| (13) | | | | |
| (14) | | | | |
| (15) | | | | |
| (16) | | | | |
| (17) | | | | |
| (18) | | | | |
| (19) | | | | |
| (20) | | | | |
| (21) | | | | |
| (22) | | | | |
| (23) | | | | |
| (24) | | | | |

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. SERVICES TO BMI AND BMI'S SWITZERLAND AND UNITED KINGDOM AFFILIATES WERE PROVIDED UNDER ARMS-LENGTH TERMS AND AT PRICING WHICH COMPLIED WITH THE INTER-COMPANY TRANSFER PRICING RULES OF SWITZERLAND, 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 WERE CONDUCTED AT FAIR MARKET VALUE RATES AND ARE IN ACCORDANCE WITH INTERNAL REVENUE CODE SECTION 482 AND OTHER APPLICABLE INTER-COMPANY TRANSFER PRICING RULES. THESE TRANSACTIONS HAVE BEEN APPROVED AND DOCUMENTED AND CONDUCTED IN THE ORDINARY COURSE OF BUSINESS.

SCHEDULE R, PART VI

BMI IS REQUIRED TO CONSOLIDATE BROOKHAVEN SCIENCE ASSOCIATES, LLC, 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.

SCHEDULE R, PART V, LINE 1M AND 1N

BMI SHARES EMPLOYEES, FACILITIES, AND EQUIPMENT WITH BATTELLE EDUCATION.

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

2020

For calendar year 2020 or other tax year beginning OCT 1, 2020, and ending SEP 30, 2021

▶ **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).**

Department of the Treasury
Internal Revenue Service

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

| | | | |
|---|-----------------------------|--|---|
| <p>A <input type="checkbox"/> Check box if address changed.</p> <p>B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a) <input type="checkbox"/> 529S</p> | <p>Print or Type</p> | <p>Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) BATTELLE MEMORIAL INSTITUTE</p> <p>Number, street, and room or suite no. If a P.O. box, see instructions. 505 KING AVENUE</p> <p>City or town, state or province, country, and ZIP or foreign postal code COLUMBUS, OH 43201-2693</p> | <p>D Employer identification number 31-4379427</p> <p>E Group exemption number (see instructions)</p> <p>F <input type="checkbox"/> Check box if an amended return.</p> |
| <p>C Book value of all assets at end of year 1,558,568,214.</p> | | | |
| <p>G Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust <input type="checkbox"/> Applicable reinsurance entity</p> | | | |
| <p>H Check if filing only to ▶ <input type="checkbox"/> Claim credit from Form 8941 <input type="checkbox"/> Claim a refund shown on Form 2439</p> | | | |
| <p>I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation ▶ <input type="checkbox"/></p> | | | |
| <p>J Enter the number of attached Schedules A (Form 990-T) 5</p> | | | |
| <p>K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," enter the name and identifying number of the parent corporation. ▶</p> | | | |
| <p>L The books are in care of ▶ EDWARD GRECCO Telephone number ▶ 614-424-7997</p> | | | |

Part I Total Unrelated Business Taxable Income

| | | |
|--|-----------|------------|
| 1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) | 1 | 5,312,850. |
| 2 Reserved | 2 | |
| 3 Add lines 1 and 2 | 3 | 5,312,850. |
| 4 Charitable contributions (see instructions for limitation rules) STMT 1 STMT 2 | 4 | 531,185. |
| 5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3 | 5 | 4,781,665. |
| 6 Deduction for net operating loss. See instructions | 6 | |
| 7 Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5 | 7 | 4,781,665. |
| 8 Specific deduction (generally \$1,000, but see instructions for exceptions) | 8 | 1,000. |
| 9 Trusts. Section 199A deduction. See instructions | 9 | |
| 10 Total deductions. Add lines 8 and 9 | 10 | 1,000. |
| 11 Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero | 11 | 4,780,665. |

Part II Tax Computation

| | | |
|---|----------|------------|
| 1 Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21) | 1 | 1,003,940. |
| 2 Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041) | 2 | |
| 3 Proxy tax. See instructions | 3 | |
| 4 Other tax amounts. See instructions | 4 | |
| 5 Alternative minimum tax (trusts only) | 5 | |
| 6 Tax on noncompliant facility income. See instructions | 6 | |
| 7 Total. Add lines 3 through 6 to line 1 or 2, whichever applies | 7 | 1,003,940. |

LHA For Paperwork Reduction Act Notice, see instructions.

Part III Tax and Payments

| | | | | |
|-----------|--|-----------|----------|------------|
| 1a | Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) | 1a | | |
| b | Other credits (see instructions) | 1b | | |
| c | General business credit. Attach Form 3800 (see instructions) | 1c | 1,937. | |
| d | Credit for prior year minimum tax (attach Form 8801 or 8827) | 1d | | |
| e | Total credits. Add lines 1a through 1d | 1e | | 1,937. |
| 2 | Subtract line 1e from Part II, line 7 | 2 | | 1,002,003. |
| 3 | Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach statement) | 3 | | |
| 4 | Total tax. Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here | 4 | | 1,002,003. |
| 5 | 2020 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4 | 5 | | 0. |
| 6a | Payments: A 2019 overpayment credited to 2020 | 6a | 658,612. | |
| b | 2020 estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/> | 6b | 250,000. | |
| c | Tax deposited with Form 8868 | 6c | 800,000. | |
| d | Foreign organizations: Tax paid or withheld at source (see instructions) | 6d | | |
| e | Backup withholding (see instructions) | 6e | | |
| f | Credit for small employer health insurance premiums (attach Form 8941) | 6f | | |
| g | Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total | 6g | | |
| 7 | Total payments. Add lines 6a through 6g | 7 | | 1,708,612. |
| 8 | Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/> | 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 | | 706,609. |
| 11 | Enter the amount of line 10 you want: Credited to 2021 estimated tax 706,609. Refunded | 11 | | 0. |

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

| | Yes | No |
|--|-----|----|
| 1 At any time during the 2020 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here SEE STATEMENT 3 | X | |
| 2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file. | | X |
| 3 Enter the amount of tax-exempt interest received or accrued during the tax year \$ | | |
| 4a Did the organization change its method of accounting? (see instructions) | | X |
| b If 4a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V | | |

Part V Supplemental Information

Provide the explanation required by Part IV, line 4b. Also, provide any other additional information. See instructions.

Sign Here

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

Signature of officer _____ Date _____ ASST TREASURER _____ Title _____

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

Paid Preparer Use Only

Print/Type preparer's name _____ Preparer's signature _____ Date _____ Check if self-employed PTIN _____

Firm's name _____ Firm's EIN _____

Firm's address _____ Phone no. _____

FORM 990-T

CONTRIBUTIONS

STATEMENT 1

DESCRIPTION/KIND OF PROPERTY

METHOD USED TO DETERMINE FMV

AMOUNT

50% CASH ONLY

N/A

735,488.

TOTAL TO FORM 990-T, PART I, LINE 4

735,488.

FORM 990-T

CONTRIBUTIONS SUMMARY

STATEMENT 2

QUALIFIED CONTRIBUTIONS SUBJECT TO 100% LIMIT
 QUALIFIED CONTRIBUTIONS SUBJECT TO 25% LIMIT

CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS
 FOR TAX YEAR 2015
 FOR TAX YEAR 2016
 FOR TAX YEAR 2017
 FOR TAX YEAR 2018 187,135
 FOR TAX YEAR 2019

TOTAL CARRYOVER 187,135
 TOTAL CURRENT YEAR 10% CONTRIBUTIONS 735,488

TOTAL CONTRIBUTIONS AVAILABLE 922,623
 TAXABLE INCOME LIMITATION AS ADJUSTED 531,185

EXCESS CONTRIBUTIONS 391,438
 EXCESS 100% CONTRIBUTIONS 0
 TOTAL EXCESS CONTRIBUTIONS 391,438

ALLOWABLE CONTRIBUTIONS DEDUCTION 531,185

TOTAL CONTRIBUTION DEDUCTION 531,185

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).

ENTITY

1

OMB No. 1545-0047

2020

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

| | |
|---|---|
| A Name of the organization BATTELLE MEMORIAL INSTITUTE | B Employer identification number 31-4379427 |
| C Unrelated business activity code (see instructions) ▶ 541700 | D Sequence: 1 of 5 |

E Describe the unrelated trade or business ▶ **COMMERCIAL/UNRELATED SERVICES**

| Part I Unrelated Trade or Business Income | (A) Income | (B) Expenses | (C) Net |
|---|-----------------------|--------------|------------|
| 1 a Gross receipts or sales 68,683,505. | | | |
| b Less returns and allowances c Balance ▶ | 1c 68,683,505. | | |
| 2 Cost of goods sold (Part III, line 8) | 2 62,877,228. | | |
| 3 Gross profit. Subtract line 2 from line 1c | 3 5,806,277. | | 5,806,277. |
| 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 | | |
| c 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 5,806,277. | | 5,806,277. |

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 STATEMENT 4 | 5 | 247,650. |
| 6 Taxes and licenses | 6 | 60,851. |
| 7 Depreciation (attach Form 4562) (see instructions) | 7 | 599,380. |
| 8 Less depreciation claimed in Part III and elsewhere on return | 8a | |
| | | 599,380. |
| 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 STATEMENT 5 | 14 | 395,071. |
| 15 Total deductions. Add lines 1 through 14 | 15 | 1,302,952. |
| 16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C) | 16 | 4,503,325. |
| 17 Deduction for net operating loss (see instructions) | 17 | 0. |
| 18 Unrelated business taxable income. Subtract line 17 from line 16 | 18 | 4,503,325. |

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2020

| Part III Cost of Goods Sold | | Enter method of inventory valuation ▶ N/A | |
|------------------------------------|--|--|---|
| 1 | Inventory at beginning of year | 1 | 0. |
| 2 | Purchases | 2 | 0. |
| 3 | Cost of labor | 3 | 0. |
| 4 | Additional section 263A costs (attach statement) | 4 | 0. |
| 5 | Other costs (attach statement) STATEMENT 6 | 5 | 62,877,228. |
| 6 | Total. Add lines 1 through 5 | 6 | 62,877,228. |
| 7 | Inventory at end of year | 7 | 0. |
| 8 | Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2 | 8 | 62,877,228. |
| 9 | Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

| Part IV Rent Income (From Real Property and Personal Property Leased with Real Property) | | | | |
|---|---|---|---|----|
| 1 | Description of property (property street address, city, state, ZIP code). Check if a dual-use (see instructions) | | | |
| A | <input type="checkbox"/> | | | |
| B | <input type="checkbox"/> | | | |
| C | <input type="checkbox"/> | | | |
| D | <input type="checkbox"/> | | | |
| 2 | Rent received or accrued | A | B | C |
| 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) | | | |
| c | 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 and on Part I, line 6, column (A) ▶ | | | 0. |
| 4 | Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) | | | |
| 5 | Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B) ▶ | | | 0. |

| Part V Unrelated Debt-Financed Income (see instructions) | | | | |
|---|---|---|---|----|
| 1 | Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use (see instructions) | | | |
| A | <input type="checkbox"/> | | | |
| B | <input type="checkbox"/> | | | |
| C | <input type="checkbox"/> | | | |
| D | <input type="checkbox"/> | | | |
| 2 | Gross income from or allocable to debt-financed property | A | B | C |
| 3 | Deductions directly connected with or allocable to debt-financed property | | | |
| a | Straight line depreciation (attach statement) | | | |
| b | Other deductions (attach statement) | | | |
| c | 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 I, line 7, column (A) ▶ | | | 0. |
| 9 | Allocable deductions. Multiply line 3c by line 6 | | | |
| 10 | Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) ▶ | | | 0. |
| 11 | Total dividends-received deductions included in line 10 ▶ | | | 0. |

Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations (see instructions)

| | | Exempt Controlled Organizations | | | |
|------------------------------------|---|---|--|---|--|
| 1. Name of controlled organization | 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 organization's gross income | 6. Deductions directly connected with income in column 5 |
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| Nonexempt Controlled Organizations | | | | | |
| 7. Taxable Income | 8. Net unrelated income (loss) (see instructions) | 9. Total of specified payments made | 10. Part of column 9 that is included in the controlling organization's gross income | 11. Deductions directly connected with income in column 10 | |
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| | | | Add columns 5 and 10. Enter here and on Part I, line 8, column (A) | Add columns 6 and 11. Enter here and on Part I, line 8, column (B) | |
| Totals | | | 0. | 0. | |

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

| 1. Description of income | 2. Amount of income | 3. Deductions directly connected (attach statement) | 4. Set-asides (attach statement) | 5. Total deductions and set-asides (add cols 3 and 4) |
|--------------------------|---------------------|---|----------------------------------|---|
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| | | Add amounts in column 2. Enter here and on Part I, line 9, column (A) | | Add amounts in column 5. Enter here and on Part I, line 9, column (B) |
| Totals | | 0. | | 0. |

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

| | | | |
|---|--|---|--|
| 1 | Description of exploited activity: _____ | | |
| 2 | Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A) | 2 | |
| 3 | Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B) | 3 | |
| 4 | Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7 | 4 | |
| 5 | Gross income from activity that is not unrelated business income | 5 | |
| 6 | Expenses attributable to income entered on line 5 | 6 | |
| 7 | Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12 | 7 | |

| FORM 990-T (A) | INTEREST PAID | STATEMENT 4 |
|--------------------------------------|---------------|-------------|
| DESCRIPTION | | AMOUNT |
| INTEREST EXPENSE | | 247,650. |
| TOTAL TO SCHEDULE A, PART II, LINE 5 | | 247,650. |

| FORM 990-T (A) | OTHER DEDUCTIONS | STATEMENT 5 |
|---------------------------------------|------------------|-------------|
| DESCRIPTION | | AMOUNT |
| CORPORATE AND DIVISIONAL OVERHEAD | | 395,071. |
| TOTAL TO SCHEDULE A, PART II, LINE 14 | | 395,071. |

| FORM 990-T (A) | COST OF GOODS SOLD - OTHER COSTS | STATEMENT 6 |
|---|----------------------------------|-------------|
| DESCRIPTION | | AMOUNT |
| COST OF SALES - COMMERCIAL UNRELATED SERVICES | | 62,877,228. |
| TOTAL TO FORM 990-T, SCHEDULE A, LINE 5 | | 62,877,228. |

**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).

ENTITY

2

OMB No. 1545-0047

2020

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

| | |
|---|---|
| A Name of the organization BATTELLE MEMORIAL INSTITUTE | B Employer identification number 31-4379427 |
| C Unrelated business activity code (see instructions) ▶ 339110 | D Sequence: 2 of 5 |

E Describe the unrelated trade or business ▶ MANUFACTURING

| Part I Unrelated Trade or Business Income | (A) Income | (B) Expenses | (C) Net |
|---|----------------------|--------------|------------|
| 1 a Gross receipts or sales 2,242,951. | | | |
| b Less returns and allowances c Balance ▶ | 1c 2,242,951. | | |
| 2 Cost of goods sold (Part III, line 8) | 2 1,238,264. | | |
| 3 Gross profit. Subtract line 2 from line 1c | 3 1,004,687. | | 1,004,687. |
| 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 | | |
| c 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 1,004,687. | | 1,004,687. |

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 STATEMENT 7 | 5 | 42,852. |
| 6 Taxes and licenses | 6 | 10,529. |
| 7 Depreciation (attach Form 4562) (see instructions) | 7 | 103,714. |
| 8 Less depreciation claimed in Part III and elsewhere on return | 8a | |
| | 8b | 103,714. |
| 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 STATEMENT 8 | 14 | 68,361. |
| 15 Total deductions. Add lines 1 through 14 | 15 | 225,456. |
| 16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C) | 16 | 779,231. |
| 17 Deduction for net operating loss (see instructions) | 17 | 0. |
| 18 Unrelated business taxable income. Subtract line 17 from line 16 | 18 | 779,231. |

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2020

| Part III Cost of Goods Sold | | Enter method of inventory valuation ▶ N/A | |
|------------------------------------|--|---|---|
| 1 | Inventory at beginning of year | 1 | 0. |
| 2 | Purchases | 2 | 0. |
| 3 | Cost of labor | 3 | 0. |
| 4 | Additional section 263A costs (attach statement) | 4 | 0. |
| 5 | Other costs (attach statement) STATEMENT 9 | 5 | 1,238,264. |
| 6 | Total. Add lines 1 through 5 | 6 | 1,238,264. |
| 7 | Inventory at end of year | 7 | 0. |
| 8 | Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2 | 8 | 1,238,264. |
| 9 | Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

| Part IV Rent Income (From Real Property and Personal Property Leased with Real Property) | | | | |
|---|---|---|---|----|
| 1 | Description of property (property street address, city, state, ZIP code). Check if a dual-use (see instructions) | | | |
| A | <input type="checkbox"/> | | | |
| B | <input type="checkbox"/> | | | |
| C | <input type="checkbox"/> | | | |
| D | <input type="checkbox"/> | | | |
| 2 | Rent received or accrued | A | B | C |
| 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) | | | |
| c | 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 and on Part I, line 6, column (A) ▶ | | | 0. |
| 4 | Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) | | | |
| 5 | Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B) ▶ | | | 0. |

| Part V Unrelated Debt-Financed Income (see instructions) | | | | |
|---|---|---|---|----|
| 1 | Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use (see instructions) | | | |
| A | <input type="checkbox"/> | | | |
| B | <input type="checkbox"/> | | | |
| C | <input type="checkbox"/> | | | |
| D | <input type="checkbox"/> | | | |
| 2 | Gross income from or allocable to debt-financed property | A | B | C |
| 3 | Deductions directly connected with or allocable to debt-financed property | | | |
| a | Straight line depreciation (attach statement) | | | |
| b | Other deductions (attach statement) | | | |
| c | 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 I, line 7, column (A) ▶ | | | 0. |
| 9 | Allocable deductions. Multiply line 3c by line 6 | | | |
| 10 | Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) ▶ | | | 0. |
| 11 | Total dividends-received deductions included in line 10 | | | 0. |

Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations (see instructions)

| 1. Name of controlled organization | 2. Employer identification number | Exempt Controlled Organizations | | | |
|------------------------------------|-----------------------------------|---|-------------------------------------|---|--|
| | | 3. Net unrelated income (loss) (see instructions) | 4. Total of specified payments made | 5. Part of column 4 that is included in the controlling organization's gross income | 6. Deductions directly connected with income in column 5 |
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |

Nonexempt Controlled Organizations

| 7. Taxable Income | 8. Net unrelated income (loss) (see instructions) | 9. Total of specified payments made | 10. Part of column 9 that is included in the controlling organization's gross income | 11. Deductions directly connected with income in column 10 |
|-------------------|---|-------------------------------------|--|--|
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |

| | | | | |
|--|--|--|--|--|
| | | | Add columns 5 and 10. Enter here and on Part I, line 8, column (A) | Add columns 6 and 11. Enter here and on Part I, line 8, column (B) |
| | | | 0. | 0. |

Totals

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

| 1. Description of income | 2. Amount of income | 3. Deductions directly connected (attach statement) | 4. Set-asides (attach statement) | 5. Total deductions and set-asides (add cols 3 and 4) |
|--------------------------|---------------------|---|----------------------------------|---|
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| | | Add amounts in column 2. Enter here and on Part I, line 9, column (A) | | Add amounts in column 5. Enter here and on Part I, line 9, column (B) |
| | | 0. | | 0. |

Totals

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

| | | | |
|---|--|---|--|
| 1 | Description of exploited activity: _____ | | |
| 2 | Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A) | 2 | |
| 3 | Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B) | 3 | |
| 4 | Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7 | 4 | |
| 5 | Gross income from activity that is not unrelated business income | 5 | |
| 6 | Expenses attributable to income entered on line 5 | 6 | |
| 7 | Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12 | 7 | |

| FORM 990-T (A) | INTEREST PAID | STATEMENT 7 |
|--------------------------------------|---------------|-------------|
| DESCRIPTION | | AMOUNT |
| INTEREST EXPENSE | | 42,852. |
| TOTAL TO SCHEDULE A, PART II, LINE 5 | | 42,852. |

| FORM 990-T (A) | OTHER DEDUCTIONS | STATEMENT 8 |
|---------------------------------------|------------------|-------------|
| DESCRIPTION | | AMOUNT |
| CORPORATE AND DIVISIONAL OVERHEAD | | 68,361. |
| TOTAL TO SCHEDULE A, PART II, LINE 14 | | 68,361. |

| FORM 990-T (A) | COST OF GOODS SOLD - OTHER COSTS | STATEMENT 9 |
|---|----------------------------------|-------------|
| DESCRIPTION | | AMOUNT |
| COST OF SALES - MANUFACTURING | | 1,238,264. |
| TOTAL TO FORM 990-T, SCHEDULE A, LINE 5 | | 1,238,264. |

**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).

ENTITY

3

OMB No. 1545-0047

2020

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

| | |
|---|---|
| A Name of the organization BATTELLE MEMORIAL INSTITUTE | B Employer identification number 31-4379427 |
| C Unrelated business activity code (see instructions) ▶ 900099 | D Sequence: 3 of 5 |

E Describe the unrelated trade or business ▶ QUALIFYING PARTNERSHIP INTEREST

| Part I Unrelated Trade or Business Income | (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 (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 | | |
| c Capital loss deduction for trusts | 4c | | |
| 5 Income (loss) from a partnership or an S corporation (attach statement) STATEMENT 10 | 5 -647,080. | | -647,080. |
| 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 -647,080. | | -647,080. |

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 | | |
| 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 13, column (C) | 16 | | -647,080. |
| 17 Deduction for net operating loss (see instructions) | 17 | | 0. |
| 18 Unrelated business taxable income. Subtract line 17 from line 16 | 18 | | -647,080. |

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2020

Part III Cost of Goods Sold Enter method of inventory valuation

| | | | |
|---|--|---|--|
| 1 | Inventory at beginning of year | 1 | |
| 2 | Purchases | 2 | |
| 3 | Cost of labor | 3 | |
| 4 | Additional section 263A costs (attach statement) | 4 | |
| 5 | Other costs (attach statement) | 5 | |
| 6 | Total. Add lines 1 through 5 | 6 | |
| 7 | Inventory at end of year | 7 | |
| 8 | Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2 | 8 | |
| 9 | Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use (see instructions)

A _____

B _____

C _____

D _____

| | A | B | C | D |
|---|---|---|---|----|
| 2 Rent received or accrued | | | | |
| 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) | | | | |
| c 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 and on Part I, line 6, column (A) | | | | 0. |
| 4 Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) | | | | |
| 5 Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B) | | | | 0. |

Part V Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use (see instructions)

A _____

B _____

C _____

D _____

| | A | B | C | D |
|---|---|---|---|----|
| 2 Gross income from or allocable to debt-financed property | | | | |
| 3 Deductions directly connected with or allocable to debt-financed property | | | | |
| a Straight line depreciation (attach statement) | | | | |
| b Other deductions (attach statement) | | | | |
| c 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 I, line 7, column (A) | | | | 0. |
| 9 Allocable deductions. Multiply line 3c by line 6 | | | | |
| 10 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) | | | | 0. |
| 11 Total dividends-received deductions included in line 10 | | | | 0. |

Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations (see instructions)

| | | Exempt Controlled Organizations | | | |
|------------------------------------|---|---|--|---|--|
| 1. Name of controlled organization | 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 organization's gross income | 6. Deductions directly connected with income in column 5 |
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| Nonexempt Controlled Organizations | | | | | |
| 7. Taxable Income | 8. Net unrelated income (loss) (see instructions) | 9. Total of specified payments made | 10. Part of column 9 that is included in the controlling organization's gross income | 11. Deductions directly connected with income in column 10 | |
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| | | | Add columns 5 and 10. Enter here and on Part I, line 8, column (A) | Add columns 6 and 11. Enter here and on Part I, line 8, column (B) | |
| Totals | | | 0. | 0. | |

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

| 1. Description of income | 2. Amount of income | 3. Deductions directly connected (attach statement) | 4. Set-asides (attach statement) | 5. Total deductions and set-asides (add cols 3 and 4) |
|--------------------------|---------------------|---|----------------------------------|---|
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| | | Add amounts in column 2. Enter here and on Part I, line 9, column (A) | | Add amounts in column 5. Enter here and on Part I, line 9, column (B) |
| Totals | | 0. | | 0. |

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

| | | | |
|---|--|---|--|
| 1 | Description of exploited activity: _____ | | |
| 2 | Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A) | 2 | |
| 3 | Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B) | 3 | |
| 4 | Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7 | 4 | |
| 5 | Gross income from activity that is not unrelated business income | 5 | |
| 6 | Expenses attributable to income entered on line 5 | 6 | |
| 7 | Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12 | 7 | |

FORM 990-T (A)

INCOME (LOSS) FROM PARTNERSHIPS

STATEMENT 10

| DESCRIPTION | NET INCOME OR (LOSS) |
|---|-------------------------|
| ALLIANCE BERNSTEIN HOLDING L.P. - ORDINARY BUSINESS INCOME (LOSS) | 22,945. |
| BLUE POINT CAPITAL PARTNERS III, L.P. - ORDINARY BUSINESS INCOME (LOSS) | -589,437. |
| GS CAPITAL PARTNERS VI PARALLEL, L.P. - ORDINARY BUSINESS INCOME (LOSS) | 8. |
| MAGELLAN MIDSTREAM PARTNERS, L.P. - ORDINARY BUSINESS INCOME (LOSS) | -18,276. |
| ALIEN TECHNOLOGY, INC. - ORDINARY BUSINESS INCOME (LOSS) | 6. |
| CEDAR FAIR, L.P. - ORDINARY BUSINESS INCOME (LOSS) | -9,818. |
| ENTERPRISE PRODUCTS PARTNERS, L.P. - ORDINARY BUSINESS INCOME (LOSS) | -52,508. |
| TOTAL INCLUDED ON SCHEDULE A, PART I, LINE 5 | -647,080. |

**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).

ENTITY

4

OMB No. 1545-0047

2020

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

| | |
|---|---|
| A Name of the organization BATTELLE MEMORIAL INSTITUTE | B Employer identification number 31-4379427 |
| C Unrelated business activity code (see instructions) ▶ 900003 | D Sequence: 4 of 5 |

E Describe the unrelated trade or business ▶ SPECIFIED PAYMENTS FROM CONTROLLED ENTITY (BSCI)

| Part I Unrelated Trade or Business Income | | (A) Income | (B) Expenses | (C) Net |
|---|--------------------|------------|--------------|---------|
| 1 a Gross receipts or sales | | | | |
| b Less returns and allowances | c Balance ▶ | | | |
| 2 Cost of goods sold (Part III, line 8) | 1c | | | |
| 3 Gross profit. Subtract line 2 from line 1c | 2 | | | |
| 4 a Capital gain net income (attach Sch D (Form 1041 or Form 1120)) (see instructions) | 3 | | | |
| b Net gain (loss) (Form 4797) (attach Form 4797) (see instructions) | 4a | | | |
| c Capital loss deduction for trusts | 4b | | | |
| 5 Income (loss) from a partnership or an S corporation (attach statement) | 4c | | | |
| 6 Rent income (Part IV) | 5 | | | |
| 7 Unrelated debt-financed income (Part V) | 6 | | | |
| 8 Interest, annuities, royalties, and rents from a controlled organization (Part VI) | 7 | | | |
| 9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII) | 8 | 14,238. | 11,529. | 2,709. |
| 10 Exploited exempt activity income (Part VIII) | 9 | | | |
| 11 Advertising income (Part IX) | 10 | | | |
| 12 Other income (see instructions; attach statement) | 11 | | | |
| 13 Total. Combine lines 3 through 12 | 12 | | | |
| | 13 | 14,238. | 11,529. | 2,709. |

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 13, column (C) | | | 16 | 2,709. |
| 17 Deduction for net operating loss (see instructions) | | | 17 | 0. |
| 18 Unrelated business taxable income. Subtract line 17 from line 16 | | | 18 | 2,709. |

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2020

Part III Cost of Goods Sold Enter method of inventory valuation

| | | | |
|---|--|---|--|
| 1 | Inventory at beginning of year | 1 | |
| 2 | Purchases | 2 | |
| 3 | Cost of labor | 3 | |
| 4 | Additional section 263A costs (attach statement) | 4 | |
| 5 | Other costs (attach statement) | 5 | |
| 6 | Total. Add lines 1 through 5 | 6 | |
| 7 | Inventory at end of year | 7 | |
| 8 | Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2 | 8 | |
| 9 | Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use (see instructions)

A _____

B _____

C _____

D _____

| | A | B | C | D |
|---|---|---|---|----|
| 2 Rent received or accrued | | | | |
| 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) | | | | |
| c 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 and on Part I, line 6, column (A) | | | | 0. |
| 4 Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) | | | | |
| 5 Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B) | | | | 0. |

Part V Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use (see instructions)

A _____

B _____

C _____

D _____

| | A | B | C | D |
|---|---|---|---|----|
| 2 Gross income from or allocable to debt-financed property | | | | |
| 3 Deductions directly connected with or allocable to debt-financed property | | | | |
| a Straight line depreciation (attach statement) | | | | |
| b Other deductions (attach statement) | | | | |
| c 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 I, line 7, column (A) | | | | 0. |
| 9 Allocable deductions. Multiply line 3c by line 6 | | | | |
| 10 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) | | | | 0. |
| 11 Total dividends-received deductions included in line 10 | | | | 0. |

Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations (see instructions)

| 1. Name of controlled organization | 2. Employer identification number | Exempt Controlled Organizations <i>STMT 12</i> | | | |
|------------------------------------|-----------------------------------|---|-------------------------------------|---|--|
| | | 3. Net unrelated income (loss) (see instructions) | 4. Total of specified payments made | 5. Part of column 4 that is included in the controlling organization's gross income | 6. Deductions directly connected with income in column 5 |
| (1) BATTELLE SERVICE | | | | | |
| (2) CORPORATION INC | 31-1792334 | | | | |
| (3) | | | | | |
| (4) | | | | | |

Nonexempt Controlled Organizations

| 7. Taxable Income | 8. Net unrelated income (loss) (see instructions) | 9. Total of specified payments made | 10. Part of column 9 that is included in the controlling organization's gross income | 11. Deductions directly connected with income in column 10 |
|-------------------|---|-------------------------------------|--|--|
| (1) | | | | |
| (2) -189,565. | 2,709. | 14,238. | 14,238. | 11,529. |
| (3) | | | | |
| (4) | | | | |
| | | | Add columns 5 and 10. Enter here and on Part I, line 8, column (A) | Add columns 6 and 11. Enter here and on Part I, line 8, column (B) |
| Totals | | | 14,238. | 11,529. |

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

| 1. Description of income | 2. Amount of income | 3. Deductions directly connected (attach statement) | 4. Set-asides (attach statement) | 5. Total deductions and set-asides (add cols 3 and 4) |
|--------------------------|---------------------|---|----------------------------------|---|
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| | | Add amounts in column 2. Enter here and on Part I, line 9, column (A) | | Add amounts in column 5. Enter here and on Part I, line 9, column (B) |
| Totals | | 0. | | 0. |

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

| | | |
|---|--|---|
| 1 | Description of exploited activity: _____ | |
| 2 | Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A) | 2 |
| 3 | Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B) | 3 |
| 4 | Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7 | 4 |
| 5 | Gross income from activity that is not unrelated business income | 5 |
| 6 | Expenses attributable to income entered on line 5 | 6 |
| 7 | Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12 | 7 |

**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).

ENTITY

5

OMB No. 1545-0047

2020

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

| | |
|---|---|
| A Name of the organization BATTELLE MEMORIAL INSTITUTE | B Employer identification number 31-4379427 |
| C Unrelated business activity code (see instructions) ▶ 900003 | D Sequence: 5 of 5 |

E Describe the unrelated trade or business ▶ SPECIFIED PAYMENTS FROM CONTROLLED ENTITY (GEOSAFE)

| Part I Unrelated Trade or Business Income | (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 (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 | | |
| c 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) | 8 152,525. | 124,940. | 27,585. |
| 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 | 13 152,525. | 124,940. | 27,585. |

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 13, column (C) | 16 | 27,585. |
| 17 Deduction for net operating loss (see instructions) | 17 | 0. |
| 18 Unrelated business taxable income. Subtract line 17 from line 16 | 18 | 27,585. |

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2020

Part III Cost of Goods Sold Enter method of inventory valuation

| | | | |
|---|--|---|--|
| 1 | Inventory at beginning of year | 1 | |
| 2 | Purchases | 2 | |
| 3 | Cost of labor | 3 | |
| 4 | Additional section 263A costs (attach statement) | 4 | |
| 5 | Other costs (attach statement) | 5 | |
| 6 | Total. Add lines 1 through 5 | 6 | |
| 7 | Inventory at end of year | 7 | |
| 8 | Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2 | 8 | |
| 9 | Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use (see instructions)

A _____

B _____

C _____

D _____

| | A | B | C | D |
|---|---|---|---|----|
| 2 Rent received or accrued | | | | |
| 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) | | | | |
| c 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 and on Part I, line 6, column (A) | | | | 0. |
| 4 Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) | | | | |
| 5 Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B) | | | | 0. |

Part V Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use (see instructions)

A _____

B _____

C _____

D _____

| | A | B | C | D |
|---|---|---|---|----|
| 2 Gross income from or allocable to debt-financed property | | | | |
| 3 Deductions directly connected with or allocable to debt-financed property | | | | |
| a Straight line depreciation (attach statement) | | | | |
| b Other deductions (attach statement) | | | | |
| c 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 I, line 7, column (A) | | | | 0. |
| 9 Allocable deductions. Multiply line 3c by line 6 | | | | |
| 10 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) | | | | 0. |
| 11 Total dividends-received deductions included in line 10 | | | | 0. |

Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations (see instructions)

| 1. Name of controlled organization | 2. Employer identification number | Exempt Controlled Organizations <i>STMT 14</i> | | | |
|------------------------------------|-----------------------------------|---|-------------------------------------|---|--|
| | | 3. Net unrelated income (loss) (see instructions) | 4. Total of specified payments made | 5. Part of column 4 that is included in the controlling organization's gross income | 6. Deductions directly connected with income in column 5 |
| (1) GEOSAFE CORPORATION | 91-1404268 | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |

Nonexempt Controlled Organizations

| 7. Taxable Income | 8. Net unrelated income (loss) (see instructions) | 9. Total of specified payments made | 10. Part of column 9 that is included in the controlling organization's gross income | 11. Deductions directly connected with income in column 10 |
|-------------------|---|-------------------------------------|--|--|
| (1) -247. | 27,585. | 152,525. | 152,525. | 124,940. |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| | | | Add columns 5 and 10. Enter here and on Part I, line 8, column (A) | Add columns 6 and 11. Enter here and on Part I, line 8, column (B) |
| Totals | | | 152,525. | 124,940. |

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

| 1. Description of income | 2. Amount of income | 3. Deductions directly connected (attach statement) | 4. Set-asides (attach statement) | 5. Total deductions and set-asides (add cols 3 and 4) |
|--------------------------|---------------------|---|----------------------------------|---|
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| | | Add amounts in column 2. Enter here and on Part I, line 9, column (A) | | Add amounts in column 5. Enter here and on Part I, line 9, column (B) |
| Totals | | 0. | | 0. |

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

| | | |
|---|--|---|
| 1 | Description of exploited activity: _____ | |
| 2 | Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A) | 2 |
| 3 | Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B) | 3 |
| 4 | Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7 | 4 |
| 5 | Gross income from activity that is not unrelated business income | 5 |
| 6 | Expenses attributable to income entered on line 5 | 6 |
| 7 | Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12 | 7 |

FORM 990-T DESCRIPTION OF ORGANIZATION'S UNRELATED STATEMENT 13
 SCHEDULE A BUSINESS ACTIVITY

SPECIFIED PAYMENTS FROM CONTROLLED ENTITY (GEOSAFE)

TO FORM 990-T, SCHEDULE A, LINE E

FORM 990-T (A) PART VI - DEDUCTIONS OF CONTROLLED STATEMENT 14
 ORGANIZATIONS DIRECTLY CONNECTED WITH
 COLUMN 10 INCOME

| DESCRIPTION | ACTIVITY NUMBER | AMOUNT | TOTAL |
|---|--------------------|----------|----------|
| INTEREST EXPENSE | | 124,940. | |
| - SUBTOTAL - | 27 | | 124,940. |
| TOTAL OF FORM 990-T, SCHEDULE A, PART VI, COLUMN 11 | | | 124,940. |

**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 BATTELLE MEMORIAL INSTITUTE | Employer identification number 31-4379427 |
|---|--|

Part I Apportionment Plan Information

1 Type of controlled group:

- a Parent-subsidiary group
- b Brother-sister group
- c Combined group
- d Life insurance companies only

2 This corporation has been a member of this group:

- a For the entire year.
- b From _____, until _____.

3 This corporation consents and represents to:

- a Adopt an apportionment plan. All the other members of this group are adopting an apportionment plan effective for the current tax year which ends on _____, and for all succeeding tax years.
- b Amend the current apportionment plan. All the other members of this group are currently amending a previously adopted plan, which was in effect for the tax year ending DECEMBER 31, 2020, and for all succeeding tax years.
- c Terminate the current apportionment plan and not adopt a new plan. All the other members of this group are not adopting an apportionment plan.
- d Terminate the current apportionment plan and adopt a new plan. All the other members of this group are adopting an apportionment plan effective for the current tax year which ends on _____, and for all succeeding tax years.

4 If you checked box 3c or 3d above, check the applicable box below to indicate if the termination of the current apportionment plan was:

- a Elected by the component members of the group.
- b Required for the component members of the group.

5 If you did not check a box on line 3 above, check the applicable box below concerning the status of the group's apportionment plan (see instructions).

- a No apportionment plan is in effect and none is being adopted.
- b An apportionment plan is already in effect. It was adopted for the tax year ending _____, and for all succeeding tax years.

6 If all the members of this group are adopting a plan or amending the current plan for a tax year after the due date (including extensions) of the tax return for this corporation, is there at least one year remaining on the statute of limitations from the date this corporation filed its amended return for such tax year for assessing any resulting deficiency? See instructions. N/A

- a Yes.
 - (i) The statute of limitations for this year will expire on _____.
 - (ii) On _____, this corporation entered into an agreement with the Internal Revenue Service to extend the statute of limitations for purposes of assessment until _____.
- b No. The members may not adopt or amend an apportionment plan.

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

Part II Apportionment (See instructions)

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

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.

BATTELLE MEMORIAL INSTITUTE

Identifying number

31-4379427

Part I Current Year Credit for Credits Not Allowed Against Tentative Minimum Tax (TMT)
 (See instructions and complete Part(s) III before Parts I and II.)

| | | | | |
|---|--|---|---|--------------------------|
| 1 | General business credit from line 2 of all Parts III with box A checked | | 1 | |
| 2 | Passive activity credits from line 2 of all Parts III with box B checked | 2 | | |
| 3 | Enter the applicable passive activity credits allowed for 2020. See instructions | | 3 | |
| 4 | Carryforward of general business credit to 2020. Enter the amount from line 2 of Part III with box C checked. See instructions for statement to attach | | 4 | |
| | Check this box if the carryforward was changed or revised from the original reported amount | | | <input type="checkbox"/> |
| 5 | Carryback of general business credit from 2021. 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: | | | |
| | <ul style="list-style-type: none"> 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 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 | | 7 | 1,003,940. |
| 8 | Alternative minimum tax: | | | |
| | <ul style="list-style-type: none"> Individuals. Enter the amount from Form 6251, line 11 Corporations. Enter -0- Estates and trusts. Enter the amount from Schedule I (Form 1041), line 54 | | 8 | 0. |
| 9 | Add lines 7 and 8 | | 9 | 1,003,940. |
| 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 | 1,003,940. |
| 12 | Net regular tax. Subtract line 10c from line 7. If zero or less, enter -0- | 12 | | 1,003,940. |
| 13 | Enter 25% (0.25) of the excess, if any, of line 12 over \$25,000. See instructions | 13 | | 244,735. |
| 14 | Tentative minimum tax: | | | |
| | <ul style="list-style-type: none"> Individuals. Enter the amount from Form 6251, line 9 Corporations. Enter -0- Estates and trusts. Enter the amount from Schedule I (Form 1041), line 52 | 14 | | |
| 15 | Enter the greater of line 13 or line 14 | | 15 | 244,735. |
| 16 | Subtract line 15 from line 11. If zero or less, enter -0- | | 16 | 759,205. |
| 17 | Enter the smaller of line 6 or line 16 | | 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 (2020)

Part II Allowable Credit (continued)

Note: 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 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 | 23 | |
| 24 | Enter the applicable passive activity credit allowed for 2020. 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 | 759,205. |
| 28 | Add lines 17 and 26 | 28 | |
| 29 | Subtract line 28 from line 27. If zero or less, enter -0- | 29 | 759,205. |
| 30 | Enter the general business credit from line 5 of all Parts III with box A checked | 30 | 1,937. |
| 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 2020. See instructions | 33 | |
| 34 | Carryforward of business credit to 2020. 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 | | <input type="checkbox"/> |
| 35 | Carryback of business credit from 2021. 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 | 1,937. |
| 37 | Enter the smaller of line 29 or line 36 | 37 | 1,937. |
| 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. <ul style="list-style-type: none"> • 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 | 1,937. |

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.

- A General Business Credit From a Non-Passive Activity
- B General Business Credit From a Passive Activity
- C General Business Credit Carryforwards
- D General Business Credit Carrybacks
- E Reserved
- F Reserved
- G Eligible Small Business Credit Carryforwards
- H Reserved

I 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) Enter EIN if claiming the credit from a pass-through entity. | (c) Enter the appropriate amount. |
|---|--|-----------------------------------|
| Note: On any line where the credit is from more than one source, a separate Part III is needed for each pass-through entity. | | |
| 1a Investment (Form 3468, Part II only) (attach Form 3468) | 1a | |
| b Reserved | 1b | |
| c Increasing research activities (Form 6765) | 1c | |
| d Low-income housing (Form 8586, Part I only) | 1d | |
| e Disabled access (Form 8826)* | 1e | |
| f Renewable electricity, refined coal, and Indian coal production (Form 8835) | 1f | |
| g Indian employment (Form 8845) | 1g | |
| h Orphan drug (Form 8820) | 1h | |
| i New markets (Form 8874) | 1i | |
| j Small employer pension plan startup costs and auto-enrollment (Form 8881) | 1j | |
| k Employer-provided child care facilities and services (Form 8882)* | 1k | |
| l Biodiesel and renewable diesel fuels (attach Form 8864) | 1l | |
| m Low sulfur diesel fuel production (Form 8896) | 1m | |
| n Distilled spirits (Form 8906) | 1n | |
| o Nonconventional source fuel (carryforward only) | 1o | |
| p Energy efficient home (Form 8908) | 1p | |
| q Energy efficient appliance (carryforward only) | 1q | |
| r Alternative motor vehicle (Form 8910) | 1r | |
| s Alternative fuel vehicle refueling property (Form 8911) | 1s | |
| t Enhanced oil recovery credit (carryforward only) | 1t | |
| u Mine rescue team training (Form 8923) | 1u | |
| v Agricultural chemicals security (carryforward only) | 1v | |
| w Employer differential wage payments (Form 8932) | 1w | |
| x Carbon oxide sequestration (Form 8933) | 1x | |
| y Qualified plug-in electric drive motor vehicle (Form 8936) | 1y | |
| z Qualified plug-in electric vehicle (carryforward only) | 1z | |
| aa Employee retention (Form 5884-A) | 1aa | |
| bb General credits from an electing large partnership (carryforward only) | 1bb | |
| zz Other. Oil and gas production from marginal wells (Form 8904) and certain other credits (see instructions) | 1zz | |
| 2 Add lines 1a through 1zz and enter here and on the applicable line of Part I | 2 | |
| 3 Enter the amount from Form 8844 here and on the applicable line of Part II | 3 | |
| 4a Investment (Form 3468, Part III) (attach Form 3468) | 4a | |
| b Work opportunity (Form 5884) | 4b | |
| c Biofuel producer (Form 6478) | 4c | |
| d Low-income housing (Form 8586, Part II) | 4d | |
| 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) | 4g | |
| h Small employer health insurance premiums (Form 8941) | 4h | |
| i Increasing research activities (Form 6765) | 4i | |
| j Employer credit for paid family and medical leave (Form 8994) | 4j | 82-3291283 1,937. |
| z Other | 4z | |
| 5 Add lines 4a through 4z and enter here and on the applicable line of Part II | 5 | 1,937. |
| 6 Add lines 2, 3, and 5 and enter here and on the applicable line of Part II | 6 | 1,937. |

* See instructions for limitation on this credit.

Limitation on Business Interest Expense Under Section 163(j)

▶ **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 | Identification number 31-4379427 |
|--|--|

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 | 290,502. | | |
| 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 | | | 290,502. |

Section II - Adjusted Taxable Income

Taxable Income

| | | | | |
|---|---|--|--|------------|
| 6 Taxable income. See instructions | 6 | | | 4,133,585. |
|---|---|--|--|------------|

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 | 290,502. | | |
| 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 | 703,094. | | |
| 12 Amount of any loss or deduction items from a pass-through entity. See instructions | 12 | 670,039. | | |
| 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 | 16 | | | 1,663,635. |

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 | 22,959. | | |
| 20 Other reductions. See instructions | 20 | | | |
| 21 Total. Combine lines 17 through 20 | 21 | | | 22,959. |
| 22 Adjusted taxable income. Combine lines 6, 16, and 21. (If zero or less, enter -0-.) | 22 | | | 5,774,261. |

LHA For Paperwork Reduction Act Notice, see the instructions.

Section 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 | | | 25 |

Section IV - Section 163(j) Limitation Calculations

Limitation on Business Interest Expense

| | | | | |
|-----------|---|-----------|------------|----------------------|
| 26 | Multiply adjusted taxable income (line 22) by the applicable percentage. See instructions | 26 | 2,887,131. | |
| 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 2,887,131. |

Allowable Business Interest Expense

| | | | | |
|-----------|---|-----------|--|----------|
| 30 | Total current year business interest expense deduction. See instructions | 30 | | 290,502. |
|-----------|---|-----------|--|----------|

Carryforward

| | | | | |
|-----------|--|-----------|--|--|
| 31 | Disallowed business interest expense. Subtract line 29 from line 5. (If zero or less, enter -0-.) | 31 | | |
|-----------|--|-----------|--|--|

Part II Partnership Pass-Through Items

Part II is only completed by a partnership that is subject to section 163(j). The partnership items below are allocated to the partners and are not carried forward by the partnership. See the instructions for more information.

Excess Business Interest Expense

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

Excess Taxable Income (If you entered an amount on line 32, skip lines 33 through 37.)

| | | | | |
|-----------|--|-----------|--|--|
| 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 | | |

Excess Business Interest Income

| | | | | |
|-----------|---|-----------|--|--|
| 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 III S Corporation Pass-Through Items

Part III is only completed by S corporations that are subject to section 163(j). The S corporation items below are allocated to the shareholders. See the instructions for more information.

Excess Taxable Income

| | | | | |
|-----------|--|-----------|--|--|
| 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 Income

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