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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 10-01-2011 and ending 09-30-2012

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
BATTELLE MEMORIAL INSTITUTE

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
505 KING AVENUE

City or town, state or country, and ZIP + 4
COLUMBUS, OH 432012693

D Employer identification number
31-4379427

E Telephone number
(614)424-6424

G Gross receipts $ 5,430,572,912

F Name and address of principal officer
DR JEFFREY WADSWORTH
505 KING AVENUE
COLUMBUS, OH 432012693

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) **Are all affiliates included?** ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW BATTELLE ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ | **L** Year of formation 1925 | **M** State of legal domicile OH

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
SEE MISSION STATEMENT ON SCHEDULE O 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 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	9
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	4
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	24,712
6	Total number of volunteers (estimate if necessary)	6	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	10,556,972
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	4,550,460,328	4,368,714,116
	9	Program service revenue (Part VIII, line 2g)	913,006,990	818,334,334
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	30,781,216	33,360,780
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	23,197,769	14,034,791
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,517,446,303	5,234,444,021
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	13,604,816	6,747,802
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	2,690,692,976	2,662,463,738
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	2,812,721,585	2,606,148,617
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	5,517,019,377	5,275,360,157
	19	Revenue less expenses Subtract line 18 from line 12	426,926	-40,916,136

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	1,249,023,195	1,265,541,358
	21	Total liabilities (Part X, line 26)	693,534,114	733,600,890
	22	Net assets or fund balances Subtract line 21 from line 20	555,489,081	531,940,468

Part II Signature Block

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

Sign Here

****** | 2013-08-09
Signature of officer | Date

THOMAS E SHARPE ASST TREASURER
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶	Date	Check if self-employed ▶ ☐	Preparer's taxpayer identification number (see instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶			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 to any question in this Part III . . . . . ☑

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** ☑ **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** ☑ **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 and section 4947(a)(1) trusts 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 $ 3,268,562,934 including grants of $) (Revenue $ 339,770,427)

BATTELLE MEMORIAL INSTITUTE ("BMI") AND ITS AFFILIATES OPERATE FIVE UNITED STATES DEPARTMENT OF ENERGY ("DOE") NATIONAL LABORATORIES PACIFIC NORTHWEST NATIONAL LABORATORY, OAK RIDGE NATIONAL LABORATORY, IDAHO NATIONAL LABORATORY, BROOKHAVEN NATIONAL LABORATORY AND NATIONAL RENEWABLE ENERGY LABORATORY BMI IS AN INTEGRATED SUBCONTRACTOR AT A SIXTH DOE NATIONAL LABORATORY LAWRENCE LIVERMORE NATIONAL LABORATORY IN ADDITION, A BMI AFFILIATE HOLDS THE MANAGEMENT CONTRACT WITH RESPECT TO THE UNITED STATES DEPARTMENT OF HOMELAND SECURITY'S NATIONAL BIODEFENSE ANALYSIS AND COUNTERMEASURES CENTER ANOTHER BMI AFFILIATE IS PART OF A CONSORTIUM THAT OPERATES THE NATIONAL NUCLEAR LABORATORY FOR THE UNITED KINGDOM'S DEPARTMENT FOR ENERGY AND CLIMATE CHANGE THROUGH OPERATION OF THE NATIONAL LABORATORIES, BMI AND ITS AFFILIATES ADDRESS CRITICAL ELEMENTS OF THE NATION'S SCIENTIFIC RESEARCH AGENDA, PERFORM BASIC AND APPLIED SCIENTIFIC RESEARCH, CREATE SCIENTIFIC KNOWLEDGE AND TECHNICAL 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

4b (Code) (Expenses $ 752,074,377 including grants of $) (Revenue $ 468,661,251)

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 $ 6,747,802 including grants of $) (Revenue $)

EACH YEAR, BMI DISTRIBUTES AT LEAST TWENTY PERCENT OF ITS CONSOLIDATED NET INCOME TO PUBLIC CHARITIES AND GOVERNMENT AGENCIES DISTRIBUTIONS ARE PRIMARILY FOCUSED UPON EDUCATION, HUMAN SERVICES, ARTS AND SCIENCES, AND ECONOMIC DEVELOPMENT BMI ACTIVELY SUPPORTS EDUCATIONAL INITIATIVES IN OHIO AND ACROSS THE UNITED STATES THAT MEASURE STUDENT ACHIEVEMENT, ASSIST WITH PROFESSIONAL DEVELOPMENT FOR TEACHERS, AND PROMOTE INQUIRY-BASED LEARNING, ESPECIALLY IN THE SCIENCE, TECHNOLOGY, ENGINEERING, AND MATHEMATICS (STEM) DISCIPLINES

4d Other program services (Describe in Schedule O)

(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses** ▶$ 4,027,385,113

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)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	Yes	
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? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
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, line10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*	11b	Yes	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X.*	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Part I*	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Part II and IV*	15	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Part III and IV*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	Yes	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25*	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? *If "Yes," complete Schedule L, Part IV*	28c	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		No
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? *If "Yes," complete Schedule R, Part I*	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	34	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a	Yes	
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36	Yes	
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? *If "Yes," complete Schedule R, Part VI*	37	Yes	
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	Yes	

Part V **Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response to any question in this Part V . . . . . ☑

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	**1a** 3,750			
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b** 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		**1c**	Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	**2a** 24,712			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		**2b**	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		**3a**	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*		**3b**	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account or securities account)?		**4a**	Yes	
b	If "Yes," enter the name of the foreign country ▶GG , IN , JA , MY , MX , SN , KS , SZ , UP , UK , CH See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		**5a**		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		**5b**		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		**5c**		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?		**6a**		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		**6b**		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		**7a**		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		**7b**		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		**7c**		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		**7e**		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		**7f**		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		**7g**		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		**7h**		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		**8**		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?		**9a**		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		**9b**		
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		**12a**		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state		**13a**		
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the aggregate amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		**14a**		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*		**14b**		

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

Check if Schedule O contains a response to any question in this Part VI . . . . . ☑

Section A. Governing Body and Management

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

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	Yes	
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?	10b	Yes	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
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	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	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?	16a	Yes	
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?	16b	Yes	

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 , IN , KY , MA , MO , NH , NY , NC , OH , OR , VA

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply

☑ Own website ☐ Another's website ☑ Upon request

19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

DAVID C EVANS
505 KING AVENUE
COLUMBUS, OH 432012693
(614) 424-4777

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

Check if Schedule O contains a response to any question 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, and **current** key employees 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, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
See Additional Data Table										

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee) Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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
See Additional Data Table										

1b	**Sub-Total** . . . . . ▶			
c	**Total from continuation sheets to Part VII, Section A** . . . . ▶			
d	**Total (add lines 1b and 1c)** . . . . . ▶	15,906,384	0	5,481,601

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 ▶6,857

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

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
TORCON INC 328 NEWMAN SPRINGS RD RED BANK, NJ 07701	CONTRACTOR-CONSTRUCTION	67,175,260
EW HOWELL CO LLC 245 NEWTOWN ROAD SUITE 600 PLAINVIEW, NY 11803	CONTRACTOR-CONSTRUCTION	38,466,121
JSC TVEL KASHIROKEE SHOSSE 49 MOSCOW RS	FABRICATION AND ASSEMBLY	37,558,842
BABCOCK & WILCOX NUCLEAR OPERATIONS GROU PO BOX 65002 DALLAS, TX 75265	NUCLEAR RESEARCH	16,501,785
AREVA FEDERAL SERVICES LLC 7207 IBM DRIVE CHARLOTTE, NC 28262	DESIGN ENGINEERING	16,061,419

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 ▶922

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e 4,335,775,307				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 32,938,809				
	g Noncash contributions included in lines 1a-1f $					
	h **Total.** Add lines 1a-1f		4,368,714,116			
Program Service Revenue		Business Code				
	2a GOVERNMENT CONTRACTS	541700	702,175,650	702,175,650		
	b SCIENTIFIC RESEARCH	541700	116,158,684	106,256,029	9,902,655	
	c					
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a–2f		818,334,334			
Other Revenue	3 Investment income (including dividends, interest and other similar amounts)		6,726,522		654,000	6,072,522
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties		6,438,793			6,438,793
		(i) Real / (ii) Personal				
	6a Gross rents	1,503,877 /				
	b Less rental expenses	943,450 /				
	c Rental income or (loss)	560,427 /				
	d Net rental income or (loss)		560,427		317	560,110
		(i) Securities / (ii) Other				
	7a Gross amount from sales of assets other than inventory	221,705,573 / 114,126				
	b Less cost or other basis and sales expenses	193,433,332 / 1,752,109				
	c Gain or (loss)	28,272,241 / -1,637,983				
	d Net gain or (loss)		26,634,258			26,634,258
	8a Gross income from fundraising events (not including $ of contributions reported on line 1c) See Part IV, line 18	a				
	b Less direct expenses	b				
	c Net income or (loss) from fundraising events					
	9a Gross income from gaming activities See Part IV, line 19	a				
	b Less direct expenses	b				
	c Net income or (loss) from gaming activities					
	10a Gross sales of inventory, less returns and allowances	a				
	b Less cost of goods sold	b				
	c Net income or (loss) from sales of inventory					
	Miscellaneous Revenue	Business Code				
	11a OTHER REVENUE	541700	2,841,863			2,841,863
	b VENTURE FUNDS	541700	2,322,537			2,322,537
	c STEM REVENUE	541700	1,871,171			1,871,171
	d All other revenue					
	e **Total.** Add lines 11a–11d		7,035,571			
	12 **Total revenue.** See Instructions		5,234,444,021	808,431,679	10,556,972	46,741,254

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) but are not required to complete columns (B), (C), and (D)
Check if Schedule O contains a response to any question in this Part IX . . . . . ☐

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 governments and organizations in the United States See Part IV, line 21	6,706,002	6,706,002		
2 Grants and other assistance to individuals in the United States See Part IV, line 22	31,800	31,800		
3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	10,000	10,000		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	9,973,718		9,973,718	
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	1,945,917,719	1,407,762,730	538,154,989	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	170,358,843	110,429,758	59,929,085	
9 Other employee benefits	415,534,995	282,059,892	133,475,103	
10 Payroll taxes	120,678,463	79,644,696	41,033,767	
11 Fees for services (non-employees)				
a Management	992,762,059	992,762,059		
b Legal	3,983,988		3,983,988	
c Accounting	994,699		994,699	
d Lobbying	711,202	711,202		
e Professional fundraising *See Part IV, line 17* . .				
f Investment management fees	1,176,219		1,176,219	
g Other	966,346,580	679,833,448	286,513,132	
12 Advertising and promotion	1,178,852	1,178,852		
13 Office expenses	17,786,739	5,898,406	11,888,333	
14 Information technology	25,435,978	18,187,365	7,248,613	
15 Royalties . .	316,106	214,952	101,154	
16 Occupancy	141,116,238	93,149,469	47,966,769	
17 Travel	93,747,008	64,354,516	29,392,492	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	3,156,074	2,177,307	978,767	
20 Interest	8,509,621	6,467,199	2,042,422	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	38,441,673	29,281,016	9,160,657	
23 Insurance	6,397,270		6,397,270	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a PURCHASES	213,695,650	198,286,323	15,409,327	
b RENTAL & MAINTENANCE	37,240,484	25,328,985	11,911,499	
c NON-INCOME TAX EXPENSE	30,084,964	20,653,602	9,431,362	
d OTHER NON-OPERATING EXP	12,965,906		12,965,906	
e				
f All other expenses	10,101,307	2,255,534	7,845,773	
25 **Total functional expenses.** Add lines 1 through 24f	5,275,360,157	4,027,385,113	1,247,975,044	0
26 **Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		49,632,893	1	32,178,784
	2	Savings and temporary cash investments		13,564,442	2	34,147,952
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		354,564,767	4	291,598,276
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		8,591,142	8	11,795,049
	9	Prepaid expenses and deferred charges		22,211,739	9	23,828,104
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 859,339,721			
	b	Less accumulated depreciation	10b 415,568,858	424,389,716	10c	443,770,863
	11	Investments—publicly traded securities		220,527,525	11	264,919,566
	12	Investments—other securities See Part IV, line 11		137,475,505	12	141,534,071
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		18,065,466	15	21,768,693
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		1,249,023,195	16	1,265,541,358
Liabilities	17	Accounts payable and accrued expenses		160,673,393	17	148,743,414
	18	Grants payable			18	
	19	Deferred revenue		33,215,229	19	34,975,006
	20	Tax-exempt bond liabilities		17,979,000	20	17,901,256
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties		168,500,054	23	178,600,000
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		313,166,438	25	353,381,214
	26	**Total liabilities.** Add lines 17 through 25		693,534,114	26	733,600,890
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets			27	
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, check here ▶ ☑ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		0	30	0
	31	Paid-in or capital surplus, or land, building or equipment fund		0	31	0
	32	Retained earnings, endowment, accumulated income, or other funds		555,489,081	32	531,940,468
	33	Total net assets or fund balances		555,489,081	33	531,940,468
	34	Total liabilities and net assets/fund balances		1,249,023,195	34	1,265,541,358

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12) . . .	1	5,234,444,021
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,275,360,157
3	Revenue less expenses Subtract line 2 from line 1	3	-40,916,136
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	555,489,081
5	Other changes in net assets or fund balances (explain in Schedule O)	5	17,367,523
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	531,940,468

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . . ☐

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ 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? . .	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separated basis			
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?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . .	3b	Yes	

Additional Data

Software ID:
Software Version:
EIN: 31-4379427
Name: BATTELLE MEMORIAL INSTITUTE

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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			
JOHN B MCCOY CHAIRMAN AND DIRECTOR	3 00	X						130,004	0	0
VICKY A BAILEY DIRECTOR	3 00	X						110,000	0	0
FRANK L DOUGLAS DIRECTOR AS OF 07/2012	3 00	X						0	0	0
MICHAEL J GASSER DIRECTOR	3 00	X						62,500	0	0
RUSSELL A HULSE DIRECTOR	3 00	X						110,000	0	0
LESTER L LYLES DIRECTOR	3 00	X						115,004	0	0
SEAN C O'KEEFE DIRECTOR	3 00	X						115,004	0	0
MICHAEL G MORRIS DIRECTOR	3 00	X						107,500	0	0
ROBERT D WALTER DIRECTOR SERVED TO 11/2011	3 00	X						100,000	0	0
JOHN K WELCH DIRECTOR	3 00	X						115,004	0	0
JEFFREY WADSWORTH PRESIDENT & CEO	40 00			X				1,939,693	0	430,485
I MARTIN INGLIS EXECUTIVE VP, COO, CFO	40 00			X				930,501	0	327,591
RONALD D TOWNSEND EXECUTIVE VP	40 00			X				852,666	0	65,063
RUSSELL P AUSTIN SR VP, GEN COUNSEL & SEC	40 00			X				531,000	0	173,515
JOHN J GROSSENBACHER SENIOR VICE PRESIDENT	40 00			X				535,066	0	173,691
STEPHEN E KELLY SENIOR VICE PRESIDENT	40 00			X				582,608	0	260,040
MICHAEL KLUSE SENIOR VICE PRESIDENT	40 00			X				743,517	0	624,461
BARBARA L KUNZ SENIOR VICE PRESIDENT	40 00			X				529,210	0	107,183
THOMAS E MASON SENIOR VICE PRESIDENT	40 00			X				533,355	0	238,475
THOMAS D SNOWBERGER SENIOR VICE PRESIDENT	40 00			X				566,510	0	44,858
MARTIN TOOMAJIAN SENIOR VICE PRESIDENT	40 00			X				384,738	0	123,564
THOMAS E SHARPE ASST TREAS & ASST SEC	40 00			X				230,613	0	77,884
GWENDOLYN C VONHOLTEN CONTROLLER & TREASURER	40 00			X				289,408	0	234,084
BRIAN GRAHAM TREASURER	40 00			X				264,183	0	76,862
JUDITH L MOBLEY ASSISTANT TREASURER	40 00			X				178,622	0	97,065

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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			
BRIAN R SMITH ASSISTANT TREASURER	40 00			X				166,016	0	24,701
SAMUEL ARONSON LABORATORY DIRECTOR	40 00				X			482,873	0	40,409
JEFFREY W SMITH DEPUTY FOR OPERATIONS	40 00					X		434,416	0	266,853
THOMAS ZACHARIA DEPUTY DIRECTOR SCIENCE & TECH	40 00					X		416,907	0	348,592
ROGER ANDERSON DIRECTOR BUS & ECON DEV	40 00					X		531,138	0	215,713
JOSEPH FITCH LABORATORY DIRECTOR	40 00					X		421,005	0	57,689
BRENT PARK ALD GLOBAL SECURITY	40 00					X		439,962	0	45,833
RICHARD C ADAMS FORMER SENIOR VP	40 00						X	454,795	0	397,132
ANTHONY T HEBRON FORMER SENIOR VP	40 00						X	562,556	0	74,090
DONALD P MCCONNELL FORMER SENIOR VP	40 00						X	962,182	0	368,354
RICHARD D ROSEN FORMER VICE PRESIDENT	40 00						X	221,192	0	228,370
STEPHEN H VALENTINE FORMER CONTROLLER & ASST TREAS	40 00						X	329,882	0	206,810
MICHAEL LAWRENCE FORMER HIGH FIVE	40 00						X	426,754	0	152,234

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SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
BATTELLE MEMORIAL INSTITUTE

Employer identification number
31-4379427

Part I **Reason for Public Charity Status** (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1 ☐ A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☑ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?	**11g(i)**		
(ii) a family member of a person described in (i) above?	**11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above?	**11g(iii)**		

h Provide the following information about the supported organization(s)

(i) Name of supported organization	**(ii)** EIN	**(iii)** Type of organization (described on lines 1- 9 above or IRC section (see instructions))	**(iv)** Is the organization in col (i) listed in your governing document?		**(v)** Did you notify the organization in col (i) of your support?		**(vi)** Is the organization in col (i) organized in the U S ?		**(vii)** Amount of support?
			Yes	**No**	**Yes**	**No**	**Yes**	**No**	
Total									

Part II **Support Schedule for Organizations Described in IRC 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)** 2007	**(b)** 2008	**(c)** 2009	**(d)** 2010	**(e)** 2011	**(f)** Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	3,711,462,617	3,954,051,722	4,505,277,128	4,550,460,328	4,368,714,116	21,089,965,911
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	3,711,462,617	3,954,051,722	4,505,277,128	4,550,460,328	4,368,714,116	21,089,965,911
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						21,089,965,911

Section B. Total Support

Calendar year (or fiscal year beginning in)	**(a)** 2007	**(b)** 2008	**(c)** 2009	**(d)** 2010	**(e)** 2011	**(f)** Total
7 Amounts from line 4	3,711,462,617	3,954,051,722	4,505,277,128	4,550,460,328	4,368,714,116	21,089,965,911
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	19,076,116	69,299,595	22,502,132	26,524,039	18,032,578	155,434,460
9 Net income from unrelated business activities, whether or not the business is regularly carried on			82,241	93,310	896,781	1,072,332
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 **Total support** (Add lines 7 through 10)						21,246,472,703

12 Gross receipts from related activities, etc (See instructions) **12** 4,433,511,763

13 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))	**14**	99 260 %
15 Public Support Percentage for 2010 Schedule A, Part II, line 14	**15**	99 200 %

16a **33 1/3% support test—2011.** 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 ☑

b **33 1/3% support test—2010.** If the organization did not check the 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 ☐

17a **10%-facts-and-circumstances test—2011.** 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 IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ☐

b **10%-facts-and-circumstances test—2010.** 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 IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ☐

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 ☐

Part III **Support Schedule for Organizations Described in IRC 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	**(a)** 2007	**(b)** 2008	**(c)** 2009	**(d)** 2010	**(e)** 2011	**(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)** 2007	**(b)** 2008	**(c)** 2009	**(d)** 2010	**(e)** 2011	**(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 IV)						
13 **Total support** (Add lines 9, 10c, 11 and 12)						

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

Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	**15**	
16	Public support percentage from 2010 Schedule A, Part III, line 15	**16**	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2011** (line 10c column (f) divided by line 13 column (f))	**17**	
18	Investment income percentage from **2010** Schedule A, Part III, line 17	**18**	

19a **33 1/3% support tests—2011.** 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—2010.** 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 **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493221002093

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶ Complete if the organization is described below.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

If the organization answered "Yes," to 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," to 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," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35c (Proxy Tax), then

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

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

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 on behalf of or in opposition to candidates for public office in Part IV

2 Political expenditures ▶ $ 0

3 Volunteer hours 0

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $ 0

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $ 0

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities ▶ $

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ $

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

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

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

A Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		**(a)** Filing Organization's Totals	**(b)** Affiliated Group Totals
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b	Total lobbying expenditures to influence a legislative body (direct lobbying)		
c	Total lobbying expenditures (add lines 1a and 1b)		
d	Other exempt purpose expenditures		
e	Total exempt purpose expenditures (add lines 1c and 1d)		
f	Lobbying nontaxable amount Enter the amount from the following table in both columns		
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-		

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

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 instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period

	Calendar year (or fiscal year beginning in)	**(a)** 2008	**(b)** 2009	**(c)** 2010	**(d)** 2011	**(e)** Total
2a	Lobbying non-taxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
c	Total lobbying expenditures					
d	Grassroots non-taxable 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)).**

		(a) Yes	(a) No	(b) 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?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		787,835
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities? If "Yes," describe in Part IV	Yes		15,026
j	Total lines 1c through 1i			802,861
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
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 carryover lobbying and political expenditures from the prior year?	3		

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

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) non-deductible 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**

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i
Also, complete this part for any additional information

Identifier	Return Reference	Explanation
EXPLANATION OF LOBBYING ACTIVITIES	PART II-B, LINE 1	LINE 1 (I) OTHER ACTIVITIES EIGHT ORGANIZATIONS REPORTED THAT A PORTION OF MEMBERSHIP DUES PAID BY BATTELLE WERE USED FOR LOBBYING
PART IV, SUPPLEMENTAL INFORMATION		INTERNAL LOBBYING EXPENSES TOTALED $206,570 AND EXTERNAL LOBBYING EXPENSES TOTALED $581,265 FOR A TOTAL OF $787,835 THE GENERAL ISSUE AREA FOR LOBBYING IS INCREASED APPROPRIATIONS IN THE FEDERAL BUDGET FOR SCIENTIFIC RESEARCH AND DEVELOPMENT PROGRAMS THROUGH APPROPRIATIONS AND REPORT LANGUAGE THE SPECIFIC LOBBYING ISSUES INCLUDE THE HOUSE AND SENATE AUTHORIZATION AND APPROPRIATIONS BILLS FOR ENERGY AND WATER DEVELOPMENT, DEFENSE, INTERIOR, ENVIRONMENT, AND RELATED AGENCIES, LABOR, HEALTH AND HUMAN SERVICES, EDUCATION, AND RELATED AGENCIES, TRANSPORTATION, HOUSING AND URBAN DEVELOPMENT, AND RELATED AGENCIES, COMMERCE, JUSTICE, SCIENCE, AND RELATED AGENCIES, INTELLIGENCE, AND HOMELAND SECURITY THE HOUSE(S) OF CONGRESS AND FEDERAL AGENCIES CONTACTED INCLUDE U S HOUSE, U S SENATE, DEPARTMENT OF ENERGY, DEPARTMENT OF DEFENSE, DEPARTMENT OF TRANSPORTATION, DEPARTMENT OF HOMELAND SECURITY, ENVIRONMENTAL PROTECTION AGENCY, DEPARTMENT OF HEALTH AND HUMAN SERVICES (NATIONAL INSTITUTES OF HEALTH), U S ARMY CORPS OF ENGINEERS, AND NATIONAL OCEANIC AND ATMOSPHERIC ADMINISTRATION 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," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

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" to Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit ☐ Yes ☐ No

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

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

☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

			Held at the End of the Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06	2d	

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

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

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

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

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

a ☐ Public exhibition

b ☐ Scholarly research

c ☐ Preservation for future generations

d ☐ Loan or exchange programs

e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

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" to 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 XIV 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? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to 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 Investment earnings or 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 year end balance held as

a Board designated or quasi-endowment ▶

b Permanent endowment ▶

c Term endowment ▶

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" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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

Part VI Land, Buildings, and Equipment. 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	15,330,023			15,330,023
b Buildings	538,144,959		267,240,544	270,904,415
c Leasehold improvements				
d Equipment	259,880,778		148,328,314	111,552,464
e Other	45,983,961			45,983,961
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				443,770,863

Part VII Investments—Other Securities. 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	134,836,731	F
(3) Other (A) RABBI TRUSTS	6,697,340	F
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶	141,534,071	

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
LONG TERM BENEFIT RELATED LIABILITIES	5,507,515
OTHER LONG TERM LIABILITIES	19,697,093
LIABILITY FOR POSTRETIREMENT & OTHER BENEFITS	328,176,606
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	353,381,214

2. Fin 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC740)

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	5,234,444,021
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	5,275,360,157
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-40,916,136
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	903,192
8	Other (Describe in Part XIV)	8	16,464,331
9	Total adjustments (net) Add lines 4 - 8	9	17,367,523
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-23,548,613

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	5,264,775,855
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	47,032,694		
e	Add lines **2a** through **2d**			2e	47,032,694
3	Subtract line **2e** from line **1**			3	5,217,743,161
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 XIV)	4b	16,700,860		
c	Add lines **4a** and **4b**			4c	16,700,860
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	5,234,444,021

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	5,289,230,182
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 XIV)	2d	30,570,885		
e	Add lines **2a** through **2d**			2e	30,570,885
3	Subtract line **2e** from line **1**			3	5,258,659,297
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 XIV)	4b	16,700,860		
c	Add lines **4a** and **4b**			4c	16,700,860
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	5,275,360,157

Part XIV Supplemental Information

Complete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
PART XI, LINE 8 - OTHER ADJUSTMENTS		MARKET VALUE ADJUSTMENT ON MARKETABLE SECURITIES 31,225,737 CURRENCY TRANSLATION ADJUSTMENT 78,201 PENSION AND POST RETIREMENT BENEFITS -15,151,016 NONCONTROLLING INTEREST 311,409 TOTAL TO SCHEDULE D, PART XI, LINE 8 16,464,331
PART XII, LINE 2D - OTHER ADJUSTMENTS		SUBSIDIARIES REVENUE NOT INCLUDED IN FORM 990 47,032,694
PART XII, LINE 4B - OTHER ADJUSTMENTS		RECLASSIFY INCOME 16,700,860
PART XIII, LINE 2D - OTHER ADJUSTMENTS		SUBSIDIARIES EXPENSE NOT INCLUDED IN FORM 990 30,570,885
PART XIII, LINE 4B - OTHER ADJUSTMENTS		RECLASSIFY EXPENSE 16,700,860
		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" to Form 990, Part IV, line 14b, 15, or 16.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

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" to Form 990, Part IV, line 14b.

1 **For grantmakers.** 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 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States

3 Activites per Region (Use Part V if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region or independent contractors	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region/investments in region
EAST ASIA AND THE PACIFIC	6	7	PROGRAM SERVICES	SCIENTIFIC RESEARCH/SERVICES	1,786,911
EUROPE	6	28	PROGRAM SERVICES	SCIENTIFIC RESEARCH/SERVICES AND LABORATORY MANAGEMENT	8,293,761
MIDDLE EAST AND NORTH AFRICA	4	4	PROGRAM SERVICES	SCIENTIFIC RESEARCH/SERVICES	2,962,883
RUSSIA AND THE NEWLY INDEPENDENT STATES	5	73	PROGRAM SERVICES	SCIENTIFIC RESEARCH/SERVICES AND LABORATORY MANAGEMENT	9,810,966
EAST ASIA AND THE PACIFIC	0	0	INVESTMENTS		22,890,889
EUROPE	0	0	INVESTMENTS		15,686
SOUTH ASIA	0	0	INVESTMENTS		4,603,096
3a Sub-total	21	112			50,364,192
b Total from continuation sheets to Part I	0	0			0
c **Totals** (add lines 3a and 3b)	21	112			50,364,192

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Check this box if no one recipient received more than $5,000 . . . . . ▶ ☐
Use Part V if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		RUSSIA & THE NEWLY INDEPENDENT STATES	SUPPORT BASEBALL AND SOFTBALL IN THE REPUBLIC OF GEORGIA	10,000	WIRE TRANSFER			

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . ▶ 1

3 Enter total number of other organizations or entities . . . . . ▶ 1

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Part V if additional space is needed.

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

Part IV Foreign Forms

1 Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926 (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 file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)* ☐ 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, 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 file Form 5713, International Boycott Report (see instructions for Form 5713).* ☑ Yes ☐ No

Part V **Supplemental Information**

Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

Identifier	Return Reference	Explanation
	SCHEDULE F PART II	BMI PROVIDED A $10,000 GRANT TO THE FRIENDS OF GEORGIAN BASEBALL AND SOFTBALL FOUNDATION, A NONPROFIT ORGANIZATION FORMED IN THE REPUBLIC OF GEORGIA TO SUPPORT BASEBALL AND SOFTBALL IN THE LOCAL AREA WHERE BMI ESTABLISHED AN OFFICE. A BATTELLE STAFF MEMBER RESIDING IN THE COUNTRY IS ON THE ORGANIZATIONS BOARD OF DIRECTORS. PERSUANT TO THE GRANT AGREEMENT, THE FOUNDATION PROVIDES BMI WITH PERIODIC REPORTS REGARDING HOW THE GRANT FUNDS ARE SPENT

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," to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990

OMB No 1545-0047

2011

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 Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . ▶ 72

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

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) FIRST ROBOTICS TEACHER HONORARIUM - SCIENCE & MATH EDUCATION	22	30,000			
(2) 2011 VETERANS DAY ESSAY CONTEST	2	500			
(3) ROBERTSVILLE BAPTIST CHURCH - HONORARIUM FOR VOLUNTEERS FOR THE ADFAC BUILD	78	1,000			
(4) SUPPORT FOR RAGNAR RELAY TEAM	1	300			

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 BATTELLE MEMORIAL INSTITUTE (BMI) SENDS A LETTER TO EACH ORGANIZATION THAT STATES THAT BY SIGNING AND DEPOSITING THE CHECK THEY ARE CONFIRMING THAT THEY ARE A 501(C)(3) CHARITABLE ORGANIZATION FOR LARGER GRANTS, BMI ASKS THE ORGANIZATIONS TO SIGN A DONOR OBJECTIVE LETTER THAT STATES THE SCOPE AND PURPOSE OF THE DISTRIBUTION THE BMI BOARD OF DIRECTORS HAS FINAL APPROVAL FOR ANY DISTRIBUTIONS OVER $500,000 BATTELLE ENERGY ALLIANCE LLC, BROOKHAVEN SCIENCE ASSOCIATES LLC, AND UT-BATTELLE LLC EACH HAVE THEIR OWN APPROACH TO MAKING SURE THAT GRANTS ARE ONLY MADE TO PROPER OBJECTS OF CHARITY
		BMI WAS CREATED PURSUANT TO THE WILL OF GORDON BATTELLE AS AN OHIO NOT-FOR-PROFIT CORPORATION, SPECIFICALLY AS AN OHIO INCORPORATED CHARITABLE TRUST AS AN INCORPORATED CHARITABLE TRUST, BMI IS SUBJECT TO THE GENERAL SUPERVISION OF THE OHIO ATTORNEY GENERAL AND TO THE REQUIREMENTS OF OHIO NONPROFIT CORPORATION STATUTES THE ORIGINAL PURPOSE OF BMI WAS TO CONDUCT RESEARCH IN METALLURGY OF COAL, IRON, STEEL AND ZINC AND TO MAKE DISTRIBUTIONS TO OTHER CHARITABLE ORGANIZATIONS PURSUANT TO AN AGREEMENT WITH THE OHIO ATTORNEY GENERAL, BMI MAKES ANNUAL DISTRIBUTIONS FOR CHARITABLE PURPOSES EQUAL TO AT LEAST 20% OF ITS FINANCIAL STATEMENT NET INCOME, BUT NOT LESS THAN ONE MILLION DOLLARS ON AUGUST 11, 2005 THE BOARD OF DIRECTORS OF BATTELLE ADOPTED A RESOLUTION THAT ESTABLISHED A MINIMUM CHARITABLE DISTRIBUTION GOAL OF $3,000,000 IN AUGUST 2005, BMI ESTABLISHED A DONOR ADVISED FUND, THE BATTELLE FOUNDATION FUND (THE FUND), UNDER THE COLUMBUS FOUNDATION, A 501(C)(3) PUBLIC CHARITY COMMUNITY FOUNDATION THAT IS LEGALLY AND FINANCIALLY SEPARATE FROM BMI A SUBSTANTIAL PORTION OF BMI'S CHARITABLE DISTRIBUTIONS ARE EXPECTED TO BE MADE TO THE FUND BMI RECOMMENDS DISTRIBUTIONS FROM THE FUND TO QUALIFYING RECIPIENTS, HOWEVER, THE COLUMBUS FOUNDATION MAKES FINAL DECISIONS ON THE ACTUAL DISTRIBUTIONS THE FUNDS TRANSFERRED FROM BMI TO THE FUND HAVE NO POSSIBILITY OF REVERSION TO BMI DISTRIBUTIONS TO THE FUND FULFILL THE OBLIGATIONS UNDER THE WILL OF GORDON BATTELLE AND THE AGREEMENT WITH THE OHIO ATTORNEY GENERAL

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 31-4379427
Name: BATTELLE MEMORIAL INSTITUTE

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
AID TO DISTRESSED FAMILIES OF APPALACHIAN COUNTIES1051 OAK RIDGE TURNPIKE OAK RIDGE,TN 37830	58-1727751	501(C)(3)	10,000				GENERAL OPERATING SUPPORT
AKRON PUBLIC SCHOOLS70 NORTH BROADWAY AKRON,OH 44308	34-6000033	170(C)(1)	50,000				SUPPORT STEM EDUCATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
AMERICAN DIABETES ASSOCIATION 5455 N HIGH STREET COLUMBUS,OH 43212	13-1623888	501(C)(3)	5,000	120	FMV	FOLDERS & BINDERS	FUNDRAISER/SPONSORSHIP
AMERICAN HEART ASSOCIATION 5455 N HIGH STREET COLUMBUS,OH 43214	13-5613797	501(C)(3)	6,916				FUNDRAISER/SPONSORSHIP

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
AMERICAN RED CROSS995 E BROAD STREET COLUMBUS,OH 43205	53-0196605	501(C)(3)	11,150				FUNDRAISER/SPONSORSHIP
BATTELLE FOR KIDS1160 DUBLIN ROAD SUITE 100 COLUMBUS,OH 43215	31-1781583	501(C)(3)	87,077				GENERAL OPERATING SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
BIG BROTHERS BIG SISTERS 1855 E DUBLIN-GRANVILLE R COLUMBUS,OH 43229	31-4379429	501(C)(3)	5,750				FUNDRAISER/SPONSORSHIP
BOISE STATE UNIVERSITY 1910 UNIVERSITY DR BOISE,ID 83725	82-0290701	170(C)(1)	47,766				GENERAL OPERATING SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
BOWLING GREEN STATE UNIVERSITY 907 ADMINISTRATION BUILDING BOWLING GREEN,OH 43403	34-6402018	170(C)(1)	50,000				SUPPORT STEM EDUCATION
BOY SCOUTS OF AMERICAP O BOX 51865 KNOXVILLE,TN 37950	62-0476811	501(C)(3)	29,750				SCIENCE & MATH EDUCATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
CAMPAIGN FOR TOBACCO FREE KIDS1400 I STREET SUITE 1100 WASHINGTON,DC 20005	52-1969967	501(C)(3)	8,100				FUNDRAISER/SPONSORSHIP
CENIC1415 L STREET SUITE 870 SACRAMENTO,CA 95814	94-3289022	501(C)(3)	70,000				SUPPORT STEM EDUCATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
CLEVELAND METROPOLITAN SCHOOL DISTRICT 1380 EAST SIXTH STREET CLEVELAND,OH 44114	34-6000662	170(C)(1)	25,000				SUPPORT STEM EDUCATION
COLLEGE OF SOUTHERN IDAHO PO BOX 1238 TWIN FALLS,ID 83303	82-0261628	501(C)(3)	19,500				GENERAL OPERATING SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
COLUMBUS COUNCIL ON WORLD AFFAIRS51 JEFFERSON AVENUE COLUMBUS,OH 43215	51-0180760	501(C)(3)	47,100				GENERAL OPERATING SUPPORT
COLUMBUS FOUNDATION1234 EAST BROAD STREET COLUMBUS,OH 43205	31-6044264	501(C)(3)	3,800,000				CAPITAL

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
COLUMBUS LITERACY COUNCIL195 NORTH GRANT AVENUE COLUMBUS,OH 43215	23-7433168	501(C)(3)	12,750				FUNDRAISER/SPONSORSHIP
COLUMBUS METROPOLITAN CLUB100 EAST BROAD STREET SUITE 2200 COLUMBUS,OH 43215	31-0889324	501(C)(3)	14,000				FUNDRAISER/SPONSORSHIP

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
COLUMBUS METROPOLITAN LIBRARY FOUNDATION96 SOUTH GRANT AVENUE COLUMBUS,OH 43215	31-1692755	501(C)(3)	24,600				FUNDRAISER/SPONSORSHIP
COMMUNITY SHELTER BOARD 111 LIBERTY STREET SUITE 150 COLUMBUS,OH 43215	31-1131284	501(C)(3)	24,640				FUNDRAISER/SPONSORSHIP

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
COSI333 WEST BROAD STREET COLUMBUS,OH 43215	31-4383802	501(C)(3)	150,000				SUPPORT STEM EDUCATION
COUNCIL ON COMPETITIVENESS 1500 K STREET NW SUITE 850 WASHINGTON,DC 20005	52-1872849	501(C)(3)	12,500				GENERAL OPERATING SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
CROCKER R11 SCHOOLHIGHWAY 17 AND SCHOOL STREET CROCKER,MO 65452	43-6014751	170(C)(1)		6,641	FMV	CHAIRS & CPU HANGERS	GENERAL OPERATING SUPPORT
CUSTER ECONOMIC DEVELOPMENTPO BOX 758 CHALLIS,ID 83226	82-0536118	501(C)(3)	12,500				GENERAL OPERATING SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
DISABLED SPORTS USA WWDSP451 HUNGERFORD DR SUITE 100 ROCKVILLE, MD 20850	94-6174016	501(C)(3)	23,000				FUNDRAISER/SPONSORSHIP
DISTRICT 91 EDUCATION FOUNDATION690 JOHN ADAMS PARKWAY IDAHO FALLS, ID 83401	82-0456533	501(C)(3)	10,000				GENERAL OPERATING SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
EASTERN IDAHO ECONOMIC DEVELOPMENT CORP151 N RIDGE AVE SUITE A IDAHO FALLS,ID 83402	82-0460529	501(C)(3)	12,500				GENERAL OPERATING SUPPORT
EDUCATIONAL SERVICE CENTER OF CENTRAL OHIO 2080 CITYGATE DRIVE COLUMBUS,OH 43219	51-5985018	501(C)(3)	25,000				SUPPORT STEM EDUCATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
EMORY VALLEY CENTER715 EMORY VALLEY ROAD OAK RIDGE,TN 37830	62-0762198	501(C)(3)	50,000				GENERAL OPERATING SUPPORT
FIELDS OF GRACE PO BOX 1766 RICHLAND,WA 99352	80-0347599	501(C)(3)		6,146	FMV	2002 FORD TRUCK	GENERAL OPERATING SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
FOUNDATION FOR ECOL RES (FERN)PO BOX 862 UPTON,NY 11973	20-1338931	501(C)(3)	6,000				GENERAL OPERATING SUPPORT
GIRL SCOUTS OF OHIO'S HEARTLAND COUNCIL INC 1700 WATERMARK DRIVE COLUMBUS,OH 43215	31-4379475	501(C)(3)	24,000				FUNDRAISER/SPONSORSHIP

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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 SCHOOLS LEARNING PARTNERSHIP912 SOUTH GAY STREET L210 KNOXVILLE,TN 37902	76-6206166	501(C)(3)	150,000				SCIENCE & MATH EDUCATION
GREATER IDAHO FALLS EDUCATION COALITION1784 SCIENCE CENTER DRIVE IDAHO FALLS,ID 83405	82-6001158	501(C)(3)	11,000				GENERAL OPERATING SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
HISTORIC OLD TOWN FOUNDATION111 NORTH MAIN POCATELLO,ID 83204	16-1768019	501(C)(3)	18,500				GENERAL OPERATING SUPPORT
IDAHO COMMUNITY FOUNDATION INC 205 N 10TH SUITE 625 BOISE,ID 83702	82-0425063	501(C)(3)	23,000				GENERAL OPERATING SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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 DEPT OF EDUCATION650 WEST STATE STREET BOISE,ID 83720	82-6000952	170(C)(1)	6,000				GENERAL OPERATING SUPPORT
IDAHO FALLS ARTS COUNCIL 498 A STREET IDAHO FALLS,ID 83402	82-0434714	501(C)(3)	12,500				GENERAL OPERATING SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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 GOVERNOR'S CUPPO BOX 983 BOISE,ID 83701	20-8277116	501(C)(3)	10,000				GENERAL OPERATING SUPPORT
INNOVATEEDUCATE 362 STAAB STREET SANTA FE,NM 87501	26-3205739	501(C)(3)	30,000				SUPPORT STEM EDUCATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
KNOXVILLE SYMPHONY ORCHESTRAP O BOX 360 KNOXVILLE,TN 37901	62-6008097	501(C)(3)	7,500				GENERAL OPERATING SUPPORT
MARCH OF DIMES FOUNDATION2700 SOUTH QUINCY STREET SUITE 220 ARLINGTON,VA 22206	13-1846366	501(C)(3)	8,850				GENERAL OPERATING SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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MUSEUM OF IDAHO200 N EASTERN AVE IDAHO FALLS,ID 83402	82-0363177	501(C)(3)	13,500				GENERAL OPERATING SUPPORT
NATIONWIDE CHILDREN'S HOSPITAL700 CHILDRENS DRIVE COLUMBUS,OH 43205	31-1036370	501(C)(3)	19,180				FUNDRAISER/SPONSORSHIP

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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NORTH CAROLINA SCIENCE MATHEMATICS & TECHNOLOGY EDUCATIONPO BOX 13901 21 TW ALEXANDER ST RESEARCH TRIANGLE PARK,NC 27709	04-3602929	501(C)(3)	90,000				SUPPORT STEM EDUCATION
NORTHWEST NAZARENE UNIVERSITY623 HOLLY STREET NAMPA,ID 83686	82-0200907	501(C)(3)	6,000				GENERAL OPERATING SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
OAK RIDGE CIVIC MUSIC ASSOCIATION 205 BADGER ROAD OAK RIDGE,TN 37830	62-0649604	501(C)(3)	10,000				GENERAL OPERATING SUPPORT
OHIO STATE UNIVERSITY1480 WEST LANE AVENUE SUITE 312 COLUMBUS,OH 43221	31-1145986	170(C)(1)	10,500				FUNDRAISER/SPONSORSHIP

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
OPERA COLUMBUS177 EAST NAUGHTEN STREET COLUMBUS,OH 43215	31-1020676	501(C)(3)	5,400				FUNDRAISER/SPONSORSHIP
PARTNERSHIP FOR SCIENCE AND TECHNOLOGY151 N RIDGE AVE IDAHO FALLS,ID 83402	20-4914160	501(C)(6)	25,000				SUPPORT SCIENCE AND TECHNOLOGY

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
PREVENT CANCER FOUNDATION600 DUKE STREET SUITE 500 ALEXANDRIA,VA 22314	52-1429544	501(C)(3)	9,000				FUNDRAISER/SPONSORSHIP
REGION VI DEVELOPMENT ASSOCIATIONPO BOX 5079 TWIN FALLS,ID 83303	82-0311062	501(C)(3)	25,000				GENERAL OPERATING SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
RESEARCH AMERICA1101 KING STREET SUITE 520 ALEXANDRIA,VA 22314	52-1609875	501(C)(3)	12,000				FUNDRAISER/SPONSORSHIP
SECOND HARVEST FOOD BANK136 HARVEST LANE MARYVILLE,TN 37801	58-1450139	501(C)(3)	20,000				GENERAL OPERATING SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
SHAWNEE STATE UNIVERSITY940 SECOND STREET PORTSMOUTH,OH 45662	31-0864917	170(C)(1)	50,000				SUPPORT STEM EDUCATION
SOCIETY FOR WOMEN'S HEALTH RESEARCH1025 CONNECTICUT AVENUE NW SUITE 601 WASHINGTON,DC 20036	52-1694732	501(C)(3)	8,750				FUNDRAISER/SPONSORSHIP

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
STATE COLLABORATIVE ON REFORMING EDUCATION (SCORE) 1207 18TH AVENUE SOUTH SUITE 236 KNOXVILLE,TN 37212	26-3670335	501(C)(3)	10,000				SCIENCE & MATH EDUCATION
STATE UNIVERSITY OF NEW YORK22 CORPORATE WOODS BLVD 3RD FLOOR ALBANY,NY 12211	14-1368361	170(C)(1)	300,000				SUPPORT STEM EDUCATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
TEXAS HIGH SCHOOL PROJECT5500 CARUTH HAVEN LANE DALLAS,TX 75225	75-0964565	170(C)(1)	471,650				SUPPORT STEM EDUCATION
THE ART MUSEUM OF EASTERN IDAHO 300 SOUTH CAPITAL AVE IDAHO FALLS,ID 83402	48-1273754	501(C)(3)	5,500				GENERAL OPERATING SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
THE IDAHO FALLS SYMPHONY450 A STREET IDAHO FALLS,ID 83402	82-6007411	501(C)(3)	10,000				GENERAL OPERATING SUPPORT
TRI-COUNTY HABITAT FOR HUMANITY313 WELLSIAN WAY RICHLAND,WA 99352	91-1591086	501(C)(3)		15,871	FMV	98,02 FORD TRUCKS	GENERAL OPERATING SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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 BANK321 WELLSIAN WAY RICHLAND,WA 99352	91-1011971	501(C)(3)		7,422	FMV	00,01 FORD TRUCKS	GENERAL OPERATING SUPPORT
UNITED WAYPO BOX 911 POCATELLO,ID 83204	82-0209625	501(C)(3)	12,375				GENERAL OPERATING SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UNITED WAY151 N RIDGE AVE SUITE 180 IDAHO FALLS,ID 83402	82-0233588	501(C)(3)	42,891				GENERAL OPERATING SUPPORT
UNITED WAY819 GRAND BLVD DEER PARK,NY 11729	11-6042392	501(C)(3)	10,350				GENERAL OPERATING SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UNITED WAY1301 HANNAH AVENUE KNOXVILLE,TN 37921	62-1818021	501(C)(3)	100,000				GENERAL OPERATING SUPPORT
UNIVERSITY OF CINCINNATIPO BOX 210061 CINCINNATI,OH 45221	31-0896555	170(C)(1)	50,000				SUPPORT STEM EDUCATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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 TENNESSEE800 ANDY HOLT TOWER KNOXVILLE,TN 37996	62-6001636	170(C)(1)	95,000				SCIENCE & MATH EDUCATION
US FOUNDATION INSPIRATION & RECOGNITION SCIENCE & TECH (FIRST)200 BEDFORD STREET MANCHESTER,NH 03101	22-2990908	501(C)(3)	10,000				SCIENCE & MATH EDUCATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
WASHINGTON STATE STEM EDUCATION FOUNDATION210 S HUDSON STREET SEATTLE,WA 98134	27-2133169	501(C)(3)	16,000	9,149	FMV	01 FORD TRUCK & ART SUPPLIES	SUPPORT STEM EDUCATION
WRIGHT STATE UNIVERSITY415 ALLYN HALL 3640 COLONEL GLENN HIGHWAY DAYTON,OH 45435	23-7019799	501(C)(3)	50,000				SUPPORT STEM EDUCATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
YWCA COLUMBUS65 S 4TH STREET COLUMBUS,OH 43215	31-1275824	501(C)(3)	5,192				FUNDRAISER/SPONSORSHIP

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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" to Form 990, Part IV, question 23.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
BATTELLE MEMORIAL INSTITUTE

Employer identification number
31-4379427

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☑ First-class or charter travel ☐ Housing allowance or residence for personal use ☑ Travel for companions ☐ Payments for business use of personal residence ☑ Tax idemnification and gross-up payments ☑ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ☑ Compensation committee ☑ Written employment contract ☑ Independent compensation consultant ☑ Compensation survey or study ☐ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	During the year, did any person listed in 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?	**4a**	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in 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?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**	Yes	
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

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

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

(A) Name		(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 reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table								

Part III **Supplemental Information**

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Identifier	Return Reference	Explanation
	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 EXAMINES ALL EXPENSE REPORTS ASSOCIATED WITH DIRECTORS AND OFFICERS TRAVEL AND ENTERTAINMENT EXPENSES IN ORDER TO ALLOW MIKE KLUSE TO PARTICIPATE FULLY IN AN INTERNAL GOVERNANCE MEETING AT THE PACIFIC NORTHWEST NATIONAL LABORATORY, BMI ALLOWED HIM AND HIS SPOUSE TO FLY FOR PERSONAL REASONS ON A CORPORATE AIRCRAFT ON MARCH 1, 2011 BMI INCLUDED THE VALUE OF THE FLIGHT, $2,870, IN BOX 14 OF MIKE KLUSES FORM W-2 AS A NONTAXABLE FRINGE BECAUSE OF THE SEATING CAPACITY RULE IN TREASURY REGULATION 1 61-21(G)(12) SINCE 50% OF THE SEATS ON THE FLIGHT WERE UTILIZED BY BMI STAFF ON BUSINESS TRAVEL BMI PROVIDES A TAX GROSS-UP FOR FOREIGN TAXES, FOREIGN ALLOWANCES AND RELOCATION COSTS SOCIAL CLUB DUES PERTAIN TO DUES THAT ALLOW BUSINESS MEETINGS AND BUSINESS ACTIVITIES TO TAKE PLACE
	PART I, LINES 4A-B	SEVERANCE PAYMENTS WERE MADE TO THE FOLLOWING INDIVIDUALS LISTED ON FORM 990, PART VII RICHARD ADAMS $310,418 RICHARD ROSEN $117,522 EFFECTIVE JANUARY 1, 2006, BMI IMPLEMENTED THE BATTELLE MEMORIAL INSTITUTE EXECUTIVES SECTION 457(F) PENSION PLAN (THE 457(F) PLAN), AN ERISA TOP HAT PLAN THE 457(F) PLAN IS A COMPONENT OF BMI'S TOTAL COMPENSATION PACKAGE AND REFLECTS ITS BASIC PHILOSOPHY WITH RESPECT TO DEFINED BENEFIT PENSIONS THE SAME PENSION FORMULAS ARE TO BE APPLIED IN DETERMINING THE PENSION OF ALL EMPLOYEES, REGARDLESS OF POSITION OR COMPENSATION LEVEL THE 457(F) PLAN PROVIDES AN ACCRUAL OF THAT PORTION OF AN OFFICERS OR EXECUTIVES ANNUAL PENSION BENEFIT ACCRUAL WHICH CAN NOT BE PAID UNDER ANY OTHER QUALIFIED OR NON-QUALIFIED PENSION PLAN MAINTAINED BY BMI DUE TO OPERATION OF VARIOUS RULES AND LIMITATIONS IN THE INTERNAL REVENUE CODE AS OF JANUARY 1, 2011, 100% PERCENT OF THE 457(F) PLAN ACCRUAL EARNED DURING A YEAR IS PAID IN CASH TO THE OFFICERS OR EXECUTIVES AS SOON AS POSSIBLE AFTER THE END OF THE YEAR THE FULL AMOUNT OF THE 457(F) PLAN ACCRUAL WAS REPORTED ON THE OFFICERS OR EXECUTIVES 2011 FORM W-2 THE FOLLOWING 2011 ACCRUALS UNDER THE 457(F) PLAN ARE INCLUDED IN THE AMOUNTS OF COMPENSATION REPORTED IN COLUMN D OF PART VII AS APPLICABLE MICHAEL KLUSE $124,682 DONALD MCCONNELL $259,321
	PART I, LINE 7	SHORT AND LONG-TERM INCENTIVE COMPENSATION PROGRAMS ARE TIED TO CORPORATE AND INDIVIDUAL PERFORMANCE
SUPPLEMENTAL INFORMATION	PART III	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 CLAIMS EXPERIENCE AND APPORTIONING SPECIFIC DOLLAR AMOUNTS TO INDIVIDUALS IS IMPRACTICAL AS EMPLOYEES, SUCH INDIVIDUALS MAY ALSO HAVE RECEIVED WORKING CONDITION FRINGE BENEFITS AND/OR DE MINIMIS FRINGE BENEFITS AND/OR QUALIFIED MOVING EXPENSE REIMBURSEMENTS EXCLUDED FROM INCOME UNDER INTERNAL REVENUE CODE SECTIONS 132(A)(3),132(A)(4),AND 132(A)(6) RESPECTIVELY, FOR WHICH DETAILED ACCOUNTING IS IMPRACTICAL TRAVEL AND ENTERTAINMENT EXPENSE REIMBURSEMENT BMI'S EXECUTIVES INCUR VARIOUS TRAVEL AND ENTERTAINMENT EXPENSES IN THE CONDUCT OF THEIR OFFICIAL DUTIES AS REPRESENTATIVES OF BMI BMI HAS A WRITTEN TRAVEL AND ENTERTAINMENT EXPENSE REIMBURSEMENT POLICY THAT COMPLIES WITH PUBLISHED IRS GUIDANCE ALL EXECUTIVES, INCLUDING THOSE INDIVIDUALS REPORTED ON PART VII, ARE REQUIRED TO SUBSTANTIATE TRAVEL AND ENTERTAINMENT EXPENSE IN ACCORDANCE WITH THAT POLICY INTERNAL AUDIT EXAMINES ALL EXPENSE REPORTS ASSOCIATED WITH DIRECTORS AND OFFICERS 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 AND DEFINED CONTRIBUTION EMPLOYEE BENEFIT PLANS, NONQUALIFIED PLANS AND CASH PAYMENT ARRANGEMENTS WHICH PROVIDE THE ECONOMIC VALUE OF BENEFITS OTHERWISE PAYABLE UNDER THE NORMAL PROVISIONS OF BMI'S QUALIFIED DEFINED BENEFIT AND DEFINED CONTRIBUTION EMPLOYEE BENEFIT PLANS (QUALIFIED PLANS) BUT FOR OPERATION OF THE INTERNAL REVENUE CODES LIMITATIONS UPON THE AMOUNT OF COMPENSATION WHICH CAN BE TAKEN INTO ACCOUNT IN DETERMINING BENEFITS UNDER A QUALIFIED PLAN, THE AMOUNT OF CONTRIBUTIONS WHICH CAN BE MADE TO A QUALIFIED PLAN, AND/OR THE AMOUNT OF BENEFITS WHICH CAN BE PAID FROM A QUALIFIED PLAN, VARIOUS EMPLOYEE WELFARE BENEFIT PLANS AND GROUP INSURANCES, PAID LEAVE TIME, TUITION REIMBURSEMENT, AND MISCELLANEOUS DE MINIMIS, WORKING CONDITION FRINGE BENEFITS, AND QUALIFIED MOVING EXPENSE REIMBURSEMENTS DEFERRED COMPENSATION FROM RETIREMENT PLANS REPORTED IN SCHEDULE J, PART II, COLUMN C REFLECTS THE IMPACT OF THE CHANGES IN THE DISCOUNT RATE FROM 5 71% TO 5 29% AND ACTUARIAL IMPACTS OF SALARY GROWTH, AGE, AND ADDITIONAL SERVICE AND OTHER ACTUARIAL FACTORS, THEREBY INCREASING THE AMOUNTS

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 31-4379427
Name: BATTELLE MEMORIAL INSTITUTE

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
JEFFREY WADSWORTH	(i)	947,444	959,600	32,649	418,789	11,696	2,370,178	0
	(ii)	0	0	0	0	0	0	0
I MARTIN INGLIS	(i)	567,800	351,469	11,232	324,819	2,772	1,258,092	0
	(ii)	0	0	0	0	0	0	0
RONALD D TOWNSEND	(i)	482,740	356,655	13,271	52,261	12,802	917,729	0
	(ii)	0	0	0	0	0	0	0
RUSSELL P AUSTIN	(i)	357,508	172,128	1,364	157,243	16,272	704,515	0
	(ii)	0	0	0	0	0	0	0
JOHN J GROSSENBACHER	(i)	361,116	164,397	9,553	162,755	10,936	708,757	0
	(ii)	0	0	0	0	0	0	0
STEPHEN E KELLY	(i)	363,044	214,556	5,008	244,094	15,946	842,648	0
	(ii)	0	0	0	0	0	0	0
MICHAEL KLUSE	(i)	344,937	252,715	145,865	612,375	12,086	1,367,978	0
	(ii)	0	0	0	0	0	0	0
BARBARA L KUNZ	(i)	335,812	188,862	4,536	100,140	7,043	636,393	0
	(ii)	0	0	0	0	0	0	0
THOMAS E MASON	(i)	360,240	173,115	0	216,006	22,469	771,830	0
	(ii)	0	0	0	0	0	0	0
THOMAS D SNOWBERGER	(i)	374,588	186,317	5,605	28,558	16,300	611,368	0
	(ii)	0	0	0	0	0	0	0
MARTIN TOOMAJIAN	(i)	264,972	118,669	1,097	104,884	18,680	508,302	0
	(ii)	0	0	0	0	0	0	0
THOMAS E SHARPE	(i)	199,192	29,135	2,286	56,860	21,024	308,497	0
	(ii)	0	0	0	0	0	0	0
GWENDOLYN C VONHOLTEN	(i)	224,716	63,199	1,493	220,377	13,707	523,492	0
	(ii)	0	0	0	0	0	0	0
BRIAN GRAHAM	(i)	223,124	40,715	344	53,756	23,106	341,045	0
	(ii)	0	0	0	0	0	0	0
JUDITH L MOBLEY	(i)	160,522	17,602	498	77,984	19,081	275,687	0
	(ii)	0	0	0	0	0	0	0
BRIAN R SMITH	(i)	149,062	15,992	962	18,584	6,117	190,717	0
	(ii)	0	0	0	0	0	0	0
SAMUEL ARONSON	(i)	367,227	87,900	27,746	24,500	15,909	523,282	0
	(ii)	0	0	0	0	0	0	0
JEFFREY W SMITH	(i)	302,028	132,388	0	244,848	22,005	701,269	0
	(ii)	0	0	0	0	0	0	0

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
THOMAS ZACHARIA	(i)	305,099	111,808	0	326,568	22,024	765,499	0
	(ii)	0	0	0	0	0	0	0
ROGER ANDERSON	(i)	166,872	27,133	337,133	180,128	35,585	746,851	0
	(ii)	0	0	0	0	0	0	0
JOSEPH FITCH	(i)	283,088	135,275	2,642	38,533	19,156	478,694	0
	(ii)	0	0	0	0	0	0	0
BRENT PARK	(i)	290,966	99,688	49,308	23,870	21,963	485,795	0
	(ii)	0	0	0	0	0	0	0
RICHARD C ADAMS	(i)	72,121	0	382,674	397,132	0	851,927	0
	(ii)	0	0	0	0	0	0	0
ANTHONY T HEBRON	(i)	233,957	0	328,599	59,972	14,118	636,646	0
	(ii)	0	0	0	0	0	0	0
DONALD P MCCONNELL	(i)	270,469	0	691,713	366,013	2,341	1,330,536	0
	(ii)	0	0	0	0	0	0	0
RICHARD D ROSEN	(i)	75,522	0	145,670	224,325	4,045	449,562	0
	(ii)	0	0	0	0	0	0	0
STEPHEN H VALENTINE	(i)	20,802	0	309,080	205,713	1,097	536,692	0
	(ii)	0	0	0	0	0	0	0
MICHAEL LAWRENCE	(i)	7,353	0	419,401	136,569	15,665	578,988	0
	(ii)	0	0	0	0	0	0	0

Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990).
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
BATTELLE MEMORIAL INSTITUTE

Employer identification number
31-4379427

Part I Bond Issues

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	HARFORD COUNTY MARYLAND	52-6000959	412493AF5	04-07-2004	18,456,562	CONSTRUCTION RESEARCH FACILITY, MARYLAND		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired				
2	Amount of bonds defeased				
3	Total proceeds of issue	18,472,123			
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrow				
7	Issuance costs from proceeds	355,700			
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	18,100,862			
11	Other spent proceeds				
12	Other unspent proceeds				
13	Year of substantial completion	2003			

		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X						
15	Were the bonds issued as part of an advance refunding issue?		X						
16	Has the final allocation of proceeds been made?	X							
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

Part III Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X						
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X						

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use?		X						
b	If 'Yes' to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?		X						
d	If 'Yes' to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0 %							
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	0 %							
6	Total of lines 4 and 5	0 %							
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?		X						

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X						
2	Is the bond issue a variable rate issue?		X						
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?		X						
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was a hedge terminated?								
4a	Were gross proceeds invested in a GIC?		X						
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
5	Were any gross proceeds invested beyond an available temporary period?		X						
6	Did the bond issue qualify for an exception to rebate?		X						

Part V Procedures To Undertake Corrective Action

Check the box if the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations . . . . . ☐ Yes ☑ No

Part VI Supplemental Information

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

Identifier	Return Reference	Explanation

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Schedule L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
BATTELLE MEMORIAL INSTITUTE

Employer identification number
31-4379427

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) 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) Description of transaction	(c) Corrected? Yes	No

2 Enter the amount of tax imposed on 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, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization? To	From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	No	(f) Approved by board or committee? Yes	No	(g) Written agreement? Yes	No
Total . . . . . ▶ $										

Part III Grants or Assistance Benefitting 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 grant or type of assistance

Part IV **Business Transactions Involving Interested Persons.**
Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
See Additional Data Table					

Part V **Supplemental Information**

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

Identifier	Return Reference	Explanation
SCHEDULE L, PART IV	BUSINESS TRANSACTIONS WITH LISTED PERSONS	FIVE OF BMI DIRECTORS ALSO SIT ON THE BOARDS OF CERTAIN PUBLIC COMPANIES FROM WHICH BMI ACQUIRES COMMUNICATIONS, CREDIT CARD SERVICES AND ELECTRICAL SERVICES OR WHICH CONTRACT WITH BMI FOR RESEARCH SERVICES THESE BUSINESS TRANSACTIONS IN THE NORMAL COURSE OF BMI'S BUSINESS CAUSE THESE FIVE DIRECTORS TO BE INTERESTED PERSONS FOR PURPOSES OF FORM 990 AND THUS NOT CONSIDERED TO BE INDEPENDENT DIRECTORS

Additional Data

Software ID:
Software Version:
EIN: 31-4379427
Name: BATTELLE MEMORIAL INSTITUTE

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(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**
360IP PTE LTD	JEFFREY WADSWORTH AND I MARTIN INGLIS ARE OFFICERS	9,142	360IP PTE LTD PAID BMI FOR RESEARCH SERVICES		No
ALCOA INC	MICHAEL MORRIS IS A DIRECTOR	76,450	ALCOA PAID BMI FOR RESEARCH SERVICES		No
AMERICAN ELECTRIC POWER	MICHAEL MORRIS IS DIRECTOR	4,664,996	BMI PAID AMERICAN ELECTRIC POWER FOR SERVICES		No
AMERICAN ELECTRIC POWER	MICHAEL MORRIS IS A DIRECTOR	12,913,499	AMERICAN ELECTRIC POWER PAID BMI FOR RESEARCH SERVICES		No
AMERICAN EXPRESS	ROBERT WALTER IS A DIRECTOR	88,813	BMI PAID AMERICAN EXPRESS FOR SERVICES		No
AT&T	JOHN MCCOY IS A DIRECTOR	4,340,768	BMI PAID AT&T CORPORATION FOR SERVICES		No
GENERAL DYNAMICS	LESTER LYLES IS A DIRECTOR	20,812,133	BMI PAID GENERAL DYNAMICS FOR PROJECT SERVICES		No
GENERAL DYNAMICS	LESTER LYLES IS A DIRECTOR	2,718,686	GENERAL DYNAMICS PAID BMI FOR RESEARCH SERVICES		No
GREIF INC	MICHAEL J GASSER IS A DIRECTOR	712,832	GREIF, INC PAID BMI FOR RESEARCH SERVICES		No
LEVITRONIX LLC	BARBARA KUNZ IS BOARD MEMBER	12,298	LEVITRONIX PAID BMI FOR RESEARCH SERVICES		No
USEC INC	JOHN WELCH IS A DIRECTOR	3,801,798	USEC INC PAID BMI FOR RESEARCH SERVICES		No
BLAKE KLUSE	FAMILY MEMBER OF MICHAEL KLUSE	81,639	PAYROLL		No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(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**
BRITTNEY KLUSE	FAMILY MEMBER OF MICHAEL KLUSE	24,204	PAYROLL		No
DAVID KELLY	FAMILY MEMBER OF STEPHEN KELLY	253,658	PAYROLL		No
JOAN ADAMS	FAMILY MEMBER OF RICHARD ADAMS	165,349	PAYROLL		No
JOSEPH ARONSON	FAMILY MEMBER OF SAMUEL ARONSON	55,776	PAYROLL		No
KAREN ROSEN	FAMILY MEMBER OF RICHARD ROSEN	118,512	PAYROLL		No

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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 to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2011

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Name of the organization
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Employer identification number
31-4379427

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	A DETAILED ANALYSIS OF FORM 990 AND 990T AND FINAL COPIES OF EACH FORM ARE PROVIDED TO EVERY MEMBER OF THE BOARD OF DIRECTORS PRIOR TO FILING THE AUDIT COMMITTEE OF THE BOARD OF DIRECTORS HOLDS A SPECIAL MEETING TO REVIEW AND APPROVE THE FORMS FOR FILING THE AUDIT COMMITTEE REPORTS ITS FINDINGS AND CONCLUSIONS TO THE ENTIRE BOARD FOLLOWING THE COMMITTEE MEETING

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	EACH YEAR, BMI USES A DETAILED CONFLICT OF INTEREST CERTIFICATE TO OBTAIN INFORMATION FROM DIRECTORS, OFFICERS AND KEY EMPLOYEES IN ADDITION, DIRECTORS AND OFFICERS PERIODICALLY UPDATE LISTS OF THEIR AFFILIATIONS WITH OTHER ENTITIES BMI PERIODICALLY DISTRIBUTES AN ETHICAL CODE OF CONDUCT TRAINING COURSE THAT MUST BE REVIEWED AND SIGNED BY EVERY EMPLOYEE. TRAINING WITH RESPECT TO SECTION 501(C)(3) COMPLIANCE REQUIREMENTS, LIMITATIONS AND PROHIBITIONS, INCLUDING IMPROPER PRIVATE BENEFIT AND OTHER CONFLICT OF INTEREST-RELATED MATTERS IS INCLUDED IN THE ETHICAL CODE OF CONDUCT TRAINING COURSE THAT MUST BE REVIEWED AND SIGNED BY EVERY EMPLOYEE. BMI MAINTAINS AN ETHICS HOT-LINE FOR ITS STAFF FOR USE WITH RESPECT TO ANY ETHICS-RELATED MATTER, AND ALSO MAINTAINS A DEDICATED E-MAIL BOX FOR USE WITH RESPECT TO SECTION 501(C)(3) RELATED MATTERS MATTERS REPORTED OR CONCERNS RAISED BY CONTACT WITH THE HOT-LINE OR THROUGH THE E-MAIL BOX ARE GIVEN DUE CONSIDERATION AND INVESTIGATED APPROPRIATELY

Identifier	Return Reference	Explanation
	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

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	BMI PROVIDES FORM 1023, APPLICATION FOR TAX EXEMPTION, ON REQUEST, FORM 1023 INCLUDES THE ARTICLES OF INCORPORATION AND THE CODE OF REGULATIONS THE CODE OF REGULATIONS IN FORM 1023 DOES NOT REFLECT THE RECENT CHANGES MADE ON NOVEMBER 12, 2008 BMI MAKES FORMS 990 AND 990T AVAILABLE TO THE PUBLIC FROM ITS WEB SITE THE CONFLICT OF INTEREST POLICIES AND FINANCIAL STATEMENTS ARE NOT MADE AVAILABLE TO THE PUBLIC

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	PRIOR PERIOD ADJUSTMENTS 903,192 MARKET VALUE ADJUSTMENT ON MARKETABLE SECURITIES 31,225,737 CURRENCY TRANSLATION ADJUSTMENT 78,201 PENSION AND POST RETIREMENT BENEFITS -15,151,016 NONCONTROLLING INTEREST 311,409 TOTAL TO FORM 990, PART XI, LINE 5 17,367,523

Identifier	Return Reference	Explanation
TOTAL GROSS UNRELATED BUSINESS REVENUE	FORM 990, PART I, LINE 7A	FORM 990 IS PREPARED ON GAAP FINANCIAL ACCOUNTING BASIS AND FORM 990T IS PREPARED ON AN INCOME TAX ACCOUNTING BASIS THEREFORE THERE ARE BOOK TO TAX DIFFERENCES THAT ARE RECONCILED IN THE FOLLOWING SCHEDULE FOR THE GROSS UNRELATED BUSINESS REVENUE TO FORM 990T, PART I, COLUMN A, LINE 13, FORM 990 GROSS UNRELATED BUSINESS REVENUE 10,556,972 ADD INCOME TAX BASIS PARTNERSHIP INCOME 40,814 DEDUCT THE COSTS OF GOODS SOLD 8,664,724 ADD BACK RENTAL EXPENSE 19,202 ADD INSURANCE PREMIUMS FROM TAXABLE SUBSIDIARIES 37,253 EQUALS TOTAL ON FORM 990T PART I, LINE 13 1,989,517

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2011

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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 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
(1) BATTELLE NATIONAL BIODEFENSE INSTITUTE LLC 505 KING AVENUE COLUMBUS, OH 43201 04-3851808	MANAGEMENT OF NATIONAL LABORATORY	DE	32,548,001	8,140,901	BATTELLE MEMORIAL INSTITUTE
(2) BATTELLE ASIA LLC 505 KING AVENUE COLUMBUS, OH 43201 20-3790334	SCIENTIFIC RESEARCH (DORMANT)	DE	0	107,161	BATTELLE MEMORIAL INSTITUTE
(3) BATTELLE ENERGY ALLIANCE LLC 2525 N FREMONT AVE IDAHO FALLS, ID 83415 68-0588324	MANAGEMENT OF NATIONAL LABORATORY	DE	912,541,277	4,715,703	BATTELLE MEMORIAL INSTITUTE
(4) BATTELLE ENERGY UK LLC 505 KING AVENUE COLUMBUS, OH 43201 42-1767455	MANAGEMENT OF NATIONAL LABORATORY	DE	2,433,013	7,462,437	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 organization Yes	(g) Section 512(b)(13) controlled organization No
(1) BATTELLE VOLUNTARY EMPLOYEES' BENEFICIARY ASSOCIATION 505 KING AVENUE COLUMBUS, OH 43201 23-7451397	EMPLOYEE BENEFITS	OH	501(C)(9)		BATTELLE MEMORIAL INSTITUTE		No
(2) BATTELLEEDORG 505 KING AVENUE COLUMBUS, OH 43201 46-0585021	PROMOTE STEM EDUCATION	OH	501(C)(3)	11(A)I	BATTELLE MEMORIAL INSTITUTE		No

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? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) BATTELLE VENTURES LP 100 PRINCETON SOUTH CORPORATE CENTE EWING, NJ 08628 47-0924456	VENTURE CAPITAL	DE	BATTELLE MEMORIAL INSTITUTE	RELATED	-12,323,482	54,009,548	Yes				No	99 500 %

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
See Additional Data Table							

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

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

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

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 other organization	**(b)** Transaction type(a-r)	**(c)** Amount involved	**(d)** Method of determining amount involved
(1) See Additional Data Table			
(2)			
(3)			
(4)			
(5)			
(6)			

Part VI **Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1) BROOKHAVEN SCIENCE ASSOCIATESLLC PO BOX 5000UPTON, NY 11973 11-3403915	MANAGEMENT OF NATIONAL LABORATORY	DE	RELATED	Yes		1,948,464	2,575,265		No	0		No	50 000 %
(2) UT-BATTELLE LLC 1 BETHEL VALLEY ROAD BLDG 4500N MSOAK RIDGE, TN 37831 62-1788235	MANAGEMENT OF NATIONAL LABORATORY	TN	RELATED	Yes		4,538,670	4,647,065		No	0		No	50 000 %

Part VII Supplemental Information

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

Identifier	Return Reference	Explanation
TRANSACTIONS WITH RELATED ORGANIZATIONS	SCHEDULE R,PART V,	DURING FISCAL YEAR 2012, BMI RELATED ENTITIES PROVIDED CONTRACT SCIENTIFIC RESEARCH AND DEVELOPMENT AND TECHNICAL SERVICES IN THE ORDINARY COURSE OF BUSINESS UNDER ARMS-LENGTH TERMS, CONDITIONS, AND PRICING SERVICES TO BMI AND BMI'S JAPAN, KOREA, INDIA, MALAYSIA, SINGAPORE, AND UNITED KINGDOM AFFILIATES WERE PROVIDED UNDER ARMS-LENGTH TERMS AND AT PRICING WHICH COMPLIED WITH THE INTER-COMPANY TRANSFER PRICING RULES OF JAPAN, KOREA, INDIA, MALAYSIA, SINGAPORE, UNITED KINGDOM, AND THE UNITED STATES BMI ENGAGED IN TRANSACTIONS WITH RELATED ENTITIES SUCH AS THE LEASING OF REAL OR PERSONAL PROPERTY, THE PROVISION OF CAPITAL, AND, THE FURNISHING OF GOODS, SERVICES OR FACILITIES THESE TRANSACTIONS 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
LEASE OF FACILITIES, EQUIPMENT, OR OTHER ASSETS TO/FROM OTHER ORGANIZATIONS	SCHEDULE R, PART V	BMI LEASES FACILITY SPACE TO BATTELLE SERVICES COMPANY INC, AND ZIVENA INC THE AMOUNTS ARE LISTED IN LINE 2
RECEIPT OF INTEREST, ANNUITIES, ROYALTIES, OR RENT FROM CONTROLLED ENTITY	SCHEDULE R, PART V, LINE 1A	QUALIFYING SPECIFIED PAYMENTS AND SPECIFIED PAYMENTS RELATED TO IRS SECTION 512(B)(13)PERTAINING TO 990T PAGE 1, PART I, LINE 8 QUALIFYING SPECIFIED PAYMENTS $396,629 SPECIFIED PAYMENTS $673,519 TOTAL $1,070,148
UNRELATED ORGANIZATION TAXABLE AS A PARTNERSHIP	SCHEDULE R, PART VI	BMI IS REQUIRED TO CONSOLIDATE THESE ENTITIES FOR FINANCIAL ACCOUNTING PURPOSES AND ACCORDINGLY, THEIR FINANCIAL ATTRIBUTES ARE REFLECTED IN THE REVENUES AND EXPENSES AND OTHER FINANCIAL INFORMATION IN THIS FORM AND RELATED SCHEDULES
SHARING OF EMPLOYEES AND EQUIPMENT	SCHEDULE R, PART V, LINE 1M AND 1N	BMI SHARES EMPLOYEES, FACILITIES, AND EQUIPMENT WITH BATTELLE VOLUNTARY EMPLOYEES' BENEFICIARY ASSOCIATION AND BATTELLEED ORG

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 31-4379427
Name: BATTELLE MEMORIAL INSTITUTE

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income ($)	(g) Share of end-of-year assets ($)	(h) Percentage ownership
360IP (CHINA) PTE LTD 391B ORCHARD ROAD 16-03/04 NGEE ANN CITY TOWER B 238874 SN	INTELLECUTAL PROP MANAGEMENT AND INVESTMENT	SN	360IP PTE LTD	C		14,968	69 730 %
360IP (JAPAN) PTE LTD 391B ORCHARD ROAD 16-03/04 NGEE ANN CITY TOWER B 238874 SN	INTELLECUTAL PROP MANAGEMENT AND INVESTMENT	SN	360IP PTE LTD	C			
360IP (KOREA) PTE LTD 391B ORCHARD ROAD 16-03/04 NGEE ANN CITY TOWER B 238874 SN	INTELLECUTAL PROP MANAGEMENT AND INVESTMENT	SN	360IP PTE LTD	C			
360IP CORPORATION 103 CARNEGIE CTR STE 100 PRINCETON, NJ 08540 26-1970537	INTELLECUTAL PROP MANAGEMENT AND INVESTMENT	DE	360IP PTE LTD	C	1,532	68,243	76 480 %
360IP PTE LTD 391B ORCHARD ROAD 16-03/04 NGEE ANN CITY TOWER B 238874 SN 20-0817081	OTHER INVESTMENT HOLDING COMPANY	SN	BATTELLE VENTURES LP	C	77,578	2,715,996	69 730 %
360IP JAPAN 6-6-1 GINZA CHUO-KU TOKYO JA	INTELLECUTAL PROP MANAGEMENT AND INVESTMENT	JA	360IP PTE LTD	C	5,229	12,919	69 040 %
360IP KOREA 14 FLOOR SH TOWER 278-22 NONHYUN-DONG GANGNAM SEOUL KS	INTELLECUTAL PROP MANAGEMENT AND INVESTMENT	KS	360IP PTE LTD	C	259,645	84,371	69 730 %
BATTELLE INSTITUTE (DELAWARE) 505 KING AVENUE COLUMBUS, OH 43201 31-4379427	HOLDING COMPANY (DORMANT)	DE	BATTELLE MEMORIAL INSTITUTE	C			100 000 %
BATTELLE INSTITUTE LTD 27 GILBERT STREET LONDON, ENGLAND W1Y 1RL UK	SALES OF RESEARCH (DORMANT)	UK	BATTELLE INSTITUTE DELAWARE	C			
BATTELLE INSTITUTE EV FRANKFURT AM MAIN FRANKFURT GM	SCIENTIFIC RESEARCH (DORMANT)	GM	BATTELLE MEMORIAL INSTITUTE	C			100 000 %
BATTELLE JAPAN CORPORATION CHIYODA-KU TOKYO JA	SCIENTIFIC RESEARCH	JA	BATTELLE MEMORIAL INSTITUTE	C	137,951	309,367	60 000 %
BATTELLE KOREA INC NARA BUILDING 7TH FL 71-22 CHEONGD SEOUL KS	SCIENTIFIC RESEARCH	KS	BATTELLE MEMORIAL INSTITUTE	C	231,969	431,236	100 000 %
BATTELLE OKLAHOMA LLC 505 KING AVENUE COLUMBUS, OH 43201 20-0292062	REAL ESTATE ACTIVITIES	OK	BATTELLE MEMORIAL INSTITUTE	C	194,372	375,243	100 000 %
BATTELLE SCIENCE & TECHNOLOGY INDIA PVT LTD UNIT 302 PANCHSHIL TECH PARK HINJEWADI, PUNE 411016 IN	SCIENTIFIC RESEARCH	IN	BATTELLE MEMORIAL INSTITUTE	C	856,391	1,289,700	100 000 %
BATTELLE SCIENCE & TECHNOLOGY MALAYSIA SDN BHD BLOCK B LOT 3288 OFF JALAN AYER I KAWASAN INSTITUSI BANGI MY	SCIENTIFIC RESEARCH	MY	BATTELLE MEMORIAL INSTITUTE	C		978,415	100 000 %
BATTELLE SERVICES COMPANY INC 505 KING AVENUE COLUMBUS, OH 43201 31-1792334	EMPLOYEE LEASING	OH	BATTELLE MEMORIAL INSTITUTE	C	1,638,942	3,603,778	100 000 %
BATTELLE UK LIMITED 200 ALDERSGATE STREET LONDON, ENGLAND EC1A 4JJ UK	SCIENTIFIC RESEARCH	UK	BATTELLE MEMORIAL INSTITUTE	C	10,010,578	13,553,205	100 000 %
BLUEFIN MARINE SURVEY INC 505 KING AVENUE COLUMBUS, OH 43201 20-5399236	START UP COMPANY (DORMANT)	MA	BATTELLE MEMORIAL INSTITUTE	C			
BLUEFIN ROBOTICS CORPORATION 237 PUTNAM AVE CAMBRIDGE, MA 02139 20-2576696	MARINE ROBOTICS	MA	BATTELLE MEMORIAL INSTITUTE	C	4,760,063	19,312,379	100 000 %
GEOSAFE AUSTRALIA PTY LIMITED LEVEL 14 140 ST GEORGES TERRACE PERTH WA 6000 AS	HAZARDOUS WASTE REMEDIATION	AS	GEOSAFE CORPORATION	C			100 000 %

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GEOSAFE CORPORATION 505 KING AVENUE COLUMBUS, OH 43201 91-1404268	WASTE CLEANUP	WA	BATTELLE MEMORIAL INSTITUTE	C	1,231,963	523,391	100 000 %
RESEARCH INSURANCE COMPANY LTD 73 FRONT STREET 3RD FLOOR HAMILTON HM11 BD	INSURING BATTELLE RISKS	BD	BATTELLE MEMORIAL INSTITUTE	C	4,708,646	86,045,088	100 000 %
SCIENTIFIC ADVANCES INC 505 KING AVENUE COLUMBUS, OH 43201 31-6024333	VENTURE CAPITAL MANAGEMENT	OH	BATTELLE MEMORIAL INSTITUTE	C	877	104,415	100 000 %
VITEX SYSTEMS INC 505 KING AVENUE COLUMBUS, OH 43201 77-0526364	LICENSING COMPANY	DE	BATTELLE MEMORIAL INSTITUTE	C	525,809	466,106	100 000 %
ZIVENA INC 505 KING AVENUE COLUMBUS, OH 43201 75-3090227	SCIENTIFIC RESEARCH	DE	BATTELLE MEMORIAL INSTITUTE	C			

Form 990, Schedule R, Part V - Transactions With Related Organizations

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved ($)	(d) Method of determining amount involved
(1)	360IP PTE LTD - SPECIFIED PAYMENT	A	124,070	FMV
(2)	BATTELLE INDIA - SPECIFIED PAYMENT	A	5,585	FMV
(3)	BATTELLE JAPAN - SPECIFIED PAYMENT	A	27,201	FMV
(4)	BATTELLE KOREA INC- QUALIFYING SPECIFIED PAYMENT	A	121	FMV
(5)	BATTELLE SERVICES COMPANY INC - SPECIFIED PAYMENT	A	7,115	FMV
(6)	BATTELLE UK LIMITED - QUALIFYING SPECIFIED PAYMENT	A	12,600	FMV
(7)	BATTELLE UK LIMITED - SPECIFIED PAYMENT	A	16,688	FMV
(8)	BLUEFIN ROBOTICS CORPORATION - SPECIFIED PAYMENT	A	350,555	FMV
(9)	GEOSAFE CORPORATION - SPECIFIED PAYMENT	A	129,901	FMV
(10)	VITEX SYSTEMS INC - QUALIFING SPECIFIED PAYMENT	A	305,570	FMV
(11)	ZIVENA INC - QUALIFYING SPECIFIED PAYMENT	A	78,338	FMV
(12)	ZIVENA INC- SPECIFIED PAYMENT	A	12,404	FMV
(13)	BATTELLE KOREA INC	B	500,000	FMV
(14)	BATTELLE SCIENCE & TECHNOLOGY INDIA PVT LTD	B	500,000	FMV
(15)	BATTELLEEDORG	B	200,000	FMV
(16)	BLUEFIN ROBOTICS CORPORATION	B	16,000,000	FMV
(17)	360IP PTE LTD	D	2,950,000	FMV
(18)	BATTELLE JAPAN	D	500,000	FMV
(19)	BATTELLE KOREA INC	D	150,000	FMV
(20)	BATTELLE SCIENCE & TECHNOLOGY INDIA PVT LTD	D	250,000	FMV

Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved ($)	(d) Method of determining amount involved
(21) BATTELLE UK LIMITED	D	3,421,750	FMV
(22) BLUEFIN ROBOTICS CORPORATION	D	975,000	FMV
(23) BATTELLE JAPAN	K	90,383	FMV
(24) BATTELLE KOREA INC	K	73,805	FMV
(25) BATTELLE SERVICES COMPANY INC	K	190,222	FMV
(26) BATTELLE UK LIMITED	K	59,590	FMV
(27) BLUEFIN ROBOTICS CORPORATION	K	500,580	FMV
(28) VITEX SYSTEMS INC	K	52,758	FMV
(29) BATTELLE JAPAN	L	52,593	FMV
(30) BATTELLE SCIENCE & TECHNOLOGY INDIA PVT LTD	L	769,956	FMV
(31) BATTELLE SERVICES COMPANY INC	L	867,479	FMV
(32) BATTELLE UK LIMITED	L	560,215	FMV
(33) BLUEFIN ROBOTICS CORPORATION	L	3,618,893	FMV
(34) RESEARCH INSURANCE COMPANY LIMITED	L	2,213,632	FMV
(35) BATTELLE VOLUNTARY EMPLOYEES' BENEFICIARY ASSOCIATION	Q	62,787,097	FMV