Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2020

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2020 or fiscal plan year beginning 07/01/2020 and ending 06/30/2021

A This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- [X] a single-employer plan
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [X] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
PENSION PLAN OF THE PACIFIC NORTHWEST LABORATORIES BATTELLE MEMORIAL INSTITUTE

1b Three-digit plan number (PN) ▶ 005

1c Effective date of plan 07/18/1941

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
BATTELLE MEMORIAL INSTITUTE

505 KING AVENUE
COLUMBUS, OH 43201

505 KING AVENUE
COLUMBUS, OH 43201

2b Employer Identification Number (EIN) 31-4379427

2c Plan Sponsor's telephone number 614-424-7104

2d Business code (see instructions) 541990

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	05/31/2022	DAVE DAVENPORT
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.		
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE	Filed with authorized/valid electronic signature.		
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] Same as Plan Sponsor	**3b** Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: **a** Sponsor's name **c** Plan Name	**4b** EIN **4d** PN	
5 Total number of participants at the beginning of the plan year	**5**	8459
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1) Total number of active participants at the beginning of the plan year	**6a(1)**	4168
a(2) Total number of active participants at the end of the plan year	**6a(2)**	4375
b Retired or separated participants receiving benefits	**6b**	2716
c Other retired or separated participants entitled to future benefits	**6c**	1314
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	8405
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	309
f Total. Add lines **6d** and **6e**	**6f**	8714
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	48
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

1A 3F 3H

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1)	[ ] Insurance	**(1)**	[ ] Insurance
(2)	[ ] Code section 412(e)(3) insurance contracts	**(2)**	[ ] Code section 412(e)(3) insurance contracts
(3)	[X] Trust	**(3)**	[X] Trust
(4)	[ ] General assets of the sponsor	**(4)**	[ ] General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- **(1)** [X] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [X] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] ___ **A** (Insurance Information)
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2020 Form M-1 annual report. If the plan was not required to file the 2020 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2020

This Form is Open to Public Inspection

For calendar plan year 2020 or fiscal plan year beginning 07/01/2020 and ending 06/30/2021

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan
PENSION PLAN OF THE PACIFIC NORTHWEST LABORATORIES BATTELLE MEMORIAL INSTITUTE

B Three-digit plan number (PN) ▶ 005

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
BATTELLE MEMORIAL INSTITUTE

D Employer Identification Number (EIN)
31-4379427

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1	Enter the valuation date: Month 07 Day 01 Year 2020			
2	Assets:			
	a Market value	**2a**		1906581707
	b Actuarial value	**2b**		1809102493
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
	a For retired participants and beneficiaries receiving payment	2994	822560746	822560746
	b For terminated vested participants	1377	149017381	149017381
	c For active participants	4168	511790829	520894253
	d Total	8539	1483368956	1492472380
4	If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]			
	a Funding target disregarding prescribed at-risk assumptions	**4a**		
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**		
5	Effective interest rate	**5**		5.77 %
6	Target normal cost	**6**		40636932

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE

	03/01/2022
Signature of actuary	Date
MATTHEW LITTLE, FSA, EA, MAAA	20-08076
Type or print name of actuary	Most recent enrollment number
MERCER	248-945-5500
Firm name	Telephone number (including area code)
ONE TOWNE SQUARE, SUITE 1100 SOUTHFIELD, MI 48076-1815	
Address of the firm	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions [ ]

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)		250586157
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		28520739
9	Amount remaining (line 7 minus line 8)		222065418
10	Interest on line 9 using prior year's actual return of 14.46 %		32110659
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.56 %		
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		
c	Total available at beginning of current plan year to add to prefunding balance		
d	Portion of (c) to be added to prefunding balance		
12	Other reductions in balances due to elections or deemed elections		
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	254176077

Part III Funding Percentages

14	Funding target attainment percentage	14	121.21 %
15	Adjusted funding target attainment percentage	15	116.56 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	99.20 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
01/06/2021	4662500		09/21/2021	12362500	
03/02/2021	9325000				
04/06/2021	4662500				
05/13/2021	4662500				
06/11/2021	4662500				
08/11/2021	4662500				
			Totals ► 18(b)	45000000	18(c)

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a	Contributions allocated toward unpaid minimum required contributions from prior years.	19a	
b	Contributions made to avoid restrictions adjusted to valuation date	19b	
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	42762973

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] Yes [ ] No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
4.75 %	5.50 %	6.27 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	62

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment	☒ Yes	☐ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment	☐ Yes	☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment	☒ Yes	☐ No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	**28**	
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	**29**	
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	**30**	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6)	**31a**	40636932
b Excess assets, if applicable, but not greater than line 31a	**31b**	40636932

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment		
b Waiver amortization installment		

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement			

36 Additional cash requirement (line 34 minus line 35)	**36**	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	42762973

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	**38a**	42762973
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:

a Schedule elected ☐ 2 plus 7 years ☒ 15 years

b Eligible plan year(s) for which the election in line 41a was made ☐ 2008 ☐ 2009 ☐ 2010 ☒ 2011

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2020** **This Form is Open to Public Inspection.**

For calendar plan year 2020 or fiscal plan year beginning 07/01/2020 and ending 06/30/2021

A Name of plan
PENSION PLAN OF THE PACIFIC NORTHWEST LABORATORIES BATTELLE MEMORIAL INSTITUTE

B Three-digit plan number (PN) ▶ 005

C Plan sponsor's name as shown on line 2a of Form 5500
BATTELLE MEMORIAL INSTITUTE

D Employer Identification Number (EIN)
31-4379427

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . [X] Yes [ ] No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

HARBOURVEST PARTNERS LP

74-3130888

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

HARBOURVEST VIII - BUYOUT ASSOC LP

51-0578242

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

HIPEP V - PARTNERSHIP ASSOCS LP

55-0897492

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

CARVAL INVESTORS, LP

1601 UTICA AVE. SOUTH, SUITE 1000
MINNEAPOLIS, MN 55416

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

GOLDMAN SACHS ASSET MANAGEMENT LP

13-3575636

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

GOLDMAN SACHS & CO. LLC

13-3501777

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

METLIFE INVESTMENT MANAGEMENT

13-4075851

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

BRIGADE CAPITAL MANAGEMENT, LP

20-4895879

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

PINEBRIDGE INVESTMENTS LLC

47-5317063

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

PUTNAM INVESTMENTS

04-3542621

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

LAZARD ASSET MANAGEMENT LLC

30 ROCKEFELLER PLAZA
NEW YORK, NY 10112

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

NORTHERN TRUST COMPANY

36-1561860

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

NWQ INVESTMENT MANAGEMENT CO LLC

2029 CENTURY PARK EAST STE 1600
LOS ANGELES, CA 90067

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

HARBOURVEST VIII - VENTURE ASSOC LP

34-2063513

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

TOWNSEND HOLDINGS LLC

45-3073569

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51	NONE	706178	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

(a) Enter name and EIN or address (see instructions)

PZENA INVESTMENT MANAGEMENT

13-3860154

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51	NONE	670079	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

(a) Enter name and EIN or address (see instructions)

CAMBRIDGE ASSOCIATES LLC

04-3515240

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	558417	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

BAILLIE GIFFORD OVERSEAS, LTD.

22-3438530

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51 52 28	NONE	506303	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(a) Enter name and EIN or address (see instructions)

MORNEAU SHEPELL

52-1883918

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15	NONE	467826	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(a) Enter name and EIN or address (see instructions)

NORTHERN TRUST CORPORATION

36-2723087

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 51	NONE	438618	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

MERCER

13-2834414

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 17	NONE	403686	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(a) Enter name and EIN or address (see instructions)

BLACK CREEK INVESTMENT MANAGEMENT

1200-123 FRONT ST W.
TORONTO, ONTARIO M5J 2M2 CA

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	401740	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

(a) Enter name and EIN or address (see instructions)

POLARIS CAPITAL MANAGEMENT LLC

74-3243565

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 27	NONE	314669	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

LINDSELL TRAIN LIMITED

98-1104976

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	296363	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(a) Enter name and EIN or address (see instructions)

STATE STREET GLOBAL ADVISORS

81-4017137

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 51 18	NONE	282101	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

(a) Enter name and EIN or address (see instructions)

WELLINGTON TRUST

04-2755549

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51	NONE	206348	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

RIVER AND MERCANTILE ASSET MGMT LLP

30 COLEMAN STREET
LONDON EC2R 5AL GB

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	178480	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(a) Enter name and EIN or address (see instructions)

WILLIS TOWERS WATSON

53-0181291

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 17 27	NONE	148199	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(a) Enter name and EIN or address (see instructions)

CROWE LLP

35-0921680

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	113803	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

JP MORGAN INVESTMENT MANAGEMENT

13-3200244

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 28 50	NONE	112660	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

(a) Enter name and EIN or address (see instructions)

BATTELLE MEMORIAL INSTITUTE

31-4379427

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
14	PLAN SPONSOR	98959	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(a) Enter name and EIN or address (see instructions)

GRAYDON HEAD & RITCHEY

31-0565234

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	NONE	86319	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

GROOM LAW GROUP, CHARTERED

52-1219029

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	NONE	52436	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

MEADEN & MOORE, LTD.

34-1818258

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	33724	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

PARAMETRIC PORTFOLIO ASSOCIATES LLC

20-0292745

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	31064	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

PRUDENTIAL INSURANCE CO OF AMERICA

22-1211670

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	25268	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

(a) Enter name and EIN or address (see instructions)

S. YOUNG

31-4379427

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
17	EMPLOYEE OF PLAN SPONSOR	24041	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(a) Enter name and EIN or address (see instructions)

KENT RINKER

31-4379427

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
17	EMPLOYEE OF PLAN SPONSOR	22705	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

LEONARD ESSEX

31-4379427

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
17	EMPLOYEE OF PLAN SPONSOR	21370	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(a) Enter name and EIN or address (see instructions)

A. CAXIDE

31-4379427

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
17	EMPLOYEE OF PLAN SPONSOR	20034	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(a) Enter name and EIN or address (see instructions)

MARTIN CONGER

31-4379427

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
17	EMPLOYEE OF PLAN SPONSOR	16027	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

Part III	**Termination Information on Accountants and Enrolled Actuaries (see instructions)** (complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2020

This Form is Open to Public Inspection.

For calendar plan year 2020 or fiscal plan year beginning 07/01/2020 and ending 06/30/2021

A Name of plan
PENSION PLAN OF THE PACIFIC NORTHWEST LABORATORIES BATTELLE MEMORIAL INSTITUTE

B Three-digit plan number (PN) ▶ 005

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
BATTELLE MEMORIAL INSTITUTE

D Employer Identification Number (EIN)
31-4379427

Part I **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: BATTELLE PENSION TRUST

b Name of sponsor of entity listed in (a): BATTELLE MEMORIAL INSTITUTE

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
31-4379427-004	M	2124553034

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II **Information on Participating Plans (to be completed by DFEs)**
(Complete as many entries as needed to report all participating plans)

a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2020

This Form is Open to Public Inspection

For calendar plan year 2020 or fiscal plan year beginning 07/01/2020 and ending 06/30/2021

A Name of plan
PENSION PLAN OF THE PACIFIC NORTHWEST LABORATORIES BATTELLE MEMORIAL INSTITUTE

B Three-digit plan number (PN) ▶ 005

C Plan sponsor's name as shown on line 2a of Form 5500
BATTELLE MEMORIAL INSTITUTE

D Employer Identification Number (EIN)
31-4379427

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reported on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	16493900	17025000
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	1890222240	2124553034
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	**(b)** End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	1906716140	2141578034
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k		
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	1906716140	2141578034

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

	Income		**(a)** Amount	**(b)** Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	45000000	
	(B) Participants	2a(1)(B)		
	(C) Others (including rollovers)	2a(1)(C)		
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		45000000
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)		
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		278761449
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		323761449
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	82809936	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		82809936
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)	2234347	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	3855272	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		6089619
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		88899555
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		234861894
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) [X] Unmodified **(2)** [ ] Qualified **(3)** [ ] Disclaimer **(4)** [ ] Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) [ ] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [X] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: CROWE LLP **(2)** EIN: 35-0921680

d The opinion of an independent qualified public accountant is **not attached** because:

(1) [ ] This form is filed for a CCT, PSA, or MTIA. **(2)** [ ] It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	

			Yes	No	Amount
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e	Was this plan covered by a fidelity bond?	**4e**	X		10000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l	Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**			
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	**4n**			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No

If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☒ Yes ☐ No ☐ Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 4349365.

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2020

This Form is Open to Public Inspection.

For calendar plan year 2020 or fiscal plan year beginning 07/01/2020 and ending 06/30/2021

A Name of plan
PENSION PLAN OF THE PACIFIC NORTHWEST LABORATORIES BATTELLE MEMORIAL INSTITUTE

B Three-digit plan number (PN) ▶ 005

C Plan sponsor's name as shown on line 2a of Form 5500
BATTELLE MEMORIAL INSTITUTE

D Employer Identification Number (EIN)
31-4379427

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions ..... | **1** |

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 36-3046063

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year ..... | **3** | 59

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☒ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 **a** Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) ..... | **6a** |

b Enter the amount contributed by the employer to the plan for this plan year ..... | **6b** |

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) ..... | **6c** |

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☒ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☒ **No**

Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 **a** Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment)	**14a**	
b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14b**	
c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14c**	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

19 If the total number of participants is 1,000 or more, complete lines (a) through (c)

a Enter the percentage of plan assets held as:
Stock: 37.4 % Investment-Grade Debt: 40.6 % High-Yield Debt: 11.1 % Real Estate: 4.4 % Other: 6.5 %

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☒ 21 years or more

c What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☒ Modified duration ☐ Other (specify):

20 **PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation_____

Pension Plan of the Pacific Northwest Laboratories, Battelle Memorial Institute

Employer Identification Number: 31-4379427
Plan Number: 005

Financial Statements as of and for the
Years Ended June 30, 2021 and 2020, and
Independent Auditor's Report

PENSION PLAN OF THE PACIFIC NORTHWEST LABORATORIES, BATTELLE MEMORIAL INSTITUTE

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Crowe LLP
Independent Member Crowe Global

INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator and
Battelle Pension Management and Investment Council
Columbus, Ohio

Report on the Financial Statements

We have audited the accompanying financial statements of the Pension Plan of the Pacific Northwest Laboratories, Battelle Memorial Institute (the "Plan"), which comprise the statements of net assets available for benefits as of June 30, 2021 and 2020, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Plan's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial status of the Pension Plan of the Pacific Northwest Laboratories, Battelle Memorial Institute as of June 30, 2021 and 2020, and the changes in its financial status for the year ended June 30, 2021 in accordance with accounting principles generally accepted in the United States of America.

Other Matter

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The information included in the 2021 supplemental Schedule H, Line 4i Schedule of Assets (Held at End of Year) is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Crowe LLP

Crowe LLP

Oak Brook, Illinois
May 25, 2022

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

Pension Plan of the Pacific Northwest Laboratories, Battelle Memorial Institute

	(In Thousands) June 30	
	2021	2020
ASSETS		
Receivable - Employer contributions	**$ 17,025**	$ 16,494
Investments (at Fair Value):		
Plan Interest in Master Trust	**2,124,553**	1,890,222
Net Assets Available for Benefits	**$ 2,141,578**	$ 1,906,716

No assurance is provided by Meaden & Moore, Ltd. on these financial statements.

See accompanying notes.

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Pension Plan of the Pacific Northwest Laboratories, Battelle Memorial Institute

	(In Thousands) Year Ended June 30	
	2021	2020
Additions to Net Assets Attributed to:		
Contributions:		
Employer	**$ 45,000**	$ 52,744
Investment Income:		
Plan Interest in Master Trust Income	**278,763**	239,689
Total Additions	**323,763**	292,433
Deductions from Net Assets Attributed to:		
Benefits paid to participants or beneficiaries	**82,810**	76,409
Administrative expenses	**6,091**	8,641
Total Deductions	**88,901**	85,050
Net Increase	**234,862**	207,383
Net Assets Available for Benefits:		
Beginning of Year	**1,906,716**	1,699,333
End of Year	**$ 2,141,578**	$ 1,906,716

No assurance is provided by Meaden & Moore, Ltd. on these financial statements.

See accompanying notes.

1. ORGANIZATION

The accompanying financial statements present the net assets of the Pension Plan of the Pacific Northwest Laboratories, Battelle Memorial Institute ("Plan") and changes therein. The net assets of the Plan are commingled with the assets of the Employees' Pension Plan of Battelle Memorial Institute and the assets of The 2017 Employees' Pension Plan of Battelle Memorial Institute within the Battelle Pension Trust ("Master Trust").

The following brief description of the Plan is provided for general information purposes only. Participants should refer to the Plan document for more complete information.

General. The Plan is a defined benefit pension plan covering all U.S.-based salaried employees and eligible hourly employees of the Pacific Northwest Laboratories, Battelle Memorial Institute ("Battelle" or "Plan Sponsor") and those group members, as defined by the Plan, who have adopted the Plan, except employees who are covered by collective bargaining agreements or by another pension plan funded by the employer. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended ("ERISA").

Pension Benefits. Participants with five or more years of vested service, as defined by the Plan, are entitled to annual pension benefits beginning at the normal retirement age of 65 based upon certain formulas using years of credited service up to a maximum of 40 years and the highest 60 months of compensation. The Plan permits early retirement at ages 55 to 64. Participants may elect to receive their vested benefit as a joint and survivor annuity payable monthly from the date of retirement. Participants may also elect to receive their vested benefit as a lump sum under certain conditions. The normal form of benefit is a single-life annuity payable monthly. If participants terminate before rendering five years of vesting service, they forfeit the right to receive their accumulated plan benefits. A participant is fully vested upon attainment of age 65 while in active service.

Death and Disability Benefits. If a vested participant dies before benefit payments begin, a death benefit equal to the participant's accumulated benefits is paid to the participant's spousal beneficiary based on certain payment options as defined by the Plan. Alternatively, the Plan provides spousal and nonspousal beneficiaries the option to elect a death benefit of 120 monthly payments commencing immediately, where each monthly payment is equal to the actuarial equivalent of the monthly payment the participant would have received at normal retirement age, or the lump-sum present value of such 120 monthly payments.

Active participants who become totally disabled, as defined by the Plan, are immediately fully vested in their pension benefit under the Plan and may elect to begin receiving an annual disability retirement benefit. Alternatively, active salaried participants who become totally disabled, as defined by the Plan, may elect to continue to accrue benefits with their salary rate remaining the same as at the time they became disabled until retirement, at which time disabled participants commence receipt of their pension benefits, which cannot occur while the participant is receiving benefits from a disability program sponsored by Battelle.

No assurance is provided by Meaden & Moore, Ltd. on these financial statements.

2. SUMMARY OF ACCOUNTING POLICIES

Basis of Accounting. The financial statements of the Plan have been prepared under the accrual basis of accounting.

Use of Estimates. The preparation of financial statements in conformity with accounting principles generally accepted in the United States ("U.S. GAAP") requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities; disclosure of contingent assets, liabilities, and pension obligations at the date of the financial statements; and the reported amounts of changes in net assets and pension obligations during the reporting period. Actual results could differ from those estimates.

Risks and Uncertainties. The Master Trust invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market, liquidity, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the Statements of Net Assets Available for Benefits.

Plan contributions are made, and the actuarial present value of accumulated plan benefits is reported, based on certain assumptions pertaining to interest rates, salary increases, and employee demographics, all of which are subject to change.

Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near-term would be material to the financial statements.

In December 2019, a novel strain of coronavirus surfaced in Wuhan, China, and had spread around the world, with resulting business and social disruption. The coronavirus was declared a Public Health Emergency of International Concern by the World Health Organization on January 30, 2020. The ultimate impact of the coronavirus on the Plan and the Company will depend on future developments, which continue to be highly uncertain and cannot be predicted, including new information which may emerge concerning the severity of the coronavirus and the actions required to contain the coronavirus or treat its impact, among others.

Investment Valuation and Income Recognition. Investments are stated at fair value. Fair value of a financial instrument is the amount that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for a description of valuation methods. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

The valuation of investments is prepared by Northern Trust ("Trustee"). The Trustee utilizes its external pricing service to estimate the fair value of certain investments held in the Plan. The Trustee uses multiple pricing vendors for the assets held in the Master Trust. In some cases, such as private

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equity funds, the valuation is provided to the Trustee by the applicable fund manager of the investment. The Plan's investment managers review and validate the prices utilized by the Trustee to determine fair value. The Plan Sponsor receives audit reports of the Trustee's operating controls and valuation processes. Management has established processes and procedures for establishment and valuation of alternative investments.

Payment of Benefits. Benefit payments to participants or beneficiaries are recorded upon distribution.

Administrative Expenses. Investment management and custodial fees; accounting fees; audit fees; and certain administrative, consulting, and legal fees are paid by the Plan and are expensed as incurred. Certain other administrative expenses not paid by the Plan are paid by the employer.

Subsequent Events. Plan management has performed an evaluation of subsequent events through April 15, 2022, which is the date the financial statements were available for issuance. There were no subsequent events noted.

3. THE MASTER TRUST

At June 30, 2021 and 2020, the Plan had an approximate 66.8% and 63.7% interest, respectively, in the net assets available for benefits of the Master Trust. Net assets, interest, dividends, realized gains (losses), unrealized gains (losses), and certain administrative expenses relating to the Master Trust are allocated to the individual plans via unitized accounting with the Trustee. This unitization is based on the weighted market value of the Plan's ownership in the Master Trust assets at the close of the previous month.

The net assets of the Master Trust as of June 30, 2021 and 2020, are as follows (in thousands):

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	2021		2020	
	Master Trust Balances	**Plan's Interest in Master Trust Balances**	Master Trust Balances	Plan's Interest in Master Trust Balances
U.S. Government and U.S. Government Agency Bonds	**$ 1,148,532**	**$ 766,974**	$ 1,328,381	$ 847,172
Common Stocks	**839,605**	**560,675**	528,323	336,937
Private Equity Funds	**440,656**	**294,263**	340,121	216,912
Commingled Funds	**405,167**	**270,564**	293,414	187,125
Mutual Fund	**49,581**	**33,109**	47,545	30,323
Real Estate	**104,408**	**69,722**	99,269	63,309
Cash and Cash Equivalents	**209,627**	**139,985**	324,763	207,117
Total Investments at Fair Value	**3,197,576**	**2,135,292**	2,961,816	1,888,895
Plus:				
Accrued interest and dividends	**4,580**	**3,058**	4,041	2,578
Less:				
Accrued expenses	**(499)**	**(334)**	(1,547)	(986)
Amounts due for securities purchased	**(20,162)**	**(13,463)**	(417)	(265)
Total	**$ 3,181,495**	**$ 2,124,553**	$ 2,963,893	$ 1,890,222

Investment income for the Master Trust for the years ended June 30, 2021 and 2020, is as follows (in thousands):

	2021	2020
Net appreciation in fair value of investments	**$ 243,499**	$ 366,083
Interest	**688**	2,823
Dividends	**29,922**	31,426
Total Investment Income	**$ 274,109**	$ 400,332

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4. FAIR VALUE MEASUREMENTS

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs. The three levels of the fair value hierarchy under Topic 820 are described as follows:

Level 1: Inputs to the valuation methodology are quoted prices (unadjusted) in active markets for identical assets or liabilities that the Plan can access at the measurement date.

Level 2: Inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly, such as:

* Quoted prices for similar assets or liabilities in active markets
* Quoted prices for identical or similar assets or liabilities in inactive markets
* Inputs other than quoted prices that are observable for the asset or liability
* Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3: Inputs that are unobservable inputs for the asset or liability.

The Plan's investment in the Master Trust is presented at fair value, which has been determined based on the fair value of the underlying investments of the Master Trust. Consideration was given to how third-party pricing was performed.

The following is a description of the valuation methodologies used by the Plan to calculate the fair value of Master Trust investments. There have been no changes in the methodologies used at June 30, 2021 and 2020:

Cash includes trust deposit accounts as well as local and foreign currencies for which fair value measurements are all based on quoted prices for similar assets or liabilities. Cash equivalents include derivative (futures) contracts recorded at fair value as well as a short-term investment fund, which is valued at net asset value per share as determined by the issuer.

Common stocks and the mutual fund are valued at the closing price reported in the active market in which the individual security is traded.

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U.S. Government and U.S. Government Agency ("Government") bonds are valued based on yields currently available on comparable securities of issuers with similar credit ratings. When quoted prices are not available, the government security is valued under a discounted cash flow approach that maximizes observable inputs, such as current yields of similar instruments.

Private real estate investments are valued at estimated fair value based on net asset value as reported by the fund managers. These funds seek growth and income through investment in commercial, residential, and industrial real estate. Funds are subject to various redemption restrictions and advance notice requirements. In addition, circumstances may exist in which the otherwise redeemable investment may be subject to limitations, including availability of cash arising from net investment income and the sale of investments in the ordinary course of business. Certain private real estate investments are stated at fair value using net asset value ("NAV") as a practical expedient.

Certain commingled funds include a collective trust investment which is valued at estimated fair value based on net asset value as reported by the fund manager. The collective trust investment invests primarily in readily marketable international securities with the objective of long-term growth. The commingled funds are stated at fair value which is measured using NAV as a practical expedient.

Certain private equity funds are measured at fair value using NAV as a practical expedient, as reported by the fund manager. The NAV is based on the cumulative capital account balances reported by the general partners. In some cases, this might be based on limited partnerships' audited financial statements.

The allocation of the gains, losses, and expenses to the partners are based on the ownership percentage as described in the partnership agreements. These funds seek growth and income through investments in various private market investments including, but not limited to, buyout, mezzanine debt, and venture capital. For private equity funds in the hierarchy as of June 30, 2021 and 2020, other than those disclosed in the NAV table below, substantially all redemptions are permanently restricted until the termination of the partnership or by written consent of the general partner. The estimated time period for liquidation of these private equity funds varies from 1 to 12 years, but is subject to variability.

For private equity funds in the NAV table below which have no specific information detailed for Redemption Frequency or Redemption Notice Period, these funds generally have a stated life in the investment agreement, providing no short-term redemption liquidity. Distributions are received through the liquidation of the underlying assets of the funds. The intention is to hold these investments through liquidation. These portfolios will be fully liquidated prior to the termination of the stated life.

The following tables set forth by level, within the fair value hierarchy, the Master Trust's assets at fair value as of June 30, 2021 and 2020 (in thousands). Classification within the fair value hierarchy table is based on the lowest level of any input that is significant to the fair value measurement:

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	Assets at Fair Value as of June 30, 2021			
	Level 1	**Level 2**	**Level 3**	**Total**
Cash and cash equivalents	**$ 186,129**	**$ 23,498**	**$ -**	**$ 209,627**
Government bonds	**-**	**1,148,532**	**-**	**1,148,532**
Common stocks	**839,591**	**14**	**-**	**839,605**
Mutual fund	**49,581**	**-**	**-**	**49,581**
Private equity funds	**-**	**-**	**9,530**	**9,530**
Real estate	**-**	**409**	**162**	**571**
Total Assets in the Fair Value Hierarchy	**1,075,301**	**1,172,453**	**9,692**	**2,257,446**
Investments Measured at Net Asset Value*				**940,130**
Investments at Fair Value	**$ 1,075,301**	**$ 1,172,453**	**$ 9,692**	**$ 3,197,576**

For the year ended June 30, 2021, the Plan had purchases of $7,018 and sales of $3,375 of assets using significant unobservable inputs (Level 3). Based on updated information received from the funds, there were $3,307 of assets transferred out of Level 3 and into investments measured at net asset value.

	Assets at Fair Value as of June 30, 2020			
	Level 1	Level 2	Level 3	Total
Cash and cash equivalents	$ 311,897	$ 12,866	$ -	$ 324,763
Government bonds	-	1,328,381	-	1,328,381
Common stocks	528,271	52	-	528,323
Mutual fund	47,545	-	-	47,545
Private equity funds	-	-	5,184	5,184
Real estate	-	163	2,814	2,977
Total Assets in the Fair Value Hierarchy	887,713	1,341,462	7,998	2,237,173
Investments Measured at Net Asset Value*				724,643
Investments at Fair Value	$ 887,713	$ 1,341,462	$ 7,998	$ 2,961,816

For the year ended June 30, 2020, the Plan had purchases of $11,776 and sales of $1,700 of assets using significant unobservable inputs (Level 3). Based on updated information received from the

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funds, there were $12,274 of assets transferred out of Level 3 and into investments measured at net asset value.

**Investments measured at fair value using net asset value per share (or its equivalent) as a practical expedient have not been classified in the fair value hierarchy. The value amounts presented in this table for such investments are intended to permit reconciliation of the fair value hierarchy to the total investments of the Master Trust line item presented in Note 3.*

Investments Measured Using the NAV per Share Practical Expedient

The following table summarizes investments for which fair value is measured using the NAV per share as a practical expedient as of June 30, 2021 and 2020 (in thousands):

June 30, 2021	Fair Value	Unfunded Commitments	Redemption Frequency (if Currently Eligible)	Redemption Notice Period
Various Private Equity Funds	**175,533**	**72,497**	**-**	**-**
Various Commingled Funds	**219,124**	**0**	**Daily**	**n/a**
Various Private Equity Funds	**60,743**	**0**	**Daily**	**n/a**
Various Private Equity Funds	**10,178**	**0**	**Daily**	**90 days**
Various Private Equity Funds	**58,545**	**0**	**Monthly**	**30 days**
Various Private Equity Funds	**84,493**	**0**	**Quarterly**	**60 days**
Various Private Equity Funds	**4,437**	**0**	**Quarterly**	**90 days**
Various Real Estate	**11,197**	**0**	**Quarterly**	**45 days**
Various Real Estate	**13,703**	**0**	**Quarterly**	**60 days**
Other investments	**302,177**	**	**	**
Total Investments Measured at Net Asset Value	**940,130**			

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June 30, 2020	Fair Value	Unfunded Commitments	Redemption Frequency (if Currently Eligible)	Redemption Notice Period
Various Private Equity Funds	120,312	79,116	-	-
Various Commingled Funds	165,588	0	Daily	n/a
Various Private Equity Funds	55,832	0	Daily	n/a
Various Private Equity Funds	10,454	0	Daily	90 days
Various Private Equity Funds	52,698	0	Monthly	30 days
Various Private Equity Funds	64,797	0	Quarterly	60 days
Various Private Equity Funds	4,586	0	Quarterly	90 days
Various Real Estate	10,851	0	Quarterly	45 days
Various Real Estate	13,916	0	Quarterly	60 days
Other investments	225,609	**	**	**
Total Investments Measured at Net Asset Value	724,643			

*** The other investments have no unfunded commitments and redemption frequencies and notice periods vary.*

5. ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

Accumulated plan benefits are those future periodic payments that are attributable under the Plan's provisions to the service participants have rendered as of the valuation date. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated participants or their beneficiaries, (b) beneficiaries of participants who have died, and (c) present participants or their beneficiaries.

The actuarial present value of accumulated plan benefits is determined by an independent actuary, and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements, such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

The actuarial present value of accumulated plan benefits as of June 30, 2021 and 2020 is as follows (in thousands):

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	2021	2020
Vested Benefits:		
Participants currently receiving payments	**$ 883,790**	$ 847,072
Other participants	**679,224**	735,924
Total vested benefits	**1,563,014**	1,582,996
Nonvested benefits	**13,114**	12,646
Total Actuarial Present Value of Accumulated Plan Benefits	**$ 1,576,128**	$ 1,595,642

The change in actuarial present value of accumulated plan benefits during the years ended June 30, 2021 and 2020, resulted from the following (in thousands):

	2021	2020
Actuarial Present Value of Accumulated Plan Benefits at Beginning of Fiscal Year	**$ 1,595,642**	$ 1,337,209
Changes During the Plan Year Attributable to:		
Net actuarial loss	**46,717**	37,538
Increase for interest due to the decrease in the discount period	**85,293**	87,468
Change in actuarial assumptions	**(68,714)**	209,836
Benefits paid (including lump sum amounts)	**(82,810)**	(76,409)
Net increase (decrease)	**(19,514)**	258,433
Actuarial Present Value of Accumulated Plan Benefits at End of Fiscal Year	**$ 1,576,128**	$ 1,595,642

The significant actuarial assumptions used in the valuations as of June 30, 2021 and 2020, were as follows:

- Mortality: Disabled Mortality: Pri-2012 generational combined annuitant and non-annuitant disabled mortality tables projected using Scale MP-2020 (2021) and RP-2014 generational combined annuitant and non-annuitant disabled mortality tables projected using Scale MP-2018 (2020). Healthy Mortality: Pri-2012 generational white collar separate annuitant and non-annuitant healthy mortality tables projected using Scale MP-2020 (2021) and RP-2014 generational white collar separate annuitant and non-annuitant healthy mortality tables projected using Scale MP-2018 (2020).

- Assumed retirement rates are stratified by various age (and/or service) ranges, with 100% assumed to be retired by age 70.

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- Assumed turnover rates are based on plan experience, by various age categories.

- Interest rate of 5.75% for 2021 and 5.50% for 2020.

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

For the 2021 plan year, the change in actuarial assumptions pertains primarily to the following: a) an increase in the interest rate as indicated above which increases the assumed future rate of return on assets, b) a change in the implied forward rates used to calculate 417(e) lump sum factors which were updated based on 2021 PPA interest rates, c) a change in both the base mortality table and the mortality projection scale used in 2021 increased the actuarial gain, and d) a update to the mortality improvement scale used to calculate 417(e) lump sum factors.

For the 2020 plan year, the change in actuarial assumptions pertains primarily to the change in the interest rate from the 2019 plan year which reduced the assumed future rate of return on assets. Also, the implied forward rates used to calculate 417(e) lump sum factors were updated based on 2020 PPA interest rates.

For both the 2021 and 2020 plan years, the increase in obligations due to net actuarial loss is the result of census changes from the previous year.

6. FUNDING POLICY

The employer makes contributions to the Plan, which are expected to be sufficient to provide the defined benefits of the Plan. Such contributions, as determined by actuaries, include provisions for normal costs as they accrue and unfunded prior service cost over a maximum of 30 years. Minimum funding requirements as set forth in ERISA have been met for the years ended June 30, 2021 and 2020.

7. PLAN TERMINATION

Although it has not expressed any intention to do so, Battelle has the right under the Plan to discontinue its contributions at any time and terminate the Plan subject to the provisions set forth in ERISA. Should the Plan be terminated at some future time, all participants become fully vested in benefits earned as of the termination date.

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In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

a. Benefits of any participant who retired three years or more prior to the date of termination or who could have retired as of such date (in the normal form of annuity) without in either case giving effect to any increase in benefits, which has been put into effect by a Plan amendment within five years prior to such date.

b. Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) up to the applicable limitations discussed below.

c. All other vested benefits that are not insured by the PBGC.

d. All nonvested benefits.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the Plan Sponsor and the level of benefits guaranteed by the PBGC.

8. EXEMPT PARTY-IN-INTEREST TRANSACTIONS

In 2021 and 2020, the shares of the short-term investment fund (a collective trust) held by the Master Trust were managed by The Northern Trust Company ("Northern Trust"). Northern Trust was the Trustee as defined by the Plan, and therefore, these transactions qualify as party-in-interest. In addition, certain Plan investments were held in companies that also serve as portfolio managers, and these transactions also qualify as party-in-interest. The Plan also paid certain administrative fees to the Trustee, actuary, third-party administrator, auditor, and others which qualify as party-in-interest transactions.

9. FEDERAL INCOME TAX STATUS

The Internal Revenue Service ("IRS") has determined and informed Battelle by a letter dated July 3, 2019, that the Plan, as amended, and related Master Trust are designed in accordance with applicable sections of the Internal Revenue Code ("IRC"). The Plan has been amended since receiving the determination letter; however, Plan management believes that the Plan is currently designed and operated in compliance with the applicable requirements of the IRC, and the Plan and related trust

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continue to be tax exempt. Therefore, no provision for income taxes has been included in the Plan's financial statements.

U.S. GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan Administrator has analyzed the tax positions taken by the Plan and has concluded that as of June 30, 2021 and 2020, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

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10. DERIVATIVE FINANCIAL INSTRUMENTS

There are derivative contracts included with the cash equivalents of the assets of the Master Trust as of June 30, 2021 and 2020. These derivatives are futures that are recorded at fair value. These derivatives are used for the purpose of gaining market exposure.

	June 30, 2021		
Derivative Assets at Year-End	**Notional Value**	**Last Days Mark**	**Number of Contracts**
	(In Thousands)	**(In Thousands)**	
Type of Exposure:			
Fut Sep 21 Cbt Ul T-Bonds	**$ 16,378**	**$ 96**	**85**
Fut Sep 21 Emini S&P 500	**35,381**	**54**	**165**
Fut Sep 21 CME Emini Rus 2	**5,193**	**7**	**45**
Fut Sep 21 Icus Msci Eaf	**7,949**	**(61)**	**69**
Fut Sep 21 Icus Msci Emg	**3,685**	**(26)**	**54**
Fut Sep 21 Immemini Mdcp	**5,385**	**5**	**20**
Fut Sep 21 U.S. T-Bonds	**7,073**	**29**	**44**
Fut Sep 21 Me S&P Can 60	**777**	**(1)**	**4**
	$ 81,821	**$ 103**	

During the year ended June 30, 2021, there was a net realized gain of $7,500 and a last day's mark of $103.

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Derivative Assets at Year-End	June 30, 2020		
	Notional Value	Last Days Mark	Number of Contracts
	(In Thousands)	(In Thousands)	
Type of Exposure:			
Fut Sep 20 Cbt Ul T-Bonds	$ 7,199	$ (34)	33
Fut Sep 20 Emini S&P 500	12,824	176	83
Fut Sep 20 CME Emini Rus 2	2,085	21	29
Fut Sep 20 Icus Msci Eaf	3,023	(6)	34
Fut Sep 20 Icus Msci Emg	1,232	(5)	25
Fut Sep 20 Immemini Mdcp	1,779	23	10
Fut Sep 20 U.S. T-Bonds	893	(2)	5
	$ 29,035	$ 173	

During the period ended June 30, 2020, there was a net realized loss of ($1,542) and a last day's mark of $173.

At the time the Plan enters into a futures contract, it is generally required to make a margin deposit with the custodian of a specified amount of liquid assets. Subsequent payments are made or received by the investment fund equal to the daily change in the contract value and are recorded as variation margin receivable or payable and offset in unrealized gains or losses. Futures are marked to market each day, with the change in value reflected in the unrealized gains and losses.

The use of futures contracts involves, to varying degrees, elements of market and counterparty risk, which may exceed the amounts recognized in the Statements of Net Assets Available for Benefits. Futures contracts present the following risks: imperfect correlation between the change in market value of a fund's securities and the price of futures contracts; the possible inability to close a futures contract when desired; losses due to unanticipated market movements, which potentially are unlimited; and the possible inability of the Plan to correctly predict the direction of securities prices, interest rates, currency exchange rates, and other economic factors. Futures markets are highly volatile, and the use of futures may increase the volatility of an investment's value. As a result of low margin deposits normally required in futures trading, a relatively small price movement in a futures contract may result in substantial losses to the Plan. Futures contracts may be illiquid, and exchanges may limit fluctuations in futures contract prices during a single day. All of the future contracts are traded on a U.S. exchange.

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SCHEDULE OF ASSETS (HELD AT END OF YEAR)
Form 5500, Schedule H, Part IV, Line 4i

Pension Plan of the Pacific Northwest Laboratories, Battelle Memorial Institute

EIN: 31-4379427
Plan Number 005

June 30, 2021

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(In Thousands) (d) Cost	(e) Current Value
*	Northern Trust Company	Plan Interest in Master Trust	$ 1,770,737	$ 2,124,553
	Total Investments		$ 1,770,737	$ 2,124,553

* Party-in-interest to the Plan.

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Schedule SB, Part V — Summary of Plan Provisions

Summary of major plan provisions

Effective date and plan year	Original plan: July 18, 1941 Restated plan: July 1, 2008 Plan year: July 1 through June 30
Status of the plan	The plan has ongoing benefit accruals and new employees are eligible to participate in the plan once they satisfy the participation requirements.
Significant events that occurred during the year	None
Definitions	
• Covered employees	Any Employee who is employed by a Participating Employer and who is not classified as one or more of the following: (1) a member of the Board of Directors unless member is also an Employee; (2) an employee who is covered by a collective bargaining agreement unless such agreement provides for participation in the Plan; (3) an individual employed outside the United States by a foreign-based subsidiary or division of Employer; (4) an employee who is covered by any other qualified defined benefit pension plan funded by Employer; (5) an employee of any Battelle Affiliate that has not adopted this Plan for its employees; (6) a Leased Employee; (7) an independent contractor; (8) effective on and after February 13, 2003, an individual employed as a telephone interviewer; (9) interns and co-op students; and (10) Limited Term Employees.
• Participation	Participation commences on the date of employment for employees other than hourly employees. Hourly employees participate after completing 1,000 hours of service.
• Employee contributions	None.
• Credited service for vesting	A participant receives one year of Credited Service for Vesting for every plan year he is credited with at least 1,000 hours of service or a fraction of a year if credited with at least 500 hours of service.
• Credited service for benefit accrual	A participant receives one year of Credited Service for Benefit Accrual for every plan year he is credited with at least 2,080 hours, or a fraction of a year if credited with less than 2,080 hours. Note that hourly employees must complete a minimum of 1,000 hours of service to receive any credit.
• Monthly compensation	Monthly equivalent of compensation as if the employee worked full-time. Effective July 1, 2001, incentive compensation and overtime are counted as plan compensation. However, compensation is limited by IRC 401(a)(17) annually (indexed for future years).
• Final average earnings	The average of the highest 60 consecutive months of compensation.
• Accrued benefit	The normal retirement benefit based on Credited Service for Benefit Accrual and Final Average Compensation on the date of determination.
Normal retirement	
• Eligibility	Attainment of age 65
• Benefit	The larger of i. and ii. i. 1.2% of Final Average Compensation times Credited Service for Benefit Accrual (maximum of 40 years) ii. The sum of a. plus b.

Schedule SB, Part V — Summary of Plan Provisions

	a. For service after July 1, 2012 – 1.2% of Final Average Compensation times Credited Service for Benefit Accrual b. For service prior to July 1, 2012* – The larger of 1. and 2. 1. 1.6% of Final Average Compensation multiplied by Credited Service for Benefit Accrual, and 2. Accrued Retirement Benefit as of June 30, 1994, plus 1.6% of Final Average Compensation multiplied by Credited Service for Benefit Accrual after June 30, 1994. Credited Service for Benefit Accrual for (a) and (b) cannot exceed 40 years. *For any Member who has attained age 50 and completed at least 15 years of Credited Service for Vesting as of June 30, 2012, benefits under (b.1.) and (b.2.) use Final Average Compensation as of their date of termination. For any other Member not meeting these criteria, benefits under (b.1.) and (b.2.) use Final Average Compensation on June 30, 2012 Benefits attributable to service prior to July 1, 2009 under (b) are increased by 9.76% to account for the change in normal form of payment from 10 years Certain and Life to Single Life Annuity.
Early retirement	
• Eligibility	The later of attainment of age 55 and the completion of 10 years of Credited Service for Vesting.
• Benefit attributable to credited service for benefit accrual earned prior to July 1, 2009	The accrued benefit is reduced 1/2% for each month the early retirement date precedes age 60.
• Benefit attributable to credited service for benefit accrual earned after July 1, 2009	Normal retirement benefit, actuarially reduced based on the RP 2000 white collar mortality table, projected to 2025 using scale AA, and blended 60% male and 40% female and 7% interest compounded annually.
Late retirement	
• Eligibility	Actual retirement after age 65.
• Benefit	The benefit reflects Credited Service for Benefit Accrual and Monthly Compensation earned after age 65.
Deferred vested	
• Eligibility	100% after 5 years of Credited Service for Vesting; no vesting prior to completion of 5 years of Credited Services for Vesting. Participant is 100% vested on normal retirement date.
• Benefit	Accrued Retirement Benefit payable at age 65 or payable at or after age 55 and reduced for each month benefit commencement date precedes age 65.
Disability	
• Eligibility	Only employees other than hourly employees are eligible for special disability benefits. Total and permanent disability is defined in the Plan.
• Benefit	A monthly benefit equal to the regular retirement benefit with Monthly Compensation and Credited Service for Benefit Accrual determined at

Schedule SB, Part V — Summary of Plan Provisions

	retirement as if the participant were employed on the same basis as immediately before disablement. This benefit will be reduced for early retirement, if applicable.
Pre-retirement death	
• Eligibility	Eligible if employee has a vested benefit.
• Benefit	For death after vesting but prior to early retirement eligibility the benefit is equal to the vested Accrued Retirement Benefit payable at the earliest date the participant could have retired. The amount is reduced as for early retirement and is payable as a 100% joint and survivor annuity (benefits are payable for 120 months if there is no surviving spouse).
Form of benefits	
• Automatic form for unmarried participants	Single Life Annuity
• Automatic form for married participants	50% Joint & Survivor Annuity
• Optional forms	50%, 75%, or 100% joint and survivor annuity, life annuity with 5 or 10 years of payments certain to be made. Additional options include a guaranteed number of payments of any duration with or without a life annuity. Participants who terminate employment on or after July 1, 2015 with a present value of accrued benefits less than $125,000 can elect to receive their benefit in the form of a lump sum.
• Optional form conversion factors	Optional forms of benefit, other than the lump sum, are determined using the RP 2000 white collar mortality table, projected to 2025 using Scale AA, and blended 60% male and 40% female and 7% interest compounded annually. Lump sums are determined using 417(e) interest and mortality.
Miscellaneous	
• Maximum compensation	Compensation for any 12-month period used to determine accrued benefits may not exceed the limits in IRC Section 401(a)(17) for the calendar year in which the 12-month period begins. This limit is indexed annually. For 2020, the limit is $285,000.
• Maximum benefits	Annual benefits may not exceed the limits in IRC Section 415. This limit is indexed annually. For 2020, the limit is $230,000.

Summary of major plan provisions for HAMTC staff members

The same terms in effect currently for PNNL Pension Plan employees shall be provided to the HAMTC staff members with the following exceptions guaranteed until June 30, 2026:

Definitions	
• Final average earnings	The average of the highest 60 consecutive months of compensation. For staff members with at least 10 years of pension vesting service as of July 1, 2016, the final average earnings calculation will apply to service worked in both Hanford and PNNL Pension Plans.

Schedule SB, Part V — Summary of Plan Provisions

Normal retirement	
• Benefit	Staff members with at least 10 years of Credited Service for Vesting on July 1, 2016: • 1.6% of Final Average Compensation multiplied by years of Credited Service for Benefit Accrual (maximum of 40 years) and on the basis of a 10 year certain annuity. Staff members with less than 10 years of Credited Service for Vesting on July 1, 2016: • 1.2% of Final Average Compensation multiplied by years of Credited Service for Benefit Accrual (maximum of 40 years) and on the basis of a life annuity.
Early retirement	
• Eligibility	The later of attainment of age 55 and the completion of 3 years of Credited Service for Vesting unless eligible for immediate vesting[3].
• Benefit attributable to credited service for benefit accrual earned prior to July 1, 2009	The accrued benefit is reduced 1/2% for each month the early retirement date precedes age 60.
• Benefit attributable to credited service for benefit accrual earned after July 1, 2009	Normal retirement benefit, actuarially reduced based on the RP 2000 white collar mortality table, projected to 2025 using scale AA, and blended 60% male and 40% female and 7% interest compounded annually.
Deferred vested	
• Eligibility	100% after 3 years of Credited Service for Vesting unless eligible for immediate vesting. Participant is 100% vested on normal retirement date.
Form of benefits	
• Optional forms	Annuity forms offered in the PNNL Plan and an unlimited lump sum payment. Staff members hired after September 1, 2015 can only elect a lump sum form of payment if the present value of accrued benefits is less than $125,000.

Benefits included or excluded

Unless noted below, all benefits provided by the plan are included in this valuation:

- **Most recent plan amendments included:** Plan amendment adopted August 6, 2018 increased the pre-retirement death benefit to the beneficiary amount from a 100% joint and survivor annuity (updated from a 50% joint and survivor annuity).
- **Plan amendments excluded:** None.

- **Late retirement increases:**
  - *Active participants:* The plan provides benefit suspension notices to participants who work beyond normal retirement; therefore, late retirement actuarial increases only apply to

[3] Staff members already vested in the Hanford Pension Plan as of July 1, 2016 are immediately vested in the PNNL Pension Plan

Schedule SB, Part V — Summary of Plan Provisions

participants who defer retirement beyond the Minimum Required Distribution date. This valuation does not currently include increases for current participants over age 70 as it was determined the effect of doing so would be minimal. This will be reevaluated annually.
  - *Deferred vested participants:* Current deferred vested participants over normal retirement age are valued including the late retirement actuarial increase.
- **Internal Revenue Code limitations:** The limitations of Internal Revenue Code Section 415(b) and 401(a)(17) have been incorporated into our calculations.

- **IRC Section 416 rules for top-heavy plans:** We did not test whether this plan is top-heavy (when the present value of benefits for key employees equals or exceeds 60% of the present value for all participants). However, we expect that the plan is not top-heavy due to the large number of rank-and-file participants; therefore, the funding target and target normal cost do not reflect any liability for top-heavy benefit accruals.

Plan provisions specific to funding

Additional benefits included or excluded

- **IRC Section 436 benefit restrictions:**

  - *Unpredictable contingent event benefits:* This valuation excludes restricted contingent event benefits that occurred before the valuation date but includes contingent event benefits which are expected to occur on or after the valuation date regardless of anticipated funding-based limitations.

  - *Plan amendments:* See above.

  - *Prohibited payments:* Limitations on prohibited benefits (if any) are reflected for annuity starting dates before the valuation date but are ignored for annuity starting dates on or after the valuation date.

  - *Benefit accruals:* The plan's funding target does not reflect any limitation on benefit accruals. The target normal cost does not reflect any limitation on benefit accruals.

- **Unpredictable contingent event benefits:** The plan does not have any unpredictable contingent event benefits.

Plan provision changes since prior valuation

Maximum compensation amounts and maximum benefit amounts under IRS rules were updated from 2019 to 2020.

SCHEDULE OF ASSETS (HELD AT END OF YEAR)
Form 5500, Schedule H, Part IV, Line 4i

Pension Plan of the Pacific Northwest Laboratories, Battelle Memorial Institute

EIN: 31-4379427
Plan Number 005

June 30, 2021

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(In Thousands) (d) Cost	(e) Current Value
*	Northern Trust Company	Plan Interest in Master Trust	$ 1,770,737	$ 2,124,554
	Total Investments		$ 1,770,737	$ 2,124,554

* Party-in-interest to the Plan.

No assurance is provided by Meaden & Moore, Ltd. on these financial statements.

Schedule SB, line 26 — Reconciliation of Active Participant Data

Attained age	Years of credited service										
	Under 1	1–4	5–9	10–14	15–19	20–24	25–29	30–34	35–39	40 & up	Total
Under 25	34	30									64
	41,146	66,672									
25–29	84	163	21								268
	44,102	79,803	87,258								
30–34	90	320	77	24	1						512
	51,158	91,814	99,818	92,330							
35–39	85	248	136	102	20	4					595
	61,184	101,828	112,684	110,281	102,719						
40–44	50	142	110	144	77	26	2				551
	59,001	110,501	122,766	126,699	126,357	126,370					
45–49	27	125	78	125	80	41	28	5			509
	62,467	109,744	128,523	127,177	146,541	149,481	113,546				
50–54	27	90	57	95	111	66	84	23	1		554
	76,945	111,665	126,265	130,019	144,276	146,558	144,027	129,761			
55–59	20	90	50	79	110	65	102	61	14	1	592
	76,103	115,607	144,625	125,154	133,845	134,908	148,264	151,926			
60–64	9	68	23	59	47	34	67	45	29	13	394
		113,144	150,535	140,024	137,306	151,530	146,376	149,068	148,092		
65–69	4	16	14	17	10	13	16	13	7	4	114
70 & up	4	3	2		2	1		2		1	15
Total	434	1295	568	645	458	250	299	149	51	19	4,168

In each cell, the top number is the count of active participants for each age/service combination and the bottom number is average pay for 2019 limited to $280,000. Average pay is not shown for cells with fewer than 20 participants.

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods

Actuarial assumptions

Discount rate sponsor elections		
• Segment rates or full yield curve	Segment	
• Look-back months	4	
	Stabilized	**Nonstabilized**
• First 5 years	3.64%	2.71%
• Next 15 years	5.21%	3.75%
• Over 20 years	5.94%	4.21%
Mortality sponsor elections		
• Healthy participants	Section 430(h)(3) prescribed separate generational annuitant and nonannuitant mortality tables. These tables are based on the RP-2014 mortality tables with improvements beyond 2006 removed with generational mortality improvements based on the IRS methodology and projection scale MP-2018.	
• Pre-1995 disabilities	Revenue Ruling 96-7 table for participants who became disabled before 1995	
• Post-1994 disabilities	Revenue Ruling 96-7 table for participants who became disabled after 1994 and are eligible for Social Security disability benefits	
417(e) lump sums	Lump Sums payable to all participants with a present value of accrued benefits less than $125,000. Liabilities are determined based on the underlying annuity used by the plan to determine the lump sum amount, rather than valuing the lump sum payment. This annuity is valued based on funding interest rates rather than 417(e) rates and unisex generational mortality.	
Non-417(e) lump sums		
• Mortality table	Not applicable	
• Interest rate	Not applicable	
Other economic assumptions		
• Salary increases	Salary rates begin with 7.20% at age 20 and reduce until age 70 where the rate is then held constant at 3.20%. See table of sample rates.	
• Inflation	2.20% per year.	
• Expected investment return	5.50% for 2020, 6.75% for 2019 and 7.25% per year for 2016 through 2018.	
• Expenses	For the 2020/2021 plan year, this amount is $7,420,000 and has been added to 2020/2021 normal cost.	

Rationale for economic assumptions

- Segment rates - The segment rates above are mandated by PPA. Stabilized segment rates are in accordance with the changes made by MAP-21, HATFA, and BBA 2015.
- Mortality sponsor elections - The mortality sponsor elections above are mandated by PPA.

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods

- 417(e) lump sums – Threshold lump sum amounts are estimated using ASC 715 lump sum assumptions described in the section below. PPA funding target liability approach to value the underlying annuity is mandated by law.
- Salary increases – This assumption is based on an experience study covering the period July 1, 2013 to June 30, 2018 and is adjusted to reflect Battelle Memorial Institute's future budgeted salary increases.
- Inflation – This assumption is based on a long-term average of the inflation assumption periodically published by Mercer Investment Consulting in their Capital Markets Outlook.
- Expected investment return – Mercer's best estimate return utilizes the weighted average approach rounded to the nearest 25 basis points, weighting 60% with forward looking asset return assumptions and 40% with the building block method recognizing current yields, which defines the return as the sum of three components: inflation, risk-free return, and risk premium, all offset by an expense load. Assumptions for these components are derived from a recent Mercer Investment Consulting Capital Market Outlook. Risk premiums are applied appropriately to reflect Battelle Memorial Institute's actual asset allocation.
- Expenses – The prior plan year's administrative and investment expenses, excluding the prior year's PBGC premiums paid, adjusted for expected events (if any) and anticipated current year PBGC premiums, rounded up to the next $5,000.

Demographic assumptions

• Withdrawal	Rates are based on age.	
• Disability incidence	Rates are based on age.	
• Retirement age		

Attained age	Percentage
Under 55 and 55	7.20%
56-58	5.20%
59	9.40%
60-61	12.80%
62-63	19.50%
64	25.00%
65-66	36.00%
67-69	23.00%
70 and above	100.00%

• Benefit commencement age for		
– Future vested deferred	62	
– Current vested deferred	63 if terminated before July 1, 2009 62 if terminated on or after July 1, 2009	
• Spouse assumptions	**Male participants**	**Female participants**
– Percentage married	90%	75%
– Spouse age difference	2 years younger	1 year older

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods

• Accrual of future credited service for benefit accrual (for Part-Time employees)	Hourly employees are assumed to accrue 0.25 of a year during each future plan year. Non-hourly employees are assumed to accrue 1 year times their percent full-time for each future year of employment.

Form of payment	**Single Life**	**10-year Certain & Life**	**50% J&S**	**100% J&S**	**100% J&S with 10-years Certain**	**100% J&S with 20-years Certain**	**Lump Sum**
Lump Sum Eligible[1]							
• Active retirements	9%	2%	7%	12%	5%	0%	65%
• Future vested deferred	9%	2%	7%	12%	5%	0%	65%
• Current vested deferred[2]	40%	10%	10%	30%	0%	10%	0%
• Deferred beneficiaries	0%	0%	35%	0%	0%	0%	65%
• Current and future disabilities	35%	0%	0%	0%	0%	0%	65%
• Future deaths	0%	35% (if Single)	35% (if married)	0%	0%	0%	65%
Not Lump Sum Eligible							
• Active retirements	25%	5%	20%	35%	15%	0%	N/A
• Future vested deferred	25%	5%	20%	35%	15%	0%	N/A
• Current vested deferred	40%	10%	10%	30%	0%	10%	N/A
• Deferred beneficiaries	0%	0%	100%	0%	0%	0%	N/A
• Current and future disabilities	100%	0%	0%	0%	0%	0%	N/A
• Future deaths	0%	100% (if single)	100% (if married)	0%	0%	0%	N/A
Unpredictable contingent event assumptions	Not applicable						

[1] Participants who terminate employment on or after July 1, 2015 with a present value of accrued benefits less than $125,000 can elect to receive their benefit in the form of a lump sum.
[2] Current vested deferred participants other than deferred beneficiaries and deferred disabled participants are assumed not to elect a lump sum form of payment.

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods

Table of sample rates

	Percentage		
Attained age	**Withdrawal – Unisex**	**Disability incidence**	**Salary increases**
20	10.40%	0.0000%	7.20%
25	7.20%	0.0367%	7.20%
30	4.88%	0.0367%	6.70%
35	5.66%	0.1310%	6.00%
40	4.49%	0.1310%	5.20%
45	3.97%	0.2825%	4.50%
50	2.80%	0.2825%	3.70%
55	3.74%	0.3376%	3.70%
60	7.48%	0.3376%	3.20%
65	25.00%	0.2208%	3.20%
70	N/A	N/A	3.20%

Rationale for demographic assumptions

- Withdrawal – This assumption is based on an experience study covering the period July 1, 2013 to June 30, 2018. See table of sample rates. The plan sponsor believes that this period is representative of anticipated future experience.
- Disability incidence – This assumption is based on an experience study covering the period July 1, 2009 to June 30, 2014. See table of sample rates. The plan sponsor believes that this period is representative of anticipated future experience.
- Retirement age – This assumption is based on an experience study covering the period July 1, 2013 to June 30, 2018. The plan sponsor believes that this period is representative of anticipated future experience.
- Benefit commencement age – This assumption is based on an experience study covering the period July 1, 2013 to June 30, 2018. The plan sponsor believes that this period is representative of anticipated future experience.
- Spouse assumptions – This assumption is based on an experience study covering the period July 1, 2013 to June 30, 2018. The plan sponsor believes that this period is representative of anticipated future experience.
- Form of payment – The assumption for annuity elections is based on an experience study covering the period July 1, 2013 to June 30, 2018. The lump sum election assumption was reviewed using data from July 1, 2013 to June 30, 2018. The plan sponsor believes that the period reviewed for annuity and lump sum elections is representative of anticipated future experience.

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods

Actuarial methods

Asset methods

The asset valuation method is an average of the adjusted market value for each year during the last two years preceding the valuation date. The adjusted market value is the market value at each determination date adjusted to the valuation date based on actual cash flows and expected interest at the lesser of the expected rate of return and the third segment rate. This amount is adjusted to be no greater than 110% and no less than 90% of the fair market value, as defined in IRC Section 430.

A characteristic of this asset method is that, over time, it is slightly more likely to produce an actuarial value of assets that is less than the market value of assets than an actuarial value that is greater than the market value.

Participant methods

Participants or former participants are included or excluded from the valuation as described below:

- **Participants included:** The plan sponsor provides us with data on all employees as of the valuation date, but only those employees who have completed the plan's eligibility requirements are included in the valuation of liabilities.

- **Participants excluded:** No actuarial liability is included for nonvested participants who terminated prior to the valuation date. For this purpose, participants with a break in service on the valuation date are treated as terminated participants.

- **Insurance contracts**: The plan does not have any insurance contracts.

Minimum funding methods

The funding target for minimum funding calculations is computed using the traditional unit credit method of funding. The objective under this method is to fund each participant's benefits under the plan as they accrue. Thus, the total pension to which each participant is expected to become entitled at retirement is broken down into units, each associated with a year of past or future credited service.

A detailed description of the calculation follows:

- The plan's valuation date is the beginning of the plan year.

- An individual's **funding target** is the present value of future benefits based on credited service and average pay as of the beginning of the plan year, and an individual's **target normal cost** is the present value of the benefit expected to accrue in the plan year. If multiple decrements are used, the funding target and the target normal cost for an individual is the sum of the component funding targets and target normal costs associated with the various anticipated separation dates.

- This plan provides disability/death benefits that are only partially based on a participant's accrued benefit or years of service. This benefit is allocated to funding target based on the accrued benefit on the valuation date plus a portion of the excess of the benefit over the accrued benefit multiplied by the ratio of the participant's service at the beginning of the plan year to their service at each decrement age. This benefit is allocated to target normal cost based on the proportionate benefit attributable to the increase in the participant's service and compensation during the plan year.

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods

- The plan's **target normal cost** is the sum of the individual target normal costs, and the plan's **funding target** is the sum of the individual funding targets for all participants under the plan.

Maximum suggested contribution funding methods

Calculations of maximum suggested contributions include the excess of the funding target computed using the projected unit credit method over the minimum funding target. The objective of the projected unit credit method is to fund each participant's benefits under the plan as they accrue, taking into consideration expected future compensation increases. Thus, the total pension to which each participant is expected to become entitled at retirement is broken down into units, each associated with a year of past or future credited service.

A detailed description of the calculation follows:

- An individual's projected funding target is the present value of benefits based on credited service as of the beginning of the plan year and projected compensation that would be used in the calculation of the benefit on each expected separation date. If multiple decrements are used, the projected funding target for an individual is the sum of the component projected funding targets associated with the various anticipated separation dates.The plan's projected funding target is the sum of the projected funding targets for all participants under the plan. The excess of the plan's projected funding target over the plan's funding target is included in the "cushion amount."

- The plan's projected funding target is the sum of the projected funding targets for all participants under the plan. The excess of the plan's projected funding target over the plan's funding target is included in the "cushion amount."

Schedule SB, line 24 — Change in Actuarial Assumptions

The following changes were made for the plan year beginning July 1, 2020.

- The expected investment return was updated from 6.75% to 5.50%.
- The expense component of normal cost was changed from $7,865,000 to $7,420,000 to reflect our expectations for the current plan year.

Schedule SB, line 8 — Changes in elections to use a prefunding balance or funding standard carryover balance

The following chart shows a comparison of the balances elected for use to offset funding requirement for the 2019 plan year and a description of the change:

2019 Schedule SB Line 35	2020 Schedule SB Line 8
$ 30,575,991	$ 28,520,739

In compliance with IRS Notice 2021-48 *Section VIII B*, on line 8 of the 2020 Schedule SB, we have taken into account the revocation of $2,055,252 of the credit balance used to offset the minimum required contribution for the 2019 plan year. The credit balance was revoked for the 2019 plan year based on application of an ARPA election to change shortfall amortization starting with the 2019 plan year.

	July 1, 2019 MRC Before ARPA Adoption	July 1, 2019 MRC With ARPA Adoption
Target normal cost minus excess assets	$ 40,126,187	$ 40,126,187
Shortfall amortization charge	3,131,089	1,075,837
Waiver amortization charge	0	0
Minimum required contribution (before available credit balances)	$ 43,257,276	$ 41,202,024

The difference in the minimum required contribution is due to reflecting the ARPA election in 2019 plan year.

Schedule SB, line 15 — Reconciliation of Difference Between Valuation Results and Amounts Used to Calculate AFTAP

The following schedule shows each AFTAP that was certified or recertified for the 2020 plan year, the date made, and a description of the AFTAP change:

Certification date	AFTAP	Update description
03/25/2021	116.56%	Valuation results updated to apply ARPA

The following chart shows a comparison of the final 2020 AFTAP and the AFTAP shown on the 2020 Schedule SB, line 15

	Final certified AFTAP	Schedule SB Line 15 AFTAP	Difference (explained below)
1. Adjusted plan assets			
a. Actuarial value of plan assets	$ 1,809,102,493	$ 1,809,102,493	$
b. Credit balances subtracted	0	0	
c. Annuity purchases for non-HCEs in prior two plan years	0	0	
d. Earmarked contributions during plan year	0	0	
e. Adjusted plan assets: *(a.) – (b.) + (c.) + (d.)*	$ 1,809,102,493	$ 1,809,102,493	$
2. Adjusted funding target			
a. Funding target	$ 1,552,017,853	$ 1,492,472,380	$ (59,545,473)
b. Funding target increases not already reflected in (a.) due to amendments, UCEBs, etc.	0	0	
c. Annuity purchases for non-HCEs in prior two plan years	0	0	
d. Adjusted funding target: (a.) + (b.) + (c.)	$ 1,552,017,853	$ 1,492,472,380	$ (59,545,473)
3. 2020 AFTAP/FTAP: (1.e.) ÷ (2.d.)	116.56%	121.21%	4.65%

The difference in liabilities is due to reflecting ARPA election in 2020 plan year.

Schedule SB, line 22 — Description of Weighted Average Retirement Age

Each employee is assumed to retire in accordance with the table of retirement rates. The proportion of employees expected to retire at each potential retirement age is shown below. The average retirement age is 62.

(A) Retirement age	(B) Retirement percent	(C) Lx	(D) Number of employees expected to retire (B) x (C)	(E) (A) x (D)
55	7.20%	100,000	7,200	396,000
56	5.20%	92,800	4,826	270,234
57	5.20%	87,974	4,575	260,756
58	5.20%	83,400	4,337	251,534
59	9.40%	79,063	7,432	438,483
60	12.80%	71,631	9,169	550,126
61	12.80%	62,462	7,995	487,705
62	19.50%	54,467	10,621	658,507
63	19.50%	43,846	8,550	538,648
64	25.00%	35,296	8,824	564,737
65	36.00%	26,472	9,530	619,445
66	36.00%	16,942	6,099	402,544
67	23.00%	10,843	2,494	167,090
68	23.00%	8,349	1,920	130,579
69	23.00%	6,429	1,479	102,025
70	100.00%	4,950	4,950	346,511
Total			100,000	6,184,925
Average				61.85

The weighted average retirement age is the total for column E divided by the total for column D, rounded to the nearest integral age. It should be noted that while only integral values are shown in the table, the full content of each cell, including decimal portions, is used in the calculations

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210 - 0110
1210 - 0089

2020

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2020 or fiscal plan year beginning 07/01/2020 and ending 06/30/2021

A This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instr.)
☒ a single-employer plan ☐ a DFE (specify) _____

B This return/report is: ☐ the first return/report ☐ the final return/report
☒ an amended return/report ☐ a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here ▶ ☐

D Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program
☐ special extension (enter description)

Part II Basic Plan Information - enter all requested information

1a Name of plan
PENSION PLAN OF THE PACIFIC NORTHWEST LABORATORIES
BATTELLE MEMORIAL INSTITUTE

1b Three-digit plan number (PN) ▶ 005

1c Effective date of plan 07/18/1941

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
BATTELLE MEMORIAL INSTITUTE

505 KING AVENUE

COLUMBUS OH 43201

2b Employer Identification Number (EIN) 31-4379427

2c Plan Sponsor's telephone number 614-424-7104

2d Business code (see instructions) 541990

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	(DAVE DAVENPORT)		DAVE DAVENPORT
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

For Paperwork Reduction Act Notice, see the Instructions for Form 5500. **Form 5500 (2020) v. 200204**

018401 12-03-20

16350527 759834 9675.PNNL.06 2020.05095 BATTELLE MEMORIAL INSTITU 9675.PN3

3a Plan administrator's name and address [X] Same as Plan Sponsor

3b Administrator's EIN

3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:
a Sponsor's name
c Plan Name

4b EIN

4d PN

5 Total number of participants at the beginning of the plan year	**5**	8,459
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a (1) Total number of active participants at the beginning of the plan year	**6a(1)**	4,168
a (2) Total number of active participants at the end of the plan year	**6a(2)**	4,375
b Retired or separated participants receiving benefits	**6b**	2,716
c Other retired or separated participants entitled to future benefits	**6c**	1,314
d Subtotal. Add lines **6a(2), 6b,** and **6c**	**6d**	8,405
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	309
f Total. Add lines **6d** and **6e**	**6f**	8,714
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	48
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
1A 3F 3H

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply)
- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)
- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules
- **(1)** [X] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [X] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules
- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information - Small Plan)
- **(3)** [ ] ____ **A** (Insurance Information)
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ... ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2020 Form M-1 annual report. If the plan was not required to file the 2020 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ File as an attachment to Form 5500 or 5500-SF.

OMB No. 1210-0110

2020

This Form Is Open to Public Inspection

For calendar plan year 2020 or fiscal plan year beginning 07/01/2020 and ending 06/30/2021

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan
PENSION PLAN OF THE PACIFIC NORTHWEST LABORATORIES, BATTELLE MEMORIAL INSTITUTE

B Three-digit plan number (PN) ▶ 005

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
BATTELLE MEMORIAL INSTITUTE

D Employer Identification Number (EIN)
31-4379427

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1	Enter the valuation date: Month 07 Day 01 Year 2020		
2	Assets:		
	a Market value	2a	1,906,581,707
	b Actuarial value	2b	1,809,102,493

3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	2,994	822,560,746	822,560,746
b For terminated vested participants	1,377	149,017,381	149,017,381
c For active participants	4,168	511,790,829	520,894,253
d Total	8,539	1,483,368,956	1,492,472,380

4	If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate	5	5.77%
6	Target normal cost	6	40,636,932

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE

M.L.

Signature of actuary

3/1/2022

Date

MATTHEW LITTLE, FSA, EA, MAAA

Type or print name of actuary

2008076

Most recent enrollment number

MERCER

Firm name

248-945-5500

Telephone number (including area code)

ONE TOWNE SQUARE, SUITE 1100

SOUTHFIELD MI 48076

Address of the firm

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions [ ]

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	250,586,157
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	28,520,739
9	Amount remaining (line 7 minus line 8)	0	222,065,418
10	Interest on line 9 using prior year's actual return of 14.46%	0	32,110,659
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.56%		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	254,176,077

Part III Funding Percentages

14	Funding target attainment percentage	14	121.21%
15	Adjusted funding target attainment percentage	15	116.56%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	99.20%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
01/06/2021	4,662,500	0			
03/02/2021	9,325,000	0			
04/06/2021	4,662,500	0			
05/13/2021	4,662,500	0			
06/11/2021	4,662,500	0			
08/11/2021	4,662,500	0			
09/21/2021	12,362,500	0			
			Totals ► 18(b)	45,000,000	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	42,762,973

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] Yes [ ] No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	☐ N/A, full yield curve used
4.75 %	5.50 %	6.27%	

b Applicable month (enter code)	21b	4
22 Weighted average retirement age	22	62

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment	☒ Yes	☐ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment	☐ Yes	☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment	☒ Yes	☐ No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	27	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6)	31a	40,636,932
b Excess assets, if applicable, but not greater than line 31a	31b	40,636,932

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	34	0

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0

36 Additional cash requirement (line 34 minus line 35)	36	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	42,762,973

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	38a	42,762,973
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0
40 Unpaid minimum required contributions for all years	40	0

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:

a Schedule elected ☐ 2 plus 7 years ☒ 15 years

b Eligible plan year(s) for which the election in line 41a was made ☐ 2008 ☐ 2009 ☐ 2010 ☒ 2011