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| 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 <div style="font-size: 24pt; font-weight: bold; text-align: center;">2023</div> This Form is Open to Public Inspection |
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| Part I | Annual Report Identification Information |
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For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024

A This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

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)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.

| | |
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| Part II | Basic Plan Information—enter all requested information |
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| | |
|---|---|
| 1a Name of plan <u>BATTELLE MEMORIAL INSTITUTE MEDICAL PLAN FOR BMI RETIREES</u> | 1b Three-digit plan number (PN) ▶ <u>539</u> |
| 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) <u>BATTELLE MEMORIAL INSTITUTE</u> <u>505 KING AVENUE, ROOM 11-6-125</u> <u>COLUMBUS, OH 43201</u> | 1c Effective date of plan <u>01/01/2003</u> 2b Employer Identification Number (EIN) <u>31-4379427</u> 2c Plan Sponsor's telephone number <u>614-424-6350</u> 2d Business code (see instructions) <u>541990</u> |

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. | 07/15/2025 | 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 |

| | | | | | | | | | | | | | | | | | | | | | |
|--|---|--------------|--|--------------|--|-----------|-----|-----------|--|-----------|-----|-----------|--|-----------|--|--------------|--|--------------|--|-----------|--|
| 3a Plan administrator's name and address <input checked="" type="checkbox"/> 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 | 5 276 | | | | | | | | | | | | | | | | | | | | |
| 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 a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested..... | <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:10%;">6a(1)</td><td></td></tr> <tr><td>6a(2)</td><td></td></tr> <tr><td>6b</td><td style="text-align: right;">233</td></tr> <tr><td>6c</td><td></td></tr> <tr><td>6d</td><td style="text-align: right;">233</td></tr> <tr><td>6e</td><td></td></tr> <tr><td>6f</td><td></td></tr> <tr><td>6g(1)</td><td></td></tr> <tr><td>6g(2)</td><td></td></tr> <tr><td>6h</td><td></td></tr> </table> | 6a(1) | | 6a(2) | | 6b | 233 | 6c | | 6d | 233 | 6e | | 6f | | 6g(1) | | 6g(2) | | 6h | |
| 6a(1) | | | | | | | | | | | | | | | | | | | | | |
| 6a(2) | | | | | | | | | | | | | | | | | | | | | |
| 6b | 233 | | | | | | | | | | | | | | | | | | | | |
| 6c | | | | | | | | | | | | | | | | | | | | | |
| 6d | 233 | | | | | | | | | | | | | | | | | | | | |
| 6e | | | | | | | | | | | | | | | | | | | | | |
| 6f | | | | | | | | | | | | | | | | | | | | | |
| 6g(1) | | | | | | | | | | | | | | | | | | | | | |
| 6g(2) | | | | | | | | | | | | | | | | | | | | | |
| 6h | | | | | | | | | | | | | | | | | | | | | |
| 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:

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:
 4A 4Q

| | |
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| 9a Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input checked="" type="checkbox"/> General assets of the sponsor | 9b Plan benefit arrangement (check all that apply) (1) <input checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input checked="" type="checkbox"/> 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) <input type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____ (5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information) | b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information – Small Plan) (3) <input type="checkbox"/> A (Insurance Information) – Number Attached _____ (4) <input checked="" type="checkbox"/> C (Service Provider Information) (5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> 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 2023 Form M-1 annual report. If the plan was not required to file the 2023 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 _____

| | | |
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| SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small> | Service Provider 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. | <small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection. |
|--|--|---|

For calendar plan year 2023 or fiscal plan year beginning **10/01/2023** and ending **09/30/2024**

| | | |
|---|--|------------|
| A Name of plan BATTELLE MEMORIAL INSTITUTE MEDICAL PLAN FOR BMI RETIREES | B Three-digit plan number (PN) ▶ | 539 |
| 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)..... 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

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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)

COMMUNITY INSURANCE DBA ANTHEM

31-1440175

| (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? |
|------------------------|---|--|--|--|---|--|
| 12 13 15 49 62 | NONE | 112160 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | 0 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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

EXTEND HEALTH INC

26-0775680

| (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? |
|------------------------|---|--|--|--|---|--|
| 12 13 | NONE | 66549 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

AMERIBEN

82-0497661

| (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? |
|------------------------|---|--|--|--|---|--|
| 12 | NONE | 53518 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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)

MEADEN & MOORE

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 | 40673 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

QUANTUM HEALTH INC

20-8423895

| (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 38 49 50 | NONE | 35689 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

(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 | 10441 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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 | NONE | 7787 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

(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? |
|------------------------|---|--|--|--|---|--|
| 19 | NONE | 900 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | 0 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |

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

| (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? |
|------------------------|---|--|--|--|---|--|
| | | | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> | 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 <hr/> 2023 This Form is Open to Public Inspection. |
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For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024

| | | |
|--|--|------------|
| A Name of plan <u>BATTELLE MEMORIAL INSTITUTE MEDICAL PLAN FOR BMI RETIREES</u> | B Three-digit plan number (PN) | <u>539</u> |
| C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>BATTELLE MEMORIAL INSTITUTE</u> | D Employer Identification Number (EIN) <u>31-4379427</u> | |

| | |
|---------------|--|
| 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: | <u>BATTELLE VEBA MASTER TRUST</u> | | |
| b Name of sponsor of entity listed in (a): | <u>BATTELLE MEMORIAL INSTITUTE</u> | | |
| 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) | |
| <u>31-4379427-014</u> | <u>M</u> | | <u>2149334</u> |
| 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)

| | | |
|--|--|---|
| SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small> | 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 2023 This Form is Open to Public Inspection |
|--|--|---|

For calendar plan year 2023 or fiscal plan year beginning **10/01/2023** and ending **09/30/2024**

| | |
|---|--|
| A Name of plan BATTELLE MEMORIAL INSTITUTE MEDICAL PLAN FOR BMI RETIREES | B Three-digit plan number (PN) ▶ 539 |
| 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 reportable 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.

| | | (a) Beginning of Year | (b) End of Year |
|--|-----------------|-----------------------|-----------------|
| Assets | | | |
| a Total noninterest-bearing cash | 1a | | 5410 |
| b Receivables (less allowance for doubtful accounts): | | | |
| (1) Employer contributions | 1b(1) | | |
| (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) | 2217848 | 2202822 |
| (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) | | |

| 1d Employer-related investments: | | (a) Beginning of Year | (b) End of Year |
|---|--------------|------------------------------|------------------------|
| (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 | 2217848 | 2208232 |
| 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 through 1j) | 1k | | |
| Net Assets | | | |
| l Net assets (subtract line 1k from line 1f) | 1l | 2217848 | 2208232 |

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) | 4986533 | |
| (B) Participants | 2a(1)(B) | 2362717 | |
| (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) | | 7349250 |
| 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) | | 110002 |
| (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 | | 410012 |
| d Total income. Add all income amounts in column (b) and enter total..... | 2d | | 7869264 |

Expenses

| | | | |
|--|---------------|---------|---------|
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers..... | 2e(1) | 7553505 | |
| (2) To insurance carriers for the provision of benefits..... | 2e(2) | 850 | |
| (3) Other..... | 2e(3) | | |
| (4) Total benefit payments. Add lines 2e(1) through (3) | 2e(4) | | 7554355 |
| f Corrective distributions (see instructions)..... | 2f | | |
| g Certain deemed distributions of participant loans (see instructions)..... | 2g | | |
| h Interest expense..... | 2h | | |
| i Administrative expenses: | | | |
| (1) Salaries and allowances..... | 2i(1) | | |
| (2) Contract administrator fees..... | 2i(2) | 263174 | |
| (3) Recordkeeping fees..... | 2i(3) | | |
| (4) IQPA audit fees..... | 2i(4) | 40673 | |
| (5) Investment advisory and investment management fees..... | 2i(5) | | |
| (6) Bank or trust company trustee/custodial fees..... | 2i(6) | 900 | |
| (7) Actuarial fees..... | 2i(7) | 7787 | |
| (8) Legal fees..... | 2i(8) | 1549 | |
| (9) Valuation/appraisal fees..... | 2i(9) | | |
| (10) Other trustee fees and expenses..... | 2i(10) | | |
| (11) Other expenses..... | 2i(11) | 10442 | |
| (12) Total administrative expenses. Add lines 2i(1) through (11) | 2i(12) | | 324525 |
| j Total expenses. Add all expense amounts in column (b) and enter total..... | 2j | | 7878880 |

Net Income and Reconciliation

| | | | |
|---|--------------|--|-------|
| k Net income (loss). Subtract line 2j from line 2d | 2k | | -9616 |
| 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) 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) 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: **MEADEN & MOORE, LTD**

(2) EIN: **34-1818258**

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) This form is filed for a CCT, PSA, DCG 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. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

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.) | | X | |
| 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.) | | 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.) | | 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.) | | X | |
| e Was this plan covered by a fidelity bond? | 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? | | 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? | | 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? | | 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.) | 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.) | | 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? | | X | |
| l Has the plan failed to provide any benefit when due under the plan? | | X | |
| m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | | | |
| 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. | | | |

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 _____.

Battelle Memorial Institute Medical Plan for BMI Retirees

Employer ID No: 31-4379427
Plan Number: 539

Financial Statements (Modified Cash Basis)
as of September 30, 2024 and 2023, and for the Year
Ended September 30, 2024, and
Independent Auditor's Report

BATTELLE MEMORIAL INSTITUTE MEDICAL PLAN FOR BMI RETIREES

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MEADEN & MOORE

INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator of the
Battelle Memorial Institute Medical Plan for BMI Retirees
Columbus, Ohio

Opinion

We have audited the financial statements of Battelle Memorial Institute Medical Plan for BMI Retirees (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits (modified cash basis) as of September 30, 2024 and 2023, and the related statement of changes in net assets available for benefits (modified cash basis) for the year ended September 30, 2024, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of the Plan as of September 30, 2024 and 2023, and the changes in net assets available for benefits for the year ended September 30, 2024 in accordance with the modified cash basis of accounting.

Basis for Opinion

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Emphasis of Matter — Basis of Accounting

We draw attention to Note 2 of the financial statements, which describes the basis of accounting. The financial statements are prepared on the modified cash basis of accounting, which is a basis of accounting other than accounting principles generally accepted in the United States of America. Our opinion is not modified with respect to this matter.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with the modified cash basis of accounting, and for 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.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for one year after the date that the financial statements are available to be issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments, administering the Plan, and determining that the Plan's transactions that are presented and disclosed in the financial statements are in conformity with the Plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit 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, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Other Matter - Supplemental Schedule Required by ERISA

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental Schedule of Assets Held for Investment Purposes at End of Year as of September 30, 2024 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 ERISA. Such information is the responsibility of 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 GAAS.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, including its form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying schedule is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Meaden & Moore, Ltd.

Meaden & Moore, Ltd.
Dublin, Ohio

July 14, 2025

BATTELLE MEMORIAL INSTITUTE MEDICAL PLAN FOR BMI RETIREES

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS (MODIFIED CASH BASIS) AS OF SEPTEMBER 30, 2024 AND 2023

| | 2024 | 2023 |
|---|---------------------|---------------------|
| CASH— | \$ 5,410 | \$ - |
| ASSETS— | | |
| Investments at fair value — Plan interest in Trust Fund | <u>2,202,822</u> | <u>2,217,848</u> |
| NET ASSETS AVAILABLE FOR BENEFITS | <u>\$ 2,208,232</u> | <u>\$ 2,217,848</u> |

See notes to financial statements (modified cash basis).

BATTELLE MEMORIAL INSTITUTE MEDICAL PLAN FOR BMI RETIREES

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS (MODIFIED CASH BASIS) FOR THE YEAR ENDED SEPTEMBER 30, 2024

ADDITIONS:

Investment gain — Plan interest in Trust Fund's investment \$ 110,002

Contributions:

Employer contributions 4,986,533

Participant contributions 2,362,717

Total contributions 7,349,250

Rebates and other additions 410,012

Total additions 7,869,264

DEDUCTIONS:

Benefits paid 7,553,505

Administrative expenses 325,375

Total deductions 7,878,880

NET DECREASE DURING THE YEAR (9,616)

NET ASSETS AVAILABLE FOR BENEFITS:

Beginning of year 2,217,848

End of year \$ 2,208,232

See notes to financial statements (modified cash basis).

BATTELLE MEMORIAL INSTITUTE MEDICAL PLAN FOR BMI RETIREES

NOTES TO FINANCIAL STATEMENTS (MODIFIED CASH BASIS) AS OF SEPTEMBER 30, 2024 AND 2023, AND FOR THE YEAR ENDED SEPTEMBER 30, 2024

1. DESCRIPTION OF THE PLAN

The accompanying financial statements (modified cash basis) present the net assets of the Battelle Memorial Institute (“Battelle” or BMI) Medical Plan for BMI Retirees (the “Plan”) and changes therein. The net assets of the Plan are part of the Battelle Voluntary Employees’ Beneficiary Association (VEBA) master trust (“Trust Fund”) held by Northern Trust as of September 30, 2024 and 2023. The Trust Fund also holds assets of the Medical Plan for BMI Active Staff, the Dental Plan for BMI Active Staff, the Dental Plan for BMI Retirees, the BMI Employees’ Long-term Disability Benefits Plan, and the Health Reimbursement Arrangement for Retired Staff of BMI.

The following description of the Plan provides only general information. Participants should refer to the Plan document for a more complete description of the Plan’s provisions.

On March 19, 2019, Battelle Memorial informed current employees of Battelle Corporate Operations and participating subsidiaries that the Battelle Memorial Institute Medical Plan for BMI Retirees and the Health Reimbursement Arrangement for Retired Staff of Battelle Memorial Institute (HRA) will be closed to new entrants after June 1, 2019, and that the last day of coverage under both plans will be December 31, 2020. Current retirees were notified of the December 31, 2020, last day coverage in a letter dated March 21, 2019. This does not apply to former employees of the Battelle Corporate Operations and participating subsidiaries that are eligible for this plan as a result of being a participant in the BCO Long Term Disability Plan (“LTD Plan”). An individual that is a participant in both the Plan and the BCO LTD Plan is eligible to receive continued coverage under the plans referenced above after December 31, 2020, and prior to the earlier of the date end of participation in the BCO LTD Plan; the attainment of age 65; or a future date that the Plan is later terminated in its entirety, assuming all other eligibility criteria continue to be satisfied.

In June 2019, the VEBA Board of Trustees voted to transfer excess assets from the BCO LTD VEBA subaccount in the Master Trust to a new Master Trust subaccount of the Plan, specifically for the purpose of paying the eligible medical claims and reimbursements for the disabled participants as described above, and their eligible dependents.

The amendment, described above, does not affect the future and current retirees of PNNL.

General — This self-insured Plan provides health benefits (medical, hospital surgical, major medical, and prescription drug) to eligible retired participants and beneficiaries, who elect to participate, of the U.S. components and electing subsidiaries of Battelle. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (“ERISA”). Retirees must elect continuance of coverage, meet the age requirement of 55, and have completed 10 years of service.

Health Reimbursement Accounts - Non-bargaining Medicare-eligible retirees, dependent spouses, surviving spouses, and certain disabled participants, who meet the eligibility requirements, may enroll in the Health Reimbursement Arrangement for Retired Staff of Battelle Memorial Institute (“HRA Plan”). This plan provides Health Reimbursement Arrangements (HRA’s) for Medicare-eligible retirees, dependent spouses, surviving spouses, and certain disabled participants. Retirees do not contribute to

this plan. Retirees covered under this subcomponent plan can request reimbursement for certain medical expenses from their HRA.

The HRA's are administered under the HRA Plan, which is recognized as a separate welfare benefit plan under ERISA.

Through December 31, 2015, Medicare-eligible bargaining retirees who retired on or after April 1, 2013, as well as eligible dependent spouses, surviving spouses, and certain disabled participants were ineligible for the HRA Plan. Effective January 1, 2016, eligible bargaining retirees and spouses may also participate in this plan.

Of the total benefits paid during the fiscal year, \$2,463,991 was contributed to the HRA Plan for benefits for retirees enrolled in the Health Reimbursement Arrangement for Retired Staff of Battelle Memorial Institute.

Benefits — The Plan provides coverage or reimbursement for eligible expenses for covered health services. The Plan includes a retail prescription provision, and a mail order prescription program provision. Benefits paid from the Plan were \$5,089,514.

Contributions — The cost of the Plan is shared by the retirees and the employer on a basis determined by the employer based on the prior year's actual claims experience. Retiree participant monthly contributions for the 2024 calendar year were as follows:

| Participants Retiring | 2024 Retiree Contribution |
|---|--|
| (1) Columbus — Pre-65 Retirees | Not applicable |
| (2) PNNL — Pre-65 Retirees | Range from \$531-\$866 for single coverage; \$1,064-\$1,733 for retiree and spouse; \$1,641-\$1,976 for retiree and child(ren); \$2,173-\$2,842 for family coverage; \$1,109 for dependent child(ren) coverage |
| (3) Columbus — Medicare-Eligible Retirees | Yearly Health Reimbursement Account funding provided |
| (4) PNNL — Medicare Eligible Retirees | Yearly Health Reimbursement Account funding provided |

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The significant accounting policies are summarized as follows:

Basis of Accounting — The financial statements were prepared on a modified cash basis, which is a comprehensive basis of accounting other than accounting principles generally accepted in the United States of America (GAAP). Under the modified cash basis of accounting, the investments are carried at their approximate fair market value while contributions, benefits, and other payments are recorded when they are paid or received.

Contributions — Contributions are recognized when received.

Rebates and Other Additions — At times the Plan receives rebates or other additions. These additions are recognized when received.

Benefits — Benefits are recognized when paid by the Trust or by the Company.

Administrative Expenses — Administrative expenses are recognized when paid. Certain administrative expenses are paid directly by Battelle.

Investment Valuation and Income Recognition — The Plan's investment in the Trust Fund is presented at fair value. A separate account for the Plan is maintained by Northern Trust. Interest and dividend income is recognized when received. Purchases and sales of securities are recorded on the settlement-date basis. Investment income/(loss) includes the unrealized appreciation and depreciation of investments, as well as gains and losses on investments bought and sold.

Claims Administration Agreement — Battelle (the "Plan sponsor") has contracts with Ameriben, Community Insurance Company dba Anthem Blue Cross Blue Shield and CVS Caremark under which they provide certain services, including, among other things, processing of claims.

Use of Estimates — The preparation of financial statements requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, benefit obligations, and changes therein, incurred but not reported, claims payable, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Risks and Uncertainties — The Plan has an interest in the Trust Fund which invests in one investment security, a money market fund. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is 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 (modified cash basis).

The actuarial present value of postretirement benefit obligations is reported based on certain assumptions pertaining to discount rate, health care inflation rates, and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is reasonably possible that changes in these estimates and assumptions in the near-term would be material to the financial statements (modified cash basis).

3. BATTELLE TRUST FUND

The Plan owns a divided interest in the investments held in the Trust Fund.

Interest, dividends, net gains (losses), and certain administrative expenses are recorded by Northern Trust in a separate account for the Plan within the Trust Fund.

The following table presents the net assets of the Master Trust and the Plan's interest in the Mater Trust as of September 30, 2024:

| | Plan's Interest in Master Trust Balances | Master Trust Balances |
|--|---|----------------------------------|
| Money Market Fund | \$ 2,149,405 | \$ 3,859,880 |
| Total investments | 2,149,405 | 3,859,880 |
| Cash—non-interest bearing | <u>53,488</u> | <u>53,488</u> |
| Total investments and cash | \$ 2,202,893 | \$ 3,913,368 |
| Less: amounts due for securities purchased | \$ (71) | \$ (1,135,965) |
| Total | <u>2,202,822</u> | <u>2,777,403</u> |

The following table presents the net assets of the Master Trust and the Plan's interest in the Mater Trust as of September 30, 2023:

| | Plan's Interest in Master Trust Balances | Master Trust Balances |
|----------------------------|---|----------------------------------|
| Money Market Fund | \$ 2,100,369 | \$ 4,856,458 |
| Total investments | 2,100,369 | 4,856,458 |
| Cash—non-interest bearing | <u>117,479</u> | <u>117,479</u> |
| Total investments and cash | <u>\$ 2,217,848</u> | <u>\$ 4,973,937</u> |

Investment income for the Trust Fund for the year ended September 30, 2024, is as follows:

| | |
|-----------------------|-------------------|
| Dividends | <u>\$ 218,976</u> |
| Net investment income | <u>\$ 218,976</u> |

4. FAIR VALUE MEASUREMENTS

Fair value is the price that would be received by the Plan or Trust Fund for an asset or paid by the Plan or Trust Fund to transfer a liability (an exit price) in an orderly transaction between market participants on the measurement date in the principal or most advantageous market for the asset or liability. Fair value measurements are determined by maximizing the use of observable inputs and minimizing the use of unobservable inputs. The hierarchy places the highest priority on unadjusted quoted market prices in active markets for identical assets or liabilities (Level 1 measurements) and gives the lowest priority to unobservable inputs (Level 3 measurements). The three levels of inputs within the fair value hierarchy are defined as follows:

Level 1 — Inputs are quoted prices (unadjusted) in active markets for identical assets or liabilities that the reporting entity has the ability to access at the measurement date.

Level 2 — Inputs are inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly.

Level 3 — Inputs are unobservable inputs for the asset or liability. Unobservable inputs shall be used to measure fair value to the extent that the observable inputs are not available, thereby allowing for situations in which there is little, if any, market activity for the asset or liability at the measurement date.

Money Market Fund — The fund operates as a government money market fund which is valued at the daily closing price as reported by the fund. The money market fund is deemed to be actively traded and is classified in Level 1 of the fair value hierarchy.

The following tables set forth by level within the fair value hierarchy the Trust Fund’s assets that were accounted for at fair value on a recurring basis as of September 30, 2024 and 2023. Financial assets are classified in their entirety based on the lowest level of input that is significant to the fair value measurement. Management’s assessment of the significance of a particular input to the fair value measurement requires judgment and may affect the valuation of fair value assets and their placement within the fair value hierarchy levels.

| 2024 | Level 1 | Level 2 | Level 3 | Total |
|-------------------|---------------------|----------------|----------------|---------------------|
| Money Market Fund | \$ 3,859,880 | \$ - | \$ - | \$ 3,859,880 |
| Total investments | <u>\$ 3,859,880</u> | <u>\$ -</u> | <u>\$ -</u> | <u>\$ 3,859,880</u> |

| 2023 | Level 1 | Level 2 | Level 3 | Total |
|-------------------|---------------------|----------------|----------------|---------------------|
| Money Market Fund | \$ 4,856,458 | \$ - | \$ - | \$ 4,856,458 |
| Total investments | <u>\$ 4,856,458</u> | <u>\$ -</u> | <u>\$ -</u> | <u>\$ 4,856,458</u> |

5. BENEFIT OBLIGATIONS

The following information provides the Plan’s benefit obligations for covered health services as of September 30, 2024 and 2023, and a summary of the changes in these benefit obligations for the year ended September 30, 2024.

The benefit obligations currently payable as of September 30, 2024 and 2023 are as follows:

| | 2024 | 2023 |
|---|-------------------|-------------------|
| Amounts currently payable — claims payable and claims incurred but not reported | <u>\$ 366,331</u> | <u>\$ 617,197</u> |

The changes in the benefit obligations currently payable for the year ended September 30, 2024, are:

| | |
|--|-------------------|
| Plan's total benefit obligations — beginning of year | \$ 617,197 |
| Claims incurred | 4,747,450 |
| Claims paid | (5,089,514) |
| Claims payable per invoices | <u>91,198</u> |
| Plan's total benefit obligations — end of year | <u>\$ 366,331</u> |

Where data are available, claims payable and claims incurred but not reported are determined by the Plan based on the actual claims paid following the Plan year-end for claims incurred during the Plan year. The remaining claims payable and claims incurred but not reported are estimated based on the prior year's actual claims experience. Claims incurred but not reported are estimated based on assumptions which are subject to change. Due to uncertainties inherent in the assumptions process, actual incurred but not reported claims could differ from these estimates.

Future claims will be funded through future VEBA assets, contractual payments, and (or) future employer contributions.

There are two separate postretirement benefit obligations populations, Columbus and PNNL.

The Columbus postretirement benefit obligations as of September 30, 2024 and 2023 are as follows:

| | 2024 | 2023 |
|---|------------------|-------------------|
| Columbus postretirement benefit obligations: | | |
| Current retirees | <u>\$ 87,109</u> | <u>\$ 141,832</u> |
| Columbus total postretirement benefit obligations | <u>\$ 87,109</u> | <u>\$ 141,832</u> |

Changes in the Columbus location's postretirement benefit obligations for the year ended September 30, 2024, are as follows:

| | |
|---|------------------|
| Columbus postretirement benefit obligations: | |
| Balance — beginning of year | \$ 141,832 |
| Increase (Decrease) in postretirement benefits attributable to: | |
| Benefits earned and other changes | 12,861 |
| Increases due to passage of time | 7,451 |
| Claims reclassified to amounts currently payable | (73,436) |
| Participant contributions | 12,700 |
| Changes in actuarial assumptions and plan benefits ¹ | <u>(14,299)</u> |
| Balance — end of year | <u>\$ 87,109</u> |

¹Changes in per capita claims cost and trend assumption offset by the discount rate decrease from 6.01% as of September 30, 2023 to 4.66% as of September 30, 2024.

Effect of 1% change in trend rates on accumulated postretirement benefit obligation at year end:

| | |
|-------------------------------|-------------------------------------|
| | Plan year ending September 30, 2024 |
| One-percentage point increase | 1,818 |
| One-percentage point decrease | (1,775) |

In addition to the postretirement benefit obligation above, the Plan itself provides for a postretirement benefit obligation for PNNL. While this obligation is not contractually the responsibility of the Plan and its sponsor, Battelle, because it is provided for in the Plan it is required to be disclosed. The Plan administers these benefits as required under Battelle's contract with the Department of Energy (DOE) to manage PNNL. The funding responsibility and the associated liabilities belong to the DOE. If Battelle's contract with DOE is terminated, the DOE is responsible for providing the funding of the obligation and assigning the structure and administration of the benefit plans for the PNNL participants. The PNNL post retirement obligations for the years ended September 30, 2024 and 2023, are as follows:

| | 2024 | 2023 |
|--|----------------------|----------------------|
| PNNL postretirement benefit obligations: | | |
| Current retirees | \$ 33,992,321 | \$ 33,138,472 |
| Other participants fully eligible for benefits | 10,862,117 | 9,110,964 |
| Participants not yet fully eligible for benefits | <u>29,259,995</u> | <u>25,077,474</u> |
| PNNL postretirement benefit obligations | <u>\$ 74,114,433</u> | <u>\$ 67,326,910</u> |

Changes in the PNNL postretirement benefit obligations for the year ended September 30, 2024, are as follows:

| | |
|---|----------------------|
| PNNL postretirement benefit obligations: | |
| Balance — beginning of year | \$ 67,326,910 |
| Increase (Decrease) in postretirement benefits attributable to: | |
| Benefits earned and other changes | 213,348 |
| Increases due to passage of time | 4,034,142 |
| Claims reclassified to amounts currently payable | (7,287,612) |
| Participant contributions | 2,348,955 |
| Changes in actuarial assumptions and plan benefits ¹ | <u>7,478,690</u> |
| PNNL postretirement benefit obligations — end of year | <u>\$ 74,114,433</u> |

¹The discount rate decreased from 6.22% as of September 30, 2023 to 5.15% as of September 30, 2024. The claims cost and retiree contributions (employer subsidy) were updated to reflect updated plan enrollment and experience. The health care cost trend rates were updated to reflect the updated DOE guidance. The following demographic assumptions were updated based on the results of an experience study performed in 2024: withdrawal rates, retirement rates, percent married at retirement, spousal age difference for females, plan participation, and persistency.

Effect of 1% change in trend rates on accumulated postretirement benefit obligation at year end:

| | |
|-------------------------------|-------------------------------------|
| | Plan year ending September 30, 2024 |
| One-percentage point increase | 2,924,458 |
| One-percentage point decrease | (2,611,390) |

The postretirement benefit obligation represents the actuarial present value of those estimated future benefits that are attributed by the terms of the Plan to employee service rendered to the date of the financial statements (modified cash basis), reduced by the actuarial present value of contributions expected to be received in the future from current Plan participants. Postretirement benefit obligations include future benefits expected to be paid to or for (1) currently retired employees and their beneficiaries and dependents, and (2) active employees and their beneficiaries and dependents after retirement from service. Prior to an active employee's full eligibility date, the postretirement benefit obligations represent the portion of the expected postretirement benefit obligations that is attributable to that employee's service rendered to the valuation date. The postretirement benefit obligations represent the amount that is to be funded by contributions and from existing Plan assets.

The actuarial present value of the expected postretirement benefit obligations are determined by an actuary and are the amounts that result from applying actuarial assumptions to historical claims data in order to estimate future annual incurred claims costs per participant, with such estimates adjusted for the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as those of death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment, as well as adjusted to reflect the portion of those costs expected to be borne by retired participants who are eligible for Medicare.

The reported values do not reflect any amount associated with any subsidy provided by the Medicare Prescription Drug Improvement and Modernization Act of 2003 (the "Act"). Any drug benefit resulting from this Act will be used to decrease retirees' contributions and not the employer subsidy, thereby causing no net effect of the Act on the Plan.

Mortality table assumptions for the valuations as of September 30, 2024 and 2023 are as follows:

Healthy lives:

2024: Pri-2012 generational white collar separate annuitant and non-annuitant healthy mortality tables projected using scale MP-2021.

2023: Pri-2012 generational white collar separate annuitant and non-annuitant healthy mortality tables projected using scale MP-2021.

Disabled lives:

2024: Pri-2012 generational combined annuitant and non-annuitant disabled mortality tables projected using scale MP-2021.

2023: Pri-2012 generational combined annuitant and non-annuitant disabled mortality tables projected using scale MP-2021.

The other significant assumptions used in the valuation of postretirement benefit obligations as of September 30, 2024 and 2023, are as follows:

| | 2024 | 2023 |
|---|-------------|-------------|
| Weighted-average discount rate Columbus | 4.66% | 6.01% |
| Weighted-average discount rate PNNL | 5.15% | 6.22% |
| Long term rate of return Columbus | 1.75% | 1.75% |
| Long term rate of return PNNL | N/A | N/A |

The foregoing 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 the postretirement benefit obligations.

6. PARTY-IN-INTEREST TRANSACTIONS

Parties-in-interest are defined under Department of Labor regulations as any fiduciary of the Plan, any party rendering service to the Plan, the employer, and certain others. Certain administrative functions are performed by officers or employees of the Company. Some administrative expenses of the Plan are paid directly by the Company. The Plan paid certain administrative fees to the trustee, third-party administrator, the auditor, and various investment managers which qualify as party-in-interest transactions.

Certain investments of the Trust Fund are shares of money market funds managed by Northern Trust. Northern Trust is the trustee as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions.

7. PLAN TERMINATION

Although the employer has not expressed any intent to terminate the Plan, it may do so at any time upon adequate advance notice to participants. If the Plan is terminated, assets of the Plan, to the extent available, will be applied against claims. Any claims incurred prior to the date of termination that are unpaid upon the exhaustion of Trust Fund assets will be paid by the Plan sponsor.

8. TAX STATUS

The Trust Fund established under the Plan to hold the Plan's net assets is qualified pursuant to Section 501(c)(9) of the Internal Revenue Code (IRC) and, accordingly, the Trust Fund's business-related net investment income is exempt from income taxes. The Trust Fund has obtained an exemption letter dated June 25, 1975, from the Internal Revenue Service (IRS), and the Plan sponsor believes that the Trust Fund, as amended, continues to qualify and to operate in accordance with the applicable requirements of the IRC.

GAAP requires the Plan administrator 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 concluded that as of September 30, 2024, there were no uncertain tax positions taken or expected to be taken that would require recognition as a liability or disclosure in the financial statements (modified cash basis).

The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

9. SUBSEQUENT EVENTS

Plan management has performed an evaluation of subsequent events through July 14, 2025, which is the date the financial statements were available for issuance.

* * * * *

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR
Form 5500, Schedule H, Part IV, Line 4i

Battelle Memorial Institute Medical Plan for BMI Retirees

EIN: 31-4379427
Plan Number 539

September 30, 2024

| (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 | (d) Cost | (e) Current Value |
|-----|--|---|---------------------|-------------------------|
| * | Northern Trust Company | Plan Interest in Master Trust | \$ 2,202,822 | \$ 2,202,822 |
| | Total Investments | | <u>\$ 2,202,822</u> | <u>\$ 2,202,822</u> |

* Party-in-interest to the Plan.

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR
Form 5500, Schedule H, Part IV, Line 4i

Battelle Memorial Institute Medical Plan for BMI Retirees

EIN: 31-4379427
Plan Number 539

September 30, 2024

| (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 | (d) Cost | (e) Current Value |
|-----|--|---|---------------------|-------------------------|
| * | Northern Trust Company | Plan Interest in Master Trust | \$ 2,202,822 | \$ 2,202,822 |
| | Total Investments | | <u>\$ 2,202,822</u> | <u>\$ 2,202,822</u> |

* Party-in-interest to the Plan.

| | |
|--|---|
| Part I | Annual Report Identification Information |
| For calendar plan year 2023 or fiscal plan year beginning <u>10/01/2023</u> and ending <u>09/30/2024</u> | |
| A | This return/report is for: <input type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) |
| B | This return/report is: <input checked="" type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) _____ <input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report <input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months) |
| C | If the plan is a collectively-bargained plan, check here ▶ <input type="checkbox"/> |
| D | Check box if filing under: <input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program <input type="checkbox"/> special extension (enter description) |
| E | If this is a retroactively adopted plan permitted by SECURE Act section 201, check here ▶ <input type="checkbox"/> |

| | |
|---|--|
| Part II Basic Plan Information - enter all requested information | |
| 1a Name of plan BATTELLE MEMORIAL INSTITUTE MEDICAL PLAN FOR BMI RETIREES | 1b Three-digit plan number (PN) ▶ 539 |
| | 1c Effective date of plan 01/01/2003 |
| 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, ROOM 11-6-125 COLUMBUS OH 43201 | 2b Employer Identification Number (EIN) 31-4379427 |
| | 2c Plan Sponsor's telephone number 614-424-6350 |
| | 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 | | 07/15/2025 | 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 |

| | |
|--|--|
| 3a Plan administrator's name and address <input checked="" type="checkbox"/> 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 | 276 |
|---|----------|-----|

| | | |
|---|--------------|-----|
| 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 a (2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits f Total. Add lines 6d and 6e g (1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) (2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested | | |
| | 6a(1) | |
| | 6a(2) | |
| | 6b | 233 |
| | 6c | |
| | 6d | 233 |
| | 6e | |
| | 6f | |
| | 6g(1) | |
| | 6g(2) | |
| | 6h | |

| | | |
|--|----------|--|
| 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:

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

4A 4Q

| | |
|--|---|
| 9a Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input checked="" type="checkbox"/> General assets of the sponsor | 9b Plan benefit arrangement (check all that apply) (1) <input checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input checked="" type="checkbox"/> 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)

| | |
|---|---|
| <p>a Pension Schedules</p> <p>(1) <input type="checkbox"/> R (Retirement Plan Information)</p> <p>(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary</p> <p>(3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary</p> <p>(4) <input type="checkbox"/> DCG (Individual Plan Information) - Number Attached _____</p> <p>(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)</p> | <p>b General Schedules</p> <p>(1) <input checked="" type="checkbox"/> H (Financial Information)</p> <p>(2) <input type="checkbox"/> I (Financial Information - Small Plan)</p> <p>(3) <input type="checkbox"/> A (Insurance Information) - Number Attached _____</p> <p>(4) <input checked="" type="checkbox"/> C (Service Provider Information)</p> <p>(5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information)</p> <p>(6) <input type="checkbox"/> G (Financial Transaction Schedules)</p> |
|---|---|

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 2023 Form M-1 annual report. If the plan was not required to file the 2023 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 _____