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Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

Open

2008

OMB No 1545-0047

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

Open to Public Inspection

Check if		, , , , , , , , , , , , , , , , , , , ,	r, or tax year beginning 06-01-2008			D. E I I d	A16 A1
	applicable	Please	C Name of organization The Jackson Laboratory			D Employer ider	itification number
Address of	change	use IRS label or	,			01-0211513	
– Name ch	ange	print or	Doing Business As			E Telephone nui	mber
– Initial ret	urn	type. See Specific	Number and street (or P O box if mail is	not delivered to street addre	oss) Doom/suite	(207) 288-6	000
– Terminat	ion	Instruc- tions.	600 MAIN STREET PO BOX 9741	not delivered to street addre	ess) Room/suite	G Gross receipts	\$ \$ 171,857,987
_		tions.					
Amended —			City or town, state or country, and ZIP + BAR HARBOR, ME 04609	4			
Application	on pending						
			ne and address of Principal Officer		H(a) Is this	a group return i	for
			JENSEN AIN STREET PO BOX 9741		affiliat	es?	┌Yes ┌ No
			ARBOR, ME 04609		H/h) And all	affiliates included	ır
Tax-exe	mpt status		(3) ◀ (insert no)	527			See instructions)
Wahai	te:► www				- ·	o, attach a list o Exemption Nun	•
Websi	te: F www	y jax org			11(0)		
Type of o	manization	✓ Corporat	on trust association other		L Year of For	mation 1929 M 9	State of legal domicile ME
r Type of o	rgamzation	Corporat	on trast, association, other p		TE rear or ror	1929 110	vate of legal dofficile. The
	_						
Part I							
1	Briefly d	escribe th	e organization's mission or most sig	nificant activities			
3			E GENETIC BASIS FOR PREVENT			AN DISEASE, A	ND WE ENABLE
2	RESEAR	RCHAND	EDUCATION FOR THE GLOBAL BIG	DMEDICAL COMMUNI	TY		
5 2		,	ıf the organızatıon dıscontınued ıts c				
	Number	of voting r	nembers of the governing body (Part	VI, line 1a)		з _	23
5 5 6	Number	ofindepen	dent voting members of the governii	ng body (Part VI, line 1	b)	. 4 _	21
5	Total nu	mber of en	nployees (Part V, line 2a)			5 _	1,656
6	Total nu	mber of vo	lunteers (estimate if necessary) .			6 _	160
t 7a	Total gr	oss unrela	ted business revenue from Part VIII	, line 12, column (C)		7a	-16,255
ь	Net unre	elated busi	ness taxable income from Form 990	-T, line 34		7b	-16,843
					Prio	r Year	Current Year
8	Contrib	outions and	grants (Part VIII, line 1h)		66,103,830	66,396,577	
			revenue (Part VIII, line 2g)		91,560,119	99,510,326	
9 10 11 11 11 11 11 11 11 11 11 11 11 11	_		ne (Part VIII, column (A), lines 3, 4			3,974,439	5,250,457
Ž 11			art VIII, column (A), lines 5, 6d, 8c			-2,967,316	139,765
			id lines 8 through 11 (must equal Pa			-2,907,310	139,703
12	12)	evenue—a	du illies o tillough II (must equal Fa	art viii, colullii (A), iiii		158,671,072	171,297,125
13	Grants	and simila	r amounts paid (Part IX, column (A)	, lines 1–3)		0	C
14	Benefit	s paid to d	r for members (Part IX, column (A),	line 4)		0	0
15			mpensation, employee benefits (Pai		5 –		
8 -	10)	-,		,		92,989,663	97,883,221
∑ 16a	Profess	sional fund	raısıng fees (Part IX, column (A), lın	e 11e)		О	C
SE 16a 16a b	(Total fu	ındraisina ex	penses, Part IX, column (D), line 25 ^{1,884,4}	49			
[∐] ₁₇	,		Part IX, column (A), lines 11a-11d			68,424,039	66,137,515
				•		161,413,702	164,020,736
		xpenses—	add lines 13-17 (must equal Part I)	K. line 25. column (A.))	1		10.,020,700
18	Total e		add lines 13–17 (must equal Part I)		1	· · ·	7 276 390
18 19	Total e		add lines 13–17 (must equal Part I) enses Subtract line 18 from line 12			-2,742,630	
18 19	Total e Revenu	ie less exp	enses Subtract line 18 from line 12		Beginnii	-2,742,630 ng of Year	End of Year
18 19	Total e Revenu	ie less exp			Beginnii	-2,742,630	End of Year
18 19	Total e Revenu Total a	ue less exp ssets (Pai	enses Subtract line 18 from line 12		Beginni	-2,742,630 ng of Year	End of Year 340,180,669
18 19	Total e Revenu Total a Total II	ssets (Parabilities (F	t X, line 16)		Beginni	-2,742,630 ng of Year 368,986,091	End of Year 340,180,669 121,958,983
18 19	Total e Revenu Total a Total II Net ass	ssets (Parabilities (F	t X, line 16) Part X, line 26) d balances Subtract line 21 from lin		Beginni	-2,742,630 ng of Year 368,986,091 125,731,810	End of Year 340,180,669 121,958,983
18 19 5000 20 5000 20 20 20 20 21 21 22	Total e Revenu Total a Total II Net ass Signa Under pe	ssets (Par abilities (F sets or fun ature Blo	t X, line 16) art X, line 26) d balances Subtract line 21 from line ock rjury, I declare that I have examined this re	e 20 turn, including accompanying	Beginnii 3	-2,742,630 ng of Year 368,986,091 125,731,810 243,254,281 catements, and to the	End of Year 340,180,669 121,958,983 218,221,686
18 19 Seogle 20 20 20 21 21 22 Part III	Total e Revenu Total a Total II Net as: Signa Under pe and belie	ssets (Parabilities (Fasets or fundature Blocalities of peef, it is true, or	t X, line 16) Part X, line 26) d balances Subtract line 21 from line 12	e 20 turn, including accompanying	Beginnii 3	-2,742,630 ng of Year 368,986,091 125,731,810 243,254,281 catements, and to the	End of Year 340,180,669 121,958,983 218,221,686 e best of my knowledge
18 19 Second 20 20 21 21 Part III	Total e Revenu Total a Total II Net as: Signa Under peand belie *****	ssets (Parabilities (Fasets or fundature Blocalities of peef, it is true, o	t X, line 16) Part X, line 26) d balances Subtract line 21 from line OCK Trury, I declare that I have examined this recorrect, and complete Declaration of prepare	e 20 turn, including accompanying	Beginning 3	-2,742,630 ng of Year 368,986,091 125,731,810 243,254,281 catements, and to the on of which prepare	End of Year 340,180,669 121,958,983 218,221,686 e best of my knowledge
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Part III Statement of Program Service Accomplishments (See the instructions.)

1	Briefly describe the organization's mission WE DISCOVER THE GENETIC BASIS FOR PREVEI BIOMEDICAL COMMUNITY	NTING, TREATING AND C	CURING HUMAN DISEASE,	and we enable research and ei	DUCATION FOR THE GLOBAL
2	Did the organization undertake any significant the prior Form 990 or 990-EZ?		ervices during the yea	r which were not listed on	
	If "Yes," describe these new services	on Schedule O			•
3	Did the organization cease conducting services?		t changes in how it co	nducts any program	┌ Yes ┌ No
	If "Yes," describe these changes on S	chedule O			
4	Describe the exempt purpose achieve Section 501(c)(3) and (4) organizatio others, the total expenses, and reveni	ns and 4947(a)(1)	trusts are required to	report the amount of grants a	
4a	(Code) (Expenses \$ *Genetic Resource* PLEASE SEE SCHEDULE (including grants of \$) (Revenue \$	98,703,969)
4b	(Code) (Expenses \$ *Research* PLEASE SEE SCHEDULE O FOR D		including grants of \$	60,764,279) (Revenue \$	61,467,896)
4c	(Code) (Expenses \$ *Training* PLEASE SEE SCHEDULE O FOR DE		including grants of \$	198,765) (Revenue \$	630,631)
4d	Other program services (Describe ii (Expenses \$	n Schedule O) including grants o	f\$) (Revenue \$)
4e	Total program service expenses \$	130,076,80		(, Line 25, column (B).	

art IV	Che	cklist	of Re	eauired	Sche	dules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	Yes	
5	Section $501(c)(4)$, $501(c)(5)$, and $501(c)(6)$ organizations. Is the organization subject to the section $6033(e)$ notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part 🗸	10	Yes	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII .	12	Yes	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a	Yes	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		No
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νo
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νο
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Νo
22	Did the organization report more than \$5,000 on Part IX, column (A), line $2?$ If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Νο
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	_	No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No

Part VI

Part IV Checklist of Required Schedules (Continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV	28a	Yes	
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b	Yes	
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV.	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🕏	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? <i>If</i> " <i>Yes," complete Schedule R, Part I</i>	33		Νo
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		Νo
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		No
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	37		No

Pai	rt V Statements Regarding Other IRS Filings and Tax Compliance				
				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal				
	of U.S. Information Returns. Enter -0- if not applicable				
	1a	120			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable				
	<u>1b</u>	0			
С	Did the organization comply with backup withholding rules for reportable payments to ver gaming (gambling) winnings to prize winners?	ndors and reportable	1c	Yes	
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax</i>	1		103	
Za	Statements filed for the calendar year ending with or within the year covered by this				
	return	1,656			
b	If at least one is reported in 2a, did the organization file all required federal employment		21.	V	
-	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this retu	F	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the return?	year covered by this	За	Yes	
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule	0	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signat	<u>-</u>			
	over, a financial account in a foreign country (such as a bank account, securities accoun		4a	Yes	
_	account)?			1 65	
Ь	The rest enter the name of the foreign country	of Foreign Park and			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , Report Financial Accounts.	oi roreign Bank and			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during th	e tax vear?	5a		Νο
	Did any taxable party notify the organization that it was or is a party to a prohibited tax s	·			No
		-	5b		.,,
С	If "Yes," to 5a or 5b, did the organization file Form 8886-T, <i>Disclosure by Tax-Exempt Ent Tax Shelter Transaction</i> ?	ty Regarding Prohibited	5c		
6a	Did the organization solicit any contributions that were not tax deductible?	[6a		Νo
b	If "Yes," did the organization include with every solicitation an express statement that so	ıch contributions or gifts			
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).		_		
а	Did the organization provide goods or services in exchange for any quid pro quo contribu more?	tion of \$75 or	7a	Yes	
Ь	If "Yes," did the organization notify the donor of the value of the goods or services provid	ed?	7b	Yes	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property fo	r which it was required to			
	file Form 8282?		7c		Νo
d	If "Yes," indicate the number of Forms 8282 filed during the year				
_	Did the organization, during the year, receive any funds, directly or indirectly, to pay prei	nume on a narconal			
_	benefit contract?		7e		Νo
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal	penefit contract?	7f		Νo
g	For all contributions of qualified intellectual property, did the organization file Form 8899	as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a	Form 1098-C as			
	required?		7h		
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and se				
	supporting organizations. Did the supporting organization, or a fund maintained by a spone excess business holdings at any time during the	foring organization, nave	8		
	year?	<u></u>	•		
9	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds.				
а	Did the organization make any taxable distributions under section 4966?		9a		Νo
Ь	Did the organization make a distribution to a donor, donor advisor, or related person? .		9b		Νo
10	Section 501(c)(7) organizations. Enter				
	Initiation fees and capital contributions included on Part VIII, line 12 10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities				
	Idellities				
11	Section 501(c)(12) organizations Enter				
а	Gross income from members or shareholders				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu	of Form 1041?	12a		
Ь	If "Yes," enter the amount of tax-exempt interest received or accrued during the year				
	,				

Section A. Governing Body and Management

No

Yes

10

11

Yes

Νo

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances,
processes, or changes ın Schedule O. See ınstructions.

Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations

must describe in Schedule O the process, if any, the organization uses to review the Form 990 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O

	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
La	Enter the number of voting members of the governing body 1a 23			
Ь	Enter the number of voting members that are independent 1b 21			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		Νο
1	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		No
5	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
Ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		No
3	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	the governing body?	8a	Yes	
Ь	each committee with authority to act on behalf of the governing body?	8b	Yes	
Эа	Does the organization have local chapters, branches, or affiliates?	9a		Νo
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13 \cdot .	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
а	The organization's CEO, Executive Director, or top management official?	15a	Yes	
b	Other officers or key employees of the organization?	15b	Yes	
	Describe the process in Schedule O			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
		1		

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed CA, FL, ME, NY, PA
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply ✓ own website ✓ another's website ✓ upon request
- Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization

LINDA JENSEN 600 MAIN STREET BARHARBOR, ME 04609 (207) 288-6108

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

Check this box if the organization did not compensate any officer, director, trustee or key employee

- * List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- * List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- * List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- * List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

The check this box in the organization and i	(B) Average hours per week	(C) Position (check all that apply)							(E)	(F)
(A) Name and Title		Reportable compensation from the organizations	Reportable compensation from the organization (W-	Estimated amount of other compensation from the organization and related organizations						
							_			

Part VII Continued

		(C) Position (check all that apply)							(E)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Drector	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
			-							
			+							
			1							
				\vdash						
				Ш.			<u> </u>	2,891,020) 0	577,996

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ►78

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
COLUMBUS IT PARTNERS 750 WASHINGTON BOULEVARD 5TH FLOOR STAMFORD, CT 06901	IT CONSULTING	2,409,459
PRINCIPAL FINANCIAL GROUP PO BOX 10327 DES MOINES, IA 503060327	RETIREMENT PLAN SVC	264,513
KPMG LLP 99 HIGH STREET BOSTON, MA 021102371	AUDITING	226,500
WOLF GREENFIELD SACKS PC 600 ATLANTIC AVENUE BOSTON, MA 022102206	LEGAL	167,025
ZANETT INC 5629 PAYSPHERE CIRCLE CHICAGO, IL 60674	IT CONSULTING	133,162
2 Total number of independent contractors (including those in 1) who rec	. , ,	18

Form 9 Par VIII	t	Statement o	f Revenue					Page !
					(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
14 -	1a	Federated car	npaigns 1a	·				
ants Ints	ь	Membership d						
g ge	С	Fundraising e	1b vents	1,160,776				
ज्ञें स	d	Polated organ	1c izations					
nia Bin	e		nts (contributions) 1e					
î Si	f	_	tions, gifts, grants, and	2,354,450		ł		
ë Fe		sımılar amounts ı	not included above 1f					
Contributions, gifts, grants and other similar amounts	g		ributions included in					
ರ∺	h	lines 1a-1f \$	94,616 es 1a-1f)		66,396,577			
		•		Business Code				
ille	2a	GENETIC RESOU	RCES	900,099	98,703,969	98,703,969		
even	ь	TRAINING & EDU	CATION	900,099	630,631	630,631		
or Ag	с	OTHER PROGRAM	1 INCOME	900,099	175,726	175,726		
rwc	d							
ž	e							
Program Service Revenue	f	All other prog	ram service revenue					
<u>₹</u>	g		es 2a-2f					
	3	► \$ 99,510,32	26 Icome (including divi	dands interest				
			amounts)	ľ	3,667,806		-16,255	3,684,06
	4		estment of tax-exempt b	▶	0			
			estiment of tax exempt b	• • •				F(0, (2)
	5	Royalties .	(ı) Real	(II) Personal	569,627			569,62
	6a	Gross Rents	(I) Real	(II) Personal				
	ь	Less rental expenses						
	c	Rental income						
	d	or (loss) Net rental inc	Lome or (loss)					
			(ı) Securities	(II) O ther				
	7a	Gross amount	1,582,651	(ii) o tilo.				
		from sales of assets other						
	ь	than inventory Less cost or						
		other basis and sales expenses						
	C	Gain or (loss)	1,582,651		1,582,651			1,582,65
	d	Net gain or (lo		. ▶	1,362,031			1,362,03
	8a	Gross income events (not in	from fundraising					
۸.		•	31,000					
ř		of contribution 1c) See Part	ns reported on line IV . line 18					
eve		Attach Schedui	le G ıf total exceeds					
r. Cr			a	1,100,770				
Other Revenue	b c		xpensesb (loss) from fundrais		-429,862	-429,862		
0	9a	Gross income		<u> </u>				
			e part IV , line 19 dule G if total 00					
	Ь	Less directe	axpensesb					
	с		· · (loss) from gaming		0			
	10a	Gross sales o	f inventory, less					
		returns and al						
			a					
	b c		goods sold b · (loss) from sales of		0			
		Miscellaneou		Business Code	-			
	11a							
	ь							
	С							
	d	All other reve	nue					
	e	Total. Add line	es 11a-11d	\$				
	12	Total Revenue	e. Add lines 1h, 2g, 3		171,297,125	99,080,464	-16,255	5,836,339
		8c,	, , , , , , , , , , , , , , , , , , ,					

Part IX Statement of Functional Expenses

A	Section 501(c)(3) and 501(c)(4) orgalised by the section 501(c)(3) and 501(c)(4) orgalised by the section 501(c)(4) organizations must complete column (A) but are not reference to the section of the se				
Do r	not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	0			·
2	Grants and other assistance to individuals in the U S See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations and individuals outside the U.S. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	2,414,892	500,959	1,913,933	
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	69,684,330	55,482,905		714,279
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	6,098,057	4,899,118	1,136,434	62,505
9	Other employee benefits	14,616,586	11,236,985	3,068,895	310,706
10	Payroll taxes	5,069,356	4,086,509	930,886	51,961
11	Fees for services (non-employees)				
а	Management	0			
b	Legal	417,795	18,054	390,735	9,006
c	Accounting	206,263		206,263	
d	Lobbying	97,004		97,004	
e	Professional fundraising See Part IV, line 17	0			
f	Investment management fees	0			
g	Other	2,535,564	1,453,668	1,005,299	76,597
12	Advertising and promotion	459,271	335,790	68,900	54,581
13	Office expenses	870,676	565,095	257,847	47,734
14	Information technology	2,135,845	1,644,814	486,973	4,058
15	Royalties	0			
16	Occupancy	12,919,519	9,838,956	3,018,952	61,611
17	Travel	2,620,354	2,088,035	412,872	119,447
18	Payments of travel or entertainment expenses for any Federal, state or local public officials	0			
19	Conferences, conventions and meetings	457,881	273,761	183,572	548
20	Interest	2,346,770	1,822,211	517,790	6,769
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	18,933,626	14,816,122	3,913,538	203,966
23	Insurance	1,021,752	821,846	174,216	25,690
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а	OTHER SERVICES	1,006,957	686,568	320,389	
b		644,230	644,230	-,	
c	SUPPLIES	14,639,403	14,562,011	67,020	10,372
d	EQUIPMENT RENTAL & MAINTENANCE	4,586,316	4,194,453	267,244	124,619
e	OTHER EXPENSES	238,289	104,714	133,575	· · · · · · · · · · · · · · · · · · ·
f	All other expenses		·		
25	Total functional expenses. Add lines 1 through 24f	164,020,736	130,076,804	32,059,483	1,884,449
26	Joint Costs. Check I if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	,,	, , ,	, 1,111	, ,,,,,

Part X	Balance	Sheet
	Dalalice	SHEEL

						(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing				25,000	1	25,000
	2	Savings and temporary cash investments				38,468,799	2	56,447,702
	3	Pledges and grants receivable, net				4,359,064	3	5,161,632
	4	Accounts receivable, net				11,561,881	4	12,472,689
	5	Receivables from current and former officers, directors, trusted other related parties Complete Part II of Schedule L	oyees or		5			
	6	Receivables from other disqualified persons (as defined under persons described in section 4958(c)(3)(B) Complete Part II c					6	
	7	Notes and loans receivable, net					7	
	8	Inventories for sale or use				1,061,550	8	1,511,304
22	9	Prepaid expenses and deferred charges				521,227	9	737,010
Assets	10a	Land, buildings, and equipment cost basis	1	1				
⋖	_		10a	-	350,070,211			
	b	Less accumulated depreciation <i>Complete Part VI of</i> Schedule D	10ь		143,985,829	186,759,590	10c	206,084,382
	11	Investments—publicly traded securities		٠.		97,192,061	11	53,411,896
	12	Investments—other securities See Part IV, line 11 Complete Schedule D	Part VI	I of			12	
	13	Investments—program-related See Part IV, line 11 Complete	Part VI	III				
		of Schedule D					13	
	14	Intangible assets				20.020.040	14	4,329,054
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule D	е			29,036,919	15	4,329,034
	16	Total assets. Add lines 1 through 15 (must equal line 34)				368,986,091	16	340,180,669
	17	Accounts payable and accrued expenses .				21,165,853	17	20,868,721
	18	Grants payable					18	
	19	Deferred revenue				6,452,079	19	4,386,293
_	20	Tax-exempt bond liabilities		91,858,784	20	83,283,840		
<u> </u>	21	Escrow account liability Complete Part IV of Schedule D					21	_
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified						
ä		persons Complete Part II of Schedule L					22	
	23	Secured mortgages and notes payable to unrelated third partie	es .				23	
	24	Unsecured notes and loans payable					24	
	25	Other liabilities Complete Part X of Schedule D		6,255,094	25	13,420,129		
	26	Total liabilities. Add lines 17 through 25				125,731,810	26	121,958,983
S ⊕ S		Organizations that follow SFAS 117, check here ▶ 🔽 and come through 29, and lines 33 and 34.	iplet e l	lines 2	27			
Balance	27	Unrestricted net assets				216,486,473	27	196,961,563
8	28	Temporarily restricted net assets				18,821,393	28	13,271,207
Ξ	29 Permanently restricted net assets						29	7,988,916
Fund		Organizations that do not follow SFAS 117, check here ► ┌ a	and con	mplete				
ö		lines 30 through 34.						
	30	Capital stock or trust principal, or current funds					30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund		•			31	
	32	Retained earnings, endowment, accumulated income, or other	tunds			240.0=4.0=4	32	240 254 555
Net	33	Total net assets or fund balances				243,254,281	33	218,221,686
	34	Total liabilities and net assets/fund balances	•			368,986,091	34	340,180,669
Pa	rt XI	Financial Statements and Reporting						

Dowl VI	Financial	Ctatamanta	and Reporting
7.11.5	l Financiai	Statements	and Reporting

1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits?	3b	Yes	

Employer identification number

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)nonexempt charitable trusts. Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No 1545-0047

Open to Public Inspection

The J	ackson	Laboratory										
									-021151			
	rt I			harity Status (to be co	•				Instruct	ions)		
	organı:		•	ation because it is (Please				-				
1	<u> </u>	•		iurches, or association of ch			Section :	170(Ь)(1)((A)(i).			
2	<u> </u>			i on 170(b)(1)(A)(ii). (Attac								
3		A hospital	or a cooperative	e hospital service organizati	on descri	bed in Sec	tion 170(b)(1)(A)(i	ii). (Attac	h Schedul	le H)	
4	Г	A medical i	research organı	zatıon operated ın conjunctı	on with a	hospital d	escribed i	n Section	170(b)(1)	(A)(iii). E	nter the	
			name, city, and									
5	Γ	An organiza	atıon operated f	or the benefit of a college or	universit	y owned o	r operated	d by a gove	ernmental	unıt desc	rıbed ın	
		Section 170	D(b)(1)(A)(iv).	(Complete Part II)								
6	Γ	A federal, s	tate, or local go	overnment or governmental	unıt desci	rıbed ın Se	ct ion 170	(b)(1)(A)	(v).			
7	굣	An organiza	ation that norma	ally receives a substantial p	art of its	support fro	m a gove	rnmental u	ınıt or fron	n the gene	ral publ	ıc
		described i	n Sect ion 170(b))(1)(A)(vi) (Complete Par	tII)							
8	Γ	A communi	ty trust describ	ed in Section 170(b)(1)(A)	(vi) (Con	nplete Par	tII)					
9	Γ	An organiza	ation that norma	ally receives (1) more than	3 3 1/3% 0	of its supp	ort from c	ontributior	ıs, membe	rship fees	, and gr	oss
		receipts fro	m activities rel	ated to its exempt functions	s—subject	to certair	n exceptio	ns, and (2) no more	than 331/	'3% of	
		ıts support	from gross inve	estment income and unrelate	ed busine:	ss taxable	ıncome (less sectio	on 511 tax	() from bu	sinesse	5
		acquired by	the organization	on after June 30, 1975 See	Section 5	609(a)(2).	(Complet	e Part III)			
10	Γ	An organiza	atıon organızed	and operated exclusively to	test for p	ublic safe	ty See S e	ection 509((a)(4). (Se	ee instruc	tions)	
11	Γ	An organiza	atıon organızed	and operated exclusively fo	r the bene	efit of, to p	erform the	functions	of, or to o	arry out t	he purpo	ses of
		one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See Section 509(a)(3). Check										
		the box that describes the type of supporting organization and complete lines 11e through 11h a Type I b Type II c Type III - Functionally Integrated d Type III - Other										
_	_	·						_	d	, ,,		
е	ı	•		rtify that the organization is agers and other than one or			•			•	•	
		section 50		agers and other than one or	more pub	nely supp	orteu orga	inzacions .	acsembed	III Section	, 303 (u)	(1)01
f		If the organ	nization receive	d a written determination fro	m the IRS	5 that it is	a Type I,	Type II o	r Type III	supportin	ng organ	ızatıo <u>n,</u>
		check this						6.1				Г
g		following pe		as the organization accepted	d any gift	or contrib	ution from	any of the)			
				r indirectly controls, either a	alone or to	ogether wi	th person:	s describe	d ın (ıı)		Yes	No
			•	ng body of the the supported		=	•		` ,	11g		No
			· -	erson described in (i) above	_					11g(No
		• •	•	• •		hove?						No
h		(iii) a 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the organizations the organization supports										
			3			,						
	(i) Na	ame of	(ii) EIN	(iii) Type of organization	(iv) 1	s the	(v) Did y	ou notify	(vi) I	s the	(vii) A	mount of
	Supp	orted		(described on lines 1-9	organiz	ation in	_	anızatıon	organiz	ation in	sup	port?
	0 rgar	nization		above or IRC section		listed in		i) of your		rganized		
				(See Instructions))		verning ment?	sup	port?	In the	US?		
					Yes	No	Yes	No	Yes	No	1	
					162	140	165	140	162	140		
							-				1	
							-					
								<u> </u>				

Total

Part II Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

	(Complete only if you chec	ked the box of	n line 5, 7, or	8 of Part I.)				
	ublic Support	T						
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	80,095,000	74,513,785	69,277,727	66,103,830	1	66,432,961	356,423,303
2	Tax revenues levied for the organization's benefit and either paid to or expended on							
3	its behalf The value of services or facilities furnished by a governmental unit to the							
	organization without charge	80,095,000	74,513,785	69,277,727	66,103,830		66,432,961	356,423,303
4 5	Total. Add line 1-3 The portion of total contribution by each	00,033,000	74,515,705	03,211,121	00,103,030		50,432,701	330,423,303
5	person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column							
6	(f) Public Support subtract line 5 from line 4							356,423,303
T	otal Support			•				
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
7	A mounts from line 4	80,095,000	3,024,253	69,277,727	66,103,830	(66,432,961	356,423,303
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar	1,710,054	3,024,253	3,670,171	989,728		536,580	9,930,786
9	sources Net income from unrelated business activities, whether or not the business is regularly carried on	13,531	192,895	97,530	17,935		-16,255	305,636
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)							
11	Total Support (Add lines 7 through 10)							366,659,725
12	Gross receipts from related activities, etc	(See instruction	s)			12		228,098,304
13	First Five Years. If the Form 990 is for the organization, check this box and stop here		rst, second, third	d, fourth, or fifth	tax year as a 5	01(c)(3)	▶┌
C	omputation of Public Support Perc							
14	Public Support Percentage for 2008 (line 6	column (f) dıvıd	ed by line 11 co	lumn (f))		14		97.208 %
15	Public Support Percentage for 2007 Sched	ule A , Part IV - A	, line 26f			15		96.889 %
	33 1/3% Test - 2008. If the organization did and stop here. The organization qualifies as	s a publicly supp	orted organizati	on				▶ ▽
17a	33 1/3% Test - 2007. If the organization dispose and stop here. The organization qualifies 10% Facts and Circumstances Test - 2008. The organization meets the "facts and circumstances and circumstances Test - 2007. The organization meets the "facts and circumstances Test - 2007. The organization meets the "facts and circumstances Test - 2007. The organization meets the "facts and circumstances Test - 2007.	es as a publicly s If the organization ots and circumst tances" test The If the organization ots and circumst	supported organ on did not check ances" test, che e organization qu on did not check ances" test, che	ization a box on line 1 eck this box and lalifies as a pub a box on line 1 eck this box and	3, 16a, or 16b a stop here. Exp licly supported 3, 16a, 16b, or stop here. Exp	and lind lain in organi 17a ai lain in	e 14 is 10 Part IV h ization nd line 15 Part IV h	ow the Is 10% or ow
18	the organization meets the "facts and circu Private Foundation. If the organization did							\ ► ►⊏

Pa	Support Schedule for On (Complete only if you ched				(2)		
	ction A. Public Support		_	,			
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	include any "unusual grants ") Gross receipts from admissions,						
2	merchandise sold or services performed,						
	or facilities furnished in any activity that						
	is related to the organization's tax-						
	exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business under						
	section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
_	organization without charge						
6	Total Add lines 1-5						
7a	A mounts included on lines 1, 2, and 3						
	received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of 1% of						
	the total of lines 9, 10c, 11, and 12 for						
	the year or \$5,000						
С	Total of lines 7a and 7b						
8	Public Support (Substract line 7c from						
_	line 6)						
То	tal Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	A mounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after 30 June, 1975		+				
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly						
	carried on						
12	Other income Do not include gain or loss						
	from the sale of capital assets						
	(Explain in Part IV)						
13	Total Support (Add lines 9, 10c, 11 and						
	12)						
14	First Five Years If the Form 990 is for the	organızatıon's fı	rst, second, thir	d, fourth, or fifth	ntax year as a 5	01(c)(3) organı	zation,
	check this box and stop here						▶ □
	manufaction of Dublic Compact Days						
15	mputation of Public Support Perc Public Support Percentage for 2008 (line		dod by line 12 o	olumn (fl)		T 4= T	
			•	.orumin (1))		15	
16	Public Support Percentage for 2007 Sche	dule A , Part IV -	A, line 27g			16	
		D					
Co	mputation of Investment Income Investment Income Percentage for 2008 (ne 13 column /f	<u> </u>	17	
				-	"	17	
ΤQ	Investment Income Percentage from 2007	ocnequie A , Pa	TLIV-A, IINE 2/	H		18	

19a 33 1/3% Tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line

17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **33 1/3% Tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

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

Schedule A (Form 990 or 990-EZ) 2008

▶□

Part IV	Supplemental Information. Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)							
	Facts and Circumstances Test							

Schedule A (Form 990 or 990-EZ) 2008

Software ID: Software Version:

EIN: 01-0211513

Name: The Jackson Laboratory

Form 990, Part VII - Section Aaa

Form 990, Part VII - Section Aaa										
			(C tion (hat a	chec		I			(5)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
David Baltimore PhD , Trustee	1 0	Х						0	0	0
Robert C Beck , Trustee	1 0	Х						0	0	0
David R Cabot , Trustee	1 0	Х						0	0	0
Kathleen A Corbet , Trustee	1 0	X						0	0	0
Ross E Dworman , Trustee	1 0	Х						0	0	0
David D Elliman , Trustee	1 0	Х						0	0	0
James J Gallogly , Trustee	1 0	Х						0	0	0
Peter Gerrity , Secretary	1 0	Х		Х				0	0	0
Richard S Gurin , Trustee	1 0	Х						0	0	0
William S Harwood Esq , Trustee	1 0	Х						0	0	0
Stewart J Hen , Trustee	1 0	Х						0	0	0
Leo A Holt , Trustee	1 0	Х						0	0	0
Weslie R Janeway , Trustee	1 0	Х						0	0	0
Marie J Langlois , Trustee	1 0	Х						0	0	0
Sam R Little , Trustee	1 0	Х						0	0	0
Terry R Magnuson PhD , Trustee	1 0	Х						0	0	0
Tom P Maniatis PhD , Trustee	1 0	Х						0	0	0
Edward L Samek , Treasurer	1 0	Х		Х				0	0	0
Shirley M Tilghman PhD , Trustee	1 0	Х						0	0	0
Tom S Volpe , Trustee	1 0	Х						0	0	0
Brıan Wruble , Chaırman	1 0	Х						0	0	0
Richard P Woychik PhD , President & CEO	40 0	Х		х				435,057	0	119,640
Richard S Lannamann , Trustee	1 0	Х						0	0	0
Charles E Hewett PHD , COO	40 0			Х				384,554	0	114,880
Michael E Hyde , Vice President of Advancement	40 0			х				272,236	0	39,366
Linda A Jensen , Chief Financial Officer	40 0			Х				269,739	0	53,279
Jana L Robinson , Assistant Secretary	40 0			Х				43,063	0	20,266
Ronald W Sucy , Assistant Treasurer	40 0			Х				114,629	0	28,912
Robert Braun PhD , Assoc Dir/Chair of Research	40 0				х			288,796	0	23,116
Aurobindo Nair PHD , General Manager JMS Marketing	40 0					х		269,937	0	47,367

Form 990, Part VII - Section Aaa

Torin 990, Fart VII Section Aut	•									
		Posit t	(C tion (hat a	chec)				(E)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
Susan D Airhart , Sr Director, Strategic Opp	40 0					х		190,953	0	25,156
Gary A Churchill PhD , Scientist, Faculty	40 0					х		186,694	0	35,716
Janan T Eppig PhD , Scientist, Faculty	40 0					Х		213,084	0	27,520
Kathy L V andegrift , General Manager JMS Operations	40 0					х		222,278	0	42,778

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

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

OMB No 1545-0047

Open to Public Inspection

To be completed by organizations described below. Attach to Form 990 or Form 990-EZ

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities)

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

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

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

If the organization answered "Yes." to Form 990, Part IV, Line 5 (Proxy Tax)

	me of the organization e Jackson Laboratory			Employer iden	itification number
	s suckson Euboratory			01-0211513	
ar		by all organizations exempt se the instructions for Schedule		n 501(c) and section	527
	Provide a description of the or	ganızatıon's dırect and ındırect polit	tical campaign act	tivities in Part IV	
2	Political expenditures				\$
3	Volunteer hours				
ar	t I-B To be completed I for Schedule C for d	by all organizations exempt letails.)	under sectio	n 501(c)(3). (See the	instructions
L	Enter the amount of any excis	e tax incurred by the organization ui	nder section 4955	5	\$
2	Enter the amount of any excis	e tax incurred by organization mana	gers under sectio	n 4955	\$
3	If the organization incurred in	a section 4955 tax, did it file Form	4720 for this year	r?	┌ Yes ┌ No
4a	Was a correction made?				┌ Yes ┌ No
b	If "Yes," describe in Part IV				
ar		by all organizations exempt s for Schedule C for details.)	under section	n 501(c), except sect	tion 501(c)(3).
L	Enter the amount directly exp	ended by the filing organization for s	ection 527 exem	pt function activities	\$
2	Enter the amount of the filing of 527 exempt funtion activities	nizations for section	\$		
3	Total of direct and indirect exc 1120-PO L, line 17b	empt function expenditures Add line	es 1 and 2 and en	ter here and on Form	\$
4	Did the filing organization file	Form 1120-POL for this year?			┌ Yes ┌ No
5	State the names, addresses a were made Enter the amount political contributions receive segregated fund or a political	g organızatıon's own ınterna olitical organızatıon, such a	l funds or were s a separate		
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's internal funds If none, enter - 0 -	(e) A mount of politic contributions receive and promptly and directly delivered to separate political organization If none enter -0-
		_			
		+			
		1	1		

	(election under sec	organizations exempt under section 501(tion 501(h)). (See the instructions for Schedul belongs to an affiliated group		768
	<u> </u>	checked box A and "limited control" provisions apply		
	Limits on Lo	bbying Expenditures— s" means amounts paid or incurred.)	(a) Filing Organization's Totals	(b) A ffiliated Group Totals
1a	Total lobbying expenditures to influe	nce public opinion (grass roots lobbying)		
b	Total lobbying expenditures to influe	nce a legislative body (direct lobbying)		
c	Total lobbying expenditures (add line	es 1a and 1b)		
d	Other exempt purpose expenditures			
е	Total exempt purpose expenditures	(add lines 1c and 1d)		
f	Lobbying nontaxable amount Enter to columns— If the amount on line 1e, column (a) or (b) is: Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,500,000 but not over \$17,000,000	The lobbying nontaxable amount is: 20% of the amount on line 1e \$100,000 plus 15% of the excess over \$500,000 \$175,000 plus 10% of the excess over \$1,000,000 \$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		
g	Grassroots nontaxable amount (ente	r 25% of line 1f)		
h	Subtract line 1g from line 1a Enter -	0 - If line g is more than line a		
i	Subtract line 1f from line 1c Enter -	0- ıf lıne f ıs more than lıne c		
j 	If there is an amount other than zero section 4911 tax for this year?	on either line 1h or line 1i, did the organization file Form	m 4720 reporting	┌ Yes ┌ No

4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 1a through 1f of the instructions.)

	Lobbying Expendit	ures During	4-Year Avera	ging Period		
	Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
2a	Lobbying non-taxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
С	Total lobbying expenditures					
d	Grassroots non-taxable amount					
e	Grassroots ceiling amount (150% of line d, column (e))					
f	Grassroots lobbying expenditures					

Part II-B	To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form
	5768 (election under section 501(h)). (See the instructions for Schedule C for details.)

		(a	1)	(b)
		Yes	No	A mount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	•		
а	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines c through i)?	Yes		
c	Media advertisements?		Νo	
d	Mailings to members, legislators, or the public?		Νo	
e	Publications, or published or broadcast statements?		Νo	
f	Grants to other organizations for lobbying purposes?		Νo	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		117,674
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?		Νo	
i	Other activities If "Yes," describe in Part IV		Νo	
j	Total lines 1c through			117,674
	11			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Νo	
b	If "Yes" enter the amount of any tax incurred under section 4912			
c	If "Yes" enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		No	
Dai	+ TH-A To be completed by all organizations exempt under section 501(c)(A)	Section	501/6	\/5\ or

Part III-A To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). (See the instructions for Schedule C for details.)

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

Part III-B To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes." (See the instructions for Schedule C for details.)

2	expenses for which the section 527(f) tax was paid).		
а	Current Year	2a \$	
Ь	Carryover from last year	2b \$	
c	Total	2c \$	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3 \$	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political		
	expenditure next year?	4 \$	
5	Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)	5 \$	

Part IV Supplemental Information

Dues, assessments and similar amounts from members

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

Ident if ier	Return Reference	Explanation
LOBBYING ACTIVITY BY NON- ELECTING 501(C)(3) ORGANIZATION		Advocacy activities in Washington, D C , and Maine are undertaken by the director of Office of Government Relations, at The Jackson Laboratory, and a consultant in Washington, D C , who works at the federal level on behalf of The Jackson Laboratory THE TOTAL LOBBYING EXPENSE FOR THE YEAR ENDED MAY 31, 2009 WAS \$117,674 \$97,004 WAS PAID TO A LOBBYING FIRM AND \$20,670 WAS AN ALLOCATION OF AN EMPLOYEE'S COMPENSATION FOR LOBBYING ACTIVITY

Part IV Supplemental I	nformation	
Ident if ier	Return Reference	Explanation

Schedule C (Form 990 or 990EZ) 2008

OMB No 1545-0047

Open to Public Inspection

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Name of the organization **Employer identification number** The Jackson Laboratory 01-0211513

Pa		anizations Maintaining Donor Acanization answered "Yes" to Form 99		inds or Accounts. Complete if the
	oi ge	inización answered res to rorm 55	(a) Donor advised funds	(b) Funds and other accounts
1	Total numbe	er at end of year		
2		Contributions to (during year)		
3	55 5	Grants from (during year)		
4		value at end of year		
5		ا anization inform all donors and donor advi	sors in writing that the assets held in don	or advised
•		ne organization's property, subject to the		☐ Yes ☐ No
6	used only fo impermissi	anization inform all grantees, donors, and or charitable purposes and not for the ben ble private benefit?	efit of the donor or donor advisor or other	☐ Yes ☐ No
		servation Easements. Complete		Form 990, Part IV, line 7.
1	Preser	of conservation easements held by the or vation of land for public use (e g , recreati tion of natural habitat vation of open space	on or pleasure)	historically importantly land area rtified historic structure
_				
2	•	nes 2a–2d ıfthe organızatıon held a qualı day ofthe tax year	fied conservation contribution in the form	of a conservation easement
		,		Held at the End of the Year
а	Total num	ber of conservation easements		2a
b	Total acre	age restricted by conservation easement:	5	2b
c	Number of	conservation easements on a certified hi	storic structure included in (a)	2c
d	Number of	conservation easements included in (c) a	icquired after 8/17/06	2d
3	Number of o	conservation easements modified, transfe	rred, released, extinguished, or terminate	d by the organization during
	the taxable			
4	Number of	states where property subject to conserva	ition easement is located be	
5	Does the or	ganization have a written policy regarding to of the conservation easements it holds?	the periodic monitoring, inspection, viola	tions, and
6		unteer hours devoted to monitoring, inspe		year ►
7	A mount of e	expenses incurred in monitoring, inspectir	ng, and enforcing easements during the ye	ar ► \$
8		conservation easement reported on line 2 3)(i) and 170(h)(4)(B)(ii)?	(d) above satisfy the requirements of sec	tion Yes No
9	In Part XIV balance she the organiza	, describe how the organization reports co eet, and include, if applicable, the text of t ation's accounting for conservation easem	he footnote to the organization's financial nents	statements that describes
Par		anizations Maintaining Collectio uplete if the organization answered "		or Other Similar Assets.
1a	art, historic	ization elected, as permitted under SFAS al treasures, or other similar assets held Part XIV, the text of the footnote to its fin	for public exhibition, education or researc	h ın furtherance of public service,
b	historical tr	nzation elected, as permitted under SFAS reasures, or other similar assets held for p following amounts relating to these items	public exhibition, education, or research ir	
	(i) Revenue	es included in Form 990, Part VIII, line 1		▶ \$
	(ii) _{Assets}	ıncluded ın Form 990, Part X		► \$
2		nzation received or held works of art, histo nounts required to be reported under SFAS		r financial gain, provide the
а	Revenues II	ncluded in Form 990, Part VIII, line 1		▶ \$
b	Assets incl	uded in Form 990, Part X		► \$

3	Using the organization's accession and other	•				•				ontinued)
-	items (check all that apply)			_		J				
а	Public exhibition		d	Γ	Loan or ex	change programs	;			
b	Scholarly research		e	Γ	Other					
c	Preservation for future generations									
4	Provide a description of the organization's co Part XIV	ollections and explain	n hov	w the	y further the	e organization's ex	xempt purp	ose in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t						nılar	Г	Yes	┌ No
Par	Trust, Escrow and Custodial A Part IV, line 9, or reported an an					ganızatıon answ	ered "Yes	" to Fo	rm 9	90,
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ian or other intermed	diary	for c	ontributions	s or other assets	not	Г	Yes	┌ No
b	If "Yes," explain why in Part XIV and comple	te the following table	е				1			
								A mou	nt	
С.	Beginning balance					1c				
d	Additions during the year					1d				
е	Distributions during the year					1e				
f	Ending balance					1f				
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21?					Г	Yes	∏ No
ь	If "Yes," explain the arrangement in Part XIV									
Pa	rt V Endowment Funds. Complete								\	aara Daali
1-	Reginning of year balance	(a)Current Year 80,042,000	(D)Prior	rear (c)	Two Years Back (d)	inree Years	васк (е	Four Y	ears back
1a	Beginning of year balance	76,000								
b	Contributions	-20,682,000								
c d	Grants or scholarships	25,552,555								
u e	Other expenditures for facilities	800,000								
-	and programs									
f	Administrative expenses									
g	End of year balance	58,636,000								
2	Provide the estimated percentage of the yea	r end balance held as	s							
а	Board designated or quasi-endowment 🕨	100 %								
b	Permanent endowment									
c	Term endowment -									
3a	Are there endowment funds not in the posses	ssion of the organiza	tion	thata	are held and	l administered for	the			
	organization by								Yes	No
	(i) unrelated organizations							3a(i)		No
	(ii) related organizations							3a(ii)		No
	If "Yes" to 3a(II), are the related organization	•						3b		<u> </u>
4	Describe in Part XIV the intended uses of th					Dawk V. Luca 10				
Par	t VI Investments—Land, Buildings	s, and Equipmen	It. 5							
	Description of investment				Cost or other (investment)	(b)Cost or other basis (other)	(c) Deprec	ation	(d) Bo	ok value
1a	Land					1,511,310	1			1,511,310
b	Buildings		•			269,633,642	95,33	30,267	17	4,303,375
c	Leasehold improvements		•							
d	Equipment					74,134,440	46,66	64,678	2	7,469,762
-				-		· ' '				
	Other					4,790,819	1,99	0,884		2,799,935

Part VII Investments-Other Securities. See	Form 990, Part X, line 1	2.	
(a) Description of security or cateory (including name of security)	(b) Book value		d of valuation ·year market value
Financial derivatives and other financial products			
Closely-held equity interests			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12) ▶			
Part VIII Investments—Program Related. See	e Form 990 Part X line	13	
			d of valuation
(a) Description of investment type	(b) Book value		year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, lii			
(a) Descrip	otion		(b) Book value
CERTIFICATES OF DEPOSITS			782,506
OFFICERS' LIFE INSURANCE			604,120
CRUTS			460,717
MARKET TO MARKET INTEREST SWAP			0
ACCOUNTS RECEIVABLE - OTHER			1,265,933
DEFERRED BOND EXPENSES			855,549
FUNDS HELD BY BOND TRUSTEES			353,650
BUILDING AND EQUIPMENT			0
OTHER			6,579
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1			
Part X Other Liabilities. See Form 990, Part X	T ·	T	
(a) Description of Liability	(b) A mount		
Federal Income Taxes			
POST RETIREE BENEFITS	8,372,867		
INTEREST RATE SWAP	5,047,262		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	13.420.129		

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	171,297,125
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	164,020,736
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	7,276,389
4	Net unrealized gains (losses) on investments	4	-25,829,733
5	Donated services and use of facilities	5	47,327
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-6,526,578
9	Total adjustments (net) Add lines 4 - 8	9	-32,308,984
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-25,032,595
Par	t XIII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	139,549,003
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	-32,308,984
3	Subtract line 2e from line 1	3	171,857,987
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	-560,862
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	171,297,125
-	Reconciliation of Expenses per Audited Financial Statements With Expenses		
1	Total expenses and losses per audited financial statements	1	164,581,598
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities		
Ь	Prior year adjustments		
с	Losses reported on Form 990, Part IX, line 25		
a	Other (Describe in Part XIV)	_	560.063
e	Add lines 2a through 2d	2e	560,862
3	Subtract line 2e from line 1	3	164,020,736
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV)		
c -	Add lines 4a and 4b	4c	164000 736
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	164,020,736

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

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Ident if ier	Ret urn Reference	Explanat ion
ENDOWMENT FUNDS	PART V, LINE 4	THE INVESTMENT AND SPENDING POLICIES FOR ENDOWMENT ASSETS ATTEMPT TO PROVIDE A PREDICTABLE STREAM OF FUNDING FOR PROGRAM SUPPORTED BY AN ENDOWMENT, WHILE SEEKING TO MAINTAIN THE PURCHASING POWER OF ENDOWMENT ASSETS IN ADDITION, WHEN CONSIDERING APPROPRIATION OF BOARD-DESIGNATED ENDOWMENT BALANCES, THE TRUSTEES CONSIDER THE NEED TO MAINTAIN UNRESTRICTED NET ASSET LEVELS TO MEET LIQUIDITY COVENANTS RELATED TO OUTSTANDING BONDS ACCORDINGLY, THE BOARD OF TRUSTEES APPROPRIATED ANNUALLY A PORTION OF LONG-TERM INVESTMENT RETURN FOR SPENDING IN 2009 GENERALLY EQUAL TO 5% OF THE ROLLING THREE-YEAR AVERAGE FAIR VALUE OF INVESTMENTS ATTRIBUTABLE TO DONOR-RESTRICTED ENDOWMNENT FUNDS
OTHER CHANGES IN NET ASSETS	PART XI, LINE 8	CHANGES IN ACTUARIAL ASSUMPTIONS RELATED TO THE PENSION AND POSTRETIREMENT BENEFIT PLANS (3,142,363) UNREALIZED NET LOSS ON INTEREST-RATE SWAPS (3,384,355) OTHER ADJUSTMENTS 140 TOTAL (6,526,578)
OTHER REVENUE INCLUDED IN FINANCIAL STATEMENTS BUT NOT ON RETURN	PART XII, LINE 2D	CHANGES IN ACTUARIAL ASSUMPTIONS RELATED TO THE PENSION AND POSTRETIREMENT BENEFIT PLANS (3,142,363) UNREALIZED NET LOSS ON INTEREST-RATE SWAPS (3,384,355) OTHER ADJUSTMENTS 140 TOTAL (6,479,251)
OTHER REVENUE INCLUDED IN RETURN BUT NOT ON FINANCIAL STATEMENTS	PART XII, LINE 4B	RECLASS OF FUNDRAISING EXPENSE (560,862)
OTHER EXPENSES INCLUDED ON RETURN BUT NOT IN FINANCIAL STATEMENTS	PART XIII, LINE 2D	RECLASS OF FUNDRAISING EXPENSE 560,862

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OMB No 1545-0047

2008

Open to Public **Inspection**

SCHEDULE F (Form 990)

Department of the Treasury

▶ Attach to Form 990. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

Statement of Activities Outside the United States

Internal Revenue Service Name of the organization

Employer identification number The Jackson Laboratory 01-0211513 General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award For grant makers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States Activites per Region (Use Schedule F-1 (Form 990) if additional space is needed)

				•	
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures in region
Europe (Including Iceland and Greenland)	0	1	Program Services	RESEARCH	72,000
Central America and the Caribbean				investment	
Totals	0	1			72,000

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other
	_							
	_							
	_							
	_							-
	_							_
	_							
	_							
	_							
	_							
	_							
	_							
	_							
	_							

	F-1 (Form 990) if a			ted States. Complete	ii ule organization a	iliswered tes to form	990, Part IV, line 16.
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non- cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Schedule F (Form 990) 2008

Complete this part t	o provide the information required	ın Part I, line 2, and any other additional information.
Identifier	ReturnReference	Explanation

Software ID:

Software Version:

EIN: 01-0211513

Name: The Jackson Laboratory

Form 990 Schedule F Part II - Grants and Other Assistance to Organizations or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraisal, other)
--------------------------	---	------------	-------------------------	------------------------------	------------------------------------	---	--	--

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As Filed Data -

DLN: 93493102001010

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

SCHEDULE G

Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

Supplemental Information Regarding

Fundraising or Gaming Activities

Open to Public Inspection

Name of the organization					Employer ide	ntification number																
The Jackson Laboratory					01-0211513	3																
Part I Fundraising Act	tivities. Complet	e if the or	ganızat	ion answered "Yes"	to Form 990, Part I\	/, line 17.																
 Indicate whether the organ Mail solicitations Email solicitations Phone solicitations In-person solicitations 		through an	y of the	e Solicitation of	non-government grants government grants																	
 Did the organization have or key employees listed in If "Yes," list the ten highes to be compensated at leas 	Form 990, Part VII st paid individuals oi) or entity ii r entities (fu	n connec indraise	ction with professional f rs) pursuant to agreem	fundraising activities? ents under which the fu																	
(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of		fundraiser have custody or		fundraiser have custody or control of		fundraiser have custody or control of		fundraiser have custody or control of		fundraiser have custody or control of		fundraiser have custody or control of		fundraiser have custody or control of		fundraiser have custody or control of		(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
		Yes	No																			
Total			<u> </u>																			

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

CA,FL,ME,MA,PA

Pa		Fundraising Events. Component than \$15,000 on Form					герого	.eu
			(a) Event #1	(b) Event #2	(c) O ther Events	(d) Tot (Add col	(a) the	
			(event type)	(event type)	(total number)	CO	(c))	
Φ	1	Gross receipts	1,291,776				1,29	1,776
Revenue	2	Less Charitable contributions	1,160,776				1,16	0,776
	3	Gross revenue (line 1 minus line 2)	131,000				13	1,000
	4	Cash Prizes						
Ses	5	Non-cash Prizes						
Expenses	6	Rent/Facility costs	560,862				56	0,862
面 B	7	Other direct expenses						
Direct	8	Direct expense summary Add line	es 4 through 7 in column	(d)			56	0,862
	9	Net income summary Combine lir	nes 3 and 8 ın column (d))			-42	9,862
Par	t II	Gaming. Complete if the or \$15,000 on Form 990-EZ, lin		"Yes" to Form 990, Pa	art IV, line 19, or rep	orted mor	e thar	1
Reveilue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(d) Total col (a) th		
~	1	Gross revenue						
Ses	2	Cash prizes						
üedi	3	Non-cash prizes						
Direct Expenses	4	Rent/facility costs						
ă	5	Other direct expenses						
	6	Volunteer labor	┌ Yes% ┌ No	Yes%	┌ Yes%			
	7	Direct expense summary Add lines	s 2 through 5 ın column (d)				
	8	Net gaming income summary Com	bine lines 1 and 7 in colu	ımn (d)				•
_							Yes	No
9 a		er the state(s) in which the organiza the organization licensed to operate:				. 9a		
ь	If"	No," Explain						
10a	We	re any of the organization's gaming l	ıcenses revoked, susper	ided or terminated durin	g the tax year?	10a		
b	If"	Yes," Explain						
11 12		es the organization operate gaming a :he organization a grantor, beneficiar				11		
		ned to administer charitable gaming				. 12		

			Yes	NO
13	Indicate the percentage of gaming activity operated in			
а	The organization's facility			
b	An outside facility			
14	Provide the name and address of the person who prepares the organization's gaming/special events books and records			
	Name 🕨			
	Address 🟲			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	L5a		
b	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue retained by the third party > \$			
c	If "Yes," enter name and address			
	Name ►			
	Address ►			
16	Gaming manager information			
	Name ▶			
	Gaming manager compensation ▶ \$			
	Description of services provided 🟲			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	L7a		
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year	-, -		

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DLN: 93493102001010

OMB No. 1545 0047

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

2008

Open to Public Inspection

Name of the organization
The Jackson Laboratory

Employer identification number

01-0211513

Pa	Questions Regarding Compensation	<u>n</u>				
					Yes	Νo
1a	Check the appropiate box(es) if the organization pro 990, Part VII, Section A, line 1a Complete Part II					
	First class or charter travel		Housing allowance or residence for personal use			
	Travel for companions	Г	Payments for business use of personal residence			
	▼ Tax idemnification and gross-up payments	Γ	Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a w provision of all the expenses described above? If "			1b	Yes	
2	Did the organization require substantiation prior to officers, directors, trustees, and the CEO/Executiv			2	Yes	
3	Indicate which, if any, of the following the organizat organization's CEO/Executive Director Check all t		·			
	✓ Compensation committee		Written employment contract			
	✓ Independent compensation consultant	<u> </u>	, ,			
	Form 990 of other organizations	<u>~</u>	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990,	Part VI	I, Section A, line 1a			
а	Receive a severance payment or change of control	payment	t?	4a		Νo
b	Participate in, or receive payment from, a suppleme	ental non	nqualified retirement plan?	4b	Yes	
c	Participate in, or receive payment from, an equity-b	pased co	mpensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and p	rovide th	ne applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must co	omplete	lines 5-8.			
5	For persons listed in form 990, Part VII, Section A compensation contingent on the revenues of	, line 1a,	, did the organization pay or accrue any			
а	The organization?			5a		Νo
Ь	Any related organization?			5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A compensation contingent on the net earnings of	, line 1a,	, did the organization pay or accrue any			
а	The organization?			6a		Νo
b	Any related organization?			6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in form 990, Part VII, Section A payments not described in lines 5 and 6? If "Yes,"			7	Yes	
8	Were any amounts reported in Form 990, Part VII, subject to the initial contract exception described in Part III					No

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

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

Note. The sum of columns (B)(1)-(111) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of	W-2 and/or 1099-MIS	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation reported in prior Form	
		(i) Base compensation	(ii) Bonus & (iii) Other compensation		compensation	benefits	(B)(ı)-(D)	990 or Form 990-EZ	
Richard P Woychik PhD	(ı) (ıı)	415,057 0	20,000 0	0	103,000	16,640 0	554,697 0	193,582	
Charles E Hewett PHD	(ı) (ıı)	364,554 0	20,000 0	0	98,000 0	16,880 0	499,434	157,983	
Mıchael E Hyde	(ı) (ıı)	247,236 0	25,000 0	0	23,000	16,366 0	311,602	107,836	
A urobindo Nair PHD	(ı) (ıı)	214,812 0	55,125 0	0	23,000	24,367 0	317,304	93,759	
Lında A Jensen	(ı) (ıı)	236,664 0	33,075 0	0	23,000	30,279 0	323,018	98,208	
Robert Braun PhD	(I) (II)	288,796 0	0	0	12,962 0	10,154 0	311,912	125,401	
Susan D Aırhart	(I) (II)	164,334 0	26,619 0	0	19,093 0	6,063 0	216,109	70,113	
Gary A Churchill PhD	(I) (II)	186,694 0	0	0	19,556 0	16,160 0	222,410	81,789	
Janan T Eppig PhD	(ı) (ıı)	213,084 0	0 0	0	21,506 0	6,014 0	240,604	91,108	
Kathy L V andegrift	(I) (II)	178,028 0	44 ,250 0	0	22,125 0	20,653	265,056	75,240	
	(i)								
	(ii) (i)								
	(ii)								
	(i)								
	(ii)	1			I	1	1	1	

Part III Supplemental Information

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

Ident if ier	Return Reference	Explanation
TAX INDEMNIFICATION AND GROSS-UP PAYMENTS		The Jackson Laboratory grosses up wages to cover the taxes on imputed insurance premiums for the senior management group. The Laboratory also grosses up wages for gift cards and other award and prize type payments to employees so that the recipients receive the true value of the gift or award.
SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN		RICHARD P WOYCHIK, PHD, PRESIDENT & CEO, AND CHARLES E HEWETT, PHD, COO, RECEIVED PAYMENTS UNDER A NONQUALIFIED 457(F) PLAN IN THE AMOUNT OF \$80,000 AND \$75,000, RESPECTIVELY
NON-FIXED PAYMENTS	PART I, LINE 7	The total compensation package of certain officers and key employees includes variable compensation awarded based on performance
-		

Software ID: Software Version:

EIN: 01-0211513

Name: The Jackson Laboratory

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

1 or in 330/ Schedule 3/ 1 c			ecorby rrubeceby ice	<u>,, =p.o, 000, u</u>	g			
(A) Name		(B) Breakdown of	f W-2 and/or 1099-MIS	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation reported in prior Form
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	990 or Form 990-EZ
Richard P Woychik PhD	(I) (II)		20,000	0	103,000	16,640 0 0	554,697 0	193,582 0
Charles E Hewett PHD	(I) (II)		20,000	0	98,000	16,880	499,434 0	157,983 0
Michael E Hyde	(ı) (ıı)		25,000 0	0	23,000	16,366 0 0	311,602 0	107,836 0
Aurobindo Nair PHD	(ı) (ıı)	(55,125 0	0	23,000	24,367	317,304 0	93,759 0
Linda A Jensen	(I) (II)		33,075 0	0	23,000	30,279	323,018 0	98,208 0
Robert Braun PhD	(I) (II)		0	0	12,962 0	2 10,154 0 0	311,912 0	125,401 0
Susan D Airhart	(I) (II)		26,619 0	0	19,093	6,063	216,109	70,113 0
Gary A Churchill PhD	(ı) (ıı)		0	0	19,556 C	16,160 0 0	222,410	81,789 0
Janan T Eppig PhD	(I) (II)	i I	0	0	21,506 0	6,014 0 0	240,604	91,108 0
Kathy L V andegrift	(I) (II)	.	44,250 0	0	22,125	20,653	265,056 0	75,240 0

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OMB No 1545-0047

Schedule K (Form 990)

Department of the Treasury

To be completed by organizations that answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O.

Supplemental Information on Tax Exempt Bonds

Open to Public **Inspection**

	rnal Revenue Service											Inspect		
	e of the organization									Employer	identificat	ion num	per	
ı ne	Jackson Laboratory									01-021	1513			
P	art I Bond Issues (Required	for 2008)	T											
							_		_	_	(g) De	feased		0 n alf of
	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date	Issued	(e) Issu	e Price	(f) Des	cription of	Purpose	Yes	No	Iss Yes	uer No
	ASSOCIATION OF BAY AREA GOVERNMENT- CA FIXED RATE	01-0211513	00037clx6	09-10-	2007	35,	,075,000	finance con:	struction		res	X	res	X
Pa	rt II Proceeds (Optional for	2008)												1
					١	ı	В	(С	Г)		E	
1	Total Proceeds of Issue													
2	Gross Proceeds in Reserve Funds													
3	Proceeds in Refunding or Defeasai	nce Escrows												
4	Other Unspent Proceeds													
5	Issuance Costs from Proceeds													
6	Working Capital Expenditures from	n Proceeds												
7	Capital Expenditures from Proceed	ds												
8	Year of Substantial Completion					•		•		•		•		
				Yes	No	Yes	No	Yes	No	Yes	No	Yes	;	No
9	Were the bonds issued as part of a	a current refunding iss	sue?											
10	Were the bonds issued as part of a	an advance refunding	ıssue?											
11	Has the final allocation of proceed	ls been made?												
12	Does the organization maintain ad final allocation of proceeds?	lequate books and rec	ords to support the											
Pa	rt IIII Private Business Use	(Optional for 2008))							,				
				<u> </u>		+	B I	+	C 				E	
	W			Yes	No	Yes	No	Yes	No	Yes	No	Yes	•	No
1	Was the organization a partner in a which owned property financed by		iliber of all LLC,											
2	Are there any lease arrangements which may result in private busine	with respect to the fi	nanced property											

Schedule K	(Form 990) 20	800	
Part III	Private Bu	siness Use	(Continued)

			_ A		В		C		D		E
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?										
3b	Are there any research agreements with respect to the financed property which may result in private business use?										
3с	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?										
4	Enter the percentage of financed property used in a private business use by entities other than a 501(c)(3) organization or a state or local government										
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another 501(c)(3) organization, or a state or local government										
6	Total of lines 4 and 5										
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?										
Pai	rt IV Arbitrage (Optional for 2008)										
		ı	Α	E	3	(<u>c</u>	ı	<u> </u>	ı	Ε
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T been filed wth respect to the bond issue?										
2	Is the bond issue a variable rate issue?										
3a	Has the organization or the government issuer identified a hedge with respect to the bond issue on its books and records?										
ь	Name of provider										
С	Term of hedge										
4a	Were gross proceeds invested in a GIC?										
ь	Name of provider										
С	Term of GIC										
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5 Were any gross proceeds invested beyond an available temporary period?											
	Were any gross proceeds invested beyond an available temporary period?										

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DLN: 93493102001010

OMB No 1545-0047

Open to Public Inspection

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. ► To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38b or 40b.

Transactions with Interested Persons

Name of the organization

		٠.	٠.		٠.	9-		
Γhe	lac	:ksc	n	lα	hor	ato	rv	

Employer identification number

							L-021					
Part I Excess Benefit Transact										_		
To be completed by organizatio	ns that an	iswered "Yes	s" on For	m 990, Part IV	, lın	e 25a or 25b	o, or F	orm 9	90-EZ			
1 (a) Name of disqualified	d person			(b) Des	cript	tion of transa	ction			<u> </u>	(c) Corr	
											Yes	No
2 Enter the amount of tax imposed on to section 4958	the organi		gers or d				ear ur	-	\$			
3 Enter the amount of tax, if any, on lin	ie 2, above	e, reımburse	d by the	organization .				•	\$			
Part II Loans to and/or From	Interes	sted Perso	ons									
To be completed by organiza	tions that	answered "Y	Yes" on F	orm 990, Part	ΙV,	line 26, or Fo	rm 9	90-E	Z, Part	V, lın	e 38a	
	(b) Loan	to or							(f			
(a) Name of interested person and	from t		(c)0 ri	gınal prıncıpal	(4)	Balance due	(e) defa		A ppr		1	ritten ment?
purpose	organiza	ition?		amount	(")	Dalalice due	uciu	uit.	comm		1 -	meme
	То	From					Yes	No	Yes	No	Yes	No
Total		<u></u>										
Part III Grants or Assistance B						D- 171/ 1-	27					
To be completed by organ							e 27					
(a) Name of interested person	(b)		p betwee the orga	n interested pe	rson	(c) A m	ount c	fgra	nt or ty	pe of	assısta	nce
		unu	the orga									
Part IV Business Transactions	Involvi	ng Intere	sted Po	ersons								
To be completed by organ	nizations	that answe	ered "Ye	es" on Form 9	90,	Part IV, lin	e 28	a, 28	b, or	28c.		
	(b)	Relationship	o								(e) Sha	
(a) Name of interested person		een intereste	I	(c) A mount of		(d) Descr	ıptıon	of tra	nsacti	on	organız: reven	
		rson and the rganization		transaction						F	Yes	No
IAX PARTNERS II		HEDULE O		222	500	CAPITAL C	ONT	RIBU	TION	\dashv		N o
MALANIHENO II	322 30			223,.		CALLIAL	J 14 1 1	1100	, 10 11			

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OMB No 1545-0047

Inspection

SCHEDULE M (Form 990)

Department of the Treasury

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990

Non-Cash Contributions

Internal Revenue Service Name of the organization The Jackson Laboratory

Employer identification number

11 Securities—Partnership, LLC, or trust interests						01-0211513			
Check of a physicable Number of Contributions of Form 990, Part VIII, line revenues 1	Pa	Types of Property							
3 Art—Fractional interests			Check	1	Revenues reported on Form 990, Part VIII, line	Method of d	etermı	nıng	
3 Art—Fractional interests 4 4 Books and publications 5 5 Clothing and household goods 7 7 Boats and planes 9 8 Intellectual property 9 9 Securities—Publicity traded 1 10 Securities—Publicity traded 2 11 Securities—Publicity traded 3 12 Securities—Publicity traded 3 13 Qualified conservation contribution (historic structures) 9 14 Qualified conservation contribution (historic structures) 9 15 Real estate—Residential 9 16 Real estate—Residential 9 17 Real estate—Residential 9 18 Collectibles 9 19 Food inventory 9 10 Drugs and medical supplies 1 11 Taxidermy 9 11 Taxidermy 9 12 Historical artifacts 9 12 Historical artifacts 9 13 Collectibles 9 14 Archeological artifacts 9 15 Other (describe 9) 9 16 Other (describe 9) 9 17 Other (describe 9) 9 18 Other (describe 9) 9 18 Number of Forms 32/83 received by the organization during the tax year for contributions for which the organization completed Form 82/83, Pair IV, Donee Acknowledgement 9 18 Deurs the organization completed Form 82/83, Pair IV, Donee Acknowledgement 9 19 Times the organization have a gift acceptance policy that requires the review of any non-standard contributions for the other holding period 9 15 Deurs the organization have a gift acceptance policy that requires the review of any non-standard contributions for the other holding period 9 15 Deurs the organization have a gift acceptance policy that requires the review of any non-standard contributions for contributions for the other holding period 9 15 Deurs the organization have a gift acceptance policy that requires the review of any non-standard contributions for contributions for the other holding period 9 15 Deurs the organization have a gift acceptance policy that requires the review of any non-standard contributions for contributions for the organization have a gift acceptance policy that requires the review of any non-standard contributions for contributions for the organization have a gift acceptance policy that requires the review of any non-standard contributions for contributions for the	1	Art—Works of art							
Books and publications Clothing and household goods Cars and other vehicles Boats and planes Sintellectual property Securities—Publicly traded X	2	Art—Historical treasures .							
5 Clothing and household goods 6 Cars and other vehicles	3	Art—Fractional interests							
6 Cars and other vehicles . 6 Cars and other vehicles . 7 Boats and planes . 8 Intellectual property . 7 Securities — Publicly traded . 8 Securities — Publicly traded . 8 Securities — Publicly traded . 9 Securities — S	4	Books and publications							
6 Cars and other vehicles	5								
Intellectual property 9 Secunities—Publicity Iraded . X 45 94,616 fmv 10 Securities—Closely held stock	6								
9 Securities—Publicity fraded	7	Boats and planes							
9 Securities—Publicity fraded	8	Intellectual property							
10 Securities—Closely held stock			Х	45	94,616	fmv			
11 Securities—Partnership, LLC, or trust interests									
13 Qualified conservation contribution (historic structures)		Securities—Partnership, LLC,							
contribution (historic structures)	12	Securities—Miscellaneous							
contribution (other)	13	contribution (historic							
16 Real estate—Commercial	14								
17 Real estate—Other	15	Real estate—Residential .							
18 Collectibles	16	Real estate—Commercial							
19 Food inventory	17	Real estate—Other							
20 Drugs and medical supplies . 21 Taxidermy	18	Collectibles							
Taxidermy	19	Food inventory							
22 Historical artifacts	20	Drugs and medical supplies .							
23 Scientific specimens	21	Taxidermy							
24 Archeological artifacts	22	Historical artifacts							
25 Other (describe) 26 Other (describe) 27 Other (describe) 28 Other (describe) 29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement	23	Scientific specimens							
26 Other (describe) Other (describe	24	Archeological artifacts							
27 Other (describe) 28 Other (describe) 29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee **Acknowledgement**									
Other (describe)	26	Other (describe)							
Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement		· · · · · · · · · · · · · · · · · · ·							
which the organization completed Form 8 283, Part IV, Donee Acknowledgement	28	•							
During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	29	which the organization complete			ar for contributions for	29			
least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a	. , ,	ition receiv	e by contribution any prope	rty reported in Part I, lines	1-28 that it must		Yes	No
Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions? 31 32b If "Yes", describe in Part II 33 If the organization did not report revenues in Column (c) for a type of property for which Column (a) is		least three years from the date of		•	not required to be used for	exempt purposes	30a		No
Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?	b	If "Yes", describe the arrangeme	ent in Part 1	II					
contributions?	31	Does the organization have a gif	tacceptano	ce policy that requires the r	review of any non-standard	contributions?	31		Νo
b If "Yes", describe in Part II 33 If the organization did not report revenues in Column (c) for a type of property for which Column (a) is	32a			-	to solicit, process, or sell	non-cash	32a		Νο
checked, describe in Part II		If the organization did not report	revenues i	n Column (c) for a type of p	property for which Column (a	a) is			

Part II Supplemental Infor 32b, and 33. Also com	mation. Complete this part to property of the property of the part for any additional	ovide the information required by Part I, lines 30b, information.
Identifier	ReturnReference	Explanation
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Open to Public

OMB No 1545-0047

Supplemental Information to Form 990

Department of the Treasury

(Form 990)

Internal Revenue Service

The Jackson Laboratory

Name of the organization

SCHEDULE 0

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

Inspection Employer identification number

01-0211513

ldentifier	Return Reference	Explanation
ORGANIZATION'S MISSION	FORM 990, PART III, LINE 1	THE MISSION OF THE LABORATORY IS THREE FOLD 1)CONDUCTING BASIC BIOMEDICAL RESEARCH, 2)TRAINING AND EDUCATING SCIENTISTS WORLDWIDE, 3)PROVIDING GENETIC RESOURCES TO THE GLOBAL SCIENTIFIC COMMUNITY OUR PURPOSE IS TO INCREASE THE KNOWLEDGE OF DEVELOPMENT, GROWTH, REPRODUCTION, PHYSIOLOGICAL AND INBORN AILMENTS THROUGH RESEARCH WITH GENETICALLY DEFINED EXPERIMENTAL ANIMALS

		RESEARCH WITH GENETICALLY DEFINED EXPERIMENTAL ANIMALS
ldentifier	Return Reference	Explanation
PROGRAM SERVICES	FORM 990, PART III, LINE 4A-4C	4A. Genetic Resource SINCE ITS FOUNDING IN 1929. THE JACKSON LABORATORY HAS PLAYED A CENTRAL ROLE IN THE DEVILOPMENT OF THE MOUSE AS THE HEMBER EXPERIMENTAL MODEL FOR THE STLLYY OF MOMENTAL ROLE IN THE DEVILOPMENT OF THE MOUSE AS THE HEMBER EXPERIMENTAL MODEL FOR THE STLLYY CREATED LABORATORY OFFERS THE WORLDS LARGEST VARIETY OF GENETICALLY STANDARDZED LABORATORY MEE AS WELL AS MOUSE BASED SERVICE. THE LABORATORY MAINTAINS A REPOSITION OF MOUSE BASED SERVICE THE LABORATORY MAINTAINS A REPOSITION OF MOUSE BASED SERVICE. THE LABORATORY MAINTAINS A REPOSITION OF MOUSE BASED SERVICE. THE LABORATORY MAINTAINS A REPOSITION OF MOUSE BASED SERVICE THE VARIANCE OF THE STANDARD OF GENETIC CONTROL AND THE STANDARD OF THE STANDARD OF GENETIC CONTROL AND THE STANDARD OF TH

ldentifier	Return Reference	Explanation
FORM 990 REVIEW PROCESS	Part VI, Section A, Question 10	THE AUDIT COMMITTEE OF THE JACKSON LABORATORY'S BOARD OF TRUSTEES REVIEWS A DRAFT COPY OF THE IRS FORM 990 BEFORE IT IS PROVIDEED TO THE BOARD OF TRUSTEES AFTER REVIEW, THE IRS FORM 990 IS FINALIZED AND FILED

ldentifier	Return Reference	Explanation
Conflict of Interest Policy	Part VI, Section B, Question 12C	The Jackson Laboratory provides all officers', board members and key employees' with a Conflict of Interest, Code of Ethics and Disclosure forms as well as the distribution of all policies regarding Conflict of Interests and Code of Ethics, this is done annually. The disclosure and compliance attestations are returned to the Office of the Chief Financial Officer, where they are recorded and tallied for completeness. Upon receipt they are given to the Controller for review to determine disclosure as well as to any follow up questions which are routed through the Trustee Relations manager, and if necessary in-house counsel, and THE audit committee

ldentifier	Return Reference	Explanation
Compensation Policy	Part VI, Section B, Question 15B	The Compensation and Human Resources Committee of the Board of Trustee sets compensation and benefits for the Chief Executive Officer, THE Chief Operating Officer, the Associate Director and Chair of Research, the Vice President for Advancement and External Relations, the Chief Financial Officer and equivalent positions, as well as any other employees of The Laboratory who are 'insiders' or 'disqualified persons' within the meaning of the Intermediate Sanctions rules under the Internal Revenue Code Members of the Committee are independent Trustees selected by the Chair of the Board of Trustees. The Committee is guided by market data of compensation packages for similar positions in comparable organizations. Market data is prepared on compensation and benefit package, including what is reported in Form 990's of comparable organizations, provided to the Committee by an external executive compensation consultant. In addition, the Senior Director of Human Resources provides the results of recognized compensation surveys conducted by The Survey Group and by the Association of Independent Research Institutes, along with any other data the Committee requires to set compensation. The CEO meets with the Committee annually to provide the Committee with annual performance reviews of his reports. The Committee's review process and results are documented through minutes of the meetings including the benchmarking surveys and reports by external compensation experts relied upon by the Committee.

ldentifier	Return Reference	Explanation
Public Disclosure	Part VI, Section C, Question 19	The organization's Form 990, Audited Financial Statements and governing documents are available upon request. The Form 990 is also available on www.guidestar.org.and.jax.org.websites

ldentifier	Return Reference	Explanation
Business Transaction with Interested Person	Schedule L, Part IV	JAX PARTNERS II IS AN ENTITY IN WHICH THE JACKSON LABORATORY AND CURRENT BOARD MEMBER, ROBERT C Beck, ARE SERVING AS PARTNERS WITH A DIRECT OWNERSHIP INTEREST

ldentifier	Return Reference	Explanation
BOARD POSITIONS WITH NO VOTING RIGHTS	FORM 990	*LIFE TRUSTEES* Robert Alvine John C Beck Markley H Boyer, M D Winthrop Know Iton Stephen R Petschek, Esq David E Shaw Donald A Stern, Esq Life trustees are former chairs of the governing body. They do not have voting rights and no longer have any such designation as corporate members. *EMERITI TRUSTEES* Nathaniel R Bow ditch Joseph M Cohen Ann M Hirschhorn, M D Edw in T Johnson Julius R Krevans, M D William M Rudolf Paul S Russell, M D Henry F Sears, M D Brian Sherw in Daniel R Tishman Carlo Vittorini. *Honorary Trustees* Robert P Adelman William L Elkins, M D George J Gillespie III, Esq Barbara S Hugus, Ph D Nancy J Kelley, Esq Dwight E Lee Ann Halle Little John C Maxwell Jr David E Place, Esq Hamilton Robinson Jr, Esq W Tom Saw yer Jr Willys K Silvers, Ph D Harold E Varmus, M D *Expired member* RICHARD GRACE *DECEASED MEMBERS* Henry G Brooks Jr Alan C Davis THE JACKSON LABORATORY NO LONGER HAS ANY DESIGNATIONS AS CORPORATE MEMBERS. THIS BODY DISSOLVED WITH THE REORGANIZATION AND REVISED BY LAWS OF AUGUST 2007