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Form 990  Department of the Treasury Internal Revenue Service	Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) The organization may have to use a copy of this return to satisfy state reporting requirements	OMB No 1545-0047 2010 Open to Public Inspection
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A For the 2010 calendar year, or tax year beginning 06-01-2010 and ending 05-31-2011		
B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization THE JACKSON LABORATORY	D Employer identification number 01-0211513
	Doing Business As	E Telephone number (207) 288-6000
	Number and street (or P O box if mail is not delivered to street address) 600 MAIN STREET	Room/suite
	G Gross receipts \$ 286,215,735	
	City or town, state or country, and ZIP + 4 BAR HARBOR, ME 04609	
	F Name and address of principal officer LINDA A JENSEN 600 MAIN STREET BAR HARBOR, ME 04609	H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (Insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW JAX O RG		
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation 1929
		M State of legal domicile ME

Part I	Summary
Activities & Governance	1 Briefly describe the organization's mission or most significant activities WE DISCOVER THE GENETIC BASIS FOR PREVENTING, TREATING AND CURING HUMAN DISEASE, AND WE ENABLE RESEARCH AND EDUCATION FOR THE GLOBAL BIOMEDICAL COMMUNITY
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets
	3 Number of voting members of the governing body (Part VI, line 1a)
	4 Number of independent voting members of the governing body (Part VI, line 1b)
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)
Revenue	6 Total number of volunteers (estimate if necessary)
	7a Total unrelated business revenue from Part VIII, column (C), line 12
	b Net unrelated business taxable income from Form 990-T, line 34
Expenses	8 Contributions and grants (Part VIII, line 1h)
	9 Program service revenue (Part VIII, line 2g)
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)
	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)
	14 Benefits paid to or for members (Part IX, column (A), line 4)
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)
Net Assets or Fund Balances	16a Professional fundraising fees (Part IX, column (A), line 11e)
	b Total fundraising expenses (Part IX, column (D), line 25) ▶1,893,512
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)
	19 Revenue less expenses Subtract line 18 from line 12

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

Sign Here		***** Signature of officer	2012-04-09 Date		
		LINDA JENSEN CFO Type or print name and title			
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	Firm's name ▶ KPMG LLP				Firm's EIN ▶
	Firm's address ▶ 60 South Street Boston, MA 02111				Phone no ▶ (617) 988-1000

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

Part III

Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

1

Briefly describe the organization's mission

WE DISCOVER THE GENETIC BASIS FOR PREVENTING, TREATING AND CURING HUMAN DISEASE, AND WE ENABLE RESEARCH AND EDUCATION FOR THE GLOBAL BIOMEDICAL COMMUNITY

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes

☒

No

If "Yes," describe these new services on Schedule O

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes

☒

No

If "Yes," describe these changes on Schedule O

4

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses

Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a

(Code 541,710) (Expenses \$ 82,535,399 including grants of \$) (Revenue \$ 144,421,450)

DEVELOP AND PROVIDE GENETIC RESOURCES - PLEASE SEE SCHEDULE O FOR DETAIL

4b

(Code 541,710) (Expenses \$ 70,960,707 including grants of \$) (Revenue \$ 396,144)

BIOMEDICAL RESEARCH - PLEASE SEE SCHEDULE O FOR DETAIL

4c

(Code 541,710) (Expenses \$ 2,376,132 including grants of \$) (Revenue \$ 659,287)

EDUCATION AND TRAINING - PLEASE SEE SCHEDULE O FOR DETAIL

4d

Other program services (Describe in Schedule O)
























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

4e

Total program service expenses \$ 155,872,238

Form 990 (2010)

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? 	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, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 	4 Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	
6 Did the organization maintain any donor advised funds or any similar funds or 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, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10 Yes	
11 If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. 	11b Yes	
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. 	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX. 	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. 	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X. 	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII 	12a Yes	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional 	12b	No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a Yes	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV 	14b Yes	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Parts II and IV 	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 U S ? If "Yes," complete Schedule F, Parts III and IV 	16	No
17 Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) 	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 	18 Yes	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 	19	No
20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b	

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b–24d and complete Schedule K. If "No," go to line 25</i>	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	Yes	
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</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 sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		No
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance					
Check if Schedule O contains a response to any question in this Part V <input type="checkbox"/>					
			Yes	No	
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a	193		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c		Yes
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return.	2a	1,516		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2b		Yes
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	3b		Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Yes	
b If "Yes," enter the name of the foreign country: CJ, BD, VI See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No	
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No	
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		No	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7 Organizations that may receive deductible contributions under section 170(c).					
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No	
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?					
8					
9 Sponsoring organizations maintaining donor advised funds.					
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			
10 Section 501(c)(7) organizations. Enter					
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b			
11 Section 501(c)(12) organizations. Enter					
a	Gross income from members or shareholders.	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?					
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.					
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b			
c	Enter the amount of reserves on hand.	13c			
14a Did the organization receive any payments for indoor tanning services during the tax year?					
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		No	

Part VI

Governance, Management, and Disclosure For each “Yes” response to lines 2 through 7b below, and for a “No” response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.
Check if Schedule O contains a response to any question in this Part VI ☒

Section A. Governing Body and Management			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 21		
b	Enter the number of voting members included in line 1a, above, who 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		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization’s assets? . .	5		No
6	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
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . .	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization’s mailing address? If “Yes,” provide the names and addresses in Schedule O	9		No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
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?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? <i>If “No,” go to line 13</i>	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?			
a	The organization’s CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization If “Yes” to line 15a or 15b, describe the process in Schedule O (See instructions)	15b	Yes	
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		

Section C. Disclosure	
17	List the States with which a copy of this Form 990 is required to be filed <input checked="" type="checkbox"/> CA , CT , FL , ME , MA , NY , PA
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input checked="" type="checkbox"/> Own website <input checked="" type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
19	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.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization <input checked="" type="checkbox"/> LINDA A JENSEN 600 MAIN STREET BAR HARBOR, ME 04609 (207) 288-6108

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

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

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

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

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

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

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

[illegible]

Part VII

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								3,897,252	0	699,841

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶106

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
COLUMBUS IT PARTNERS 750 WASHINGTON BOULEVARD 5TH FLOOR STAMFORD, CT 06901	IT CONSULTING	953,960
VELOCITY TECHNOLOGY SOLUTIONS 850 THIRD AVENUE NEW YORK, NY 10022	IT CONSULTING	428,635
HOGAN LOVELLS US LLP 111 BRICKELL AVENUE MIAMI, FL 33131	LEGAL	259,010
KPMG LLP 60 SOUTH STREET BOSTON, MA 02111	AUDITING	299,930
RMW ARCHITECTS 1718 3RD STREET SACRAMENTO, CA 95811	ARCHITECTURAL	316,847
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization 13		

Part VIII

Statement of Revenue

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	111,727			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	62,301,921			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	11,409,644			
	g	Noncash contributions included in lines 1a-1f \$		1,860,472			
	h	Total. Add lines 1a-1f		73,823,292			
	Program Service Revenue	2a	Business Code				
		GENETIC RESOURCES	900099	144,421,450	144,421,450		
b		TRAINING & EDUCATION	900099	659,287	659,287		
c		RESEARCH	900099	396,144	396,144		
d							
e							
f		All other program service revenue					
g		Total. Add lines 2a-2f		145,476,881			
Other Revenue		3	Investment income (including dividends, interest and other similar amounts)		2,438,188	2,389,215	48,973
	4	Income from investment of tax-exempt bond proceeds . .		0			
	5	Royalties		564,979		564,979	
	6a	Gross Rents	(i) Real	(ii) Personal			
			0	0			
			0	0			
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)		0			
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
			63,841,000	1,886			
			54,515,340	64,032			
			9,325,660	-62,146			
	b	Less cost or other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss)		9,263,514			
	8a	Gross income from fundraising events (not including \$ 111,727 of contributions reported on line 1c) See Part IV, line 18	a				
			10,749				
			121,718				
b	Less direct expenses	b					
c	Net income or (loss) from fundraising events . .		-110,969		-110,969		
9a	Gross income from gaming activities See Part IV, line 19	a	0				
		b					
			0				
c	Net income or (loss) from gaming activities . .						
10a	Gross sales of inventory, less returns and allowances	a					
		b					
			0				
b	Less cost of goods sold	b					
c	Net income or (loss) from sales of inventory . .						
Miscellaneous Revenue		Business Code					
11a	Other revenue		58,760	58,760			
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d		58,760				
12	Total revenue. See Instructions		231,514,645	147,924,856	48,973	454,010	

Part IX

Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the 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	3,375,714	394,166	2,981,548	
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	72,738,902	61,814,706	9,823,522	1,100,674
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	5,624,204	5,073,249	460,080	90,875
9	Other employee benefits	14,765,798	13,198,497	1,335,640	231,661
10	Payroll taxes	5,413,504	4,599,267	732,342	81,895
a	Fees for services (non-employees)				
	Management	0			
b	Legal	1,357,000	27,604	1,329,396	
c	Accounting	183,156		183,156	
d	Lobbying	66,801		66,801	
e	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	200,000		200,000	
g	Other	3,407,611	1,998,965	1,397,937	10,709
12	Advertising and promotion	424,033	323,004	97,843	3,186
13	Office expenses	1,720,694	1,259,253	438,606	22,835
14	Information technology	2,670,229	2,318,557	335,597	16,075
15	Royalties	0			
16	Occupancy	11,907,011	10,703,492	1,164,372	39,147
17	Travel	3,429,977	2,699,605	659,960	70,412
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	738,973	495,500	231,824	11,649
20	Interest	3,519,314	3,487,934	29,891	1,489
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	17,628,798	15,307,067	2,210,521	111,210
23	Insurance	1,194,779	1,050,381	137,798	6,600
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	OTHER SERVICES	992,890	915,836	73,297	3,757
b	STIPENDS	622,018	622,018		
c	SUPPLIES	24,826,714	24,282,648	456,234	87,832
d	EQUIPMENT RENTAL	159,712	110,584	46,792	2,336
e	OTHER EXPENSES	5,214,500	5,189,905	23,425	1,170
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	182,182,332	155,872,238	24,416,582	1,893,512
26	Joint costs. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

						(A)		(B)
						Beginning of year		End of year
Assets	1	Cash—non-interest-bearing				25,000	1	25,000
	2	Savings and temporary cash investments				74,526,436	2	99,417,194
	3	Pledges and grants receivable, net				7,921,306	3	8,250,873
	4	Accounts receivable, net				14,042,269	4	16,116,963
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L					5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Schedule L					6	
	7	Notes and loans receivable, net					7	
	8	Inventories for sale or use				1,633,795	8	1,676,820
	9	Prepaid expenses and deferred charges				1,185,179	9	1,433,830
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	382,858,695				
	b	Less: accumulated depreciation	10b	173,684,558	201,644,751	10c	209,174,137	
	11	Investments—publicly traded securities			32,337,691	11	63,131,936	
	12	Investments—other securities. See Part IV, line 11			39,066,685	12	24,320,916	
	13	Investments—program-related. See Part IV, line 11				13		
	14	Intangible assets				14		
	15	Other assets. See Part IV, line 11			6,597,437	15	5,529,920	
	16	Total assets. Add lines 1 through 15 (must equal line 34)			378,980,549	16	429,077,589	
Liabilities	17	Accounts payable and accrued expenses			23,176,599	17	23,309,140	
	18	Grants payable				18		
	19	Deferred revenue			4,507,568	19	5,450,846	
	20	Tax-exempt bond liabilities			81,564,779	20	79,765,719	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D				21		
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L				22		
	23	Secured mortgages and notes payable to unrelated third parties				23		
	24	Unsecured notes and loans payable to unrelated third parties				24		
	25	Other liabilities. Complete Part X of Schedule D			13,640,400	25	14,858,948	
	26	Total liabilities. Add lines 17 through 25			122,889,346	26	123,384,653	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.							
	27	Unrestricted net assets			220,315,670	27	262,173,427	
	28	Temporarily restricted net assets			27,543,396	28	35,201,723	
	29	Permanently restricted net assets			8,232,137	29	8,317,786	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.							
	30	Capital stock or trust principal, or current funds				30		
	31	Paid-in or capital surplus, or land, building or equipment fund				31		
	32	Retained earnings, endowment, accumulated income, or other funds				32		
	33	Total net assets or fund balances			256,091,203	33	305,692,936	
	34	Total liabilities and net assets/fund balances			378,980,549	34	429,077,589	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	231,514,645
2	Total expenses (must equal Part IX, column (A), line 25)	2	182,182,332
3	Revenue less expenses Subtract line 2 from line 1	3	49,332,313
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	256,091,203
5	Other changes in net assets or fund balances (explain in Schedule O)	5	269,420
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	305,692,936

Part XII Financial Statements and Reporting

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

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

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization THE JACKSON LABORATORY	Employer identification number 01-0211513
--	--

Part I

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

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

- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☒

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 10

☐

An organization organized and operated exclusively to test for public safety See**section 509(a)(4).**
- 11

☐

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

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other
- e

☐

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

☐

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

☐

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

(i)

a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?
- h

☐

Provide the following information about the supported organization(s)

	Yes	No
11g(i)		No
11g(ii)		No
11g(iii)		No

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

Part II

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

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

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	69,277,727	66,103,830	66,396,577	69,040,663	73,823,292	344,642,089
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	69,277,727	66,103,830	66,396,577	69,040,663	73,823,292	344,642,089
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						344,642,089

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	69,277,727	66,103,830	66,396,577	69,040,663	73,823,292	344,642,089
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,880,882	4,569,075	4,253,688	3,370,975	2,954,194	19,028,814
9 Net income from unrelated business activities, whether or not the business is regularly carried on	97,530	19,815	0	21,308	48,973	187,626
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)						363,858,529
12 Gross receipts from related activities, etc (See instructions)					12	454,422,499
13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage		
14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f))	14	94 719 %
15 Public Support Percentage for 2009 Schedule A, Part II, line 14	15	94 651 %
16a 33 1/3% support test—2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
b 33 1/3% support test—2009. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
17a 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶		
b 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶		
18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ▶		

Part IIIPart III

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

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6)						

Section B. Total Support							
Calendar year (or fiscal year beginning in)		(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support (Add lines 9, 10c, 11 and 12)						
14	First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage			
15	Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15	
16	Public support percentage from 2009 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage			
17	Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17	
18	Investment income percentage from 2009 Schedule A, Part III, line 17	18	
19a	33 1/3% support tests—2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
b	33 1/3% support tests—2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
20	Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions ▶		

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Additional Data

Software ID:

Software Version:

EIN: 01-0211513

Name: THE JACKSON LABORATORY

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DAVID BALTIMORE PHD TRUSTEE	1 0	X						0	0	0
ROBERT C BECK TRUSTEE	1 0	X						0	0	0
DAVID R CABOT TRUSTEE	1 0	X						0	0	0
KATHLEEN A CORBET TRUSTEE	1 0	X						0	0	0
LOUIS J D'AMBROSIO TRUSTEE	1 0	X						0	0	0
ROSS E DWORMAN TRUSTEE	1 0	X						0	0	0
DAVID D ELLIMAN TRUSTEE	1 0	X						0	0	0
ANTHONY B EVNIN PHD TRUSTEE	1 0	X						0	0	0
JAMES J GALLOGLY TRUSTEE	1 0	X						0	0	0
RICHARD S GURIN TRUSTEE	1 0	X						0	0	0
WILLIAM S HARWOOD ESQ TRUSTEE	1 0	X						0	0	0
LEO A HOLT TRUSTEE	1 0	X						0	0	0
WESLIE R JANEWAY TRUSTEE	1 0	X						0	0	0
RICHARD S LANNAMANN TRUSTEE	1 0	X						0	0	0
SAM R LITTLE TRUSTEE	1 0	X						0	0	0
TERRY R MAGNUSON PHD TRUSTEE	1 0	X						0	0	0
TOM P MANIATIS PHD TRUSTEE	1 0	X						0	0	0
SHIRLEY M TILGHMAN PHD TRUSTEE	1 0	X						0	0	0
DAVID VALLE PHD TRUSTEE	1 0	X						0	0	0
TOM S VOLPE TRUSTEE	1 0	X						0	0	0
BRIAN WRUBLE CHAIRMAN	1 0	X						0	0	0
RICHARD P WOYCHIK PHD PRESIDENT & CEO	40 0	X		X				434,322	0	107,413
PETER GERRITY SECRETARY	1 0	X		X				0	0	0
EDWARD L SAMEK TREASURER	1 0	X		X				0	0	0
CHARLES E HEWETT PHD EXECUTIVE VICE PRESIDENT	40 0			X				465,611	0	134,383

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)							(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former				
MICHAEL HYDE VICE PRESIDENT FOR ADVANCEMENT	40 0			X				292,048	0	56,986	
LINDA JENSEN CHIEF FINANCIAL OFFICER	40 0			X				289,482	0	43,965	
JANA ROBINSON ASSISTANT SECRETARY	40 0			X				46,472	0	23,910	
RONALD SUCY ASSISTANT TREASURER	40 0			X				120,724	0	19,882	
JOSEPH VETELINO ASSISTANT TREASURER	40 0			X				96,454	0	28,982	
AUROBINDO NAIR PHD ASSOC GEN MANAGER JMS	40 0				X			295,306	0	43,944	
KATHY L VANDEGRIFT ASSOC GEN MGR JMS	40 0				X			272,527	0	40,206	
ROBERT BRAUN PHD ASSOC DIR & CHAIR OF RESEARCH	40 0				X			306,413	0	25,868	
LEAH RAE DONAHUE PHD DIR GENETIC RESOURCE SCIENCE	40 0				X			197,747	0	33,066	
MICHAEL WATERS SENIOR DIR OF OPP DEVELOPMENT	40 0					X		215,520	0	41,058	
SUSAN D AIRHART SR DIR STRATEGIC OPPORTUNITY	40 0					X		218,609	0	29,084	
GARY A CHURCHILL PHD PROFESSOR	40 0					X		208,709	0	40,686	
JANAN T EPPIG PHD PROFESSOR	40 0					X		225,504	0	30,408	
KENNETH PAIGEN PHD PROFESSOR	40 0					X		211,804	0	0	

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

OMB No 1545-0047

2010

Open to Public Inspection

If the organization answered “Yes,” to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

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

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

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

If the organization answered “Yes,” to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35a (Proxy Tax), then

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

Name of the organization THE JACKSON LABORATORY	Employer identification number 01-0211513
--	--

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

1	Provide a description of the organization’s direct and indirect political campaign activities in Part IV	
2	Political expenditures	▶ \$ _____
3	Volunteer hours	_____

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

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

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

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

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

Part II-A

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

A

Check

☐

if the filing organization belongs to an affiliated group

B

Check

☐

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing Organization's Totals	(b) Affiliated Group Totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)															
d Other exempt purpose expenditures															
e Total exempt purpose expenditures (add lines 1c and 1d)															
f Lobbying nontaxable amount Enter the amount from the following table in both columns															
<table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g Grassroots nontaxable amount (enter 25% of line 1f)															
h Subtract line 1g from line 1a If zero or less, enter -0-															
i Subtract line 1f from line 1c If zero or less, enter -0-															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes	<input type="checkbox"/> No												

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B

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

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
	a Volunteers?		No	
	b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
	c Media advertisements?		No	
	d Mailings to members, legislators, or the public?		No	
	e Publications, or published or broadcast statements?		No	
	f Grants to other organizations for lobbying purposes?		No	
	g Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		
	h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
	i Other activities? If "Yes," describe in Part IV			
j Total lines 1c through 1i				66,801
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A

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

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

Part III-B

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

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

Part IV

Supplemental Information

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

Identifier	Return Reference	Explanation
LOBBYING ACTIVITY BY NON-ELECTING 501(C)(3) ORGANIZATION	PART II-B, LINE 1G	ADVOCACY ACTIVITIES IN WASHINGTON, D C , MAINE, AND FLORIDA ARE UNDERTAKEN BY THE JACKSON LABORATORY. MAINE ACTIVITIES ARE UNDERTAKEN BY THE DIRECTOR, OFFICE OF GOVERNMENTAL RELATIONS AT THE JACKSON LABORATORY, FLORIDA ACTIVITIES ARE UNDERTAKEN BY THE DIRECTOR OF ADVANCEMENT, CHIEF OPERATING OFFICER, AND THE CHIEF EXECUTIVE OFFICER. THE LABORATORY ENGAGES 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, 2011 WAS \$66,801, \$55,420 WAS PAID TO LOBBYING FIRMS AND GROUPS. IN ADDITION, \$11,381 WAS AN ALLOCATION OF EMPLOYEE COMPENSATION FOR LOBBYING ACTIVITIES.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization
THE JACKSON LABORATORY

Employer identification number
01-0211513

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

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

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

1

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

☐ Preservation of land for public use (e g , recreation or pleasure)

☐ Preservation of an historically importantly land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

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

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

3

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

4

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

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6

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

7

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

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

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

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

1a

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

b

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

(i)

Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

(ii)

Assets included in Form 990, Part X

▶ \$ _____

2

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

a

Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

b

Assets included in Form 990, Part X

▶ \$ _____

For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

Cat No 52283D

Schedule D (Form 990) 2010

Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

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

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a Beginning of year balance	74,765,000	58,922,000	80,042,000		
b Contributions	2,345,649	6,051,000	76,000		
c Investment earnings or losses	10,790,669	10,277,000	-20,682,000		
d Grants or scholarships					
e Other expenditures for facilities and programs	448,468	485,000	514,000		
f Administrative expenses					
g End of year balance	87,452,850	74,765,000	58,922,000		

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶ 90 000 %

b

Permanent endowment ▶ 10 000 %

c

Term endowment ▶ 0 %

3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i) unrelated organizations

(ii) related organizations

b

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

	Yes	No
3a(i)		No
3a(ii)		No
3b		

4

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

Part VI

Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		5,451,862		5,451,862
b Buildings		284,702,555	108,658,590	176,043,965
c Leasehold improvements			0	
d Equipment		79,667,303	65,025,968	14,641,335
e Other		13,036,975	0	13,036,975
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				209,174,137

Part XIReconciliation of Change in Net Assets from Form 990 to Financial Statements			
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	231,514,645
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	182,182,332
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	49,332,313
4	Net unrealized gains (losses) on investments	4	321,353
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-52,225
9	Total adjustments (net) Add lines 4 - 8	9	269,128
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	49,601,441

Part XIIReconciliation of Revenue per Audited Financial Statements With Revenue per Return			
1	Total revenue, gains, and other support per audited financial statements	1	231,706,876
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	321,353
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	-52,225
e	Add lines 2a through 2d	2e	269,128
3	Subtract line 2e from line 1	3	231,437,748
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	198,615
b	Other (Describe in Part XIV)	4b	-121,718
c	Add lines 4a and 4b	4c	76,897
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	231,514,645

Part XIIIReconciliation of Expenses per Audited Financial Statements With Expenses per Return			
1	Total expenses and losses per audited financial statements	1	182,105,435
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	121,718
e	Add lines 2a through 2d	2e	121,718
3	Subtract line 2e from line 1	3	181,983,717
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	198,615
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	198,615
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	182,182,332

Part XIVSupplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
ENDOWMENT FUNDS	PART V, LINE 4	THE INVESTMENT AND SPENDING POLICIES FOR THE ENDOWMENT ASSETS HAVE BEEN ESTABLISHED TO PROVIDE A PREDICTABLE STREAM OF FUNDING FOR THE PROGRAMS SUPPORTED BY ENDOWMENT INCOME, WHILE SEEKING TO MAINTAIN THE PURCHASING POWER OF THE ENDOWMENT ASSETS. IN ADDITION, WHEN CONSIDERING AMOUNT OF INCOME TO APPROPRIATE FROM BOARD-DESIGNATED ASSETS, THE TRUSTEES CONSIDER THE NEED TO MAINTAIN UNRESTRICTED ASSETS TO MEET LIQUIDITY COVENANTS RELATED TO OUTSTANDING BONDS. ACCORDINGLY, THE BOARD OF TRUSTEES HAS SET THE INVESTMENT ALLOCATION TO ACHIEVE A NOMINAL RATE OF RETURN THAT WILL AT LEAST COVER INFLATION AND THE SPEND RATE WITH A PRUDENT LEVEL OF RISK. THE INVESTMENT ALLOCATION FOR THE BOARD-DESIGNATED PORTION OF THE ENDOWMENT IS SET TO ACHIEVE GREATER STABILITY IN THE VALUE OF THE INVESTMENTS. THE BOARD ALLOCATED 4% OF THE THREE YEAR AVERAGE VALUE OF DONOR-DESIGNATED ENDOWMENT BALANCES TO SUPPORT THE DESIGNATED PROGRAMS. ALL EARNINGS ON DONOR ENDOWMENTS ESTABLISHED TO PROVIDE GENERAL SUPPORT FOR THE LABORATORY AS APPROVED BY THE BOARD OF TRUSTEES WERE RETAINED IN THE ENDOWMENT. THE BOARD OF TRUSTEES WISHES TO INCREASE THE AMOUNT OF ENDOWMENT SUPPORT AVAILABLE IN THE FUTURE.
LIABILITY FOR UNCERTAIN TAX POSITIONS UNDER FIN 48 (ASC 740)	PART XI, LINE 2	THE LABORATORY IS A NOT-FOR-PROFIT ORGANIZATION AS DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (THE CODE), AS AMENDED AND IS GENERALLY EXEMPT FROM INCOME TAXES PURSUANT TO THE CODE. THE LABORATORY ASSESSES WHETHER THERE ARE UNCERTAIN TAX POSITIONS AND DETERMINED THAT THERE WERE NO UNCERTAIN TAX POSITIONS THAT WOULD HAVE A MATERIAL EFFECT ON THE FINANCIAL STATEMENTS.
OTHER CHANGES IN NET ASSETS	PART XI, LINE 8	UNREALIZED LOSS ON INTEREST RATE SWAPS (335,174) CHANGES IN ACTUARIAL ASSUMPTIONS 282,948 ROUNDING 1 TOTAL (52,225)
OTHER REVENUE INCLUDED IN FINANCIAL STATEMENTS BUT NOT ON RETURN	PART XII, LINE 2D	UNREALIZED LOSS ON INTEREST RATE SWAPS (335,174) CHANGES IN ACTUARIAL ASSUMPTIONS 282,948 ROUNDING 1 TOTAL (52,225)
OTHER REVENUE ON RETURN NOT IN FINANCIAL STATEMENTS	PART XII, LINE 4B	RECLASS OF FUNDRAISING EXPENSE (121,719)
OTHER EXPENSES INCLUDED IN FINANCIAL STATEMENTS NOT ON RETURN	PART XIII, LINE 2D	RECLASS OF FUNDRAISING EXPENSE 121,719

1

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

3 Enter total number of other organizations or entities ▶ _____

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

[illegible]

Part IV Foreign Forms

- 1

Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)*

☐ Yes

☒ No
- 2

Did the organization have an interest in a foreign trust during the tax year? *If " Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)*

☐ Yes

☒ No
- 3

Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)*

☐ Yes

☒ No
- 4

Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)*

☒ Yes

☐ No
- 5

Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)*

☒ Yes

☐ No
- 6

Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).*

☐ Yes

☒ No

Additional Data

Software ID:
Software Version:
EIN: 01-0211513
Name: THE JACKSON LABORATORY

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

Supplemental Information Regarding Fundraising or Gaming Activities

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
THE JACKSON LABORATORY

Employer identification number

01-0211513

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a <input type="checkbox"/> Mail solicitations	e <input type="checkbox"/> Solicitation of non-government grants
b <input type="checkbox"/> Internet and e-mail solicitations	f <input type="checkbox"/> Solicitation of government grants
c <input type="checkbox"/> Phone solicitations	g <input type="checkbox"/> Special fundraising events
d <input type="checkbox"/> In-person solicitations	

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☒ **Yes** ☐ **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total ▶						

3 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

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		Awards Dinner (event type)	Discovery Lunch (event type)	1 (total number)	(Add col (a) through col (c))
Revenue	1	Gross receipts	73,079	34,683	14,714
	2	Less Charitable contributions	62,874	34,139	14,714
	3	Gross income (line 1 minus line 2)	10,205	544	
Direct Expenses	4	Cash prizes			
	5	Non-cash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	90,899	16,105	14,714
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶			
	11	Net income summary Combine lines 3 and 10 in column (d). ▶			

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
					(Add col (a) through col (c))
Revenue	1	Gross revenue			
	2	Cash prizes			
Direct Expenses	3	Non-cash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<div><div><input type="checkbox"/> Yes %</div><div><input type="checkbox"/> No</div></div>	<div><div><input type="checkbox"/> Yes %</div><div><input type="checkbox"/> No</div></div>	<div><div><input type="checkbox"/> Yes %</div><div><input type="checkbox"/> No</div></div>
7 Direct expense summary Add lines 2 through 5 in column (d) ▶					
8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶					

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," Explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," Explain _____

11

Does the organization operate gaming activities with nonmembers?

☐ Yes ☐ No

12

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

☐ Yes ☐ No

13

Indicate the percentage of gaming activity operated in

a	The organization's facility	13a
b	An outside facility	13b

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?

☐ Yes ☐ No

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

a

Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

☐ Yes ☐ No

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 \$

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
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Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2010

Open to Public Inspection

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization
THE JACKSON LABORATORY

Employer identification number

01-0211513

Part I

Questions Regarding Compensation

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

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

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

Note. The sum of columns (B)(i)-(iii) 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-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) RICHARD P WOYCHIK PHD	(i) (ii)	409,322 0	25,000 0	0 0	86,153 0	21,260 0	541,735 0	0 0
(2) CHARLES E HEWETT PHD	(i) (ii)	435,611 0	30,000 0	0 0	115,000 0	19,383 0	599,994 0	0 0
(3) MICHAEL HYDE	(i) (ii)	267,048 0	25,000 0	0 0	37,500 0	19,486 0	349,034 0	0 0
(4) LINDA JENSEN	(i) (ii)	254,482 0	35,000 0	0 0	24,500 0	19,465 0	333,447 0	0 0
(5) MICHAEL WATERS	(i) (ii)	178,104 0	37,416 0	0 0	21,733 0	19,325 0	256,578 0	0 0
(6) SUSAN D AIRHART	(i) (ii)	175,229 0	43,379 0	0 0	21,945 0	7,139 0	247,693 0	0 0
(7) GARY A CHURCHILL PHD	(i) (ii)	208,709 0	0 0	0 0	21,302 0	19,384 0	249,395 0	0 0
(8) JANAN T EPPIG PHD	(i) (ii)	225,504 0	0 0	0 0	22,730 0	7,678 0	255,912 0	0 0
(9) KENNETH PAIGEN PHD	(i) (ii)	211,804 0	0 0	0 0	0 0	0 0	211,804 0	0 0
(10) AUROBINDO NAIR PHD	(i) (ii)	240,181 0	55,125 0	0 0	24,500 0	19,444 0	339,250 0	0 0
(11) KATHY L VANDEGRIFT	(i) (ii)	222,746 0	49,781 0	0 0	24,500 0	15,706 0	312,733 0	0 0
(12) ROBERT BRAUN PHD	(i) (ii)	306,413 0	0 0	0 0	24,500 0	1,368 0	332,281 0	0 0
(13) LEAH RAE DONAHUE PHD	(i) (ii)	172,747 0	25,000 0	0 0	18,895 0	14,171 0	230,813 0	0 0
(14)								
(15)								
(16)								

Part III

Supplemental Information

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

Identifier	Return Reference	Explanation
BENEFITS	PART I, LINE 1A	TAX INDEMNIFICATION AND GROSS-UP PAYMENTS. THE JACKSON LABORATORY GROSSES UP THE AMOUNT ADDED TO WAGES FOR IMPUTED INSURANCE PREMIUMS FOR THE SENIOR MANAGEMENT GROUP TO COVER TAXES. THE LABORATORY ALSO GROSSES UP WAGES TO COVER THE TAX IMPACT OF GIFT CARDS AND OTHER AWARDS OR PRIZES TO EMPLOYEES SO THAT THE RECIPIENTS RECEIVE THE FULL VALUE OF THE GIFT OR AWARD.
SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN	PART I, LINE 4B	THE LABORATORY MAINTAINS DEFERRED COMPENSATION PLANS UNDER SECTIONS 457(B) AND 457(F). THE 457(B) PLAN ALLOWS HIGHLY COMPENSATED EMPLOYEES TO DEFER AN ADDITIONAL \$16,500 OF THEIR SALARY EACH CALENDAR YEAR. THE PRESIDENT AND EXECUTIVE VICE PRESIDENT/COO PARTICIPATE IN A NON-QUALIFIED SUPPLEMENTAL RETIREMENT PLAN THAT PROVIDES FOR A PORTION OF THEIR COMPENSATION TO BE DEFERRED UNDER A SECTION 457 (F) PLAN. THE AMOUNT TAXABLE TO THEM UNDER THE PLAN DURING THE YEAR IS \$0.
NON-FIXED PAYMENTS	PART I, LINE 7	THE TOTAL COMPENSATION PACKAGE OF CERTAIN OFFICERS AND KEY EMPLOYEES INCLUDES VARIABLE COMPENSATION AWARDED BASED ON PERFORMANCE.

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
THE JACKSON LABORATORY

Supplemental Information on Tax Exempt Bonds

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

OMB No 1545-0047

2010

Open to Public
Inspection

Employer identification number
01-0211513

Part I

Bond Issues

(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A ABAG FINANCE AUTHORITY FOR NONPROFIT CORPORATIONS	94-3130123	00037CLX6	09-12-2007	35,075,000	FINANCE CONSTRUCTION & REFUND		X		X		X

Part II

Proceeds

		A		B		C		D	
1	Amount of bonds retired								
2	Amount of bonds legally defeased								
3	Total proceeds of issue	35,075,000							
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds	1,004,292							
6	Proceeds in refunding escrow								
7	Issuance costs from proceeds	456,682							
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds	31,597,588							
11	Other spent proceeds	2,016,438							
12	Other unspent proceeds								
13	Year of substantial completion	2009							
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X							
15	Were the bonds issued as part of an advance refunding issue?		X						
16	Has the final allocation of proceeds been made?	X							
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

Part III

Private Business Use

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

Part III

Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use?	X							
b	Are there any research agreements that may result in private business use of bond-financed property?	X							
c	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?	X							
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government	0 290 %							
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government	0 %							
6	Total of lines 4 and 5	0 290 %							
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X							

Part IV

Arbitrage

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

Part V

Supplemental Information

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

Identifier	Return Reference	Explanation
TAX-EXEMPT BOND	PART I	COLUMN (F) DESCRIPTION OF PURPOSE FINANCE CONSTRUCTION AND REFUND \$2 MILLION IN OUTSTANDING ABAG 2002 REVENUE BOND
OTHER SPENT PROCEEDS	PART II, LINE 11	\$2,016,438 SHALL BE USED TO REIMBURSE THE ISSUER OF A LETTER OF CREDIT WITH RESPECT TO THE 2002 BONDS FOR AN ADVANCE TO PAY THE COSTS OF REDEEMING THE REFUNDED BONDS AND SHALL BE ALLOCATED TO REDEMPTION OF THE REFUNDED BONDS FOR PURPOSES OF THIS TAX CERTIFICATE
GROSS PROCEEDS INVESTED BEYOND AN AVILABLE TEMPORARY PERIOD	PART IV, LINE 5	\$3,544 WAS HELD BEYOND THE APPLICABLE TEMPORARY PERIOD, EARNING DE MINIMIS INTEREST

Schedule L
(Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
THE JACKSON LABORATORY

Employer identification number

01-0211513

Part I

Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

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

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ▶ \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$

Part II

Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

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

Part III

Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b)Relationship between interested person and the organization	(c)Amount of grant or type of assistance

Part IV

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) JAX PARTNERS II	SEE PART V	273,454	CAPITAL CONTRIBUTION		No
(2) MADELEINE BRAUN	KEY EMPLOYEE-ROBERT BRAUN	168,616	EMPLOYMENT - FAMILY MEMBER		No

Part V

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

Identifier	Return Reference	Explanation
BUSINESS TRANSACTIONS WITH INTERESTED PERSON	PART IV	JAX PARTNERS I AND II ARE ENTITIES IN WHICH THE JACKSON LABORATORY AND TRUSTEE, ROBERT C BECK, ARE SERVING AS PARTNERS IN A PASS THROUGH INVESTMENT VEHICLE WITH A DIRECT OWNERSHIP INTEREST IN A PRIVATE EQUITY FUND

SCHEDULE M
(Form 990)

NonCash Contributions

OMB No 1545-0047

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

►Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30.
► Attach to Form 990.

Name of the organization
THE JACKSON LABORATORY

Employer identification number
01-0211513

Part ITypes of Property

	(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining oncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles .				
7 Boats and planes				
8 Intellectual property . .				
9 Securities—Publicly traded	X	44	338,815	FMV
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests .	X	1	1,500,000	FMV
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other . .				
15 Real estate—Residential .				
16 Real estate—Commercial				
17 Real estate—Other . .				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts . .				
23 Scientific specimens . .				
24 Archeological artifacts .				
IN-KIND				
25 Other ► (CONTRIBUTIONS)	X	6	21,657	FMV
26 Other ► ()				
27 Other ► ()				
28 Other ► ()				

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

29

0

30a 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?

30a

Yes

No

b If "Yes," describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

31

Yes

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?

32a

No

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 checked, describe in Part II

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
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SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization THE JACKSON LABORATORY	Employer identification number 01-0211513
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Identifier	Return Reference	Explanation
ORGANIZATION'S MISSION	FORM 990, PART III, LINE 1	THE MISSION OF THE LABORATORY IS THREEFOLD 1) CONDUCTING BASIC BIOMEDICAL RESEARCH, 2) TRAINING AND EDUCATING SCIENTISTS WORLDWIDE, 3) PROVIDING GENETIC RESOURCES TO THE GLOBAL SCIENTIFIC COMMUNITY THE PURPOSE OF THE LABORATORY IS TO INCREASE THE KNOWLEDGE OF DEVELOPMENT, GROWTH, REPRODUCTION, PHYSIOLOGICAL, AND INBORN ALIMENTS THROUGH RESEARCH WITH GENETICALLY DEFINED EXPERIMENTAL ANIMALS

Identifier	Return Reference	Explanation
PROGRAM SERVICES	FORM 990, PART III, LINE 4A-4C	<p>4A GENETIC RESOURCES THE JACKSON LABORATORY GENERATES AND MAINTAINS OPEN-SOURCE DATABASES THAT ARE AVAILABLE TO THE WORLDWIDE RESEARCH COMMUNITY, DRIVING DISCOVERY IN CANCER, DIABETES, OSTEOPOROSIS, ALZHEIMER'S DISEASE AND MANY OTHER AREAS CRITICAL TO HUMAN HEALTH THROUGHOUT FISCAL YEAR 2011, THESE DATABASES EXPERIENCED CLOSE TO 9 MILLION "HITS" PER WEEK THE LABORATORY'S MOUSE REPOSITORY OFFERED A PORTFOLIO OF OVER 2,500 TARGETED AND 1,200 TRANSGENIC MUTANT MOUSE LINES THESE INCLUDED A WIDE SELECTION OF STRAINS GENETICALLY ENGINEERED AS MOUSE MODELS OF HUMAN DISEASES, AMONG THEM CANCER, HEART DISEASE, ALZHEIMER'S DISEASE, ALS, DIABETES, PARKINSON'S DISEASE, SPINAL MUSCULAR ATROPHY, HUNTINGTON'S DISEASE AND VARIOUS AUTOIMMUNE DISEASES TO INCREASE THE NUMBER OF NEW CANCER DRUGS THAT ARE BOTH SAFE AND EFFECTIVE IN PATIENTS, THE JACKSON LABORATORY IS PARTNERING WITH THE UC DAVIS CANCER CENTER AND THE NATIONAL CANCER INSTITUTE'S (NCI) CENTER FOR ADVANCED PRECLINICAL RESEARCH (CAPR), ALL UNDER THE UMBRELLA OF NCI'S ADVANCED TECHNOLOGY PARTNERSHIPS INITIATIVE (ATPI) UNDER THE PARTNERSHIP, THE JACKSON LABORATORY SUCCESSFULLY DEVELOPED A GENETICALLY ENGINEERED MOUSE MODEL CAPABLE OF ACCEPTING THE ENGRAFTMENT OF HUMAN TISSUE</p> <p>4B RESEARCH PROFESSOR JOHN EPPIG, A PIONEER IN DEVELOPMENTAL AND REPRODUCTIVE BIOLOGY, WAS ELECTED TO THE NATIONAL ACADEMY OF SCIENCES, ONE OF THE TOP HONORS IN AMERICAN SCIENCE A JACKSON LABORATORY RESEARCH TEAM LED BY PROFESSOR SIMON JOHN AND COLLABORATORS REPORTED THEY HAVE DESIGNED AN ANALYSIS TECHNIQUE THAT DETECTS EARLY STAGES OF GLAUCOMA IN MICE, AND HAVE SUCCESSFULLY BLOCKED THE DISEASE BY TARGETING SOME OF THE MOLECULAR EVENTS IN THOSE EARLY STAGES DR JOHN'S LABORATORY ALSO REPORTED THEIR FINDING THAT RNA GRANULES-KEY PLAYERS IN MESSENGER RNA (MRNA) PROCESSING-CAN AFFECT EYE DEVELOPMENT, LEADING TO JUVENILE CATARACTS AND GLAUCOMA IN HUMANS AND MICE, AND THEIR DISCOVERY OF A GENE IMPLICATED IN AN ACUTE AND SEVERE FORM OF GLAUCOMA KNOWN AS ANGLE-CLOSURE GLAUCOMA JACKSON LABORATORY PROFESSOR GARY CHURCHILL AND COLLABORATORS AT THE UNIVERSITY OF NORTH CAROLINA, CHAPEL HILL, CREATED A GENOME-WIDE, HIGH-RESOLUTION MAP OF MOST OF THE INBRED MOUSE STRAINS USED TODAY THEIR CONCLUSION, PUBLISHED IN NATURE GENETICS MOST OF THE MICE IN USE TODAY REPRESENT ONLY LIMITED GENETIC DIVERSITY, WHICH COULD BE SIGNIFICANTLY EXPANDED WITH THE ADDITION OF MORE WILD MOUSE POPULATIONS RESEARCHERS AT THE JACKSON LABORATORY LED BY ASSISTANT PROFESSOR ZHONG-WEI ZHANG HAVE DISCOVERED A FACTOR IN SYNAPSE BUILDING, ALSO SHOWING THAT THE INTRICATE PROCESSES OF SYNAPSE BUILDING AND PRUNING OCCUR INDEPENDENT OF EACH OTHER A RESEARCH TEAM INCLUDING JACKSON LABORATORY PROFESSOR DERRY ROOPENIAN SHOWED THAT BY PAIRING WITH A SPECIAL RECEPTOR, KNOWN AS FCRN, ANTIBODIES CAN ENTER CELLS THAT HAVE BEEN INVADDED BY INFLUENZA VIRUS AND SHUT DOWN THEIR REPLICATION MACHINERY A BETTER UNDERSTANDING OF HOW-AND WHERE-THE ANTIBODIES FIGHT VIRUSES IS IMPORTANT FOR DESIGNING NEW AND MORE EFFECTIVE VACCINES AND ANTIBODY-BASED THERAPIES JACKSON LABORATORY RESEARCH SCIENTIST CAT LUTZ, PH D, AND COLLABORATORS AT COLUMBIA UNIVERSITY AND OTHER LABORATORIES, DEMONSTRATED A NEW APPROACH TO TREATING THE DEVASTATING NEUROMUSCULAR DISEASE KNOWN AS SPINAL MUSCULAR ATROPHY (SMA) WORKING WITH A NEW MOUSE MODEL OF SMA, THE RESEARCHERS REDUCED THE SYMPTOMS OF THE DISEASE BY RESTORING LEVELS OF A PROTEIN CALLED SMN</p> <p>4C TRAINING THE JACKSON LABORATORY PROVIDED 29 COURSES, CONFERENCES, SEMINARS AND WORKSHOP EVENTS THESE UNIQUE EDUCATIONAL OPPORTUNITIES ATTRACTED 691 PARTICIPANTS FROM THROUGHOUT THE NATIONAL AND INTERNATIONAL RESEARCH COMMUNITY, AFFORDING THEM WITH OPPORTUNITIES TO TRADE INSIGHTS WITH 404 FACULTY MEMBERS THE JACKSON LABORATORY HAS OFFERED SCHOOL-YEAR INTERNSHIPS TO HIGH SCHOOL STUDENTS FROM REGIONAL HIGH SCHOOLS SINCE 1993 THIS PROGRAM IN FISCAL YEAR 2011 ATTRACTED EIGHT STUDENTS THE LABORATORY'S COLLEGE INTERNSHIP PROGRAM ALSO PROVIDED ON-CAMPUS, SEMESTER-LONG INDEPENDENT RESEARCH PROJECTS TO FOUR STUDENTS YET ANOTHER HAND-ON PROGRAM FOR SCIENCE TEACHERS ATTRACTED THREE PARTICIPANTS THE JACKSON LABORATORY'S HISTORIC SUMMER STUDENT PROGRAM HAD 38 TALENTED PARTICIPANTS THE NATIONALLY RENOWNED PROGRAM PROVIDES HIGH SCHOOL AND COLLEGE STUDENTS WITH AN OPPORTUNITY TO CONDUCT INDEPENDENT RESEARCH UNDER THE GUIDANCE OF STAFF SCIENTISTS MORE THAN 2,200 STUDENTS, INCLUDING THREE NOBEL LAUREATES, HAVE PARTICIPATED IN THE PROGRAM MOST ALUMNI GO ON TO CAREERS IN MEDICINE OR RESEARCH COMMITMENT TO EDUCATIONAL OUTREACH EXTENDS INTO REGIONAL ELEMENTARY SCHOOLS FISCAL YEAR 2011 SAW THE CONTINUATION OF THE POPULAR, LITERALLY HANDS-ON -BACTERIOLOGY COURSE IN WHICH SECOND-GRADERS LEARN ABOUT THE COMMON GERMS THAT LIVE ON THE PALMS OF THEIR HANDS THESE COURSES ARE CONDUCTED PRIMARILY WITH THE USE OF RESEARCH STAFF VOLUNTEERS, INCLUDING FACULTY MEMBERS, POSTDOCTORAL STUDENTS AND RESEARCH ASSISTANTS</p>

Identifier	Return Reference	Explanation
FORM 990 REVIEW PROCESS	PART VI, SECTION B, QUESTION 11A	THE AUDIT COMMITTEE OF THE JACKSON LABORATORY'S BOARD OF TRUSTEES REVIEWS A DRAFT COPY OF THE IRS FORM 990 BEFORE IT IS PROVIDED TO THE BOARD OF TRUSTEES AFTER REVIEW, THE IRS FORM 990 IS FINALIZED AND FILED

Identifier	Return Reference	Explanation
CONFLICT OF INTEREST POLICY	PART VI, SECTION B, QUESTION 12C	THE JACKSON LABORATORY ANNUALLY PROVIDES ALL OFFICERS, BOARD MEMBERS AND KEY EMPLOYEES WITH A CONFLICT OF INTEREST, CODE OF ETHICS AND DISCLOSURE QUESTIONNAIRE ACCOMPANIED WITH COPIES OF ALL RELATED POLICIES THE DISCLOSURE AND COMPLIANCE ATTESTATIONS ARE RETURNED TO TRUSTEE RELATIONS, WHERE THEY ARE RECORDED AND TALLIED FOR COMPLETENESS ANY ISSUES NOTED ARE REFERRED TO THE AUDIT COMMITTEE THE CHIEF FINANCIAL OFFICER ALSO REVIEWS THE RESPONSES TO IDENTIFY ANY ITEMS THAT REQUIRE DISCLOSURE

Identifier	Return Reference	Explanation
COMPENSATION POLICY	PART VI, SECTION B, QUESTION 15B	THE COMPENSATION AND HUMAN RESOURCES COMMITTEE OF THE BOARD OF TRUSTEES SETS COMPENSATION AND BENEFITS FOR THE CHIEF EXECUTIVE OFFICER, EXECUTIVE VICE PRESIDENT AND 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 WOULD BE CONSIDERED '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 FOR THE COMMITTEE BY AN EXTERNAL EXECUTIVE COMPENSATION FIRM WHICH CONSIDERS COMPENSATION INFORMATION REPORTED IN FORM 990'S OF COMPARABLE ORGANIZATIONS AND THE RESULTS OF RECOGNIZED COMPENSATION SURVEYS. THE SENIOR DIRECTOR OF HUMAN RESOURCES IS AVAILABLE TO THE COMMITTEE TO PROVIDE ANY OTHER DATA NEEDED. THE CEO MEETS WITH THE COMMITTEE AT LEAST ANNUALLY TO PROVIDE THE COMMITTEE MEMBERS WITH ANNUAL PERFORMANCE REVIEWS OF HIS REPORTS. THE COMMITTEE'S REVIEW PROCESS AND RESULTS ARE DOCUMENTED IN MINUTES OF THE MEETINGS.

Identifier	Return Reference	Explanation
PUBLIC DISCLOSURE	PART VI, SECTION C, QUESTION 19	THE ORGANIZATION'S FORM 990 IS AVAILABLE ON WWW GUIDESTAR.ORG AND ON THE ORGANIZATION'S PUBLIC WEBSITE JAX.ORG

Identifier	Return Reference	Explanation
OTHER CHANGES IN NET ASSETS	PART XI, LINE 5	UNREALIZED GAIN 321,353 UNREALIZED LOSS ON INTEREST RATE SWAPS (335,174) CHANGES IN ACTUARIAL ASSUMPTIONS 282,948 ROUNDING 293 TOTAL 269,420