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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 private foundations)

▶ Do not enter social security numbers on this form as it may be made public
▶ Information about Form 990 and its instructions is at www.IRS.gov/form990

OMB No 1545-0047

2014

Open to Public Inspection

A For the 2014 calendar year, or tax year beginning 01-01-2014 , and ending 12-31-2014

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
THE JACKSON LABORATORY

% LINDA A JENSEN

Doing business as

Number and street (or P O box if mail is not delivered to street address) | Room/suite
600 MAIN STREET

City or town, state or province, country, and ZIP or foreign postal code
BAR HARBOR, ME 04609

D Employer identification number
01-0211513

E Telephone number
(207) 288-6000

G Gross receipts $ 292,228,376

F Name and address of principal officer
EDISON LIU
600 MAIN STREET
BAR HARBOR, ME 04609

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

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

H(c) Group exemption number ▶

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

J Website: ▶ WWW JAX ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1929

M State of legal domicile ME

Part I Summary

1 Briefly describe the organization's mission or most significant activities
WE DISCOVER PRECISE GENOMIC SOLUTION FOR DISEASE AND EMPOWER THE GLOBAL BIOMEDICAL COMMUNITY IN THE SHARED QUEST TO IMPROVE HUMAN HEALTH

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	23
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	21
5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	**5**	1,992
6	Total number of volunteers (estimate if necessary)	**6**	52
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	-41,605
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	-57,641

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	74,310,661	91,256,682
9	Program service revenue (Part VIII, line 2g)	161,752,623	181,040,415
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	15,332,676	12,579,453
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	5,736,826	6,712,934
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	257,132,786	291,589,484

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	17,500	2,526,000
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	114,591,517	129,338,203
16a	Professional fundraising fees (Part IX, column (A), line 11e)	130,573	241,427
b	Total fundraising expenses (Part IX, column (D), line 25) ▶3,474,538		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	101,389,780	118,463,524
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	216,129,370	250,569,154
19	Revenue less expenses Subtract line 18 from line 12	41,003,416	41,020,330

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	612,525,781	736,361,322
21	Total liabilities (Part X, line 26)	195,747,777	243,375,369
22	Net assets or fund balances Subtract line 21 from line 20	416,778,004	492,985,953

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

****** | 2015-11-12
Signature of officer | 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	PTIN
TARA D'AGOSTINO	TARA D'AGOSTINO			P01245482

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 or note to any line in this Part III . . . . . ☑

1 Briefly describe the organization's mission

WE DISCOVER PRECISE GENOMIC SOLUTIONS FOR DISEASE AND EMPOWER THE GLOBAL BIOMEDICAL COMMUNITY IN THE SHARED QUEST TO IMPROVE HUMAN HEALTH

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 108,079,437 including grants of $ 26,000) (Revenue $ 180,377,185)

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

4b (Code) (Expenses $ 95,030,631 including grants of $ 2,500,000) (Revenue $ 172,065)

BIOMEDICAL RESEARCH - PLEASE SEE SCHEDULE O FOR DETAIL

4c (Code) (Expenses $ 5,688,217 including grants of $) (Revenue $ 491,165)

EDUCATION AND TRAINING - PLEASE SEE SCHEDULE O FOR DETAIL

4d Other program services (Describe in Schedule O)

(Expenses $ including grants of $) (Revenue $ 196,240)

4e **Total program service expenses** ▶ 208,798,285

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	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		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	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		No
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 and XII*	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 and XII is optional*	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, 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 other assistance to or for any foreign organization? *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 other assistance to or for foreign individuals? *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	Yes	
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 hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	**24a**	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		No
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		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? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b 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 or note to any line in this Part V . . . . . ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	175		
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	1,992		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		Yes	
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" to line 3b, 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			No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
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 as charitable contributions? . . .	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.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .	9b			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** 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?	14a			No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .	14b			

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

Check if Schedule O contains a response or note to any line 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**	23		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
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**			No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	**3**			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	**4**			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	**5**			No
6	Did the organization have members or stockholders?	**6**			No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	**7a**			No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	**7b**			No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	**8a**		Yes	
b	Each committee with authority to act on behalf of the governing body?	**8b**		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	**9**			No

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	**10a**		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	**10b**		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	**11a**	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	**12a**	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	**12b**	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	**12c**	Yes	
13	Did the organization have a written whistleblower policy?	**13**	Yes	
14	Did the organization have a written document retention and destruction policy?	**14**	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	**15a**	Yes	
b	Other officers or key employees of the organization	**15b**	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	**16a**		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	**16b**		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶ AL , AZ , CA , CT , DE , FL , GA , IL , IA , ME , MD , MA , MN , NY , PA , SC

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

☑ Own website ☑ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-Total . . . . . ▶										
c Total from continuation sheets to Part VII, Section A . . . . ▶										
d Total (add lines 1b and 1c) . . . . . ▶								5,858,985	0	1,151,623

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶154

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**		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? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
FUSION CONSULTING INC, 5215 N OCONNER BLVD IRVING, TX 75039	IT CONSULTING	955,036
STARLIMS CORPORATION, 4000 HOLLYWOOD BLVD HOLLYWOOD, FL 33021	IT CONSULTING	907,812
GILBANE BUILDING COMPANY, 7 JACKSON WALKWAY PROVIDENCE, RI 02903	CONSTRUCTION MGMT	716,742
CENTERBROOK ARCHITECT, PO BOX 955 CENTERBROOK, CT 06409	ARCHITECT	605,845
DIGITAL CONSULTING AND SOFTWARE SVC, 2277 PLAZA DRIVE SUGAR LAND, TX 77479	SOFTWARE CONSULTING	446,771

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶18

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII . . . . . ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . .	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	97,528			
	d	Related organizations . . .	1d				
	e	Government grants (contributions)	1e	77,323,736			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	13,835,418			
	g	Noncash contributions included in lines 1a-1f $		2,372,521			
	h	**Total.** Add lines 1a-1f . . . . . ▶		91,256,682			
Program Service Revenue			Business Code				
	2a	GENETIC RESOURCES	541700	180,377,185	180,377,185		
	b	TRAINING & EDUCATION	541700	491,165	491,165		
	c	RESEARCH	541700	172,065	172,065		
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f . . . . . ▶		181,040,415			
	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		3,788,774		-7,689	3,796,463
	4	Income from investment of tax-exempt bond proceeds . . ▶		0			
	5	Royalties . . . . . ▶		6,627,044			6,627,044

		(i) Real	(ii) Personal				
	6a	Gross rents	0	0				
	b	Less rental expenses						
	c	Rental income or (loss)	0	0				
	d	Net rental income or (loss) . . . . . ▶			0			

		(i) Securities	(ii) Other				
	7a	Gross amount from sales of assets other than inventory	9,143,383	207,579			
	b	Less cost or other basis and sales expenses	313,750	246,533			
	c	Gain or (loss)	8,829,633	-38,954			
	d	Net gain or (loss) . . . . . ▶			8,790,679			8,790,679
Other Revenue	8a	Gross income from fundraising events (not including $ 97,528 of contributions reported on line 1c) See Part IV, line 18 . . a		2,175				
	b	Less direct expenses . . . b		78,609				
	c	Net income or (loss) from fundraising events . . ▶			-76,434			-76,434
	9a	Gross income from gaming activities See Part IV, line 19 . . . a		0				
	b	Less direct expenses . . . b						
	c	Net income or (loss) from gaming activities . . ▶			0			
	10a	Gross sales of inventory, less returns and allowances . a						
	b	Less cost of goods sold . . b						
	c	Net income or (loss) from sales of inventory . . ▶			0			
		Miscellaneous Revenue	Business Code					
	11a	OTHER REVENUE	900099		196,240	196,240		
	b	DEBT FINANCED RENTAL INCOME	531390		-33,916		-33,916	
	c							
	d	All other revenue						
	e	**Total.** Add lines 11a–11d . . . . . ▶			162,324			
	12	**Total revenue.** See Instructions . . . . . ▶			291,589,484	181,236,655	-41,605	19,137,752

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)

Check if Schedule O contains a response or note to any line in this Part IX . . . . . ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	2,526,000	2,526,000		
2 Grants and other assistance to domestic individuals See Part IV, line 22	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals 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	4,753,707	338,827	4,414,880	
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	92,487,219	76,082,499	15,433,940	970,780
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	6,975,345	6,188,666	707,443	79,236
9 Other employee benefits	18,295,275	12,783,793	5,314,595	196,887
10 Payroll taxes	6,826,657	5,615,794	1,139,208	71,655
11 Fees for services (non-employees)				
a Management	0			
b Legal	919,064	86,637	831,469	958
c Accounting	204,165	25,000	179,165	
d Lobbying	447,156		447,156	
e Professional fundraising services See Part IV, line 17	241,427			241,427
f Investment management fees	292,990		292,990	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	12,755,125	10,186,473	1,992,154	576,498
12 Advertising and promotion	986,454	913,997	71,235	1,222
13 Office expenses	2,278,152	1,399,913	704,908	173,331
14 Information technology	5,784,690	4,786,563	930,042	68,085
15 Royalties	161,786	161,786		
16 Occupancy	12,272,561	11,080,720	1,097,524	94,317
17 Travel	5,370,946	4,028,087	1,019,938	322,921
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	353,404	296,020	56,505	879
20 Interest	3,988,732	3,769,128	186,727	32,877
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	27,510,673	24,711,203	2,341,473	457,997
23 Insurance	1,572,623	1,465,260	94,999	12,364
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a SUPPLIES	40,373,731	39,569,398	676,608	127,725
b OTHER SERVICES	1,796,799	1,573,785	216,928	6,086
c STIPENDS	777,423	774,923		2,500
d EQUIPMENT RENTAL	516,220	345,475	136,142	34,603
e All other expenses	100,830	88,338	10,302	2,190
25 **Total functional expenses.** Add lines 1 through 24e	250,569,154	208,798,285	38,296,331	3,474,538
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X . . . . . ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		25,000	1	25,000
	2	Savings and temporary cash investments		121,799,993	2	152,005,357
	3	Pledges and grants receivable, net		6,944,458	3	10,011,476
	4	Accounts receivable, net		18,160,263	4	25,606,040
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		0	5	0
	6	Loans and other 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) Complete Part II of Schedule L		0	6	0
	7	Notes and loans receivable, net		400,000	7	0
	8	Inventories for sale or use		2,534,227	8	3,065,793
	9	Prepaid expenses and deferred charges		5,116,981	9	5,133,276
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 637,123,692			
	b	Less accumulated depreciation	10b 239,233,339	329,032,362	10c	397,890,353
	11	Investments—publicly traded securities		64,791,916	11	111,467,212
	12	Investments—other securities See Part IV, line 11		44,173,801	12	15,142,592
	13	Investments—program-related See Part IV, line 11		0	13	0
	14	Intangible assets		0	14	0
	15	Other assets See Part IV, line 11		19,546,780	15	16,014,223
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		612,525,781	16	736,361,322
Liabilities	17	Accounts payable and accrued expenses		42,712,651	17	48,317,692
	18	Grants payable		0	18	0
	19	Deferred revenue		7,289,540	19	9,725,794
	20	Tax-exempt bond liabilities		106,014,868	20	104,647,760
	21	Escrow or custodial account liability Complete Part IV of Schedule D		0	21	0
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties		27,720,155	23	67,540,155
	24	Unsecured notes and loans payable to unrelated third parties		0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		12,010,563	25	13,143,968
	26	**Total liabilities.** Add lines 17 through 25		195,747,777	26	243,375,369
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		369,076,773	27	439,085,978
	28	Temporarily restricted net assets		37,321,434	28	38,570,318
	29	Permanently restricted net assets		10,379,797	29	15,329,657
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ 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		416,778,004	33	492,985,953
	34	Total liabilities and net assets/fund balances		612,525,781	34	736,361,322

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12)	1	291,589,484
2	Total expenses (must equal Part IX, column (A), line 25)	2	250,569,154
3	Revenue less expenses Subtract line 2 from line 1	3	41,020,330
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	416,778,004
5	Net unrealized gains (losses) on investments	5	-5,269,200
6	Donated services and use of facilities	6	1,642
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	40,455,177
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	492,985,953

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII . . . . . ☐

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

Additional Data

Software ID:
Software Version:
EIN: 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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) EDISON T LIU MD CHIEF EXECUTIVE OFFICER	40 0 0 0	X		X				867,017	0	127,921
(1) CHARLES E HEWETT PHD EXECUTIVE VICE PRESIDENT	40 0 0 0	X		X				661,131	0	296,443
(2) DAVID BALTIMORE PHD TRUSTEE	1 0 0 0	X						0	0	0
(3) DAVID R CABOT TRUSTEE	1 0 0 0	X						0	0	0
(4) KATHLEEN A CORBET TRUSTEE	1 0 0 0	X						0	0	0
(5) LOUIS J D'AMBROSIO TRUSTEE	1 0 0 0	X						0	0	0
(6) DAVID D ELLIMAN TRUSTEE	1 0 0 0	X						0	0	0
(7) ANTHONY B EVNIN PHD TRUSTEE	1 0 0 0	X						0	0	0
(8) JAMES J GALLOGLY TREASURER	1 0 0 0	X		X				0	0	0
(9) PETER F GERRITY SECRETARY	1 0 0 0	X		X				0	0	0
(10) RICHARD S GURIN TRUSTEE	1 0 0 0	X						0	0	0
(11) LEO A HOLT CHAIR OF BOARD	1 0 0 0	X		X				0	0	0
(12) WESLIE R JANEWAY VICE CHAIR OF BOARD	1 0 0 0	X		X				0	0	0
(13) RICHARD S LANNAMANN TRUSTEE	1 0 0 0	X						0	0	0
(14) SAM R LITTLE TRUSTEE	1 0 0 0	X						0	0	0
(15) NEAL B MILCH JD TRUSTEE	1 0 0 0	X						0	0	0
(16) DENNIS PAUSTENBACH PHD TRUSTEE	1 0 0 0	X						0	0	0
(17) CHARLES M RICE PHD TRUSTEE	1 0 0 0	X						0	0	0
(18) JANET ROSSANT PHD TRUSTEE	1 0 0 0	X						0	0	0
(19) DAVID J ROUX TRUSTEE	1 0 0 0	X						0	0	0
(20) EDWARD RUBIN MD PHD TRUSTEE	1 0 0 0	X						0	0	0
(21) JOAN A STEITZ PHD TRUSTEE	1 0 0 0	X						0	0	0
(22) DAVID VALLE MD TRUSTEE	1 0 0 0	X						0	0	0
(23) THOMAS S VOLPE TRUSTEE	1 0 0 0	X						0	0	0
(24) BRIAN F WRUBLE TRUSTEE	1 0 0 0	X						0	0	0

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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(26) LINDA A JENSEN MS CHIEF FINANCIAL OFFICER	40 0 0 0			X				347,980	0	52,160
(1) BRIAN R LESLIE GENERAL COUNSEL	40 0 0 0			X				412,654	0	44,808
(2) JAY VETELINO ASSISTANT TREASURER	40 0 0 0			X				114,525	0	35,883
(3) ROBERT E BRAUN PHD VICE PRESIDENT RESEARCH	40 0 0 0				X			354,471	0	36,612
(4) LEAH RAE B DONAHUE PHD DIR GENETIC RESOURCE SCIENCE	40 0 0 0				X			161,353	0	33,693
(5) CHARLES LEE MD SCIENTIFIC DIRECTOR, JAX GM	40 0 0 0				X			351,329	0	54,368
(6) AUROBINDO NAIR PHD GM SCIENTIFIC RESEARCH SVCS	40 0 0 0				X			397,510	0	56,682
(7) KATHY L VANDEGRIFT ASSOCIATE GENERAL MANAGER	40 0 0 0				X			300,045	0	47,124
(8) MICHAEL HYDE VP EXTERNAL AFFAIRS	40 0 0 0				X			312,830	0	75,904
(9) JACQUES F BANCHEREAU PHD PROFESSOR	40 0 0 0					X		373,518	0	48,644
(10) ETZARD STOLTE PHD CHIEF INFOMRATION OFFICER	40 0 0 0					X		324,805	0	70,359
(11) KRISTEN B ROZANSKY VP DEVELOPMENT & COMMUNICATION	40 0 0 0					X		359,489	0	51,113
(12) JOHN FITZPATRICK SENIOR DIRECTOR, FACILITIES	40 0 0 0					X		268,668	0	71,201
(13) YIJUN RUAN PHD DIRECTOR, JAX GM	40 0 0 0					X		251,660	0	48,708

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2014

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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f Enter the number of supported organizations . . . . . _____

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	73,823,292	41,644,804	67,271,113	74,310,661	91,256,682	348,306,552
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 **Total.** Add lines 1 through 3	73,823,292	41,644,804	67,271,113	74,310,661	91,256,682	348,306,552
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)						19,638,135
6 **Public support.** Subtract line 5 from line 4						328,668,417

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4	73,823,292	41,644,804	67,271,113	74,310,661	91,256,682	348,306,552
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,954,194	2,311,932	2,888,204	7,196,139	10,415,818	25,766,287
9 Net income from unrelated business activities, whether or not the business is regularly carried on	48,973	33,525	3,588			86,086
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	18,635	220,423	225,566	255,201	164,499	884,324
11 **Total support** Add lines 7 through 10						375,043,249

12 Gross receipts from related activities, etc (see instructions)	12	738,588,548

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	14	87 635 %
15 Public support percentage for 2013 Schedule A, Part II, line 14	15	94 321 %

16a **33 1/3% support test—2014.** 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—2013.** If the organization did not check a 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—2014.** 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 VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2013.** 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 VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶☐

Part III **Support Schedule for Organizations Described in 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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 VI)						
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 section 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2013 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2014** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2013** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2014.** 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—2013.** 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 Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations. . . .*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990) .*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part II of Schedule L (Form 990).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).*	10b		
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI.*	11c		

Part IV Supporting Organizations (continued)

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in* ***Part VI*** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* ***Part VI*** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.*	2		

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in* ***Part VI*** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*	1		

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s).*	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard.*	3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**

- **a** ☐ The organization satisfied the Activities Test Complete **line 2** below
- **b** ☐ The organization is the parent of each of its supported organizations Complete **line 3** below
- **c** ☐ The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instructions)

			Yes	No
2	Activities Test **Answer (a) and (b) below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	2b		
3	Parent of Supported Organizations **Answer (a) and (b) below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*	3b		

Part V – Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

Section A - Adjusted Net Income

			(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	**Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)	8		

Section B - Minimum Asset Amount

			(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**Discount** claimed for blockage or other factors (explain in detail in Part VI) _____			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	**Minimum Asset Amount** (add line 7 to line 6)	8		

Section C - Distributable Amount

				Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)			

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 **Total annual distributions.** Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2014			
a From 2009.			
b From 2010.			
c From 2011.			
d From 2012.			
e From 2013.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 $ _____			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 **Excess distributions carryover to 2015.** Add lines 3j and 4c			
8 Breakdown of line 7			
a From 2010.			
b From 2011.			
c From 2012.			
d From 2013.			
e From 2014.			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493317013075

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.

▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

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) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

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

Name of the organization	Employer identification number
THE JACKSON LABORATORY	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? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

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

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

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

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

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

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

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

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount Enter the amount from the following table in both columns		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000
Over $17,000,000	$1,000,000

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ Yes ☐ No

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable 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)).

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?	Yes		
d	Mailings to members, legislators, or the public?	Yes		
e	Publications, or published or broadcast statements?	Yes		
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		447,156
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?		No	
j	Total Add lines 1c through 1i			447,156
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 carry over 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) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

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

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

Return Reference	Explanation
LOBBYING ACTIVITY BY NON-ELECTING 501(C)(3) ORGANIZATION	PART II-B, LINE 1G THE TOTAL LOBBYING EXPENSE FOR THE YEAR ENDED DECEMBER 31, 2014 WAS $447,156, WHICH WAS AN ALLOCATION OF EMPLOYEE COMPENSATION FOR LOBBYING ACTIVITIES AND $51,785 FOR AN ENGAGEMENT WITH THE PETRIZZO GROUP INC , OF WASHINGTON DC

Part IV Supplemental Information *(continued)*

Return Reference	Explanation

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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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

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 value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

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

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 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 section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, 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 (ASC 958), 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 XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), 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) Revenue 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 (ASC 958) relating to these items

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

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

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

3 Using the organization's acquisition, 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 XIII

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 XIII and complete the following table

		Amount
c	Beginning balance	1c
d	Additions during the year	1d
e	Distributions during the year	1e
f	Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII . . . . . ☐

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

		(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a	Beginning of year balance	108,965,719	90,755,276	80,841,065	87,452,850	74,765,000
b	Contributions	11,841,924	6,074,191	1,280,959	74,725	2,345,649
c	Net investment earnings, gains, and losses	5,890,303	13,007,247	9,091,700	-5,827,854	10,790,669
d	Grants or scholarships					
e	Other expenditures for facilities and programs	88,135	870,995	458,448	858,656	448,468
f	Administrative expenses					
g	End of year balance	126,609,811	108,965,719	90,755,276	80,841,065	87,452,850

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a Board designated or quasi-endowment ▶ 64 620 %
- b Permanent endowment ▶ 9 160 %
- c Temporarily restricted endowment ▶ 26 220 %

The percentages in lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

		Yes	No
(i) unrelated organizations	3a(i)		No
(ii) related organizations	3a(ii)		No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		7,193,452		7,193,452
b Buildings		479,567,323	156,661,903	322,905,420
c Leasehold improvements				
d Equipment		126,693,187	82,571,436	44,121,751
e Other		23,669,730		23,669,730
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				397,890,353

Part VII **Investments—Other Securities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII **Investments—Program Related.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX **Other Assets.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d See Form 990, Part X, line 15

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

Part X **Other Liabilities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1 (a) Description of liability	(b) Book value
Federal income taxes	0
RETIREMENT PLAN OBLIGATIONS	6,334,938
INTEREST RATE SWAP	6,809,030
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	13,143,968

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☑

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	326,518,502
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains (losses) on investments	2a	-5,269,200		
b	Donated services and use of facilities	2b	1,642		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d	40,455,177		
e	Add lines **2a** through **2d**			2e	35,187,619
3	Subtract line **2e** from line **1**			3	291,330,883
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	337,210		
b	Other (Describe in Part XIII)	4b	-78,609		
c	Add lines **4a** and **4b**			4c	258,601
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	291,589,484

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	250,310,553
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 XIII)	2d	78,609		
e	Add lines **2a** through **2d**			2e	78,609
3	Subtract line **2e** from line **1**			3	250,231,944
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	337,210		
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	337,210
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	250,569,154

Part XIII Supplemental Information

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

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 THE 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 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 X, 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 IN ACCORDANCE WITH GAAP, THE LABORATORY ASSESSES WHETHER THERE ARE UNCERTAIN TAX POSITIONS AND DETERMINED THERE WERE NO UNCERTAIN TAX POSITIONS THAT WOULD HAVE A MATERIAL EFFECT ON THE FINANCIAL STATEMENTS
OTHER REVENUE ON FINANCIAL STATEMENTS NOT ON RETURN	PART XI, LINE 2D UNREALIZED LOSS ON INTEREST RATE SWAPS (1,461,708) CHANGES IN ACTUARIAL ASSUMPTIONS 79,795 FAIR MARKET VALUE ADJUSTMENT ON LOANS 41,837,090 TOTAL 40,455,177
OTHER REVENUE ON RETURN NOT IN FINANCIAL STATEMENTS	PART XI, LINE 4B RECLASS OF FUNDRAISING EXPENSES (78,609)
OTHER EXPENSES INCLUDED IN FINANCIAL STATEMENT NOT ON RETURN	PART XII, LINE 2D RECLASS OF FUNDRAISING EXPENSES 78,609

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990.

▶ Information about Schedule F (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
THE JACKSON LABORATORY

Employer identification number
01-0211513

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 **For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☐ Yes ☐ No

2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) See Add'l Data					
(2)					
(3)					
(4)					
(5)					
3a Sub-total		2			11,799,639
b Total from continuation sheets to Part I					
c **Totals** (add lines 3a and 3b)		2			11,799,639

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									

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. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

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, Return by a U.S. Transferor of Property to a Foreign Corporation (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, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)*	☐ 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, Information 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; do not file with Form 990)*	☑ Yes	☐ No

Additional Data

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

Part V **Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
Europe (Including Iceland and Greenland)		2	Program Services	GENETIC RESOURCES	116,170
East Asia and the Pacific			Program Services	GENETIC RES COURSES	29,598
Europe (Including Iceland and Greenland)			Program Services	SURGERY WORKSHOP	25,499

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
Central America and the Caribbean			Investments		11,628,372
East Asia and the Pacific			Program Services	GENETIC RESOURCES	
Europe (Including Iceland and Greenland)			Program Services	GENETIC RESOURCES	

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
Middle East and North Africa			Program Services	GENETIC RESOURCES	
North America			Program Services	GENETIC RESOURCES	
Russia and the Newly Independent States			Program Services	GENETIC RESOURCES	

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
South America			Program Services	GENETIC RESOURCES	
South Asia			Program Services	GENETIC RESOURCES	
Sub-Saharan Africa			Program Services	GENETIC RESOURCES	

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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.**

▶ **Information about Schedule G (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2014

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. Form 990-EZ filers are not required to complete this part.

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

- **a** ☑ Mail solicitations
- **b** ☑ Internet and email solicitations
- **c** ☑ Phone solicitations
- **d** ☑ In-person solicitations
- **e** ☑ Solicitation of non-government grants
- **f** ☑ Solicitation of government grants
- **g** ☑ Special fundraising events

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

	(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	**(iii)** No	**(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
1	GRENZEBACH AND GLIER ASSOC 401 N Michigan Avenue CHICAGO, IL 60611	CONSULTANT		No	0	241,427	-241,427
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total . . . . . ▶					0	241,427	-241,427

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

CA, CT, FL, ME, MA, NY, PA

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

		(a) Event #1 DISCOVERY DAYS (event type)	(b) Event #2 COOKIE'S RIDE (event type)	(c) Other events 3 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	82,850	15,353	1,500	99,703
	2 Less Contributions	80,675	15,353	1,500	97,528
	3 Gross income (line 1 minus line 2)	2,175			2,175
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	67,509	4,463	6,637	78,609
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(78,609)
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				-76,434

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				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes % ☐ No	☐ Yes % ☐ No	☐ Yes % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Subtract line 7 from line 1, column (d) ▶				

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

a Is the organization licensed to conduct 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 conduct 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 activities conducted in

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

14 Enter 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 of the third party

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 **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

Return Reference	Explanation

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

▶ **Information about Schedule I (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
THE JACKSON LABORATORY

Employer identification number
01-0211513

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) NEW YORK GENOME CENTER 101 AVENUE OF THE AMERICAS 7TH FLOOR SUITE NEW YORK, NY 10013	80-0631734	501(C)(3)	2,500,000				SUPPORT
(2) MAINE MATHEMATICS AND SCIENCE ALLIANCE 219 CAPITOL STREET NO 3 AUGUSTA, ME 04330	22-3181644	501(c)(3)	10,000				SUPPORT
(3) GRAND AERIE FRATERNAL ORDER OF EAGLES 13410 W FOXFIRE DR SURPRISE, AZ 85378	39-0920675	501(C)(8)	10,000				SUPPORT

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

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

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

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

Part IV **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
MONITOR THE USE OF GRANT FUNDS	PART I, LINE 2 THE ALLOCATION OF GRANTS AND OTHER ASSISTANCE TO LOCAL ORGANIZATIONS IS DETERMINED ON AN ANNUAL BASIS

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ **Attach to Form 990.**

▶ **Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
THE JACKSON LABORATORY

Employer identification number
01-0211513

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☑ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of 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 directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	☑ Compensation committee	☐ Written employment contract		
	☑ Independent compensation consultant	☑ Compensation survey or study		
	☑ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**	Yes	
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations 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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title	**(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 in column(B) reported as deferred in prior Form 990
	(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II
Also complete this part for any additional information

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
SEVERANCE PAYMENT	PART I, LINE 4A THE JACKSON LABORATORY PAID SEVERANCE OF $62,500 TO ETZARD STOLTE, PHD DURING THE YEAR
SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN	PART I, LINE 4B THE LABORATORY MAINTAINS A DEFERRED COMPENSATION PLAN UNDER SECTION 457(F) THE PRESIDENT/CEO 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 PRESIDENT/CEO DEFERRED $75,000 AND THE EXECUTIVE VICE PRESIDENT/COO DEFERRED $75,000 UNDER THIS PLAN DURING CALENDAR YEAR 2014 THE EXECUTIVE VICE PRESIDENT/COO RECEIVED A PAYOUT OF $54,828
NON-FIXED PAYMENTS	PART I, LINE 7 THE TOTAL COMPENSATION PACKAGE OF CERTAIN OFFICERS, KEY EMPLOYEES, AND OTHER EMPLOYEES INCLUDES VARIABLE COMPENSATION AWARDED BASED ON PERFORMANCE

Additional Data

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation (i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
1 EDISON T LIU MD, CHIEF EXECUTIVE OFFICER	(I)	750,287	100,000	16,730	101,000	26,921	994,938	0
	(II)	0	0	0	0	0	0	0
1 CHARLES E HEWETT PHD, EXECUTIVE VICE PRESIDENT	(I)	522,342	50,000	88,789	269,000	27,443	957,574	54,828
	(II)	0	0	0	0	0	0	0
2 LINDA A JENSEN MS, CHIEF FINANCIAL OFFICER	(I)	291,256	40,000	16,724	24,500	27,660	400,140	0
	(II)	0	0	0	0	0	0	0
3 BRIAN R LESLIE, GENERAL COUNSEL	(I)	315,472	71,250	25,932	26,000	18,808	457,462	0
	(II)	0	0	0	0	0	0	0
4 JAY VETELINO, ASSISTANT TREASURER	(I)	114,525	0	0	11,916	23,967	150,408	0
	(II)	0	0	0	0	0	0	0
5 ROBERT E BRAUN PHD, VICE PRESIDENT RESEARCH	(I)	310,175	10,000	34,296	24,500	12,112	391,083	0
	(II)	0	0	0	0	0	0	0
6 LEAH RAE B DONAHUE PHD, DIR GENETIC RESOURCE SCIENCE	(I)	122,647	30,000	8,706	12,173	21,520	195,046	0
	(II)	0	0	0	0	0	0	0
7 CHARLES LEE MD, SCIENTIFIC DIRECTOR, JAX GM	(I)	297,256	48,000	6,073	25,625	28,743	405,697	0
	(II)	0	0	0	0	0	0	0
8 AUROBINDO NAIR PHD, GM SCIENTIFIC RESEARCH SVCS	(I)	298,122	65,381	34,007	24,485	32,197	454,192	0
	(II)	0	0	0	0	0	0	0
9 KATHY L VANDEGRIFT, ASSOCIATE GENERAL MANAGER	(I)	238,755	57,950	3,340	22,722	24,402	347,169	0
	(II)	0	0	0	0	0	0	0
10 MICHAEL HYDE, VP EXTERNAL AFFAIRS	(I)	259,748	18,000	35,082	38,373	37,531	388,734	0
	(II)	0	0	0	0	0	0	0
11 JACQUES F BANCHEREAU PHD, PROFESSOR	(I)	334,602	35,000	3,916	28,593	20,051	422,162	0
	(II)	0	0	0	0	0	0	0
12 ETZARD STOLTE PHD, CHIEF INFOMRATION OFFICER	(I)	182,792	75,000	67,013	19,892	50,467	395,164	0
	(II)	0	0	0	0	0	0	0
13 KRISTEN B ROZANSKY, VP DEVELOPMENT & COMMUNICATION	(I)	324,224	32,000	3,265	23,685	27,428	410,602	0
	(II)	0	0	0	0	0	0	0
14 JOHN FITZPATRICK, SENIOR DIRECTOR, FACILITIES	(I)	170,000	91,250	7,418	26,000	45,201	339,869	0
	(II)	0	0	0	0	0	0	0
15 YIJUN RUAN PHD, DIRECTOR, JAX GM	(I)	247,999	0	3,661	24,243	24,465	300,368	0
	(II)	0	0	0	0	0	0	0

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990.
▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
THE JACKSON LABORATORY

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 CORPORATION	94-3130123	00037CLX6	09-12-2007	35,075,000	FINANCE CONSTRUCTION & REFUND	X			X		X
B	FINANCE AUTHORITY OF MAINE	04-2456011		08-31-2012	42,460,000	REFUND		X		X		X
C	ABAG FINANCE AUTHORITY FOR NONPROFIT CORPORATIONS	94-3130123	00037CTH3	10-24-2012	66,355,769	FINANCE CONSTRUCTION & REFUND		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	275,000	1,795,000	1,170,000	
2	Amount of bonds legally defeased	32,475,000	0	0	
3	Total proceeds of issue	35,075,000	42,460,000	66,432,099	
4	Gross proceeds in reserve funds	0	0	0	
5	Capitalized interest from proceeds	1,004,292	0	0	
6	Proceeds in refunding escrows	0	0	35,471,128	
7	Issuance costs from proceeds	456,682	0	623,401	
8	Credit enhancement from proceeds	0	0	0	
9	Working capital expenditures from proceeds	0	0	0	
10	Capital expenditures from proceeds	31,597,588	0	26,665,257	
11	Other spent proceeds	2,016,438	42,460,000	3,672,313	
12	Other unspent proceeds	0	0	0	
13	Year of substantial completion	2009	2002	2015	

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X		X			X		
15	Were the bonds issued as part of an advance refunding issue?		X		X	X			
16	Has the final allocation of proceeds been made?	X		X			X		
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		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		X		X		
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X		X		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 of bond-financed property?	X			X	X			
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X				X			
c	Are there any research agreements that may result in private business use of bond-financed property?	X		X		X			
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X		X		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 ▶		0 497 %		0 082 %		0 685 %		
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 %		0 %		0 %		
6	Total of lines 4 and 5		0 497 %		0 082 %		0 685 %		
7	Does the bond issue meet the private security or payment test?		X		X		X		
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of		0 %						
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?		X		X		X		
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?		X		X		X		

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X		X	X			
b	Exception to rebate?		X		X		X		
c	No rebate due?	X		X			X		
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		X	X			X		
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		
b	Name of provider	0		0		0			
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								

Part IV Arbitrage *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		
b	Name of provider	0		0		0			
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X		X		X		
7	Has the organization established written procedures to monitor the requirements of section 148?		X		X		X		

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X		X			

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Return Reference	Explanation
BOND PROCEEDS - BOND ISSUE C PART II, LINE 3	THE DIFFERENCE IN ISSUE PRICE AND LINE 3 PROCEEDS FOR BOND ISSUE C IS INTEREST INCOME FROM THE AMOUNTS HELD IN THE REFUNDING ESCROW ACCOUNT

Return Reference	Explanation
PART IV, LINE 2(C)	BOND ISSUE A - NO REBATE DUE, ARBITRAGE CALCULATION PERFORMED 10/03/13 BY AMTEC (REFLECTING ACTIVITY THROUGH 08/31/13) BOND ISSUE B - NO REBATE DUE, ARBITRAGE CALCULATION PERFORMED 01/23/14 BY AMTEC (REFLECTING ACTIVITY THROUGH 10/31/13)

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

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

▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Information about Schedule L (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2014

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), section 501(c)(4), and 501(c)(29) 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)** Relationship between disqualified person and organization	**(c)** Description of transaction	**(d)** Corrected? Yes	No

2 Enter the amount of tax incurred by 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-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	**(b)** Relationship with organization	**(c)** Purpose of loan	**(d)** Loan to or from the organization? To	From	**(e)** Original principal amount	**(f)** Balance due	**(g)** In default? Yes	No	**(h)** Approved by board or committee? Yes	No	**(i)** Written agreement? Yes	No

Total ▶ $			

Part III Grants or Assistance Benefiting 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 assistance	**(d)** Type of assistance	**(e)** Purpose 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) BANGOR SAVINGS BANK	OFFICER - CHARLES HEWETT	1,225,658	CREDIT CARD PROCESSING FEES		No
(2) MADELEINE BRAUN PHD	KEY EMPLOYEE-ROBERT BRAUN	195,816	EMPLOYMENT - FAMILY MEMBER		No

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference	Explanation

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.
▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
THE JACKSON LABORATORY

Employer identification number
01-0211513

Part I Types 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 noncash 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	30	2,372,521	FMV
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests				
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				
25	Other ▶ (_____)				
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

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 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		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 noncash contributions?	32a		No
b	If "Yes," describe in Part II			
33	If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II			

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
CONTRIBUTIONS	PART I, COLUMN B THE NUMBER OF CONTRIBUTIONS ARE REPORTED IN COLUMN B

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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 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

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

Return Reference	Explanation
ORGANIZATION'S MISSION	FORM 990, PART III, LINE 1 THE MISSION OF THE LABORATORY IS TO DISCOVER PRECISE GENOMIC SOLUTIONS FOR DISEASE AND EMPOWER THE GLOBAL BIOMEDICAL COMMUNITY IN THE SHARED QUEST TO IMPROVE HUMAN HEALTH TO ACCOMPLISH THIS MISSION THE LABORATORY 1) CONDUCTS BASIC BIOMEDICAL RESEARCH TO INCREASE THE KNOWLEDGE OF DEVELOPMENT, GROWTH, REPRODUCTION, PHYSIOLOGICAL, AND GENETICALLY DETERMINED AILMENTS THROUGH RESEARCH WITH GENETICALLY DEFINED EXPERIMENTAL ANIMALS, 2) CONDUCTS TRANSLATIONAL BIOMEDICAL RESEARCH TO IDENTIFY THE GENOMIC BASIS FOR HUMAN DISEASE, PROMOTE THE ESTABLISHMENT OF MORE PRECISE, TARGETED THERAPIES, AND OFFER CUTTING EDGE GENOMIC DIAGNOSTICS TO THE MEDICAL COMMUNITY, 3) TRAINS AND EDUCATES SCIENTISTS, PHYSICIANS, AND OTHER PROFESSIONALS IN THESE AREAS, AND 4) PROMOTES SCIENTIFIC DISCOVERY THROUGH THE PROVISION OF MOUSE MODELS OF HUMAN DISEASE AND THE PROVISION OF RESEARCH AND CLINICAL SERVICES TO THE GLOBAL SCIENTIFIC AND MEDICAL COMMUNITY THE LABORATORY ALSO WORKS TO ACCELERATE THE TRANSLATION OF DISCOVERIES MADE IN BASIC RESEARCH TO TREATMENTS FOR HUMAN DISEASE

Return Reference	Explanation	
	PROGRAM SERVICES	FORM 990, PART III, LINE 4A-4C 4A GENETIC RESOURCES AND SERVICES ACCOMPLISHMENTS JAX PROV IDES THE SCIENTIFIC COMMUNITY WITH MOUSE GENETIC RESOURCES, RELATED TECHNOLOGIES, AND INFO RMATION THAT SUPPORTS THEIR USE. THIS INCLUDES CONDUCTING PEER-REVIEWED, RESOURCE-GENERATI NG RESEARCH AND MANAGING THE MOUSE REPOSITORY, A COLLECTION OF OVER 7,000 UNIQUE STRAINS, MANY OF WHICH ARE AVAILABLE ONLY FROM JAX JAX DEVELOPS MOUSE MODELS FOR HUMAN DISEASE, BE GINNING WITH DISCOVERIES OF SPONTANEOUS MUTANTS FROM JAX PRODUCTION COLONIES AND INCLUDING THE OPTIMIZATION OF MODELS ACQUIRED BY THE REPOSITORY THIS EFFORT INCLUDES ENGINEERING N EW MODELS FOR OUR OWN HYPOTHESIS-DRIVEN RESEARCH DURING 2014 THE LABORATORY CREATED NEW M ODELS WHICH INCLUDED 15 FOR PEDIATRIC CONGENITAL HEART DISEASE AND 2 TRANSGENIC MODELS FOR PARKINSON'S DISEASE. JAX HAS A PILOT PROJECT TO USE CRISPR/CAS9 TECHNOLOGY FOR SELECTED T ARGET GENES AT SCALE, PROVIDING KEY OPERATIONAL DATA TO ASSESS THE FEASIBILITY OF INCORPOR ATING SITE-SPECIFIC NUCLEASE TECHNOLOGY INTO THE NEXT PHASE OF THE PROGRAM IN ADDITION SM ALLER SCALE PILOT EXPERIMENTS OPTIMIZE NON-ROUTINE GENETIC ENGINEERING, INCLUDING THE CREA TION OF HUMAN DISEASE ALLELES, CONDITIONAL ALLELES AND REPORTER KNOCK-INS JAX ACHIEVED AN 85% SUCCESS RATE FOR INJECTION ATTEMPTS SCREENED, BY COMPARISON TRADITIONAL METHODS HAVE AN AVERAGE 57% SUCCESS RATE. THE MOUSE MUTANT RESOURCE (MMR) IS THE JACKSON LABORATORY'S P RIMARY REPOSITORY FOR THE ACQUISITION AND CHARACTERIZATION OF MICE CARRYING SPONTANEOUS, D ISEASE-CAUSING MUTATIONS IN 2014 FIFTY-FIVE (55) OVERLAPPING STRAINS HAVE BEEN GENETICALL Y MAPPED AND ANALYZED BY WES TWENTY-ONE (21) IDENTIFIED MUTATIONS WERE VALIDATED OVER THE LAST YEAR AND, SEVENTEEN (17) WERE CLASSIFIED AS NEW ALLELES OF GENES WITH PRIOR EXISTING MUTATIONS FOUR (4) WERE CLASSIFIED AS MUTATIONS IN GENES FOR WHICH NO PHENOTYPE-CAUSING VARIANT HAD PREVIOUSLY BEEN OBSERVED FINALLY, TO ASSAY SPECIFIC GENE MUTATIONS WITHIN MMR MICE AND TO MAKE NEW MMR STRAIN DEVELOPMENT KNOWN TO THE SCIENTIFIC COMMUNITY, NINETEEN (19) MOLECULAR ASSAYS WERE DEVELOPED, TWELVE (12) ONLINE PUBLICATIONS WERE POSTED TO THE MM R WEBSITE AND THIRTEEN (13) STRAINS WERE MADE PUBLIC THROUGH MOUSE GENOME INFORMATICS (MGI) DIRECT DATA SUBMISSION WHILE JAX DEVELOPS NEW MOUSE MODELS IN HOUSE, THE REPOSITORY'S M AJOR SOURCE OF NEW MOUSE STRAINS IS THE STRAIN ACQUISITION PROGRAM ACQUISITION ADDED APPR OXIMATELY 600 STRAINS IN 2014, INCREASING THE SIZE OF THE JAX COLLECTION TO OVER 7,800 IND IVIDUAL MOUSE LINES A KEY COMPONENT OF THE ACQUISITION PROCESS IS THE WORK DONE BY A TEAM OF CURATORS WHO ARE RESPONSIBLE FOR INTERACTING WITH DONATING LABORATORIES TO OBTAIN TECH NICAL INFORMATION AND ARRANGE IMPORTATION CURATORS ASSIMILATE INFORMATION FROM DONATING R ESEARCHERS AND PUBLISHED LITERATURE TO COMPOSE A "USER MANUAL" FOR EACH LINE. THIS INFORMA TION IS ADDED TO THE JAXMICE CATALOGUE FOR USE BY THE SCIENTIFIC COMMUNITY JAX OFFERS ONE OF THE MOST EXTENSIVE AND DIVERSE MOUSE RESOURCES IN EXISTENCE, ALLOWING US TO SUPPORT A WIDE ARRAY OF RESEARCH AND TO PRESERVE STRAINS THAT OTHERWISE MIGHT BE LOST THE JAX CRE R EPOSITORY IS AN INTEGRATED EFFORT TO GENERATE, CHARACTERIZE AND DISTRIBUTE CRE DRIVER TOOL STRAINS TO THE SCIENTIFIC COMMUNITY THESE STRAINS ALLOW SCIENTISTS TO GENERATE PRECISE G ENE DELETIONS IN A SPECIFIC ORGAN AT A SPECIFIC TIME. THE JAX CRE REPOSITORY CURRENTLY COM PRISES OVER 300 OF THESE STRAINS THAT COMPLEMENT OUR COLLECTION OF >500 "KNOCKOUT READY" S TRAINS WE EMPLOY A COMPREHENSIVE, HIGH-THROUGHPUT CRE DRIVER STRAIN CHARACTERIZATION PIPE LINE, WHICH INCLUDES TWO EMBRYONIC AND TWO POSTNATAL TIME POINTS, TO PROVIDE EXTENDED FUNC TIONAL DATA FOR END USERS ALL IMAGE AND ANNOTATION DATA IS AVAILABLE THROUGH OUR WEBSITE AND A NEW DATABASE DEVELOPED BY MGI AT JAX, CREPORTAL.ORG THE CRE REPOSITORY WEBSITE IS O NE OF THE MOST HEAVILY VISITED SECTIONS OF ALL JAX WEBSITES, WITH OVER 120,000 PAGEVIEWS P ER YEAR CHARACTERIZATION DATA WEBPAGES SEE ESPECIALLY HEAVY TRAFFIC, DEMONSTRATING THAT T HIS VALUE-ADDED INFORMATION IS BEING ACTIVELY EMPLOYED BY CRE MOUSE USERS A MAJORITY OF T HE STRAINS PRODUCED BY THE KNOCKOUT MOUSE PROJECT (KOMP2) AND INTERNATIONAL PHENOTYPING PR OGRAMS CAN BE MODIFIED BY CRE TOOL STRAINS, SO THE LABORATORY IS WORKING TO ALIGN THE JAX CRE REPOSITORY WITH THIS EFFORT TWO PROJECTS TOWARDS THIS END ARE UNDERWAY THE FIRST LEV ERAGES THE CAPACITY OF THE JAX KOMP2 PHENOTYPING CENTER TO DETERMINE IF POPULAR CRE STRAIN S DISPLAY POTENTIALLY CONFOUNDING PHENOTYPES THIS SET OF STRAINS COMPRISES THOSE WITH HIG H DISTRIBUTION HISTORY AND OTHERS OF SPECIFIC INTEREST TEN STRAINS HAVE COMPLETED TESTING AND DATA ANALYSIS IS UNDERWAY THE SECOND PROJECT IS BACKCROSSING AN OVERLAPPING SET TO C 57BL/6NJ, PROVIDING A COMPLEMENTARY RESOURCE ON THE SAME GENETIC BACKGROUND AS THE KOMP2 R ESOURCE. THE PRODUCTION GOAL IS TO PRODUCE 833 NEW STRAINS TO THE JAX KOMP2 PHENOTYPING PR OJECT AND IN 2014 PASS THE 75% MARK WITH OVER 695

Return Reference	Explanation	
	PROGRAM SERVICES	NEW KNOCK OUT MICE. KNOCKOUT MOUSE EMBRYONIC PHENOTYPING PIPELINE - UP TO ONE THIRD OF KNOCKOUT MICE GENERATED AS PART OF THE KOMP2 PROGRAM ARE PREDICTED TO BE EMBRYONIC LETHAL. UNDERSTANDING THE CAUSES OF EMBRYONIC LETHALITY CANNOT BE CAPTURED BY AN ADULT MOUSE PHENOTYPING PARADIGM, YET WOULD PROVIDE TREMENDOUS INSIGHT INTO GENE FUNCTION. SUBSEQUENT DETAILED ANALYSIS PROMISES TO SHED LIGHT ON THE GENES AND PROCESSES THAT, WHEN ALTERED, ARE RESPONSIBLE FOR HUMAN BIRTH DEFECTS. PRE- OR PERINATAL DEATH CAN RESULT FROM A WIDE VARIETY OF DEFECTS AT VARIOUS STAGES DURING GESTATION, HOWEVER THESE CLUSTER AT SEVERAL CRITICAL TIME POINTS WHICH CAN BE USED TO BUILD AN EFFICIENT CHARACTERIZATION SCHEME FOR HIGH THROUGHPUT PROGRAMS SUCH AS KOMP2. WORKING WITH THE INTERNATIONAL MOUSE PHENOTYPING CONSORTIUM (IMPC), WE HAVE DEVELOPED A STANDARDIZED EMBRYONIC LETHAL PHENOTYPING PIPELINE THAT MAXIMIZES THE NUMBER OF PHENOTYPES SCORED IN AN EFFICIENT, COST-EFFECTIVE MANNER. IN ADDITION TO GROSS ASSESSMENT AND EXPERT THIS INCLUDES HIGH RESOLUTION, THREE-DIMENSIONAL IMAGING AT MULTIPLE STAGES OF DEVELOPMENT. EVALUATION OF PHENOTYPES, THIS WORK WILL COMPLEMENT AND EXTEND THE CATALOGUE OF MOUSE PHENOTYPE DATA PROVIDED BY THE KOMP2 PROGRAM. TOOLS FOR STUDYING PARENT-OF-ORIGIN EFFECTS IN TURNER AND DOWN SYNDROMES - IN COLLABORATION WITH THE UNIVERSITY OF CONNECTICUT, JAX DERIVED A PANEL OF MOUSE EMBRYONIC STEM CELLS FROM TWO MOUSE MODELS OF TURNER SYNDROME, JAX#001529 C3H/HESN-PAF/J ('PAF') AND JAX#00919 IN(X)1X/J ('INX'). TURNER SYNDROME IS A GENETIC CONDITION CAUSED BY A COMPLETE OR PARTIAL ABSENCE IN FEMALES OF THE SECOND X CHROMOSOME (MONOSOMY). AFFECTED XO FEMALES SUFFER FROM A VARIETY OF DEVELOPMENTAL DISABILITIES INCLUDING GONADAL DYSGENESIS, SHORT STATURE, HEART DEFECTS AND LEARNING DISABILITIES. THERE IS EVIDENCE THAT THE ORIGIN OF THE SINGLE X CHROMOSOME IN XO FEMALES HAS AN IMPACT ON CERTAIN FEATURES OF THE DISEASE. FOR EXAMPLE, A MATERNALLY INHERITED X CHROMOSOME (XM) IS ASSOCIATED WITH MORE ADVANCED SOCIAL IMPAIRMENT AND AUTISM. DEPENDING ON THE GENETIC CROSS, PAF AND INX MICE CAN BE USED TO GENERATE XMO OR XPO OFFSPRING. JAX TOOK ADVANTAGE OF THIS TO CREATE XMO AND XPO ES CELL LINES THAT CAN BE USED TO STUDY THE MECHANISM OF PARENT-OF-ORIGIN EFFECTS AND THEIR IMPACT ON IN VITRO DIFFERENTIATED NEURONAL LINEAGES. SIMILARLY, JAX ALSO DERIVED MES CELLS FROM A MOUSE MODEL OF DOWN SYNDROME, TS65DN, WHICH CARRIES THREE COPIES OF THE REGION OF MOUSE CHROMOSOME 16 THAT IS HIGHLY CONSERVED AND HYPOTHESIZED TO BE HOMOLOGOUS WITH HUMAN CHROMOSOME 21. DOWN SYNDROME IS DUE TO THE PRESENCE OF AN EXTRA COPY OF CHROMOSOME 21 (TRISOMY 21), AND THE PARENTAL ORIGIN OF THE THIRD CHROMOSOME CAN HAVE AN IMPACT ON THE DISEASE, FOR EXAMPLE, INDIVIDUALS WITH A MATERNALLY DERIVED CHROMOSOME 21 HAVE MORE SEVERE CONGENITAL HEART DEFECTS. TO CREATE A SET OF IN VITRO TOOLS FOR THE STUDY OF PARENT-OF-ORIGIN EFFECTS, JAX GENERATED MOUSE ES CELL LINES WITH PATERNALLY DERIVED TS65DN CHROMOSOMES AS WELL AS MATERNALLY DERIVED TS65DN CHROMOSOMES. THESE ES CELLS CAN BE USED TO STUDY THE UNDERLYING MECHANISMS OF PARENT-OF-ORIGIN EFFECTS IN THE CONTEXT OF DOWN SYNDROME, PARTICULARLY IN IN VITRO DIFFERENTIATED CARDIOMYOCTES. INFORMATICS - ONE OF THE GOALS OF JAX IS TO PROVIDE INFORMATION TO SUPPORT THE USE OF MOUSE MODELS IN BIOMEDICAL RESEARCH. TO THIS END, JAX CURATES THE JAXMICE DATABASE WHICH CONTAINS A "STRAIN DATASHEET" FOR EACH JAX STRAIN INCLUDING A STRAIN DESCRIPTION, GENE AND ALLELE INFORMATION, RESEARCH APPLICATIONS, AND A LIST OF PUBLICATIONS DESCRIBING THE MOUSE, AS WELL AS LINKS TO GENOTYPING PROTOCOLS, HEALTH REPORTS, AND ADDITIONAL INFORMATION IN MOUSE GENOME INFORMATICS (MGI), PUBMED, AND OTHER WEB RESOURCES. JAX ALSO PROVIDES TECHNICAL INFORMATION ON WEB PAGES HIGHLIGHTING JAX RESOURCES BY RESEARCH OR DISEASE AREA. GIVEN THE STEADY ACQUISITION OF NEW STRAINS, WE ARE CONTINUALLY ADDING NEW DATASHEETS AND UPDATING WEBPAGES TO REFLECT NEW RESOURCES AVAILABLE AS

Return Reference	Explanation
FORM 990 REVIEW PROCESS	FORM 990, 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 THE AUDIT COMMITTEE'S REVIEW, THE IRS FORM 990 IS FINALIZED AND PROVIDED TO THE BOARD OF TRUSTEES AND FILED

Return Reference	Explanation
CONFLICT OF INTEREST POLICY	FORM 990, PART VI, SECTION B, QUESTION 12C THE JACKSON LABORATORY PROVIDES ALL OFFICERS, BOARD MEMBERS AND KEY EMPLOYEES WITH A CONFLICT OF INTEREST, CODE OF ETHICS AND DISCLOSURE FORMS AS WELL AS THE DISTRIBUTION OF ALL POLICIES REGARDING THE CONFLICT OF INTEREST AND CODE OF ETHICS THIS PROCESS IS DONE ANNUALLY THE DISCLOSURE AND COMPLIANCE ATTESTATIONS ARE RETURNED TO THE GENERAL COUNSEL, WHERE THEY ARE RECORDED AND TALLIED FOR COMPLETENESS DISCLOSURES, AS WELL AS ANY FOLLOW UP QUESTIONS, ARE ROUTED THROUGH GENERAL COUNSEL, AND IF NECESSARY THE AUDIT COMMITTEE

Return Reference	Explanation
COMPENSATION POLICY	FORM 990, 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 VICE PRESIDENT OF RESEARCH, THE VICE PRESIDENT OF EXTERNAL AFFAIRS AND STRATEGIC PARTNERSHIPS, 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.

Return Reference	Explanation
PUBLIC DISCLOSURE	FORM 990, PART VI, SECTION C, QUESTION 19 THE ORGANIZATION'S FORM 990 IS AVAILABLE ON WWW GUIDESTAR ORG AND ON THE ORGANIZATION'S PUBLIC WEBSITE WWW JAX ORG THE ORGANIZATION'S CONFLICT OF INTEREST POLICY IS ALSO AVAILABLE WWW JAX ORG

Return Reference	Explanation
OTHER CHANGES IN NET ASSETS	FORM 990, PART XI, LINE 9 UNREALIZED LOSS ON INTEREST RATE SWAPS (1,461,708) CHANGES IN ACTUARIAL ASSUMPTIONS 79,795 FAIR MARKET VALUE ADJUSTMENT ON LOANS 41,837,090 TOTAL 40,455,177

Return Reference	Explanation
SECURED MORTGAGES AND NOTES PAYABLE	FORM 990, PART X, LINE 23 REPAYMENT TERMS THE CT INNOVATIONS LOANS WILL BE FORGIVEN IF AND WHEN THE LABORATORY MEETS AN EMPLOYMENT GOAL OF AT LEAST 300 EMPLOYEES LOCATED IN CONNECTICUT FOR A PERIOD OF SIX MONTHS, INCLUDING A MINIMUM OF 90 SENIOR SCIENTISTS IN ADDITION, THE AVERAGE WAGE FOR SUCH EMPLOYEES MUST EXCEED A MINIMUM TARGET LEVEL