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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/foi/m990](http://www.irs.gov/foi/m990)

OMB No 1545-0047

2015

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 01-01-2015, and ending 12-31-2015

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization  
THE JACKSON LABORATORY

% S CATHERINE LONGLEY

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

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

D Employer identification number  
01-0211513

E Telephone number  
(207) 288-6000

G Gross receipts \$ 304,550,988

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

Activities & Governance

1 Briefly describe the organization's mission or most significant activities  
WE DISCOVER PRECISE GENOMIC SOLUTIONS 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

|                                                                                 |    |          |
|---------------------------------------------------------------------------------|----|----------|
| 3 Number of voting members of the governing body (Part VI, line 1a)             | 3  | 24       |
| 4 Number of independent voting members of the governing body (Part VI, line 1b) | 4  | 22       |
| 5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)  | 5  | 2,080    |
| 6 Total number of volunteers (estimate if necessary)                            | 6  | 30       |
| 7a Total unrelated business revenue from Part VIII, column (C), line 12         | 7a | -142,311 |
| b Net unrelated business taxable income from Form 990-T, line 34                | 7b | -163,061 |

Revenue

|                                                                                     | Prior Year  | Current Year |
|-------------------------------------------------------------------------------------|-------------|--------------|
| 8 Contributions and grants (Part VIII, line 1h)                                     | 91,256,682  | 89,944,366   |
| 9 Program service revenue (Part VIII, line 2g)                                      | 181,040,415 | 210,424,017  |
| 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d )                   | 12,579,453  | 2,136,894    |
| 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)         | 6,712,934   | 1,813,476    |
| 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 291,589,484 | 304,318,753  |

Expenses

|                                                                                      |             |             |
|--------------------------------------------------------------------------------------|-------------|-------------|
| 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3 )                 | 2,526,000   | 1,113,816   |
| 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) | 129,338,203 | 150,912,017 |
| 16a Professional fundraising fees (Part IX, column (A), line 11e)                    | 241,427     | 175,252     |
| b Total fundraising expenses (Part IX, column (D), line 25) ▶3,545,129               |             |             |
| 17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)                      | 118,463,524 | 129,308,727 |
| 18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)          | 250,569,154 | 281,509,812 |
| 19 Revenue less expenses Subtract line 18 from line 12                               | 41,020,330  | 22,808,941  |

Net Assets or Fund Balances

|                                                              | Beginning of Current Year | End of Year |
|--------------------------------------------------------------|---------------------------|-------------|
| 20 Total assets (Part X, line 16)                            | 736,361,322               | 754,989,281 |
| 21 Total liabilities (Part X, line 26)                       | 243,375,369               | 168,362,562 |
| 22 Net assets or fund balances Subtract line 21 from line 20 | 492,985,953               | 586,626,719 |

Part II Signature Block

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

Sign Here

\*\*\*\*\*

Signature of officer

S CATHERINE LONGLEY VP & CFO

Type or print name and title

2016-11-11

Date

Paid Preparer Use Only

Print/Type preparer's name  
TARA D'AGOSTINO

Preparer's signature  
TARA D'AGOSTINO

Date  
2016-11-10

Check ☐ if self-employed

PTIN  
P01245482

Firm's name ▶ KPMG LLP

Firm's EIN ▶

Firm's address ▶ 60 South Street

Phone no (617) 988-1000

Boston, MA 02111

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990(2015)

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 \$ 123,214,222 including grants of \$ 86,000 ) (Revenue \$ 209,835,902 )

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

4b

(Code ) (Expenses \$ 106,610,638 including grants of \$ 270,280 ) (Revenue \$ 181,590 )

BIOMEDICAL RESEARCH - PLEASE SEE SCHEDULE O FOR DETAIL

4c

(Code ) (Expenses \$ 6,253,893 including grants of \$ 757,536 ) (Revenue \$ 406,525 )

EDUCATION AND TRAINING - PLEASE SEE SCHEDULE O FOR DETAIL

4d

Other program services (Describe in Schedule O )

(Expenses \$ including grants of \$ ) (Revenue \$ 445,965 )

4e

Total program service expenses ▶ 236,078,753

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.<br>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)

|            |                                                                                                                                                                                                                                                                                                                            |            |     |    |
|------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----|----|
| <b>21</b>  | 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? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .                                                                                             | <b>21</b>  | Yes |    |
| <b>22</b>  | 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? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .                                                                                                                 | <b>22</b>  | Yes |    |
| <b>23</b>  | 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? <i>If "Yes," complete Schedule J</i> . . . . .                                                      | <b>23</b>  | Yes |    |
| <b>24a</b> | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> . . . . .                            | <b>24a</b> | Yes |    |
| <b>b</b>   | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .                                                                                                                                                                                                                | <b>24b</b> |     | No |
| <b>c</b>   | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .                                                                                                                                                                       | <b>24c</b> |     | No |
| <b>d</b>   | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .                                                                                                                                                                                                          | <b>24d</b> |     | No |
| <b>25a</b> | <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b><br>Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .                                                                                      | <b>25a</b> |     | No |
| <b>b</b>   | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> . . . . .                                       | <b>25b</b> |     | No |
| <b>26</b>  | 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? <i>If "Yes," complete Schedule L, Part II</i> . . . . .                                 | <b>26</b>  |     | No |
| <b>27</b>  | 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? <i>If "Yes," complete Schedule L, Part III</i> . . . . . | <b>27</b>  |     | No |
| <b>28</b>  | 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)                                                                                                                               |            |     |    |
| <b>a</b>   | A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .                                                                                                                                                                                                   | <b>28a</b> |     | No |
| <b>b</b>   | A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .                                                                                                                                                                                | <b>28b</b> | Yes |    |
| <b>c</b>   | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .                                                                                    | <b>28c</b> | Yes |    |
| <b>29</b>  | Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .                                                                                                                                                                                                  | <b>29</b>  | Yes |    |
| <b>30</b>  | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .                                                                                                                                  | <b>30</b>  |     | No |
| <b>31</b>  | Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .                                                                                                                                                                                        | <b>31</b>  |     | No |
| <b>32</b>  | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .                                                                                                                                                                      | <b>32</b>  |     | No |
| <b>33</b>  | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .                                                                                                                      | <b>33</b>  |     | No |
| <b>34</b>  | Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . .                                                                                                                                                                  | <b>34</b>  |     | No |
| <b>35a</b> | Did the organization have a controlled entity within the meaning of section 512(b)(13)?                                                                                                                                                                                                                                    | <b>35a</b> |     | No |
| <b>b</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)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .                                                                                         | <b>35b</b> |     |    |
| <b>36</b>  | <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .                                                                                                                           | <b>36</b>  |     | No |
| <b>37</b>  | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .                                                                             | <b>37</b>  |     | No |
| <b>38</b>  | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .                                                                                                                              | <b>38</b>  | 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  | 204   |    |
| 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  | 2,080 |    |
| b   | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?<br><b>Note.</b> 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: _____<br>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.<br>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? <b>Note.</b> 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 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|-----|----|
| <b>1a</b> Enter the number of voting members of the governing body at the end of the tax year                                                                                                                                | <b>1a</b> 24 |     |    |
| 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>b</b> Enter the number of voting members included in line 1a, above, who are independent                                                                                                                                  | <b>1b</b> 22 |     |    |
| <b>2</b> 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?                                               | <b>2</b>     | Yes |    |
| <b>3</b> 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? | <b>3</b>     |     | No |
| <b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?                                                                                                    | <b>4</b>     |     | No |
| <b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?                                                                                                          | <b>5</b>     |     | No |
| <b>6</b> Did the organization have members or stockholders?                                                                                                                                                                  | <b>6</b>     |     | No |
| <b>7a</b> 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?                                                                 | <b>7a</b>    |     | No |
| <b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?                                                           | <b>7b</b>    |     | No |
| <b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following                                                                                    |              |     |    |
| <b>a</b> The governing body?                                                                                                                                                                                                 | <b>8a</b>    | Yes |    |
| <b>b</b> Each committee with authority to act on behalf of the governing body?                                                                                                                                               | <b>8b</b>    | Yes |    |
| <b>9</b> 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        | <b>9</b>     |     | No |

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

|                                                                                                                                                                                                                                                                                                       | Yes        | No  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----|
| <b>10a</b> Did the organization have local chapters, branches, or affiliates?                                                                                                                                                                                                                         | <b>10a</b> | No  |
| <b>b</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?                                                                   | <b>10b</b> |     |
| <b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?                                                                                                                                                                | <b>11a</b> | Yes |
| <b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990                                                                                                                                                                                                 |            |     |
| <b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13                                                                                                                                                                                                    | <b>12a</b> | Yes |
| <b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?                                                                                                                                                          | <b>12b</b> | Yes |
| <b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done                                                                                                                                           | <b>12c</b> | Yes |
| <b>13</b> Did the organization have a written whistleblower policy?                                                                                                                                                                                                                                   | <b>13</b>  | Yes |
| <b>14</b> Did the organization have a written document retention and destruction policy?                                                                                                                                                                                                              | <b>14</b>  | Yes |
| <b>15</b> 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?                                                                        |            |     |
| <b>a</b> The organization's CEO, Executive Director, or top management official                                                                                                                                                                                                                       | <b>15a</b> | Yes |
| <b>b</b> Other officers or key employees of the organization                                                                                                                                                                                                                                          | <b>15b</b> | Yes |
| If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)                                                                                                                                                                                                                    |            |     |
| <b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?                                                                                                                                      | <b>16a</b> | No  |
| <b>b</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? | <b>16b</b> |     |

**Section C. Disclosure**

**17** List the States with which a copy of this Form 990 is required to be filed ▶ CA , CT , FL , ME , MA , NY

**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  
 ▶ S CATHERINE LONGLEY 600 MAIN STREET BAR HARBOR, ME 04609 (207) 288-6108

Check if Schedule O contains a response or note to any line in this Part VII ☒

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

Form **990** (2015)

## Part VII

|           |                                                              |           |   |         |
|-----------|--------------------------------------------------------------|-----------|---|---------|
| <b>1b</b> | <b>Sub-Total</b>                                             |           |   |         |
| <b>c</b>  | <b>Total from continuation sheets to Part VII, Section A</b> |           |   |         |
| <b>d</b>  | <b>Total (add lines 1b and 1c)</b>                           | 6,548,384 | 0 | 756,862 |

**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 ► 211

|          |                                                                                                                                                                                                                                               | Yes          | No |
|----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|----|
| <b>3</b> | Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .                                        | <b>3</b>     | No |
| <b>4</b> | For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . . | <b>4</b> Yes |    |
| <b>5</b> | Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .                       | <b>5</b>     | 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)<br>Name and business address                                                | (B)<br>Description of services | (C)<br>Compensation |
|---------------------------------------------------------------------------------|--------------------------------|---------------------|
| COLUMBUS IT PARTNER USA INC,<br>1010 WASHINGTON BLVD<br>STAMFORD, CT 06901      | IT CONSULTING                  | 1,075,145           |
| STARLIMS CORPORATION,<br>4000 HOLLYWOOD BLVD SUITE 313-S<br>HOLLYWOOD, FL 33021 | IT CONSULTING                  | 928,139             |
| NAVIGATION ARTS LLC,<br>7901 JONES BRANCH DRIVE STE 400<br>MCLEAN, VA 22102     | PRODUCT DEV CONSULT            | 621,192             |
| OPTIV SECURITY INC,<br>1125 17TH STREET SUITE 1700<br>DENVER, CO 80202          | IT CYBER SECURITY              | 554,441             |
| HDR ARCHITECTURE INC,<br>8404 INDIAN HILLS DRIVE<br>OMAHA, NE 68114             | ARCHITECT                      | 436,332             |

**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 ▶ 24

Part VIII

Statement of Revenue

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

|                                                           |                                                        |                                                                                                                                    | (A)<br>Total revenue | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from<br>tax under<br>sections<br>512-514 |            |
|-----------------------------------------------------------|--------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|----------------------|----------------------------------------------------|-----------------------------------------|---------------------------------------------------------------------|------------|
| Contributions, Gifts, Grants<br>and Other Similar Amounts | 1a                                                     | Federated campaigns . . . . .                                                                                                      | 1a                   |                                                    |                                         |                                                                     |            |
|                                                           | b                                                      | Membership dues . . . . .                                                                                                          | 1b                   |                                                    |                                         |                                                                     |            |
|                                                           | c                                                      | Fundraising events . . . . .                                                                                                       | 1c                   | 81,130                                             |                                         |                                                                     |            |
|                                                           | d                                                      | Related organizations . . . . .                                                                                                    | 1d                   |                                                    |                                         |                                                                     |            |
|                                                           | e                                                      | Government grants (contributions)                                                                                                  | 1e                   | 75,673,815                                         |                                         |                                                                     |            |
|                                                           | f                                                      | All other contributions, gifts, grants, and<br>similar amounts not included above                                                  | 1f                   | 14,189,421                                         |                                         |                                                                     |            |
|                                                           | g                                                      | Noncash contributions included in lines<br>1a-1f \$                                                                                |                      | 3,706,571                                          |                                         |                                                                     |            |
|                                                           | h                                                      | Total. Add lines 1a-1f . . . . .                                                                                                   |                      | 89,944,366                                         |                                         |                                                                     |            |
| Program Service Revenue                                   | 2a                                                     | GENETIC RESOURCES                                                                                                                  | Business Code        |                                                    |                                         |                                                                     |            |
|                                                           |                                                        |                                                                                                                                    | 541700               | 209,835,902                                        | 209,835,902                             |                                                                     |            |
|                                                           | b                                                      | TRAINING & EDUCATION                                                                                                               | 541700               | 406,525                                            | 406,525                                 |                                                                     |            |
|                                                           | c                                                      | RESEARCH                                                                                                                           | 541700               | 181,590                                            | 181,590                                 |                                                                     |            |
|                                                           | d                                                      |                                                                                                                                    |                      |                                                    |                                         |                                                                     |            |
|                                                           | e                                                      |                                                                                                                                    |                      |                                                    |                                         |                                                                     |            |
|                                                           | f                                                      | All other program service revenue                                                                                                  |                      |                                                    |                                         |                                                                     |            |
|                                                           | g                                                      | Total. Add lines 2a-2f . . . . .                                                                                                   |                      | 210,424,017                                        |                                         |                                                                     |            |
| Other Revenue                                             | 3                                                      | Investment income (including dividends, interest,<br>and other similar amounts) . . . . .                                          |                      | 7,221,502                                          |                                         | -56,583                                                             | 7,278,085  |
|                                                           | 4                                                      | Income from investment of tax-exempt bond proceeds . . . . .                                                                       |                      | 0                                                  |                                         |                                                                     |            |
|                                                           | 5                                                      | Royalties . . . . .                                                                                                                |                      | 1,682,549                                          |                                         |                                                                     | 1,682,549  |
|                                                           | 6a                                                     | Gross rents                                                                                                                        | (i) Real             | (ii) Personal                                      |                                         |                                                                     |            |
|                                                           |                                                        |                                                                                                                                    |                      |                                                    |                                         |                                                                     |            |
|                                                           |                                                        |                                                                                                                                    |                      |                                                    |                                         |                                                                     |            |
|                                                           |                                                        |                                                                                                                                    |                      |                                                    |                                         |                                                                     |            |
|                                                           | b                                                      | Less rental expenses                                                                                                               |                      |                                                    |                                         |                                                                     |            |
|                                                           | c                                                      | Rental income or (loss)                                                                                                            | 0                    | 0                                                  |                                         |                                                                     |            |
|                                                           | d                                                      | Net rental income or (loss) . . . . .                                                                                              |                      | 0                                                  |                                         |                                                                     |            |
|                                                           | 7a                                                     | Gross amount from sales of assets other than inventory                                                                             | (i) Securities       | (ii) Other                                         |                                         |                                                                     |            |
|                                                           |                                                        |                                                                                                                                    | -803,439             | -4,281,169                                         |                                         |                                                                     |            |
|                                                           |                                                        |                                                                                                                                    |                      |                                                    |                                         |                                                                     |            |
|                                                           |                                                        |                                                                                                                                    |                      |                                                    |                                         |                                                                     |            |
|                                                           | b                                                      | Less cost or other basis and sales expenses                                                                                        |                      |                                                    |                                         |                                                                     |            |
|                                                           | c                                                      | Gain or (loss)                                                                                                                     | -803,439             | -4,281,169                                         |                                         |                                                                     |            |
|                                                           | d                                                      | Net gain or (loss) . . . . .                                                                                                       |                      | -5,084,608                                         |                                         |                                                                     | -5,084,608 |
|                                                           | 8a                                                     | Gross income from fundraising events (not including \$ 81,130 of contributions reported on line 1c) See Part IV, line 18 . . . . . |                      |                                                    |                                         |                                                                     |            |
|                                                           | a                                                      |                                                                                                                                    | 2,925                |                                                    |                                         |                                                                     |            |
|                                                           | b                                                      | Less direct expenses . . . . .                                                                                                     | b                    | 232,235                                            |                                         |                                                                     |            |
|                                                           | c                                                      | Net income or (loss) from fundraising events . . . . .                                                                             |                      | -229,310                                           |                                         |                                                                     | -229,310   |
|                                                           | 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                                                      |                                                                                                                                    | 0                    |                                                    |                                         |                                                                     |            |
|                                                           | 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                                                                                                                             | 445,965              | 445,965                                            |                                         |                                                                     |            |
| b                                                         | DEBT FINANCED RENTAL INCOME                            | 531390                                                                                                                             | -85,728              |                                                    | -85,728                                 |                                                                     |            |
| c                                                         |                                                        |                                                                                                                                    |                      |                                                    |                                         |                                                                     |            |
| d                                                         | All other revenue . . . . .                            |                                                                                                                                    |                      |                                                    |                                         |                                                                     |            |
| e                                                         | Total. Add lines 11a-11d . . . . .                     |                                                                                                                                    | 360,237              |                                                    |                                         |                                                                     |            |
| 12                                                        | Total revenue. See Instructions . . . . .              |                                                                                                                                    | 304,318,753          | 210,869,982                                        | -142,311                                | 3,646,716                                                           |            |

**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)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|--------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------|----------------------------------------|-----------------------------|
| <b>1</b>                                                                       | Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .                                                                                                                                          | 129,350               | 129,350                         |                                        |                             |
| <b>2</b>                                                                       | Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .                                                                                                                                                                     | 984,466               | 984,466                         |                                        |                             |
| <b>3</b>                                                                       | Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .                                                                                                              | 0                     |                                 |                                        |                             |
| <b>4</b>                                                                       | Benefits paid to or for members . . . . .                                                                                                                                                                                                               | 0                     |                                 |                                        |                             |
| <b>5</b>                                                                       | Compensation of current officers, directors, trustees, and key employees . . . . .                                                                                                                                                                      | 5,194,216             | 1,139,614                       | 4,054,602                              |                             |
| <b>6</b>                                                                       | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .                                                                                                 | 0                     |                                 |                                        |                             |
| <b>7</b>                                                                       | Other salaries and wages . . . . .                                                                                                                                                                                                                      | 110,216,741           | 89,648,074                      | 19,129,584                             | 1,439,083                   |
| <b>8</b>                                                                       | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .                                                                                                                                            | 8,485,929             | 7,124,070                       | 1,245,876                              | 115,983                     |
| <b>9</b>                                                                       | Other employee benefits . . . . .                                                                                                                                                                                                                       | 18,939,474            | 12,730,307                      | 5,984,951                              | 224,216                     |
| <b>10</b>                                                                      | Payroll taxes . . . . .                                                                                                                                                                                                                                 | 8,075,657             | 6,568,576                       | 1,401,638                              | 105,443                     |
| <b>11</b>                                                                      | Fees for services (non-employees)                                                                                                                                                                                                                       |                       |                                 |                                        |                             |
| <b>a</b>                                                                       | Management . . . . .                                                                                                                                                                                                                                    | 0                     |                                 |                                        |                             |
| <b>b</b>                                                                       | Legal . . . . .                                                                                                                                                                                                                                         | 825,129               | 31,234                          | 793,830                                | 65                          |
| <b>c</b>                                                                       | Accounting . . . . .                                                                                                                                                                                                                                    | 372,590               | 25,000                          | 347,590                                |                             |
| <b>d</b>                                                                       | Lobbying . . . . .                                                                                                                                                                                                                                      | 100,751               |                                 | 100,751                                |                             |
| <b>e</b>                                                                       | Professional fundraising services. See Part IV, line 17 . . . . .                                                                                                                                                                                       | 175,252               |                                 |                                        | 175,252                     |
| <b>f</b>                                                                       | Investment management fees . . . . .                                                                                                                                                                                                                    | 328,453               |                                 | 328,453                                |                             |
| <b>g</b>                                                                       | Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) . . . . .                                                                                                                                    | 13,247,479            | 11,634,507                      | 1,533,052                              | 79,920                      |
| <b>12</b>                                                                      | Advertising and promotion . . . . .                                                                                                                                                                                                                     | 915,367               | 846,945                         | 68,416                                 | 6                           |
| <b>13</b>                                                                      | Office expenses . . . . .                                                                                                                                                                                                                               | 2,204,508             | 1,512,991                       | 526,445                                | 165,072                     |
| <b>14</b>                                                                      | Information technology . . . . .                                                                                                                                                                                                                        | 7,095,950             | 5,631,383                       | 1,368,468                              | 96,099                      |
| <b>15</b>                                                                      | Royalties . . . . .                                                                                                                                                                                                                                     | 33,118                | 33,118                          |                                        |                             |
| <b>16</b>                                                                      | Occupancy . . . . .                                                                                                                                                                                                                                     | 14,094,009            | 12,992,152                      | 1,014,978                              | 86,879                      |
| <b>17</b>                                                                      | Travel . . . . .                                                                                                                                                                                                                                        | 6,090,813             | 4,574,920                       | 1,184,129                              | 331,764                     |
| <b>18</b>                                                                      | Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .                                                                                                                                                | 0                     |                                 |                                        |                             |
| <b>19</b>                                                                      | Conferences, conventions, and meetings . . . . .                                                                                                                                                                                                        | 297,080               | 243,314                         | 51,836                                 | 1,930                       |
| <b>20</b>                                                                      | Interest . . . . .                                                                                                                                                                                                                                      | 5,308,427             | 5,112,557                       | 148,204                                | 47,666                      |
| <b>21</b>                                                                      | Payments to affiliates . . . . .                                                                                                                                                                                                                        | 0                     |                                 |                                        |                             |
| <b>22</b>                                                                      | Depreciation, depletion, and amortization . . . . .                                                                                                                                                                                                     | 33,654,197            | 31,412,382                      | 1,888,199                              | 353,616                     |
| <b>23</b>                                                                      | Insurance . . . . .                                                                                                                                                                                                                                     | 1,618,622             | 1,514,906                       | 90,712                                 | 13,004                      |
| <b>24</b>                                                                      | 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) . . . . .                                              |                       |                                 |                                        |                             |
| <b>a</b>                                                                       | SUPPLIES . . . . .                                                                                                                                                                                                                                      | 41,516,287            | 40,701,712                      | 527,256                                | 287,319                     |
| <b>b</b>                                                                       | OTHER SERVICES . . . . .                                                                                                                                                                                                                                | 1,882,687             | 1,652,754                       | 222,745                                | 7,188                       |
| <b>c</b>                                                                       | EQUIPMENT RENTAL . . . . .                                                                                                                                                                                                                              | 175,952               | 139,029                         | 23,269                                 | 13,654                      |
| <b>d</b>                                                                       | AP DISC, SETTLEMENTS, OTHER . . . . .                                                                                                                                                                                                                   | -452,692              | -304,608                        | -149,054                               | 970                         |
| <b>e</b>                                                                       | All other expenses . . . . .                                                                                                                                                                                                                            |                       |                                 |                                        |                             |
| <b>25</b>                                                                      | <b>Total functional expenses.</b> Add lines 1 through 24e . . . . .                                                                                                                                                                                     | 281,509,812           | 236,078,753                     | 41,885,930                             | 3,545,129                   |
| <b>26</b>                                                                      | <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> 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)               |             | (B)         |             |
|-----------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-------------------|-------------|-------------|-------------|
|                             |                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                         |             | Beginning of year |             | End of year |             |
| Assets                      | 1                                                                                                                                                   | Cash—non-interest-bearing . . . . .                                                                                                                                                                                                                                                                                                     |             | 25,000            | 1           | 0           |             |
|                             | 2                                                                                                                                                   | Savings and temporary cash investments . . . . .                                                                                                                                                                                                                                                                                        |             | 152,005,357       | 2           | 176,208,238 |             |
|                             | 3                                                                                                                                                   | Pledges and grants receivable, net . . . . .                                                                                                                                                                                                                                                                                            |             | 10,011,476        | 3           | 10,960,430  |             |
|                             | 4                                                                                                                                                   | Accounts receivable, net . . . . .                                                                                                                                                                                                                                                                                                      |             | 25,606,040        | 4           | 28,085,464  |             |
|                             | 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 . . . . .                                                                                                                                                                                                                                                                                               |             | 0                 | 7           | 0           |             |
|                             | 8                                                                                                                                                   | Inventories for sale or use . . . . .                                                                                                                                                                                                                                                                                                   |             | 3,065,793         | 8           | 3,570,577   |             |
|                             | 9                                                                                                                                                   | Prepaid expenses and deferred charges . . . . .                                                                                                                                                                                                                                                                                         |             | 5,133,276         | 9           | 5,563,846   |             |
|                             | 10a                                                                                                                                                 | Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D . . . . .                                                                                                                                                                                                                                            | 10a         | 657,395,235       |             |             |             |
|                             | b                                                                                                                                                   | Less: accumulated depreciation . . . . .                                                                                                                                                                                                                                                                                                | 10b         | 266,322,226       | 397,890,353 | 10c         | 391,073,009 |
|                             | 11                                                                                                                                                  | Investments—publicly traded securities . . . . .                                                                                                                                                                                                                                                                                        |             | 111,467,212       | 11          | 116,692,811 |             |
|                             | 12                                                                                                                                                  | Investments—other securities. See Part IV, line 11 . . . . .                                                                                                                                                                                                                                                                            |             | 15,142,592        | 12          | 16,006,283  |             |
|                             | 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 . . . . .                                                                                                                                                                                                                                                                                            |             | 16,014,223        | 15          | 6,828,623   |             |
| 16                          | Total assets. Add lines 1 through 15 (must equal line 34) . . . . .                                                                                 |                                                                                                                                                                                                                                                                                                                                         | 736,361,322 | 16                | 754,989,281 |             |             |
| Liabilities                 | 17                                                                                                                                                  | Accounts payable and accrued expenses . . . . .                                                                                                                                                                                                                                                                                         |             | 48,317,692        | 17          | 41,018,259  |             |
|                             | 18                                                                                                                                                  | Grants payable . . . . .                                                                                                                                                                                                                                                                                                                |             | 0                 | 18          | 0           |             |
|                             | 19                                                                                                                                                  | Deferred revenue . . . . .                                                                                                                                                                                                                                                                                                              |             | 9,725,794         | 19          | 7,158,622   |             |
|                             | 20                                                                                                                                                  | Tax-exempt bond liabilities . . . . .                                                                                                                                                                                                                                                                                                   |             | 104,647,760       | 20          | 100,799,778 |             |
|                             | 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 . . . . .                                                                                                                                                                                                                                                                |             | 67,540,155        | 23          | 7,270,000   |             |
|                             | 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 . . . . .                                                                                                                                                         |             | 13,143,968        | 25          | 12,115,903  |             |
|                             | 26                                                                                                                                                  | Total liabilities. Add lines 17 through 25 . . . . .                                                                                                                                                                                                                                                                                    |             | 243,375,369       | 26          | 168,362,562 |             |
| Net Assets or Fund Balances | Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. |                                                                                                                                                                                                                                                                                                                                         |             |                   |             |             |             |
|                             | 27                                                                                                                                                  | Unrestricted net assets . . . . .                                                                                                                                                                                                                                                                                                       |             | 439,085,978       | 27          | 528,062,615 |             |
|                             | 28                                                                                                                                                  | Temporarily restricted net assets . . . . .                                                                                                                                                                                                                                                                                             |             | 38,570,318        | 28          | 40,168,128  |             |
|                             | 29                                                                                                                                                  | Permanently restricted net assets . . . . .                                                                                                                                                                                                                                                                                             |             | 15,329,657        | 29          | 18,395,976  |             |
|                             | Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.                          |                                                                                                                                                                                                                                                                                                                                         |             |                   |             |             |             |
|                             | 30                                                                                                                                                  | Capital stock or trust principal, or current funds . . . . .                                                                                                                                                                                                                                                                            |             |                   | 30          |             |             |
|                             | 31                                                                                                                                                  | Paid-in or capital surplus, or land, building or equipment fund . . . . .                                                                                                                                                                                                                                                               |             |                   | 31          |             |             |
|                             | 32                                                                                                                                                  | Retained earnings, endowment, accumulated income, or other funds . . . . .                                                                                                                                                                                                                                                              |             |                   | 32          |             |             |
|                             | 33                                                                                                                                                  | Total net assets or fund balances . . . . .                                                                                                                                                                                                                                                                                             |             | 492,985,953       | 33          | 586,626,719 |             |
|                             | 34                                                                                                                                                  | Total liabilities and net assets/fund balances . . . . .                                                                                                                                                                                                                                                                                |             | 736,361,322       | 34          | 754,989,281 |             |

**Part XI**   **Reconciliation of Net Assets**

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

|           |                                                                                                               |           |             |
|-----------|---------------------------------------------------------------------------------------------------------------|-----------|-------------|
| <b>1</b>  | Total revenue (must equal Part VIII, column (A), line 12) . . . . .                                           | <b>1</b>  | 304,318,753 |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25) . . . . .                                            | <b>2</b>  | 281,509,812 |
| <b>3</b>  | Revenue less expenses Subtract line 2 from line 1 . . . . .                                                   | <b>3</b>  | 22,808,941  |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .                 | <b>4</b>  | 492,985,953 |
| <b>5</b>  | Net unrealized gains (losses) on investments . . . . .                                                        | <b>5</b>  | -5,949,671  |
| <b>6</b>  | Donated services and use of facilities . . . . .                                                              | <b>6</b>  |             |
| <b>7</b>  | Investment expenses . . . . .                                                                                 | <b>7</b>  |             |
| <b>8</b>  | Prior period adjustments . . . . .                                                                            | <b>8</b>  |             |
| <b>9</b>  | Other changes in net assets or fund balances (explain in Schedule O) . . . . .                                | <b>9</b>  | 76,781,496  |
| <b>10</b> | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | <b>10</b> | 586,626,719 |

**Part XII**   **Financial Statements and Reporting**

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

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

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)<br>Name and Title                                           | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W- 2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W- 2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|-----------------------------------------------------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|--------|-----------------------------------------------------------------------|----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
|                                                                 |                                                                                            | Individual trustee or director                                                                            | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |                                                                       |                                                                            |                                                                                               |
| EDISON T LIU MD<br>.....<br>PRESIDENT & CEO                     | 40 0<br>.....<br>0 0                                                                       | X                                                                                                         |                       | X       |              |                              |        | 1,025,277                                                             | 0                                                                          | 127,798                                                                                       |
| CHARLES E HEWETT PHD<br>.....<br>EXECUTIVE VICE PRESIDENT & COO | 40 0<br>.....<br>0 0                                                                       | X                                                                                                         |                       | X       |              |                              |        | 2,019,342                                                             | 0                                                                          | 169,955                                                                                       |
| JAMES J GALLOGLY<br>.....<br>TREASURER                          | 1 0<br>.....<br>0 0                                                                        | X                                                                                                         |                       | X       |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| PETER F GERRITY<br>.....<br>SECRETARY                           | 1 0<br>.....<br>0 0                                                                        | X                                                                                                         |                       | X       |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| WESLIE R JANEWAY<br>.....<br>VICE CHAIR OF THE BOARD            | 1 0<br>.....<br>0 0                                                                        | X                                                                                                         |                       | X       |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| DAVID J ROUX<br>.....<br>CHAIR OF THE BOARD                     | 1 0<br>.....<br>0 0                                                                        | X                                                                                                         |                       | X       |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| THOMAS C BARRY<br>.....<br>TRUSTEE                              | 1 0<br>.....<br>0 0                                                                        | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| DAVID R CABOT<br>.....<br>TRUSTEE                               | 1 0<br>.....<br>0 0                                                                        | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| KATHLEEN A CORBET<br>.....<br>TRUSTEE                           | 1 0<br>.....<br>0 0                                                                        | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| LOUIS J D'AMBROSIO<br>.....<br>TRUSTEE                          | 1 0<br>.....<br>0 0                                                                        | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |

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

| (A)<br>Name and Title                      | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W- 2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W- 2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--------------------------------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|--------|-----------------------------------------------------------------------|----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
|                                            |                                                                                            | Individual trustee or director                                                                            | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |                                                                       |                                                                            |                                                                                               |
| TIMOTHY D DATTELS<br>.....<br>TRUSTEE      | 1 0<br>.....<br>0 0                                                                        | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| DAVID D ELLIMAN<br>.....<br>TRUSTEE        | 1 0<br>.....<br>0 0                                                                        | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| ANTHONY B EVNIN PHD<br>.....<br>TRUSTEE    | 1 0<br>.....<br>0 0                                                                        | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| RICHARD S GURIN<br>.....<br>TRUSTEE        | 1 0<br>.....<br>0 0                                                                        | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| LEO A HOLT<br>.....<br>TRUSTEE             | 1 0<br>.....<br>0 0                                                                        | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| RICHARD S LANNAMANN<br>.....<br>TRUSTEE    | 1 0<br>.....<br>0 0                                                                        | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| SAM R LITTLE<br>.....<br>TRUSTEE           | 1 0<br>.....<br>0 0                                                                        | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| NEAL B MILCH JD<br>.....<br>TRUSTEE        | 1 0<br>.....<br>0 0                                                                        | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| DENNIS PAUSTENBACH PHD<br>.....<br>TRUSTEE | 1 0<br>.....<br>0 0                                                                        | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| CHARLES M RICE PHD<br>.....<br>TRUSTEE     | 1 0<br>.....<br>0 0                                                                        | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |

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

| (A)<br>Name and Title                                    | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W- 2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W- 2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|----------------------------------------------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|--------|-----------------------------------------------------------------------|----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
|                                                          |                                                                                            | Individual trustee or director                                                                            | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |                                                                       |                                                                            |                                                                                               |
| JANET ROSSANT PHD<br>.....<br>TRUSTEE                    | 1 0<br>.....<br>0 0                                                                        | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| EDWARD RUBIN MD PHD<br>.....<br>TRUSTEE                  | 1 0<br>.....<br>0 0                                                                        | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| JOAN A STEITZ PHD<br>.....<br>TRUSTEE                    | 1 0<br>.....<br>0 0                                                                        | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| BRIAN F WRUBLE<br>.....<br>TRUSTEE                       | 1 0<br>.....<br>0 0                                                                        | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| LINDA A JENSEN<br>.....<br>CHIEF FINANCIAL OFFICER       | 40 0<br>.....<br>0 0                                                                       |                                                                                                           |                       | X       |              |                              |        | 375,015                                                               | 0                                                                          | 45,380                                                                                        |
| ROBERT E BRAUN PHD<br>.....<br>VICE PRESIDENT RESEARCH   | 40 0<br>.....<br>0 0                                                                       |                                                                                                           |                       |         | X            |                              |        | 380,054                                                               | 0                                                                          | 28,902                                                                                        |
| CHARLES LEE MD<br>.....<br>SCIENTIFIC DIRECTOR, JAX GM   | 40 0<br>.....<br>0 0                                                                       |                                                                                                           |                       |         | X            |                              |        | 348,739                                                               | 0                                                                          | 55,824                                                                                        |
| AUROBINDO NAIR<br>.....<br>GENERAL MANAGER, JMCRS        | 40 0<br>.....<br>0 0                                                                       |                                                                                                           |                       |         | X            |                              |        | 523,799                                                               | 0                                                                          | 94,130                                                                                        |
| KATHY L VANDEGRIFT<br>.....<br>ASSOCIATE GM FINANCE & OP | 40 0<br>.....<br>0 0                                                                       |                                                                                                           |                       |         |              | X                            |        | 337,495                                                               | 0                                                                          | 48,096                                                                                        |
| MIKE E HYDE<br>.....<br>VP EXTERNAL AFFAIRS & STRATE     | 40 0<br>.....<br>0 0                                                                       |                                                                                                           |                       |         |              | X                            |        | 339,601                                                               | 0                                                                          | 53,340                                                                                        |

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

| (A)<br>Name and Title                                       | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W- 2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W- 2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|-------------------------------------------------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|--------|-----------------------------------------------------------------------|----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
|                                                             |                                                                                            | Individual trustee or director                                                                            | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |                                                                       |                                                                            |                                                                                               |
| JACQUES F BANCHEREAU PHD<br>.....<br>PROFESSOR              | 40 0<br>.....<br>0 0                                                                       |                                                                                                           |                       |         |              | X                            |        | 388,142                                                               | 0                                                                          | 37,034                                                                                        |
| KRISTEN B ROZANSKY<br>.....<br>VICE PRESIDENT, DEV & COMMUN | 40 0<br>.....<br>0 0                                                                       |                                                                                                           |                       |         |              | X                            |        | 369,342                                                               | 0                                                                          | 51,188                                                                                        |
| BRIAN R LESLIE<br>.....<br>GENERAL COUNSEL                  | 40 0<br>.....<br>0 0                                                                       |                                                                                                           |                       |         |              | X                            |        | 441,578                                                               | 0                                                                          | 45,215                                                                                        |

SCHEDULE A  
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2015

Open to Public Inspection

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](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

|                                                    |                                              |
|----------------------------------------------------|----------------------------------------------|
| Name of the organization<br>THE JACKSON LABORATORY | Employer identification number<br>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 (Form 990 or 990-EZ))

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)<br>Name of supported organization | (ii)EIN | (iii)<br>Type of organization<br>(described on lines 1- 9 above (see instructions)) | (iv)<br>Is the organization listed in your governing document? |    | (v)<br>Amount of monetary support (see instructions) | (vi)<br>Amount of other support (see instructions) |
|---------------------------------------|---------|-------------------------------------------------------------------------------------|----------------------------------------------------------------|----|------------------------------------------------------|----------------------------------------------------|
|                                       |         |                                                                                     | Yes                                                            | No |                                                      |                                                    |
|                                       |         |                                                                                     |                                                                |    |                                                      |                                                    |
|                                       |         |                                                                                     |                                                                |    |                                                      |                                                    |
| Total                                 |         |                                                                                     |                                                                |    |                                                      |                                                    |

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)  
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

| Section A. Public Support                                                                                                                                                                             |            |            |            |            |            |             |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------|------------|------------|------------|-------------|
| Calendar year<br>(or fiscal year beginning in) ►                                                                                                                                                      | (a)2011    | (b)2012    | (c)2013    | (d)2014    | (e)2015    | (f)Total    |
| 1 Gifts, grants, contributions, and membership fees received (Do not include any unusual grants )                                                                                                     | 41,644,804 | 67,271,113 | 74,310,661 | 91,256,682 | 89,944,366 | 364,427,626 |
| 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                                                                                                                                                                        | 41,644,804 | 67,271,113 | 74,310,661 | 91,256,682 | 89,944,366 | 364,427,626 |
| 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) |            |            |            |            |            | 34,266,731  |
| 6 Public support. Subtract line 5 from line 4                                                                                                                                                         |            |            |            |            |            | 330,160,895 |

| Section B. Total Support                                                                                                                                                                  |            |            |            |            |                          |             |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------|------------|------------|--------------------------|-------------|
| Calendar year<br>(or fiscal year beginning in) ►                                                                                                                                          | (a)2011    | (b)2012    | (c)2013    | (d)2014    | (e)2015                  | (f)Total    |
| 7 Amounts from line 4                                                                                                                                                                     | 41,644,804 | 67,271,113 | 74,310,661 | 91,256,682 | 89,944,366               | 364,427,626 |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources                                                          | 2,311,932  | 2,888,204  | 7,196,139  | 10,415,818 | 8,960,634                | 31,772,727  |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on                                                                                      | 33,525     | 3,588      |            |            |                          | 37,113      |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI )                                                                                        | 220,423    | 225,566    | 255,201    | 164,499    | 448,890                  | 1,314,579   |
| 11 Total support. Add lines 7 through 10                                                                                                                                                  |            |            |            |            |                          | 397,552,045 |
| 12 Gross receipts from related activities, etc. (see instructions)                                                                                                                        |            |            |            |            | 12                       | 803,535,684 |
| 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 . . . . . |            |            |            |            | <input type="checkbox"/> |             |

| Section C. Computation of Public Support Percentage                                                                                                                                                                                                                                                                                                                                        |                                     |          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|----------|
| 14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))                                                                                                                                                                                                                                                                                                  | 14                                  | 83.049 % |
| 15 Public support percentage for 2014 Schedule A, Part II, line 14                                                                                                                                                                                                                                                                                                                         | 15                                  | 87.630 % |
| 16a 33 1/3% support test—2015.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                                                                                                                                                                          | <input checked="" type="checkbox"/> |          |
| b 33 1/3% support test—2014.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                                                                                                                                                                       | <input type="checkbox"/>            |          |
| 17a 10%-facts-and-circumstances test—2015.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      | <input type="checkbox"/>            |          |
| b 10%-facts-and-circumstances test—2014.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 | <input type="checkbox"/>            |          |
| 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                                                                                                                                                                                                                                                       | <input type="checkbox"/>            |          |

**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<br>(or fiscal year beginning in) ►                                                                                                                                  | (a)2011 | (b)2012 | (c)2013 | (d)2014 | (e)2015 | (f)Total |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|---------|---------|---------|---------|----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")                                                                        |         |         |         |         |         |          |
| <b>2</b> 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 |         |         |         |         |         |          |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513                                                                             |         |         |         |         |         |          |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf                                                                          |         |         |         |         |         |          |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge                                                                  |         |         |         |         |         |          |
| <b>6 Total.</b> Add lines 1 through 5                                                                                                                                             |         |         |         |         |         |          |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons                                                                                                |         |         |         |         |         |          |
| <b>b</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           |         |         |         |         |         |          |
| <b>c</b> Add lines 7a and 7b                                                                                                                                                      |         |         |         |         |         |          |
| <b>8 Public support.</b> (Subtract line 7c from line 6.)                                                                                                                          |         |         |         |         |         |          |

**Section B. Total Support**

| Calendar year<br>(or fiscal year beginning in) ►                                                                                                                                                                                                             | (a)2011 | (b)2012 | (c)2013 | (d)2014 | (e)2015 | (f)Total |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|---------|---------|---------|---------|----------|
| <b>9</b> Amounts from line 6                                                                                                                                                                                                                                 |         |         |         |         |         |          |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources                                                                                                                    |         |         |         |         |         |          |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975                                                                                                                                             |         |         |         |         |         |          |
| <b>c</b> Add lines 10a and 10b                                                                                                                                                                                                                               |         |         |         |         |         |          |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on                                                                                                                        |         |         |         |         |         |          |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)                                                                                                                                                    |         |         |         |         |         |          |
| <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)                                                                                                                                                                                                     |         |         |         |         |         |          |
| <b>14 First five years.</b> 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 <b>stop here</b> <span style="float: right;">► <input type="checkbox"/></span> |         |         |         |         |         |          |

**Section C. Computation of Public Support Percentage**

|                                                                                                  |           |  |
|--------------------------------------------------------------------------------------------------|-----------|--|
| <b>15</b> Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f)) | <b>15</b> |  |
| <b>16</b> Public support percentage from 2014 Schedule A, Part III, line 15                      | <b>16</b> |  |

**Section D. Computation of Investment Income Percentage**

|                                                                                                              |           |  |
|--------------------------------------------------------------------------------------------------------------|-----------|--|
| <b>17</b> Investment income percentage for <b>2015</b> (line 10c, column (f) divided by line 13, column (f)) | <b>17</b> |  |
| <b>18</b> Investment income percentage from <b>2014</b> Schedule A, Part III, line 17                        | <b>18</b> |  |

**19a 33 1/3% support tests—2015.** 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—2014.** 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 <b>Part VI</b> 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 <b>Part VI</b> 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 <b>Part VI</b> 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 <b>Part VI</b> 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 <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?                                                                                                                                                                                                                                                                                                                                                           | 5b  |    |
| c <b>Substitutions only.</b> 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 <b>Part VI</b> .                                                     | 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 <b>Part VI</b> .                                                                                                                                                                                                                              | 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 <b>Part VI</b> .                                                                                                                                                                                                                                                                                                                | 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 <b>Part VI</b> .                                                                                                                                                                                                                                                                                     | 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 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <div>1</div> <div>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?<br/><i>If "No," describe in <b>Part VI</b> 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.</i></div> |     |    |
| <div>2</div> <div>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?<br/><i>If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i></div>                                                                                                                                                                                                                                                                              |     |    |

Section C. Type II Supporting Organizations

|                                                                                                                                                                                                                                                                                                                                                                                                                | Yes | No |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <div>1</div> <div>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)?<br/><i>If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i></div> |     |    |

Section D. All Type III Supporting Organizations

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Yes | No |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <div>1</div> <div>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?</div> |     |    |
| <div>2</div> <div>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?<br/><i>If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).</i></div>                                                                                                         |     |    |
| <div>3</div> <div>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?<br/><i>If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.</i></div>                                                                            |     |    |

Section E. Type III Functionally-Integrated Supporting Organizations

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| <div>1</div> <div>Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).</div> <div><div>a</div><div><input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.</div></div> <div><div>b</div><div><input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.</div></div> <div><div>c</div><div><input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).</div></div> |  |  |
| <div>2</div> <div>Activities Test. Answer (a) and (b) below.</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |
| <div>a</div> <div>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?<br/><i>If "Yes," then in <b>Part VI</b> 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.</i></div>                                                                                             |  |  |
| <div>b</div> <div>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?<br/><i>If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i></div>                                                                                                                                                                                                                          |  |  |
| <div>3</div> <div>Parent of Supported Organizations. Answer (a) and (b) below.</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |  |
| <div>a</div> <div>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.</div>                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |
| <div>b</div> <div>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.</div>                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |

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                               | <b>Adjusted Net Income</b> (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                                | <b>Total</b> (add lines 1a, 1b, and 1c)                                                                                        | 1d             |                             |
| e                                | <b>Discount</b> 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                                | <b>Minimum Asset Amount</b> (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                                | <b>Distributable Amount.</b> 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) <input type="checkbox"/> |              |  |

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

| <b>Section D - Distributions</b>                                                                                                                  | <b>Current Year</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|
| <b>1</b> Amounts paid to supported organizations to accomplish exempt purposes                                                                    |                     |
| <b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity    |                     |
| <b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations                                                    |                     |
| <b>4</b> Amounts paid to acquire exempt-use assets                                                                                                |                     |
| <b>5</b> Qualified set-aside amounts (prior IRS approval required)                                                                                |                     |
| <b>6</b> Other distributions (describe in Part VI) See instructions                                                                               |                     |
| <b>7 Total annual distributions.</b> Add lines 1 through 6                                                                                        |                     |
| <b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions |                     |
| <b>9</b> Distributable amount for 2015 from Section C, line 6                                                                                     |                     |
| <b>10</b> Line 8 amount divided by Line 9 amount                                                                                                  |                     |

| <b>Section E - Distribution Allocations (see instructions)</b>                                                                                             | <b>(i)<br/>Excess Distributions</b> | <b>(ii)<br/>Underdistributions<br/>Pre-2015</b> | <b>(iii)<br/>Distributable<br/>Amount for 2015</b> |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------------------|----------------------------------------------------|
| <b>1</b> Distributable amount for 2015 from Section C, line 6                                                                                              |                                     |                                                 |                                                    |
| <b>2</b> Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)                                                 |                                     |                                                 |                                                    |
| <b>3</b> Excess distributions carryover, if any, to 2015                                                                                                   |                                     |                                                 |                                                    |
| <b>a</b>                                                                                                                                                   |                                     |                                                 |                                                    |
| <b>b</b>                                                                                                                                                   |                                     |                                                 |                                                    |
| <b>c</b>                                                                                                                                                   |                                     |                                                 |                                                    |
| <b>d</b> From 2013. . . . .                                                                                                                                |                                     |                                                 |                                                    |
| <b>e</b> From 2014. . . . .                                                                                                                                |                                     |                                                 |                                                    |
| <b>f Total</b> of lines 3a through e                                                                                                                       |                                     |                                                 |                                                    |
| <b>g</b> Applied to underdistributions of prior years                                                                                                      |                                     |                                                 |                                                    |
| <b>h</b> Applied to 2015 distributable amount                                                                                                              |                                     |                                                 |                                                    |
| <b>i</b> Carryover from 2010 not applied (see instructions)                                                                                                |                                     |                                                 |                                                    |
| <b>j</b> Remainder Subtract lines 3g, 3h, and 3i from 3f                                                                                                   |                                     |                                                 |                                                    |
| <b>4</b> Distributions for 2015 from Section D, line 7<br>\$                                                                                               |                                     |                                                 |                                                    |
| <b>a</b> Applied to underdistributions of prior years                                                                                                      |                                     |                                                 |                                                    |
| <b>b</b> Applied to 2015 distributable amount                                                                                                              |                                     |                                                 |                                                    |
| <b>c</b> Remainder Subtract lines 4a and 4b from 4                                                                                                         |                                     |                                                 |                                                    |
| <b>5</b> Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions) |                                     |                                                 |                                                    |
| <b>6</b> Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)                        |                                     |                                                 |                                                    |
| <b>7 Excess distributions carryover to 2016.</b> Add lines 3j and 4c                                                                                       |                                     |                                                 |                                                    |
| <b>8</b> Breakdown of line 7                                                                                                                               |                                     |                                                 |                                                    |
| <b>a</b>                                                                                                                                                   |                                     |                                                 |                                                    |
| <b>b</b>                                                                                                                                                   |                                     |                                                 |                                                    |
| <b>c</b> Excess from 2013. . . . .                                                                                                                         |                                     |                                                 |                                                    |
| <b>d</b> From 2014. . . . .                                                                                                                                |                                     |                                                 |                                                    |
| <b>e</b> From 2015. . . . .                                                                                                                                |                                     |                                                 |                                                    |

**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

**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](http://www.irs.gov/form990).

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**2015**  
**Open to Public Inspection**

If the organization answered "Yes" on 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" on 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" on 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<br>THE JACKSON LABORATORY | Employer identification number<br>01-0211513 |
|----------------------------------------------------|----------------------------------------------|

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

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

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

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

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

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

| (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds If none, enter -0- | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0- |
|----------|-------------|---------|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|
|          |             |         |                                                                     |                                                                                                                                            |
| 2        |             |         |                                                                     |                                                                                                                                            |
| 3        |             |         |                                                                     |                                                                                                                                            |
| 4        |             |         |                                                                     |                                                                                                                                            |
| 5        |             |         |                                                                     |                                                                                                                                            |
| 6        |             |         |                                                                     |                                                                                                                                            |

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

☐ 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) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (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 on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

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?

b

Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?

c

Media advertisements?

d

Mailings to members, legislators, or the public?

e

Publications, or published or broadcast statements?

f

Grants to other organizations for lobbying purposes?

g

Direct contact with legislators, their staffs, government officials, or a legislative body?

h

Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?

i

Other activities?

j

Total Add lines 1c through 1i

2a

Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?

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?

(a)

Yes

No

(b)

Amount

No

Yes

Yes

Yes

Yes

No

Yes

266,410

No

No

266,410

No

Part III-A

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

1

Were substantially all (90% or more) dues received nondeductible by members?

2

Did the organization make only in-house lobbying expenditures of \$2,000 or less?

3

Did the organization agree to carry over lobbying and political expenditures from the prior year?

Yes

No

1

2

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

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

b

Carryover from last year

c

Total

3

Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues

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?

5

Taxable amount of lobbying and political expenditures (see instructions)

1

2a

2b

2c

3

4

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, 2015 WAS \$165,659, WHICH WAS AN ALLOCATION OF EMPLOYEE COMPENSATION FOR LOBBYING ACTIVITIES AND \$100,751 FOR VENDOR PAYMENTS |

SCHEDULE D

(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," on 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](http://www.irs.gov/form990).

OMB No 1545-0047

2015

Open to Public Inspection

|                                                    |                                              |
|----------------------------------------------------|----------------------------------------------|
| Name of the organization<br>THE JACKSON LABORATORY | Employer identification number<br>01-0211513 |
|----------------------------------------------------|----------------------------------------------|

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on 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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>                                                            |                              |
| 6 | Did the organization inform all grantees, donors, and donor advisors in writing that grant funds 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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div> |                              |

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

|   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                             |
|---|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|
| 1 | Purpose(s) of conservation easements held by the organization (check all that apply) <div><input type="checkbox"/> Preservation of land for public use (e g , recreation or education)<div><input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of open space</div><input type="checkbox"/> Preservation of an historically important land area <input type="checkbox"/> Preservation of a certified historic structure</div> |                             |
| 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                                                                                                                                                                                                                                                                                                    |                             |
| a | Total number of conservation easements                                                                                                                                                                                                                                                                                                                                                                                                                                | Held at the End of the Year |
| b | Total acreage restricted by conservation easements                                                                                                                                                                                                                                                                                                                                                                                                                    | 2a                          |
| c | Number of conservation easements on a certified historic structure included in (a)                                                                                                                                                                                                                                                                                                                                                                                    | 2b                          |
| d | Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register                                                                                                                                                                                                                                                                                                                              | 2c                          |
| 3 | Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►                                                                                                                                                                                                                                                                                                                               | 2d                          |
| 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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>                                                                                                                                                                                                                        |                             |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year<br>►                                                                                                                                                                                                                                                                                                                        |                             |
| 7 | Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year<br>► \$                                                                                                                                                                                                                                                                                                                           |                             |
| 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)? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>                                                                                                                                                                                                                                                     |                             |
| 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" on 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 on 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 on 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" on 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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

Amount

1c

1d

1e

1f

2a

Did the organization include an amount on Form 990, Part X, line 21, 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                     | 126,609,811     | 108,965,719   | 90,755,276          | 80,841,065          | 87,452,850         |
| b Contributions                                  | 7,348,710       | 11,841,924    | 6,074,191           | 1,280,959           | 74,725             |
| c Net investment earnings, gains, and losses     | -728,319        | 5,890,303     | 13,007,247          | 9,091,700           | -5,827,854         |
| d Grants or scholarships                         | 33,750          |               |                     |                     |                    |
| e Other expenditures for facilities and programs | 498,352         | 88,135        | 870,995             | 458,448             | 858,656            |
| f Administrative expenses                        |                 |               |                     |                     |                    |
| g End of year balance                            | 132,698,100     | 126,609,811   | 108,965,719         | 90,755,276          | 80,841,065         |

2

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

a

Board designated or quasi-endowment

63 440 %

b

Permanent endowment

12 020 %

c

Temporarily restricted endowment

24 540 %

The percentages on 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

(i) unrelated organizations

(ii) related organizations

Yes

No

3a(i)

No

3a(ii)

No

b

If "Yes" on 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) | Accumulated (c)depreciation | (d)Book value |
|-------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------------|-----------------------------|---------------|
| 1a Land                                                                                         |                                     | 10,468,193                     |                             | 10,468,193    |
| b Buildings                                                                                     |                                     | 501,559,609                    | 173,847,822                 | 327,711,787   |
| c Leasehold improvements                                                                        |                                     |                                |                             |               |
| d Equipment                                                                                     |                                     | 131,174,914                    | 92,474,404                  | 38,700,510    |
| e Other                                                                                         |                                     | 14,192,519                     |                             | 14,192,519    |
| Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) |                                     |                                |                             | 391,073,009   |

Schedule D (Form 990) 2015



Part XI

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

|   |                                                                                         |    |             |
|---|-----------------------------------------------------------------------------------------|----|-------------|
| 1 | Total revenue, gains, and other support per audited financial statements . . . . .      | 1  | 375,183,985 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12                      |    |             |
| a | Net unrealized gains (losses) on investments . . . . .                                  | 2a | -5,949,671  |
| b | Donated services and use of facilities . . . . .                                        | 2b |             |
| c | Recoveries of prior year grants . . . . .                                               | 2c |             |
| d | Other (Describe in Part XIII ) . . . . .                                                | 2d | 76,781,495  |
| e | Add lines 2a through 2d . . . . .                                                       | 2e | 70,831,824  |
| 3 | Subtract line 2e from line 1 . . . . .                                                  | 3  | 304,352,161 |
| 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 | 393,814     |
| b | Other (Describe in Part XIII ) . . . . .                                                | 4b | -427,222    |
| c | Add lines 4a and 4b . . . . .                                                           | 4c | -33,408     |
| 5 | Total revenue Add lines 3 and 4c.(This must equal Form 990, Part I, line 12 ) . . . . . | 5  | 304,318,753 |

Part XII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

|   |                                                                                          |    |             |
|---|------------------------------------------------------------------------------------------|----|-------------|
| 1 | Total expenses and losses per audited financial statements . . . . .                     | 1  | 281,543,220 |
| 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 | 427,222     |
| e | Add lines 2a through 2d . . . . .                                                        | 2e | 427,222     |
| 3 | Subtract line 2e from line 1 . . . . .                                                   | 3  | 281,115,998 |
| 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 | 393,814     |
| b | Other (Describe in Part XIII ) . . . . .                                                 | 4b |             |
| c | Add lines 4a and 4b . . . . .                                                            | 4c | 393,814     |
| 5 | Total expenses Add lines 3 and 4c.(This must equal Form 990, Part I, line 18 ) . . . . . | 5  | 281,509,812 |

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. |

**Part XIII**    **Supplemental Information** *(continued)*

| Return Reference                                             | Explanation                                                                                                                                                                |
|--------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| OTHER REVENUE ON FINANCIAL STATEMENTS NOT ON RETURN          | PART XI, LINE 2D UNREALIZED GAIN ON INTEREST RATE SWAPS 355,476 CHANGES IN ACTUARIAL ASSUMPTIONS 489,890 FAIR MARKET VALUE ADJUSTMENT ON LOANS 75,936,130 TOTAL 76,781,496 |
| OTHER REVENUE ON RETURN NOT IN FINANCIAL STATEMENTS          | PART XI, LINE 4B RECLASS OF FUNDRAISING EXPENSES (232,235) RECLASS OF DEBT FINANCED RENTAL EXPENSES (194,987) TOTAL (427,222)                                              |
| OTHER EXPENSES INCLUDED IN FINANCIAL STATEMENT NOT ON RETURN | PART XII, LINE 2D RECLASS OF FUNDRAISING EXPENSES 232,235 RECLASS OF DEBT FINANCED RENTAL EXPENSES 194,987 TOTAL 427,222                                                   |
|                                                              |                                                                                                                                                                            |
|                                                              |                                                                                                                                                                            |
|                                                              |                                                                                                                                                                            |
|                                                              |                                                                                                                                                                            |
|                                                              |                                                                                                                                                                            |

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](http://www.irs.gov/form990).

OMB No 1545-0047

2015

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                               |                                     | 3                                                                      |                                                                                                                                             |                                                                                                    | 11,404,076                                           |
| b Total from continuation sheets to Part I |                                     |                                                                        |                                                                                                                                             |                                                                                                    |                                                      |
| c Totals (add lines 3a and 3b)             |                                     | 3                                                                      |                                                                                                                                             |                                                                                                    | 11,404,076                                           |

**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.

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

**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

Schedule F (Form 990) 2015

Page **5**

### **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) |                                     | 3                                           | Program Services                                                                                                               | GENETIC RESOURCES                                                                                   | 221,085                           |
| Central America and the Caribbean        |                                     |                                             | INVESTMENTS                                                                                                                    |                                                                                                     | 11,168,563                        |
| Europe (Including Iceland and Greenland) |                                     |                                             | Program Services                                                                                                               | WORKSHOP                                                                                            | 14,428                            |

**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        |                                     |                                             | Program Services                                                                                                               | GENETIC RESOURCES                                                                                   |                                   |
| 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                                                                                   |                                   |

SCHEDULE G  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
THE JACKSON LABORATORY

Supplemental Information Regarding  
Fundraising or Gaming Activities

Complete if the organization answered "Yes" on 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](http://www.irs.gov/form990)

OMB No 1545-0047

2015

Open to Public Inspection

Employer identification number  
01-0211513

Part I Fundraising Activities.

Complete if the organization answered "Yes" on 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

e ☒ Solicitation of non-government grants

b ☒ Internet and email solicitations

f ☒ Solicitation of government grants

c ☒ Phone solicitations

g ☒ Special fundraising events

d ☒ In-person solicitations
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☒ Yes ☐ No
- b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

| (i) Name and address of individual or entity (fundraiser)                                       | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? |    | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col (i) | (vi) Amount paid to (or retained by) organization |
|-------------------------------------------------------------------------------------------------|---------------|----------------------------------------------------------------|----|-----------------------------------|------------------------------------------------------------------|---------------------------------------------------|
|                                                                                                 |               | Yes                                                            | No |                                   |                                                                  |                                                   |
| 1 GRENZBACH GLIER AND ASSOCIATES<br>401 NORTH MICHIGAN AVENUE SUITE 28<br><br>CHICAGO, IL 60611 | CONSULT       |                                                                | No |                                   | 175,252                                                          | -175,252                                          |
| 2                                                                                               |               |                                                                |    |                                   |                                                                  |                                                   |
| 3                                                                                               |               |                                                                |    |                                   |                                                                  |                                                   |
| 4                                                                                               |               |                                                                |    |                                   |                                                                  |                                                   |
| 5                                                                                               |               |                                                                |    |                                   |                                                                  |                                                   |
| 6                                                                                               |               |                                                                |    |                                   |                                                                  |                                                   |
| 7                                                                                               |               |                                                                |    |                                   |                                                                  |                                                   |
| 8                                                                                               |               |                                                                |    |                                   |                                                                  |                                                   |
| 9                                                                                               |               |                                                                |    |                                   |                                                                  |                                                   |
| 10                                                                                              |               |                                                                |    |                                   |                                                                  |                                                   |
| Total ▶                                                                                         |               |                                                                |    |                                   | 175,252                                                          | -175,252                                          |

- 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" on 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                    | (b)Event #2                   | (c)Other events     | (d)                                              |
|-----------------|----------------------------------------------------------------------------|--------------------------------|-------------------------------|---------------------|--------------------------------------------------|
|                 |                                                                            | DISCOVERY DAYS<br>(event type) | COOKIE'S RIDE<br>(event type) | 0<br>(total number) | Total events<br>(add col (a) through<br>col (c)) |
| Revenue         | 1 Gross receipts . . . . .                                                 | 70,975                         | 13,080                        |                     | 84,055                                           |
|                 | 2 Less Contributions . . . . .                                             | 68,050                         | 13,080                        |                     | 81,130                                           |
|                 | 3 Gross income (line 1 minus<br>line 2) . . . . .                          | 2,925                          |                               |                     | 2,925                                            |
| Direct Expenses | 4 Cash prizes . . . . .                                                    |                                |                               |                     |                                                  |
|                 | 5 Noncash prizes . . . . .                                                 |                                |                               |                     |                                                  |
|                 | 6 Rent/facility costs . . . . .                                            | 1,379                          | 50                            |                     | 1,429                                            |
|                 | 7 Food and beverages . . . . .                                             | 34,116                         | 800                           |                     | 34,916                                           |
|                 | 8 Entertainment . . . . .                                                  | 110,680                        | 791                           |                     | 111,471                                          |
|                 | 9 Other direct expenses . . . . .                                          | 82,727                         | 1,692                         |                     | 84,419                                           |
|                 | 10 Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶  |                                |                               |                     | 232,235                                          |
|                 | 11 Net income summary Subtract line 10 from line 3, column (d) . . . . . ▶ |                                |                               |                     | -229,310                                         |

Part III Gaming.

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

|                 |                                                                                | (a)Bingo                                                            | (b)Pull tabs/Instant<br>bingo/progressive bingo                     | (c)Other gaming                                                     | (d)                                           |
|-----------------|--------------------------------------------------------------------------------|---------------------------------------------------------------------|---------------------------------------------------------------------|---------------------------------------------------------------------|-----------------------------------------------|
|                 |                                                                                |                                                                     |                                                                     |                                                                     | Total gaming (add col<br>(a) through col (c)) |
| Revenue         | 1 Gross revenue . . . . .                                                      |                                                                     |                                                                     |                                                                     |                                               |
|                 |                                                                                |                                                                     |                                                                     |                                                                     |                                               |
| Direct Expenses | 2 Cash prizes . . . . .                                                        |                                                                     |                                                                     |                                                                     |                                               |
|                 | 3 Noncash prizes . . . . .                                                     |                                                                     |                                                                     |                                                                     |                                               |
|                 | 4 Rent/facility costs . . . . .                                                |                                                                     |                                                                     |                                                                     |                                               |
|                 | 5 Other direct expenses . . . . .                                              |                                                                     |                                                                     |                                                                     |                                               |
|                 |                                                                                |                                                                     |                                                                     |                                                                     |                                               |
|                 | 6 Volunteer labor . . . . .                                                    | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> 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 activity conducted in

|          |                             |            |   |
|----------|-----------------------------|------------|---|
| <b>a</b> | The organization's facility | <b>13a</b> | % |
| <b>b</b> | An outside facility         | <b>13b</b> | % |

**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 complete this part to provide any additional information (see instructions).

| Return Reference | Explanation |
|------------------|-------------|
|------------------|-------------|

# 2015

01-0211513

## Schedule I (Form 990) 2015

**Part III** **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on 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 |
|--------------------------------|-------------------------|-------------------------|----------------------------------|------------------------------------------------------|---------------------------------------|
| (1) SCHOLARSHIPS/STIPENDS      | 387                     | 984,466                 |                                  |                                                      |                                       |
|                                |                         |                         |                                  |                                                      |                                       |
|                                |                         |                         |                                  |                                                      |                                       |
|                                |                         |                         |                                  |                                                      |                                       |
|                                |                         |                         |                                  |                                                      |                                       |
|                                |                         |                         |                                  |                                                      |                                       |
|                                |                         |                         |                                  |                                                      |                                       |

**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 VARYING AMOUNTS OF ASSISTANCE IN THE FORM OF GRANTS, FELLOWSHIPS AND STIPENDS ARE AWARDED TO SUMMER STUDENTS, LABORATORY INTERNS, GRADUATE STUDENTS, INSTRUCTORS AND COURSE ATTENDEES BASED ON NEED AND MERIT ALL RECIPIENTS OF GRANT FUNDS EITHER WORK AT THE LABORATORY UNDER THE SUPERVISION OF LABORATORY EMPLOYEES OR ATTEND COURSES CONFERENCE ORGANIZERS REGULARLY MONITOR ATTENDANCE OF COURSES BY GRANT RECIPIENTS, AND RESPONSIBLE FACULTY MEMBERS OVERSEE AND MONITOR OTHER FORMS OF SCHOLARSHIP ASSISTANCE TO INDIVIDUAL STUDENTS, INTERNS OR OTHER SCIENTISTS THROUGH OVERSIGHT OF THEIR ASSIGNMENTS |

**Additional Data**

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

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| <b>(a)</b> Name and address of organization or government                              | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV , appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|----------------------------------------------------------------------------------------|----------------|--------------------------------------|---------------------------------|------------------------------------------|---------------------------------------------------------------|-----------------------------------------------|-------------------------------------------|
| TOWN OF BAR HARBOR<br>93 COTTAGE STREET<br>BAR HARBOR, ME 04609                        | 01-6000061     | GOV'T                                | 86,000                          |                                          |                                                               |                                               | SUPPORT                                   |
| MAINE MATHEMATICS AND SCIENCE ALLIANCE<br>219 CAPITOL STREET NO 3<br>AUGUSTA, ME 04330 | 22-3181644     | 501(c)(3)                            | 10,000                          |                                          |                                                               |                                               | SUPPORT                                   |
| FRIENDS OF ACADIA<br>PO BOX 45<br>BAR HARBOR, ME 04609                                 | 01-0425071     | 501(C)(3)                            | 10,000                          |                                          |                                                               |                                               | SUPPORT                                   |

Schedule J

(Form 990)

Compensation Information

OMB No 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
▶ Complete if the organization answered "Yes" on 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](http://www.irs.gov/form990).

2015

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization  
THE JACKSON LABORATORY

Employer identification number  
01-0211513

Part I

Questions Regarding Compensation

- 1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.
- |                                                                               |                                                                          |
|-------------------------------------------------------------------------------|--------------------------------------------------------------------------|
| <input type="checkbox"/> First-class or charter travel                        | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                                | <input type="checkbox"/> Payments for business use of personal residence |
| <input checked="" type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees   |
| <input type="checkbox"/> Discretionary spending account                       | <input type="checkbox"/> 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.
- 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?
- 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.
- |                                                                         |                                                                                     |
|-------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                                |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input checked="" type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |
- 4** During the year, did any person listed on 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?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- 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 on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:
- a** The organization?
- b** Any related organization?
- If "Yes," on line 5a or 5b, describe in Part III.
- 6** For persons listed on 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?
- b** Any related organization?
- If "Yes," on line 6a or 6b, describe in Part III.
- 7** For persons listed on 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.
- 8** Were any amounts reported on Form 990, Part VII, paid or accrued 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.
- 9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes No

|    |     |    |
|----|-----|----|
|    |     |    |
| 1b | Yes |    |
| 2  | Yes |    |
|    |     |    |
| 4a |     | No |
| 4b | Yes |    |
| 4c |     | No |
|    |     |    |
| 5a |     | No |
| 5b |     | No |
|    |     |    |
| 6a |     | No |
| 6b |     | No |
|    |     |    |
| 7  | Yes |    |
|    |     |    |
| 8  |     | No |
| 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 on 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 on 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 LIFE, DISABILITY, AND LONG TERM CARE BENEFITS 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. EFFECTIVE IN 2015, THE LABORATORY CHANGED ITS MATCHING CONTRIBUTIONS TO PARTICIPANT ACCOUNTS IN ITS SECTION 403B RETIREMENT PLAN (THROUGH AN ANNUAL "TRUE UP" PROCESS) TO REFLECT COMPENSATION PAID TO PARTICIPANTS FOR THE FULL PLAN YEAR. |
| SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN | PART I, LINE 4B THE LABORATORY MAINTAINS A DEFERRED COMPENSATION PLAN UNDER SECTION 457(F). CONTRIBUTIONS MADE: PRESIDENT/CEO \$ 75,000; EXECUTIVE VICE PRESIDENT/COO \$123,000; GENERAL MANAGER, JMCRS \$ 40,000; DISTRIBUTIONS FROM EXECUTIVE VICE PRESIDENT/COO \$809,296 AND \$579,609.                                                                                                                                                                                                                                                                                                                                                                                                |
| 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 |                                     |                                     | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|---------------------------------------------------------|------|----------------------------------------------------|-------------------------------------|-------------------------------------|------------------------------------------------|-------------------------|---------------------------------|-----------------------------------------------------------------------|
|                                                         |      | (i) Base Compensation                              | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |                                                |                         |                                 |                                                                       |
| 1EDISON T LIU MD<br>PRESIDENT & CEO                     | (i)  | 773,896                                            | 150,000                             | 101,381                             | 101,500                                        | 26,298                  | 1,153,075                       | 0                                                                     |
|                                                         | (ii) | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                     |
| 1CHARLES E HEWETT PHD<br>EXECUTIVE VICE PRESIDENT & COO | (i)  | 558,333                                            | 50,000                              | 1,411,009                           | 149,500                                        | 20,455                  | 2,189,297                       | 1,270,544                                                             |
|                                                         | (ii) | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                     |
| 2LINDA A JENSEN<br>CHIEF FINANCIAL OFFICER              | (i)  | 315,949                                            | 40,000                              | 19,066                              | 26,500                                         | 18,880                  | 420,395                         | 0                                                                     |
|                                                         | (ii) | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                     |
| 3ROBERT E BRAUN PHD<br>VICE PRESIDENT RESEARCH          | (i)  | 331,587                                            | 10,000                              | 38,467                              | 26,500                                         | 2,402                   | 408,956                         | 0                                                                     |
|                                                         | (ii) | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                     |
| 4CHARLES LEE MD<br>SCIENTIFIC DIRECTOR, JAX GM          | (i)  | 295,251                                            | 48,480                              | 5,008                               | 26,500                                         | 29,324                  | 404,563                         | 0                                                                     |
|                                                         | (ii) | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                     |
| 5AUROBINDO NAIR<br>GENERAL MANAGER, JMCRS               | (i)  | 403,892                                            | 97,500                              | 22,407                              | 66,500                                         | 27,630                  | 617,929                         | 0                                                                     |
|                                                         | (ii) | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                     |
| 6KATHY L VANDEGRIFT<br>ASSOCIATE GM FINANCE & OP        | (i)  | 254,646                                            | 60,500                              | 22,349                              | 26,500                                         | 21,596                  | 385,591                         | 0                                                                     |
|                                                         | (ii) | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                     |
| 7MIKE E HYDE<br>VP EXTERNAL AFFAIRS & STRATE            | (i)  | 262,094                                            | 18,000                              | 59,507                              | 26,500                                         | 26,840                  | 392,941                         | 0                                                                     |
|                                                         | (ii) | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                     |
| 8JACQUES F BANCHEREAU PHD<br>PROFESSOR                  | (i)  | 349,580                                            | 35,000                              | 3,562                               | 26,500                                         | 10,534                  | 425,176                         | 0                                                                     |
|                                                         | (ii) | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                     |
| 9KRISTEN B ROZANSKY<br>VICE PRESIDENT, DEV & COMMUN     | (i)  | 335,932                                            | 32,640                              | 770                                 | 24,466                                         | 26,722                  | 420,530                         | 0                                                                     |
|                                                         | (ii) | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                     |
| 10BRIAN R LESLIE<br>GENERAL COUNSEL                     | (i)  | 355,104                                            | 84,375                              | 2,099                               | 26,500                                         | 18,715                  | 486,793                         | 0                                                                     |
|                                                         | (ii) | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                     |

| 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 FINANCE AUTHORITY OF MAINE                        | 04-2456011     | 999999999   | 08-31-2012      | 42,460,000      | REFUND                        |              | X  |                         | X  |                    | X  |
| B 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 . . . . .                                                                                   | 1,855,000  |    | 1,190,000  |    |     |    |     |    |
| 2       | Amount of bonds legally defeased . . . . .                                                                          | 0          |    | 0          |    |     |    |     |    |
| 3       | Total proceeds of issue<br>. . . . .                                                                                | 42,460,000 |    | 66,432,099 |    |     |    |     |    |
| 4       | Gross proceeds in reserve funds . . . . .                                                                           | 0          |    | 0          |    |     |    |     |    |
| 5       | Capitalized interest from proceeds . . . . .                                                                        | 0          |    | 0          |    |     |    |     |    |
| 6       | Proceeds in refunding escrows . . . . .                                                                             | 0          |    | 0          |    |     |    |     |    |
| 7       | Issuance costs from proceeds . . . . .                                                                              | 0          |    | 623,401    |    |     |    |     |    |
| 8       | Credit enhancement from proceeds . . . . .                                                                          | 0          |    | 0          |    |     |    |     |    |
| 9       | Working capital expenditures from proceeds . . . . .                                                                | 0          |    | 0          |    |     |    |     |    |
| 10      | Capital expenditures from proceeds . . . . .                                                                        | 0          |    | 26,665,257 |    |     |    |     |    |
| 11      | Other spent proceeds . . . . .                                                                                      | 42,460,000 |    | 39,143,441 |    |     |    |     |    |
| 12      | Other unspent proceeds . . . . .                                                                                    | 0          |    | 0          |    |     |    |     |    |
| 13      | Year of substantial completion . . . . .                                                                            | 2002       |    | 2015       |    |     |    |     |    |
|         |                                                                                                                     | Yes        | No | Yes        | No | Yes | No | Yes | No |
| 14      | Were the bonds issued as part of a current refunding issue? . . . .                                                 | X          |    |            | X  |     |    |     |    |
| 15      | Were the bonds issued as part of an advance refunding issue? . . . .                                                |            | X  | X          |    |     |    |     |    |
| 16      | Has the final allocation of proceeds been made? . . . . .                                                           | X          |    | X          |    |     |    |     |    |
| 17      | Does the organization maintain adequate books and records to support the final allocation of proceeds?<br>. . . . . | 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  |     |    |     |    |
| 2                             | Are there any lease arrangements that may result in private business use of bond-financed property? . . . . .                        |     | 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       |    |     |    |     |    |
| 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       |    |     |    |     |    |
| c  | Are there any research agreements that may result in private business use of bond-financed property? . . . . .                                                                                                                                   | 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       |    |     |    |     |    |
| 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 . . . . ▶                                                                        | 0 225 % |    | 0 303 % |    |     |    |     |    |
| 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 . . . . . ▶ |         |    |         |    |     |    |     |    |
| 6  | Total of lines 4 and 5 . . . . .                                                                                                                                                                                                                 | 0 225 % |    | 0 303 % |    |     |    |     |    |
| 7  | Does the bond issue meet the private security or payment test? . . . .                                                                                                                                                                           |         | 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  |     |    |     |    |
| b  | If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of                                                                                                                                                          |         |    |         |    |     |    |     |    |
| c  | If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?. . . . .                                                                                                                               |         | 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  |     |    |     |    |

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  |     |    |     |    |
| 2  | If "No" to line 1, did the following apply? . . . .                                                                  |     |    |     |    |     |    |     |    |
| a  | Rebate not due yet? . . . . .                                                                                        | X   |    |     | X  |     |    |     |    |
| b  | Exception to rebate? . . . . .                                                                                       |     | X  |     | X  |     |    |     |    |
| c  | No rebate due? . . . . .                                                                                             |     | 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  |     |    |     |    |
| 4a | Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?       |     | X  |     | X  |     |    |     |    |
| b  | Name of provider . . . . .                                                                                           | 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 |
| <b>5a</b> | Were gross proceeds invested in a guaranteed investment contract (GIC)?                               |     | X  |     | X  |     |    |     |    |
| <b>b</b>  | Name of provider . . . . .                                                                            | 0   |    | 0   |    |     |    |     |    |
| <b>c</b>  | Term of GIC . . . . .                                                                                 |     |    |     |    |     |    |     |    |
| <b>d</b>  | Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? . . . . . |     |    |     |    |     |    |     |    |
| <b>6</b>  | Were any gross proceeds invested beyond an available temporary period?                                |     | X  |     | X  |     |    |     |    |
| <b>7</b>  | Has the organization established written procedures to monitor the requirements of section 148? . . . |     | 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   |    |     |    |     |    |

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

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

| Return<br>Reference   | Explanation                                                                                                                                                 |
|-----------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PART IV,<br>LINE 2(C) | BOND ISSUE B -<br>NO REBATE<br>DUE,<br>ARBITRAGE<br>CALCULATION<br>PERFORMED<br>01/05/2016 BY<br>AMTEC<br>(REFLECTING<br>ACTIVITY<br>THROUGH<br>10/31/2015) |

| Return<br>Reference   | Explanation                                                                                                                                                                     |
|-----------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| WRITTEN<br>PROCEDURES | THE JACKSON<br>LABORATORY<br>MONITORS<br>THEIR TAX<br>EXEMPT BONDS<br>FOR POST<br>ISSUANCE<br>COMPLIANCE<br>WRITTEN<br>PROCEDURES<br>WERE<br>APPROVED ON<br>JANUARY 12,<br>2016 |



**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                                        | 1,319,022                 | CREDIT CARD PROCESSING FEES    |                                         | No |
| (2) MADELEINE BRAUN PHD       | KEY EMPLOYEE - R BRAUN                                          | 245,677                   | EMPLOYMENT - FAMILY MEMBER     |                                         | No |
|                               |                                                                 |                           |                                |                                         |    |
|                               |                                                                 |                           |                                |                                         |    |
|                               |                                                                 |                           |                                |                                         |    |
|                               |                                                                 |                           |                                |                                         |    |
|                               |                                                                 |                           |                                |                                         |    |
|                               |                                                                 |                           |                                |                                         |    |
|                               |                                                                 |                           |                                |                                         |    |
|                               |                                                                 |                           |                                |                                         |    |
|                               |                                                                 |                           |                                |                                         |    |

**Part V Supplemental Information**

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

| Return Reference | Explanation |
|------------------|-------------|
|------------------|-------------|

SCHEDULE M  
(Form 990)

Noncash Contributions

OMB No 1545-0047

2015

Open to Public Inspection

►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](http://www.irs.gov/form990)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
THE JACKSON LABORATORY

Employer identification number  
01-0211513

Part I

Types of Property

|                                                                            | (a)<br>Check<br>if<br>applicable | (b)<br>Number of contributions<br>or items contributed | (c)<br>Noncash contribution<br>amounts reported on<br>Form 990, Part VIII, line<br>1g | (d)<br>Method of determining<br>noncash contribution amounts |
|----------------------------------------------------------------------------|----------------------------------|--------------------------------------------------------|---------------------------------------------------------------------------------------|--------------------------------------------------------------|
| 1 Art—Works of art . . . . .                                               |                                  |                                                        |                                                                                       |                                                              |
| 2 Art—Historical treasures . . . . .                                       |                                  |                                                        |                                                                                       |                                                              |
| 3 Art—Fractional interests . . . . .                                       |                                  |                                                        |                                                                                       |                                                              |
| 4 Books and publications . . . . .                                         |                                  |                                                        |                                                                                       |                                                              |
| 5 Clothing and household<br>goods . . . . .                                |                                  |                                                        |                                                                                       |                                                              |
| 6 Cars and other vehicles . . . . .                                        |                                  |                                                        |                                                                                       |                                                              |
| 7 Boats and planes . . . . .                                               |                                  |                                                        |                                                                                       |                                                              |
| 8 Intellectual property . . . . .                                          |                                  |                                                        |                                                                                       |                                                              |
| 9 Securities—Publicly traded . . . . .                                     | X                                | 33                                                     | 3,706,571                                                                             | FMV                                                          |
| 10 Securities—Closely held stock . . . . .                                 |                                  |                                                        |                                                                                       |                                                              |
| 11 Securities—Partnership, LLC,<br>or trust interests . . . . .            |                                  |                                                        |                                                                                       |                                                              |
| 12 Securities—Miscellaneous . . . . .                                      |                                  |                                                        |                                                                                       |                                                              |
| 13 Qualified conservation<br>contribution—Historic<br>structures . . . . . |                                  |                                                        |                                                                                       |                                                              |
| 14 Qualified conservation<br>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

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?

31

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

32a

Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

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

Yes

No

No

Yes

No

No

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat No 51227J

Schedule M (Form 990) (2015)

**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 |

**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](http://www.irs.gov/form990).**2015****Open to Public  
Inspection**Name of the organization  
THE JACKSON LABORATORY**Employer identification number**

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, PHYSIOLOGY, AND PATHOPHYSIOLOGY THROUGH RESEARCH WITH GENETICALLY DEFINED EXPERIMENTAL MOUSE MODELS AND OTHER MODELS OF DISEASE, 2) CONDUCTS TRANSLATIONAL BIOMEDICAL RESEARCH TO IDENTIFY THE GENOMIC IMPACT ON HUMAN DISEASE, PROMOTE THE ESTABLISHMENT OF MORE PRECISE, TARGETED THERAPIES, OFFER CUTTING EDGE GENOMIC DIAGNOSTICS TO IMPROVE PATIENT CARE, AND PROVIDE ADVANCED COMPUTATIONAL TOOLS, DATABASES AND KNOWLEDGE MANAGEMENT SYSTEMS TO THE BIOMEDICAL RESEARCH AND MEDICAL COMMUNITIES, 3) TRAINS AND EDUCATES STUDENTS, SCIENTISTS, PHYSICIANS, AND OTHER PROFESSIONALS IN THESE AREAS, AND 4) PROMOTES SCIENTIFIC DISCOVERY THROUGH THE PROVISION OF MOUSE MODELS AND OTHER MODELS OF HUMAN DISEASE AND THE PROVISION OF RESEARCH, CLINICAL, COMPUTATIONAL AND INFORMATION SERVICES TO THE GLOBAL SCIENTIFIC AND MEDICAL COMMUNITIES

| Return Reference | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         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| PROGRAM SERVICES | <p>FORM 990, PART III, LINE 4A-4C DEVELOP AND PROVIDE GENETIC RESOURCES THE JACKSON LABORATORY MOUSE REPOSITORY , PRODUCTION AND RESEARCH SERVICES ARE INCLUDED AMONG THE PREMIER RESOURCES AVAILABLE TO BIOMEDICAL RESEARCHERS IN 2015, OVER 130 COMMON LABORATORY STRAINS AS WELL AS THOUSANDS OF SELECT MUTANT AND GENETICALLY MODIFIED STRAINS OF JAX MICE WERE DISTRIBUTED TO OVER 10,000 INVESTIGATORS IN MORE THAN 1,300 INSTITUTIONS IN AT LEAST 60 COUNTRIES DISTRIBUTION OF THESE STRAINS SUPPORTS RESEARCHERS SEEKING CURES FOR THE WORLDS MOST PREVALENT HUMAN DISEASES AND HELPS SHRINK THE TIMELINE REQUIRED TO BRING NEW THERAPIES TO PATIENTS IN NEED THE JACKSON LABORATORY MOUSE REPOSITORY , PRODUCTION AND RESEARCH SERVICES COLLECTS DATA CONCERNING THE BREEDING, HUSBANDRY , MAINTENANCE AND DEVELOPMENT OF MOUSE MODELS THAT BECOMES PART OF THE REPOSITORY OF KNOWLEDGE AND IS SHARED WITH THE GLOBAL MOUSE RESEARCH AND BIOMEDICAL COMMUNITY TO FOSTER ETHICAL, INFORMED USE OF THESE ANIMALS IN SCIENTIFIC DISCOVERY IN 2015 THIS DATA WAS SHARED IN OVER 150 EDUCATIONAL SEMINARS, ATTENDED BY OVER 10,000 RESEARCHERS DATA FROM THE JACKSON LABORATORY'S MOUSE DEVELOPMENT RESEARCH IS ALSO SHARED VIA PEER REVIEWED PUBLICATIONS AND PUBLICLY ACCESSIBLE DATABASES THESE INCLUDE THE MOUSE PHENOME DATABASE (MPD) AND THE MOUSE TUMOR BIOLOGY (MTB) DATABASE NEW IN 2015, GENOMICS, GENE EXPRESSION, AND GENE VARIANT DATA FROM OVER 100 CLINICALLY RELEVANT PATIENT DERIVED XENOGRFT (PDX) MOUSE MODELS AND DRUG EFFICACY DATA FROM TEN OF THESE HUMAN TUMOR PDX MODELS WERE CONTRIBUTED TO THE MTB DATABASE INFORMATION CONTRIBUTED TO MTB AS WELL AS MPD INFORMS APPROPRIATE MODEL SELECTION FOR PRECISE PRECLINICAL RESEARCH APPLICATIONS THAT CONTRIBUTES TO DRUG DEVELOPMENT PROGRAMS TO BETTER UNDERSTAND THE ROLE OF THE HUMAN IMMUNE SYSTEM IN DISEASES SUCH AS CANCER, THE JACKSON LABORATORY DEVELOPED THE NEW HUMANIZED NSG-SGM3 MODEL THROUGH THE JACKSON LABORATORY'S EDUCATIONAL OUTREACH, THIS MODEL HAS BEGUN TO BE READILY ACCESSED IN 2015 BY RESEARCHERS AND DRUG DEVELOPMENT SCIENTISTS WHO SEEK TO UNDERSTAND HOW THE HUMAN IMMUNE SYSTEM INTERACTS WITH HUMAN TUMORS IN THE CONTEXT OF A SMALL ANIMAL MODEL THE JACKSON LABORATORY , THE UNIVERSITY OF CALIFORNIA DAVIS AND OTHER CANCER HOSPITALS ARE CONTINUING TO PARTNER TO BUILD THE PRIMARY HUMAN TUMORS CONSORTIUM, A PUBLICLY AVAILABLE LIBRARY OF PRIMARY HUMAN TUMORS FOR RESEARCH AND DRUG DEVELOPMENT BY JOINING THE CONSORTIUM, MEMBERS WILL CONTRIBUTE TO AND SHARE IN A TUMOR LIBRARY THAT WILL VASTLY EXCEED WHAT ANY ONE INSTITUTION COULD BUILD ON ITS OWN THIS SHARED RESOURCE ULTIMATELY WILL GREATLY EXPAND RESEARCH CAPACITY FOR ALL CONSORTIUM PARTNERS WHILE PRESERVING VARIED AND VALUABLE TUMORS FOR FUTURE RESEARCH THE JACKSON LABORATORY NOW HAS ESTABLISHED GREATER THAN 350 MODELS THAT ARE READILY AVAILABLE BEYOND THE CONSORTIUM PARTNERS THE GENOMICS DATA IS ALSO PROVIDED TO ANYONE IN THE BROADER SCIENTIFIC COMMUNITY ON REQUEST THE JACKSON LABORATORY FOR GENOMIC MEDICINE HAS PARTNERED WITH EASTERN MAINE COMMUNITY HOSPITAL TO ESTABLISH A CLINICAL OBSERVATION STUDY THAT PROSPECTIVELY TRACKS 25 CANCER PATIENTS THROUGH THEIR TREATMENT STRATEGIES THIS JAX-FUNDED STUDY WILL RESEARCH THE UTILITY OF THE JAX CANCER TREATMENT PROFILE GENOMIC DIAGNOSTIC ASSAY AND UNDERSTAND THE IMPACT ON PATIENT OUTCOME EDUCATION AND TRAINING IN 2015 A NEW, ONLINE JACKSON LABORATORY CONTINUING MEDICAL EDUCATION (CME) PROGRAM WAS DESIGNED AND OFFERED FOR PHYSICIANS TO BETTER PREPARE PATIENTS FOR CANCER GENETIC TESTING FOR PATIENTS AT HIGH RISK FOR HAVING A HEREDITARY CANCER SYNDROME, GENETIC TESTING MAY BE APPROPRIATE PRE-TEST DECISIONS &amp; COUNSELING FOCUSES ON THE BENEFITS AND LIMITATIONS OF TESTING, AND PROVIDES THE OPPORTUNITY TO PRACTICE DECIDING WHETHER TESTING IS THE BEST CHOICE FOR A SPECIFIC PATIENT PRE-TEST DECISIONS &amp; COUNSELING IS THE FIRST IN A SERIES OF FREE, ONLINE CME PROGRAMS ON CANCER GENETIC TESTING THAT THE JACKSON LABORATORY WILL OFFER SUPPORTED BY EDUCATIONAL GRANTS FROM THE MAINE CANCER FOUNDATION AND THE JACKSON LABORATORY DIRECTORS INNOVATION FUND, THE PROGRAM JOINS THE LABORATORY'S GROWING ROSTER OF CONTINUING EDUCATION PROGRAMS DESIGNED TO HELP HEALTH CARE PROVIDERS INTEGRATE GENETICS AND GENOMICS INTO CLINICAL CARE THE JACKSON LABORATORY FOR GENOMIC MEDICINE BECAME A PARTNER WITH THE CONNECTICUT STATE UNIVERSITY SYSTEM IN THE GENOMICS WORKFORCE CONSORTIUM, AN INITIATIVE TO HELP STUDENTS ACQUIRE THE KNOWLEDGE AND SKILLS NEEDED TO COMPETE FOR JOBS IN THE STATES BIOSCIENCES SECTOR JAX ALSO HOSTED THE SECOND BIOSCIENCE CAREERS FORUM, WHERE INDUSTRY LEADERS ADVISED CONNECTICUT STUDENTS ON PREPARING FOR THEIR FUTURE PROFESSIONS JACKSON LABORATORY OFFICIALS AND SCIENTISTS VISITED EWOH WOMANS UNIVERSITY IN SEOUL, SOUTH KOREA, FOR AN INTERNATIONAL JOINT SYMPOSIUM ON GENOMIC MEDICINE AS THE FIRST STEP IN DEVELOPING COOPERATIVE INITIATIVES IN GENOMICS-BASED MEDICAL RESEARCH "TEACHING THE GENOME GENERATION" WAS A NEW PROGRAM INTRODUCED IN 2015 IT IS AN INNOVATIVE PROGRAM TO GIVE HIGH SCHOOL SCIENCE AND MATH TEACHERS THE TOOLS TO TEACH GENETICS AND GENOMICS THROUGH THE LENS OF PERSONALIZED MEDICINE IN COURSES PRESENTED AT JAX CAMPUSES IN BAR HARBOR, MAINE, AND FARMINGTON, CONN , PARTICIPANTS CONDUCTED CLASSROOM EXPERIMENTS, COLLECTED AND ANALYZED REAL DATA, AND DISCUSSED THE ETHICAL COMPLEXITIES OF RESEARCH BIOMEDICAL RESEARCH THE NATIONAL INSTITUTE ON AGING ANNOUNCED A GRANT OF \$3.6 MILLION TO JAX ASSISTANT PROFESSOR GARETH HOWELL, PH.D., AND HARVARD UNIVERSITY ASSISTANT PROFESSOR BETH STEVENS, PH.D., FOR RESEARCH IN MECHANISMS OF ALZHEIMERS DISEASE THE HOWELL LAB IS STUDYING CERTAIN CELLS THAT ARE PART OF THE IMMUNE SYSTEMS COMPLEMENT CASCADE. KNOWN AS COMPLEMENT-EXPRESSING MYELOID CELLS, THESE CELLS APPEAR TO CAUSE SOME OF THE DAMAGE TO SYNAPSES AND BLOOD VESSELS DURING AGING AND THE EARLY STAGES OF ALZHEIMERS DISEASE THE NATIONAL INSTITUTE ON ALCOHOL ABUSE AND ALCOHOLISM AWARDED A \$2 MILLION GRANT TO JAX ASSOCIATE PROFESSOR ELISSA CHESLER, PH.D., TO DEVELOP ONLINE RESOURCES TO AID RESEARCHERS IN THE STUDY OF GENES ASSOCIATED WITH ALCOHOLISM AND ADDICTION CHESLERS LAB FOCUSES ON COMPUTATIONAL STRATEGIES FOR THE BEHAVIORAL NEUROSCIENCES JAX PROFESSOR ROBERT BURGESS, PH.D., RECEIVED NEARLY \$1 MILLION IN FUNDING - \$162,500 FROM THE NATIONAL INSTITUTE OF NEUROLOGICAL DISORDERS AND STROKE AND \$300,000 FROM THE MUSCULAR DYSTROPHY ASSOCIATION - FOR HIS WORK IN UNDERSTANDING THE GENETIC BASIS FOR A NEUROLOGICAL DISORDER KNOWN AS CHARCOT-MARIE-TOOTH DISEASE (CMT) CMT IS A GENETIC NEUROLOGICAL DISORDER THAT CAUSES DAMAGE TO THE PERIPHERAL NERVES, THE BUNDLES OF NERVE CELL FIBERS THAT CONNECT THE BRAIN AND SPINAL CORD TO MUSCLES AND SENSORY ORGANS A MULTI-INSTITUTIONAL GROUP OF LEADING MICROBIOME RESEARCHERS INCLUDING JAX PROFESSOR GEORGE WEINSTOCK, PH.D., ANNOUNCED THE FORMATION OF A CONSORTIUM TO "UNDERSTAND AND HARNESS THE CAPABILITIES OF THE EARTH'S MICROBIAL ECOSYSTEMS " THE UNIFIED MICROBIOME INITIATIVE (UMI) BRINGS TOGETHER U.S.-BASED SCIENTISTS DRAWN FROM MULTIPLE DISCIPLINES AND ACROSS THE ACADEMIC, NONPROFIT AND BIOTECH SPHERES TO ACCELERATE BASIC MICROBIOME RESEARCH AND ITS TRANSLATION TO USEFUL APPLICATIONS IN MEDICINE, ENGINEERING AND BEYOND WEINSTOCK AND COLLEAGUES AT HARVARD MEDICAL SCHOOL AND OTHER INSTITUTIONS PUBLISHED A STUDY OF THE IMPACT OF INTRAVENOUSLY ADMINISTERED ANTIBIOTICS ON THE MICROBIOMES OF NEWBORN INFANTS JAX ASSISTANT PROFESSOR JULIA OH, PH.D., WAS THE LEAD AUTHOR OF A PAPER DEMONSTRATING THE USE OF SINGLE MOLECULE SEQUENCING TO BETTER IDENTIFY AND CHARACTERIZE THE COLONIES OF MICROORGANISMS THAT LIVE ON HUMAN SKIN AT JAX'S CENTER FOR SINGLE CELL GENOMICS, PAUL ROBSON, PH.D., DIRECTOR, AND HIS COLLEAGUES ARE SEIZING THE REMARKABLE OPPORTUNITIES IN THIS NEW FIELD IN A JOINT EFFORT WITH THE UNIVERSITY OF CONNECTICUT, INCLUDING UCONN HEALTH FOR EXAMPLE, JAX ASSISTANT PROFESSOR MICHAEL STITZEL, PH.D., IS EXPLORING KEY QUESTIONS IN TYPE 2 DIABETES BY PROBING THE ISLET CELLS THAT RESIDE IN SMALL CLUSTERS OF THE PANCREAS JAX SCIENTISTS ALSO PROFILED TUMORS FROM CANCER PATIENTS TO DETERMINE THEIR PRECISE CELLULAR MAKEUP</p> |

| Return<br>Reference           | Explanation                                                                                                                                                                                                                                                                                                                                                    |
|-------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FORM 990<br>REVIEW<br>PROCESS | FORM 990, PART VI, SECTION B, QUESTION 11B 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 PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE |

| Return<br>Reference               | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|-----------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| CONFLICT OF<br>INTEREST<br>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 TRUSTEES AND EXECUTIVES WITH AN APPARENT OR ACTUAL CONFLICT OF INTEREST RECUSE THEMSELVES FROM DECISION MAKING |

| Return<br>Reference    | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| COMPENSATION<br>POLICY | <p>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'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.</p> |

| Return<br>Reference  | Explanation                                                                                                                                                                                                                                                                                                                                 |
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| PUBLIC<br>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 FINANCIAL STATEMENTS AND CONFLICT OF INTEREST POLICY IS ALSO AVAILABLE AT WWW JAX ORG THE GOVERNING DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST |

| Return<br>Reference            | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
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| OFFICERS &<br>KEY<br>EMPLOYEES | <p>PART VII THE LABORATORY DISCLOSES COMPENSATION INFORMATION FOR OFFICERS WITH DECISION-MAKING AND BUDGET AUTHORITY PURSUANT TO THE CORPORATIONS BY LAWS AND BOARD RESOLUTIONS THE LABORATORY ALSO DISCLOSES KEY EMPLOYEES THAT MEET THE RESPONSIBILITY TEST AND COMPENSATION REPORTING THRESHOLD PURSUANT TO THE INSTRUCTIONS OF THE FORM 990 DURING 2015, THE LABORATORY CONDUCTED FURTHER ANALYSIS OF ITS OFFICERS AND KEY EMPLOYEES AND DETERMINED CERTAIN INDIVIDUALS DID NOT MEET THE REPORTING CRITERIA INDIVIDUALS WHO DID NOT MEET THE REPORTING CRITERIA WERE REMOVED FROM THE FORM 990 FOR TAX YEAR 2015 THE INDIVIDUALS THAT WERE REMOVED FROM THE RETURN WERE ALSO NOT INCLUDED AS "FORMER" OFFICERS OR KEY EMPLOYEES FOR 2015 SINCE THEY WERE DETERMINED TO NOT ORIGINALLY MEET THE REQUISITE CRITERIA THE LABORATORY STRIVES FOR TRANSPARENT REPORTING AS DEMONSTRATED BY MAKING ITS FORM 990 AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC ON ITS WEBSITE AS WELL AS FOR FULL COMPLIANCE WITH ALL TAX REPORTING REQUIREMENTS 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</p> |

| Return Reference               | Explanation                                                                                                                                                                            |
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| OTHER CHANGES IN<br>NET ASSETS | FORM 990, PART XI, LINE 9 UNREALIZED GAIN ON INTEREST RATE SWAPS 355,476 CHANGES IN ACTUARIAL<br>ASSUMPTIONS 489,890 FAIR MARKET VALUE ADJUSTMENT ON LOANS 75,936,130 TOTAL 76,781,496 |