

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

OMB No. 1545-0047

2015

Open to Public Inspection

A For the **2015** calendar year, or tax year beginning , **2015**, and ending , **20**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization THE JACKSON LABORATORY			D Employer identification number 01-0211513
	Doing Business As			E Telephone number (207) 288-6000
	Number and street (or P.O. box if mail is not delivered to street address)		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			G Gross receipts \$ 304,550,988.	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
J Website: ▶ WWW.JAX.ORG			H(c) Group exemption number ▶	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: 1929 M State of legal domicile: ME	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: WE DISCOVER PRECISE GENOMIC SOLUTIONS FOR DISEASE AND EMPOWER THE GLOBAL BIOMEDICAL COMMUNITY IN THE SHARED QUEST TO IMPROVE HUMAN HEALTH.	
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3 Number of voting members of the governing body (Part VI, line 1a)	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	8 Contributions and grants (Part VIII, line 1h)	Prior Year 91,256,682. Current Year 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	20 Total assets (Part X, line 16)	Beginning of Current Year 736,361,322. End of Year 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.

COPY FOR PUBLIC INSPECTION

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	Date
	▶ S. CATHERINE LONGLEY Type or print name and title	VP & CFO

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P01245482
	Firm's name ▶ KPMG LLP	Firm's EIN ▶ 13-5565207			
	Firm's address ▶ 60 SOUTH STREET BOSTON, MA 02111	Phone no. 617-988-1000			

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

For Paperwork Reduction Act Notice, see the separate instructions.

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 Yes No

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)? <i>If "Yes," complete Schedule A.</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i>	X	
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? <i>If "Yes," complete Schedule C, Part III.</i>		X
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? <i>If "Yes," complete Schedule D, Part I.</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II.</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i>		X
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? <i>If "Yes," complete Schedule D, Part IV.</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i>	X	
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? <i>If "Yes," complete Schedule D, Part VI.</i>	X	
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? <i>If "Yes," complete Schedule D, Part VII.</i>		X
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? <i>If "Yes," complete Schedule D, Part VIII.</i>		X
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? <i>If "Yes," complete Schedule D, Part IX.</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>	X	
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)? <i>If "Yes," complete Schedule D, Part X.</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII.</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?	X	
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? <i>If "Yes," complete Schedule F, Parts I and IV.</i>	X	
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? <i>If "Yes," complete Schedule F, Parts II and IV.</i>		X
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? <i>If "Yes," complete Schedule F, Parts III and IV.</i>		X
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? <i>If "Yes," complete Schedule G, Part I</i> (see instructions).	X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>		X

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No checkboxes. Rows include questions 20a through 38 regarding hospital facilities, financial statements, grants, compensation, tax-exempt bonds, and organizational transactions.

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

Table with columns for line numbers (1a-14b), descriptions of questions, and Yes/No columns. Includes entries for 1a (204), 1b (0), 2a (2,080), 3a, 3b, 4a, 5a, 5b, 5c, 6a, 6b, 7a, 7b, 7c, 7d, 7e, 7f, 7g, 7h, 8, 9a, 9b, 10a, 10b, 11a, 11b, 12a, 12b, 13a, 13b, 13c, 14a, 14b.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (24), 1b (22), 2 (X), 3 (X), 4 (X), 5 (X), 6 (X), 7a (X), 7b (X), 8a (X), 8b (X), 9 (X).

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

Table with 3 columns: Question, Yes, No. Rows include 10a (X), 10b, 11a (X), 11b, 12a (X), 12b (X), 12c (X), 13 (X), 14 (X), 15a (X), 15b (X), 16a (X), 16b.

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 Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
[X] Own website [X] Another's website [X] 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

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) EDISON T. LIU, MD PRESIDENT & CEO	40.00 0.	X		X				1,025,277.	0.	127,798.
(2) CHARLES E. HEWETT, PHD EXECUTIVE VICE PRESIDENT & COO	40.00 0.	X		X				2,019,342.	0.	169,955.
(3) JAMES J. GALLOGLY TREASURER	1.00 0.	X		X				0.	0.	0.
(4) PETER F. GERRITY SECRETARY	1.00 0.	X		X				0.	0.	0.
(5) WESLIE R. JANEWAY VICE CHAIR OF THE BOARD	1.00 0.	X		X				0.	0.	0.
(6) DAVID J. ROUX CHAIR OF THE BOARD	1.00 0.	X		X				0.	0.	0.
(7) THOMAS C. BARRY TRUSTEE	1.00 0.	X						0.	0.	0.
(8) DAVID R. CABOT TRUSTEE	1.00 0.	X						0.	0.	0.
(9) KATHLEEN A. CORBET TRUSTEE	1.00 0.	X						0.	0.	0.
(10) LOUIS J. D'AMBROSIO TRUSTEE	1.00 0.	X						0.	0.	0.
(11) TIMOTHY D. DATTELS TRUSTEE	1.00 0.	X						0.	0.	0.
(12) DAVID D. ELLIMAN TRUSTEE	1.00 0.	X						0.	0.	0.
(13) ANTHONY B. EVNIN, PHD TRUSTEE	1.00 0.	X						0.	0.	0.
(14) RICHARD S. GURIN TRUSTEE	1.00 0.	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) LEO A. HOLT ----- TRUSTEE	1.00 ----- 0.	X						0.	0.	0.
(16) RICHARD S. LANNAMANN ----- TRUSTEE	1.00 ----- 0.	X						0.	0.	0.
(17) SAM R. LITTLE ----- TRUSTEE	1.00 ----- 0.	X						0.	0.	0.
(18) NEAL B. MILCH, JD ----- TRUSTEE	1.00 ----- 0.	X						0.	0.	0.
(19) DENNIS PAUSTENBACH, PHD ----- TRUSTEE	1.00 ----- 0.	X						0.	0.	0.
(20) CHARLES M. RICE, PHD ----- TRUSTEE	1.00 ----- 0.	X						0.	0.	0.
(21) JANET ROSSANT, PHD ----- TRUSTEE	1.00 ----- 0.	X						0.	0.	0.
(22) EDWARD RUBIN, MD, PHD ----- TRUSTEE	1.00 ----- 0.	X						0.	0.	0.
(23) JOAN A. STEITZ, PHD ----- TRUSTEE	1.00 ----- 0.	X						0.	0.	0.
(24) BRIAN F. WRUBLE ----- TRUSTEE	1.00 ----- 0.	X						0.	0.	0.
(25) LINDA A. JENSEN ----- CHIEF FINANCIAL OFFICER	40.00 ----- 0.			X				375,015.	0.	45,380.
1b Sub-total								3,044,619.	0.	297,753.
c Total from continuation sheets to Part VII, Section A								3,503,765.	0.	459,109.
d Total (add lines 1b and 1c)								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
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 1		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 24

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(26) ROBERT E. BRAUN, PHD VICE PRESIDENT RESEARCH	40.00 0.				X			380,054.	0.	28,902.
(27) CHARLES LEE, MD SCIENTIFIC DIRECTOR, JAX GM	40.00 0.				X			348,739.	0.	55,824.
(28) AUROBINDO NAIR GENERAL MANAGER, JMCRS	40.00 0.				X			523,799.	0.	94,130.
(29) KATHY L. VANDEGRIFT ASSOCIATE GM FINANCE & OP	40.00 0.					X		337,495.	0.	48,096.
(30) MIKE E. HYDE VP EXTERNAL AFFAIRS & STRATE	40.00 0.					X		339,601.	0.	53,340.
(31) JACQUES F. BANCHEREAU, PHD PROFESSOR	40.00 0.					X		388,142.	0.	37,034.
(32) KRISTEN B. ROZANSKY VICE PRESIDENT, DEV & COMMUN	40.00 0.					X		369,342.	0.	51,188.
(33) BRIAN R. LESLIE GENERAL COUNSEL	40.00 0.					X		441,578.	0.	45,215.
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a						
	b Membership dues	1b						
	c Fundraising events	1c	81,130.					
	d Related organizations	1d						
	e Government grants (contributions) . .	1e	75,673,815.					
	f All other contributions, gifts, grants, and similar amounts not included above .	1f	14,189,421.					
	g Noncash contributions included in lines 1a-1f: \$		3,706,571.					
	h Total. Add lines 1a-1f ▶			89,944,366.				
	Program Service Revenue	2a <u>GENETIC RESOURCES</u>			541700	209,835,902.	209,835,902.	
b <u>TRAINING & EDUCATION</u>			541700	406,525.	406,525.			
c <u>RESEARCH</u>			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, and other similar amounts). ▶				7,221,502.		-56,583.	
	4 Income from investment of tax-exempt bond proceeds . ▶				0.			
	5 Royalties ▶				1,682,549.		1,682,549.	
				(i) Real	(ii) Personal			
	6a Gross rents							
	b Less: rental expenses							
	c Rental income or (loss)							
	d Net rental income or (loss) ▶				0.			
				(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory			-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 \$ <u>81,130.</u> of contributions reported on line 1c). See Part IV, line 18 a			ATCH 2		2,925.		
	b Less: direct expenses b					232,235.		
c Net income or (loss) from fundraising events. ATCH 3 ▶					-229,310.		-229,310.	
9a Gross income from gaming activities. See Part IV, line 19 a								
b Less: direct expenses b								
c Net income or (loss) from gaming activities. ▶					0.			
10a Gross sales of inventory, less returns and allowances a								
b Less: cost of goods sold b								
c Net income or (loss) from sales of inventory. ▶					0.			
Miscellaneous Revenue			Business Code					
11a <u>OTHER REVENUE</u>			900099	445,965.	445,965.			
b <u>DEBT FINANCED RENTAL INCOME</u>			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) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	129,350.	129,350.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	984,466.	984,466.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	5,194,216.	1,139,614.	4,054,602.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	110,216,741.	89,648,074.	19,129,584.	1,439,083.
8 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.
9 Other employee benefits	18,939,474.	12,730,307.	5,984,951.	224,216.
10 Payroll taxes	8,075,657.	6,568,576.	1,401,638.	105,443.
11 Fees for services (non-employees):				
a Management	0.			
b Legal	825,129.	31,234.	793,830.	65.
c Accounting	372,590.	25,000.	347,590.	
d Lobbying	100,751.		100,751.	
e Professional fundraising services. See Part IV, line 17.	175,252.			175,252.
f Investment management fees	328,453.		328,453.	
g 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.
12 Advertising and promotion	915,367.	846,945.	68,416.	6.
13 Office expenses	2,204,508.	1,512,991.	526,445.	165,072.
14 Information technology	7,095,950.	5,631,383.	1,368,468.	96,099.
15 Royalties	33,118.	33,118.		
16 Occupancy	14,094,009.	12,992,152.	1,014,978.	86,879.
17 Travel	6,090,813.	4,574,920.	1,184,129.	331,764.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	297,080.	243,314.	51,836.	1,930.
20 Interest	5,308,427.	5,112,557.	148,204.	47,666.
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	33,654,197.	31,412,382.	1,888,199.	353,616.
23 Insurance	1,618,622.	1,514,906.	90,712.	13,004.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <u>SUPPLIES</u>	41,516,287.	40,701,712.	527,256.	287,319.
b <u>OTHER SERVICES</u>	1,882,687.	1,652,754.	222,745.	7,188.
c <u>EQUIPMENT RENTAL</u>	175,952.	139,029.	23,269.	13,654.
d <u>AP DISC, SETTLEMENTS, OTHER</u>	-452,692.	-304,608.	-149,054.	970.
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	281,509,812.	236,078,753.	41,885,930.	3,545,129.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0.			

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	25,000.	1	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 <u>ATCH 4</u>	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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	304,318,753.
2	Total expenses (must equal Part IX, column (A), line 25)	2	281,509,812.
3	Revenue less expenses. Subtract line 2 from line 1	3	22,808,941.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	492,985,953.
5	Net unrealized gains (losses) on investments	5	-5,949,671.
6	Donated services and use of facilities	6	0.
7	Investment expenses	7	0.
8	Prior period adjustments	8	0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	76,781,496.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- 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	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

Form **990** (2015)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization

THE JACKSON LABORATORY

Employer identification number

01-0211513

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (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) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

Schedule A (Form 990 or 990-EZ) 2015

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

Table with 7 columns: (a) 2011, (b) 2012, (c) 2013, (d) 2014, (e) 2015, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total; 5 The portion of total contributions by each person; 6 Public support.

Section B. Total Support

Table with 7 columns: (a) 2011, (b) 2012, (c) 2013, (d) 2014, (e) 2015, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income; 11 Total support; 12 Gross receipts from related activities; 13 First five years.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2015 (83.05%); 15 Public support percentage from 2014 Schedule A, Part II, line 14 (87.63%); 16a 33 1/3% support test - 2015 (checked); 16b 33 1/3% support test - 2014; 17a 10%-facts-and-circumstances test - 2015; 17b 10%-facts-and-circumstances test - 2014; 18 Private foundation.

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

Table with 7 columns: (a) 2011, (b) 2012, (c) 2013, (d) 2014, (e) 2015, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2011, (b) 2012, (c) 2013, (d) 2014, (e) 2015, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support.

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

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, 2015, 2014. Row 15: Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f)). Row 16: Public support percentage from 2014 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, 2015, 2014. Row 17: Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f)). Row 18: Investment income percentage from 2014 Schedule A, Part III, line 17.

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.

19b 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 in 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? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
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?	11 a	
b A family member of a person described in (a) above?	11 b	
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 .	11 c	

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 Activities Test. Answer (a) and (b) below.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3 Parent of Supported Organizations. Answer (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI .	3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).			

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

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

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

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

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

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

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **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.**

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 organization THE JACKSON LABORATORY	Employer identification number 01-0211513
--	--

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

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

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

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

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

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

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

Schedule C (Form 990 or 990-EZ) 2015

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)														
c Total lobbying expenditures (add lines 1a and 1b)														
d Other exempt purpose expenditures														
e Total exempt purpose expenditures (add lines 1c and 1d)														
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:35%; text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width:65%; text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <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> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
g Grassroots nontaxable amount (enter 25% of line 1f)														
h Subtract line 1g from line 1a. If zero or less, enter -0-														
i Subtract line 1f from line 1c. If zero or less, enter -0-														
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the 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)).

Table with 3 main columns: Question, (a) Yes/No, and (b) Amount. Rows include questions about influencing legislation, volunteers, staff, media, mailings, publications, grants, and direct contact with legislators.

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

Table with 3 columns: Question, Yes, No. Rows include questions about dues, in-house lobbying expenditures, and carryover of lobbying and political expenditures.

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."

Table with 3 columns: Question, Yes, No. Rows include questions about dues, section 162(e) nondeductible lobbying and political expenditures, and aggregate amount reported.

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.

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.

Part IV Supplemental Information *(continued)*

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

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.

2015

Attach to Form 990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization

Employer identification number

THE JACKSON LABORATORY

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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?, 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?

Part II Conservation Easements.

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

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 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, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 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.

Table with 2 columns: Description, Amount. Rows include: 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. 1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included in Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included in Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

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

Schedule D (Form 990) 2015

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?

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?
b If "Yes," explain the arrangement in Part XIII and complete the following table:
Table with columns: Amount, 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include: 1a Beginning of year balance, b Contributions, c Net investment earnings, gains, and losses, d Grants or scholarships, e Other expenditures for facilities and programs, f Administrative expenses, g End of year balance.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
a Board designated or quasi-endowment 63.4400 %
b Permanent endowment 12.0200 %
c Temporarily restricted endowment 24.5400 %
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
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
Table with Yes/No columns for 3a(i), 3a(ii), 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" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Table with 5 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) RETIREMENT PLAN OBLIGATIONS	5,662,348.	
(3) INTEREST RATE SWAP	6,453,555.	
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶		

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" 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.

SEE PAGE 5

Part XIII Supplemental Information (continued)

ENDOWMENT FUNDS

PART V, LINE 4

THE INVESTMENT AND SPENDING POLICIES FOR THE ENDOWMENT ASSETS HAVE BEEN ESTABLISHED TO PROVIDE A PREDICTABLE STREAM OF FUNDING FOR THE PROGRAMS SUPPORTED BY ENDOWMENT INCOME, WHILE SEEKING TO MAINTAIN THE PURCHASING POWER OF THE ENDOWMENT ASSETS. IN ADDITION, WHEN CONSIDERING THE AMOUNT OF INCOME TO APPROPRIATE FROM BOARD-DESIGNATED ASSETS, THE TRUSTEES CONSIDER THE NEED TO MAINTAIN UNRESTRICTED ASSETS TO MEET LIQUIDITY COVENANTS RELATED TO OUTSTANDING BONDS. ACCORDINGLY, THE BOARD OF TRUSTEES HAS SET THE INVESTMENT ALLOCATION TO ACHIEVE A NOMINAL RATE OF RETURN THAT WILL AT LEAST COVER INFLATION AND THE SPEND RATE WITH A PRUDENT LEVEL OF RISK. THE INVESTMENT ALLOCATION FOR THE BOARD-DESIGNATED PORTION OF THE ENDOWMENT IS SET TO ACHIEVE GREATER STABILITY IN THE VALUE OF INVESTMENTS. THE BOARD ALLOCATED 4% OF THE THREE YEAR AVERAGE VALUE OF DONOR-DESIGNATED ENDOWMENT BALANCES TO SUPPORT THE DESIGNATED PROGRAMS. ALL EARNINGS ON DONOR ENDOWMENTS ESTABLISHED TO PROVIDE GENERAL SUPPORT FOR THE LABORATORY AS APPROVED BY THE BOARD OF TRUSTEES WERE RETAINED IN THE ENDOWMENT. THE BOARD OF TRUSTEES WISHES TO INCREASE THE AMOUNT OF ENDOWMENT SUPPORT AVAILABLE IN THE FUTURE.

LIABILITY FOR UNCERTAIN TAX POSITIONS UNDER FIN 48 (ASC 740)

PART X, LINE 2

THE LABORATORY IS A NOT-FOR-PROFIT ORGANIZATION AS DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (THE CODE), AS AMENDED, AND IS GENERALLY EXEMPT FROM INCOME TAXES PURSUANT TO THE CODE. IN ACCORDANCE WITH GAAP, THE LABORATORY ASSESSES WHETHER THERE ARE UNCERTAIN TAX POSITIONS AND DETERMINED THERE WERE NO UNCERTAIN TAX POSITIONS THAT WOULD

Part XIII Supplemental Information (continued)

HAVE A MATERIAL EFFECT ON THE FINANCIAL STATEMENTS.

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)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organization answered "Yes" on 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.

Name of the organization

Employer identification number

THE JACKSON LABORATORY

01-0211513

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on 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 Activities 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) EUROPE		3.	PROGRAM SERVICES	GENETIC RESOURCES	221,085.
(2) CENTRAL AMERICA/CARIBBEAN			INVESTMENTS		11,168,563.
(3) EUROPE			PROGRAM SERVICES	WORKSHOP	14,428.
(4) CENTRAL AMERICA/CARIBBEAN			PROGRAM SERVICES	GENETIC RESOURCES	
(5) EAST ASIA AND THE PACIFIC			PROGRAM SERVICES	GENETIC RESOURCES	
(6) EUROPE			PROGRAM SERVICES	GENETIC RESOURCES	
(7) MIDDLE EAST AND NORTH AFRICA			PROGRAM SERVICES	GENETIC RESOURCES	
(8) NORTH AMERICA			PROGRAM SERVICES	GENETIC RESOURCES	
(9) RUSSIA/INDEPENDENT STATES			PROGRAM SERVICES	GENETIC RESOURCES	
(10) SOUTH AMERICA			PROGRAM SERVICES	GENETIC RESOURCES	
(11) SOUTH ASIA			PROGRAM SERVICES	GENETIC RESOURCES	
(12) SUB-SAHARAN AFRICA			PROGRAM SERVICES	GENETIC RESOURCES	
(13)					
(14)					
(15)					
(16)					
(17)					
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.

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

Schedule F (Form 990) 2015

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

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" on 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 separately 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 separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)* Yes No

Part V **Supplemental Information**

Complete this part to 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).

**SCHEDULE G
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" 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.

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Name of the organization

THE JACKSON LABORATORY

Employer identification number

01-0211513

Part I

Fundraising Activities. Complete if the organization answered "Yes" 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
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(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 ATTACHMENT 1						
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) Total events	
		DISCOVERY DAYS (event type)	COOKIE ' S RIDE (event type)	(total number)	(add col. (a) through 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 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 bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
Revenue	1	Gross revenue				
Direct Expenses	2	Cash prizes				
	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <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:

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15 a 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 to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

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

990, SCHEDULE G, PART I - HIGHEST PAID FUNDRAISER

NAME AND ADDRESS OF FUNDRAISER	ACTIVITY	DID FUNDRAISER HAVE CUSTODY OR CONTROL OF CONTRIBUTIONS?		GROSS RECEIPTS FROM ACTIVITY	AMOUNT PAID TO (OR RETAINED BY FUNDRAISER	AMOUNT PAID TO (OR RETAINED BY ORGANIZATION
		YES	NO			
GRENZEBACH GLIER AND ASSOCIATES 401 NORTH MICHIGAN AVENUE, SUITE 2800 CHICAGO IL 60611	CONSULT		X		175,252.	-175,252.

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

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

Name of the organization

THE JACKSON LABORATORY

Employer identification number

01-0211513

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) TOWN OF BAR HARBOR 93 COTTAGE STREET BAR HARBOR, ME 04609	01-6000061	GOV'T	86,000.				SUPPORT
(2) MAINE MATHEMATICS AND SCIENCE ALLIANCE 219 CAPITOL STREET NO 3 AUGUSTA, ME 04330	22-3181644	501(C)(3)	10,000.				SUPPORT
(3) FRIENDS OF ACADIA PO BOX 45 BAR HARBOR, ME 04609	01-0425071	501(C)(3)	10,000.				SUPPORT
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

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

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

Part III Grants and Other Assistance to Individuals in the United States. 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.			
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

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

Part III Grants and Other Assistance to Individuals in the United States. 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					
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

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.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

THE JACKSON LABORATORY

Compensation Information

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.

OMB No. 1545-0047

2015

**Open to Public
Inspection**

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 on 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, and 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 section 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" to 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 on 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" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b	X	
2	X	
4a		X
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7	X	
8		X
9		

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

Schedule J (Form 990) 2015

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				
1 EDISON T. LIU, MD 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.
2 CHARLES E. HEWETT, PHD 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.
3 LINDA A. JENSEN 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.
4 ROBERT E. BRAUN, PHD 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.
5 CHARLES LEE, MD 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.
6 AUROBINDO NAIR 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.
7 KATHY L. VANDEGRIFT 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.
8 MIKE E. HYDE 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.
9 JACQUES F. BANCHEREAU, PROFESSOR	(i)	349,580.	35,000.	3,562.	26,500.	10,534.	425,176.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
10 KRISTEN B. ROZANSKY 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.
11 BRIAN R. LESLIE GENERAL COUNSEL	(i)	355,104.	84,375.	2,099.	26,500.	18,715.	486,793.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Part III Supplemental Information

Complete this part to 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.

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):

Part III Supplemental Information

Complete this part to 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.

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.

**SCHEDULE K
(Form 990)**

Supplemental Information on Tax-Exempt Bonds

OMB No. 1545-0047

2015

**Open to Public
Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.**

▶ **Attach to Form 990.**

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

Department of the Treasury
Internal Revenue Service

Name of the organization
THE JACKSON LABORATORY

Employer identification number
01-0211513

Part I Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
A FINANCE AUTHORITY OF MAINE	04-2456011	NONE	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
C											
D											

Part II Proceeds

	A		B		C		D	
1 Amount of bonds retired	1,855,000.		1,190,000.					
2 Amount of bonds legally defeased								
3 Total proceeds of issue	42,460,000.		66,432,099.					
4 Gross proceeds in reserve funds								
5 Capitalized interest from proceeds								
6 Proceeds in refunding escrows								
7 Issuance costs from proceeds			623,401.					
8 Credit enhancement from proceeds								
9 Working capital expenditures from proceeds								
10 Capital expenditures from proceeds			26,665,257.					
11 Other spent proceeds	42,460,000.		39,143,441.					
12 Other unspent proceeds								
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?	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				

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

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 ▶	.2253 %		.3035 %					
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 52253 %		.3035 %					
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?								
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								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X				
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X		X				
7 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).

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

BOND PROCEEDS - BOND 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.

PART IV, LINE 2(C)

BOND ISSUE B - NO REBATE DUE, ARBITRAGE CALCULATION PERFORMED 01/05/2016
BY AMTEC (REFLECTING ACTIVITY THROUGH 10/31/2015).

WRITTEN PROCEDURES

THE JACKSON LABORATORY MONITORS THEIR TAX EXEMPT BONDS FOR POST ISSUANCE
COMPLIANCE. WRITTEN PROCEDURES WERE APPROVED ON JANUARY 12, 2016.

SCHEDULE L
(Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No. 1545-0047

2015

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**
▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

Name of the organization
THE JACKSON LABORATORY

Employer identification number
01-0211513

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____

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

Part II Loans to and/or From Interested Persons.
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

1	(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
				To	From			Yes	No	Yes	No	Yes	No
				(1)									
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
Total ▶							\$						

Part III Grants or Assistance Benefiting Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

1	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

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		X
(2) MADELEINE BRAUN PHD	KEY EMPLOYEE - R. BRAUN	245,677.	EMPLOYMENT - FAMILY MEMBER		X
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

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

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2015

**Open To Public
Inspection**

Department of the Treasury
Internal Revenue Service

- ▶ 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.

Name of the organization

THE JACKSON LABORATORY

Employer identification number

01-0211513

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	33 .	3,706,571 .	FMV
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (_____)				
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) (2015)

JSA

5E1298 1.000

62422C 1592

1140480

PAGE 58

Part II **Supplemental Information.** Complete this part to 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.

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.**

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Name of the organization

THE JACKSON LABORATORY

Employer identification number

01-0211513

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.

PROGRAM SERVICES

FORM 990, PART III, LINE 4A-4C

DEVELOP AND PROVIDE GENETIC RESOURCES

THE JACKSON LABORATORY MOUSE REPOSITORY, PRODUCTION AND RESEARCH SERVICES

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

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 WORLD'S 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.

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

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

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

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 & 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 & 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 DIRECTOR'S 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 STATE'S BIOSCIENCES SECTOR. JAX ALSO HOSTED THE SECOND BIOSCIENCE CAREERS FORUM, WHERE INDUSTRY LEADERS ADVISED CONNECTICUT STUDENTS ON PREPARING FOR THEIR FUTURE PROFESSIONS.

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

JACKSON LABORATORY OFFICIALS AND SCIENTISTS VISITED EWHA WOMAN'S 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 ALZHEIMER'S DISEASE. THE HOWELL LAB IS STUDYING CERTAIN CELLS THAT ARE PART OF THE IMMUNE SYSTEM'S 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 ALZHEIMER'S 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. CHESLER'S LAB FOCUSES ON

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

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.

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

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.

FORM 990 REVIEW 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.

CONFLICT OF INTEREST POLICY

FORM 990, PART VI, SECTION B, QUESTION 12C

THE JACKSON LABORATORY PROVIDES ALL OFFICERS, BOARD MEMBERS AND KEY EMPLOYEES WITH A CONFLICT OF INTEREST, CODE OF ETHICS AND DISCLOSURE

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

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.

COMPENSATION POLICY

FORM 990, PART VI, SECTION B, QUESTION 15B

THE COMPENSATION AND HUMAN RESOURCES COMMITTEE OF THE BOARD OF TRUSTEES SETS COMPENSATION AND BENEFITS FOR THE CHIEF EXECUTIVE OFFICER, EXECUTIVE VICE PRESIDENT AND CHIEF OPERATING OFFICER, THE VICE PRESIDENT OF RESEARCH, THE VICE PRESIDENT OF EXTERNAL AFFAIRS AND STRATEGIC PARTNERSHIPS, THE CHIEF FINANCIAL OFFICER AND EQUIVALENT POSITIONS AS WELL AS ANY OTHER EMPLOYEES OF THE LABORATORY WHO WOULD BE CONSIDERED 'INSIDERS' OR 'DISQUALIFIED PERSONS' WITHIN THE MEANING OF THE INTERMEDIATE SANCTIONS RULES UNDER THE INTERNAL REVENUE CODE. MEMBERS OF THE COMMITTEE ARE INDEPENDENT TRUSTEES SELECTED BY THE CHAIR OF THE BOARD OF TRUSTEES.

THE COMMITTEE IS GUIDED BY MARKET DATA OF COMPENSATION PACKAGES FOR SIMILAR POSITIONS IN COMPARABLE ORGANIZATIONS. MARKET DATA IS PREPARED FOR THE COMMITTEE BY AN EXTERNAL EXECUTIVE COMPENSATION FIRM WHICH CONSIDERS COMPENSATION INFORMATION REPORTED IN FORM 990'S OF COMPARABLE

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

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.

PUBLIC DISCLOSURE

FORM 990, PART VI, SECTION C, QUESTION 19

THE ORGANIZATION'S FORM 990 IS AVAILABLE ON WWW.GUIDESTAR.ORG AND ON THE ORGANIZATION'S PUBLIC WEBSITE WWW.JAX.ORG. THE ORGANIZATION'S 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.

OFFICERS & KEY EMPLOYEES

PART VII

THE LABORATORY DISCLOSES COMPENSATION INFORMATION FOR OFFICERS WITH DECISION-MAKING AND BUDGET AUTHORITY PURSUANT TO THE CORPORATION'S BYLAWS 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.

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

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.

OTHER CHANGES IN NET ASSETS

FORM 990, PART XI, LINE 9

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

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

ATTACHMENT 1

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
COLUMBUS IT PARTNER USA INC 1010 WASHINGTON BLVD STAMFORD, CT 06901	IT CONSULTING	1,075,145.
STARLIMS CORPORATION 4000 HOLLYWOOD BLVD, SUITE 313-S HOLLYWOOD, FL 33021	IT CONSULTING	928,139.
NAVIGATION ARTS LLC 7901 JONES BRANCH DRIVE, STE 400 MCLEAN, VA 22102	PRODUCT DEV. CONSULT	621,192.
OPTIV SECURITY INC 1125 17TH STREET, SUITE 1700 DENVER, CO 80202	IT CYBER SECURITY	554,441.
HDR ARCHITECTURE INC 8404 INDIAN HILLS DRIVE OMAHA, NE 68114	ARCHITECT	436,332.

ATTACHMENT 2

FORM 990, PART VIII - EXCLUDED CONTRIBUTIONS

<u>DESCRIPTION</u>	<u>AMOUNT</u>
DISCOVERY DAYS	68,050.
COOKIE'S RIDE	13,080.
TOTAL	<u>81,130.</u>

ATTACHMENT 3

FORM 990, PART VIII - FUNDRAISING EVENTS

<u>DESCRIPTION</u>	<u>GROSS INCOME</u>	<u>DIRECT EXPENSES</u>	<u>NET INCOME</u>
DISCOVERY DAYS	2,925.	228,902.	-225,977.
COOKIE'S RIDE		3,333.	-3,333.

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

ATTACHMENT 3 (CONT'D)

FORM 990, PART VIII - FUNDRAISING EVENTS

<u>DESCRIPTION</u>	<u>GROSS INCOME</u>	<u>DIRECT EXPENSES</u>	<u>NET INCOME</u>
OTHER			
TOTALS	<u>2,925.</u>	<u>232,235.</u>	<u>-229,310.</u>

ATTACHMENT 4

FORM 990, PART X - SECURED MORTGAGES AND NOTES PAYABLE

LENDER: CT INNOVATIONS
 ORIGINAL AMOUNT: 8,868,495.
 INTEREST RATE: 1.0000 %
 DATE OF NOTE: 01/05/2012
 MATURITY DATE: 01/05/2022
 REPAYMENT TERMS: SEE SCHEDULE O
 SECURITY PROVIDED: EQUIPMENT & BUILDING
 PURPOSE OF LOAN: JGM FACILITY IN CT

BEGINNING BALANCE DUE	67,540,155.
ENDING BALANCE DUE	<u>7,270,000.</u>
TOTAL BEGINNING MORTGAGES AND OTHER NOTES PAYABLE	<u>67,540,155.</u>
TOTAL ENDING MORTGAGES AND OTHER NOTES PAYABLE	<u>7,270,000.</u>