

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.
 Go to www.irs.gov/Form990 for instructions and the latest information.

2022

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2022 calendar year, or tax year beginning		and ending	
B Check if applicable: Address change Name change Initial return Final return/terminated Amended return 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		G Gross receipts \$ 660,081,851.
	City or town, state or province, country, and ZIP or foreign postal code BAR HARBOR, ME 04609		
F Name and address of principal officer: LON CARDON 600 MAIN STREET, BAR HARBOR, ME 04609		H(a) Is this a group return for subordinates? Yes <input checked="" type="checkbox"/> No	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c)() (insert no.) 4947(a)(1) or 527		H(b) Are all subordinates included? Yes No	
J Website: WWW.JAX.ORG		If "No," attach a list. See instructions	
K Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other		L Year of formation: 1929	M State of legal domicile: ME
H(c) Group exemption number			

Part I Summary			
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O		
	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	28
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	27
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	3166
	6 Total number of volunteers (estimate if necessary)	6	27
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	1,950,277.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	495,392.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	120,757,756.	119,479,687.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	415,233,744.	416,727,477.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	34,968,069.	16,680,856.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,914,826.	627,550.
		572,874,395.	553,515,570.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,892,537.	2,773,594.
	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)	266,577,106.	291,592,343.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25)	3,910,720.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	240,025,612.	238,449,779.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	509,495,255.	532,815,716.
19 Revenue less expenses. Subtract line 18 from line 12	63,379,140.	20,699,854.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	1,458,479,631.	1,394,651,570.
	22 Net assets or fund balances. Subtract line 21 from line 20	448,097,405.	442,780,639.
	1,010,382,226.	951,870,931.	

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 11/13/2023	
	DOUGLAS ABBOTT, CFO Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name KARA GOODSSELL		Preparer's signature 	Date 11/10/2023	Check if self-employed <input type="checkbox"/>
	Firm's name KPMG LLP		Firm's EIN 13-5565207		PTIN P01783625
Firm's address 60 SOUTH STREET, TWO FINANCIAL CENTER BOSTON, MA 02111			Phone no. 617-988-1000		

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions. THE JACKSON LABORATORY	Taxpayer identification number (TIN) 01-0211513
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 600 MAIN STREET	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. BAR HARBOR, ME 04609	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

• The books are in the care of ▶ DOUGLAS ABBOTT

Telephone No. ▶ 207-288-6045 Fax No. ▶ _____

- If the organization does not have an office or place of business in the United States, check this box ▶
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until NOVEMBER 15, 2023, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year 2022 or
▶ tax year beginning _____, and ending _____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: SEE SCHEDULE O

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 [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [X] Yes [] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 283,996,222. including grants of \$ 170,417.) (Revenue \$ 415,664,580.) DEVELOP AND PROVIDE GENETIC RESOURCES

THE JACKSON LABORATORY (JAX) IS A GLOBAL RESOURCE FOR DEVELOPING, DISTRIBUTING AND ANALYZING INNOVATIVE MODELS OF HUMAN DISEASE. IT OFFERS AN ARRAY OF MODEL CREATION, HUSBANDRY AND DIAGNOSTIC AND ANALYTICAL SERVICES, RANGING FROM CUSTOM BREEDING AND STRAIN PRESERVATION TO DRUG EFFICACY STUDIES AND GENOME SEQUENCING, ALL FOCUSED ON EMPOWERING BASIC SCIENTIFIC RESEARCH AND DRUG DISCOVERY.

JAX MAINTAINS CLOSE TO 13,000 GENETICALLY DISTINCT STRAINS OF RESEARCH MICE. IN 2022, DISTRIBUTED THEM TO RESEARCHERS FROM MORE THAN 2,400 ORGANIZATIONS, IN UPWARDS OF 68 COUNTRIES USED JAX RESEARCH MICE TO

4b (Code:) (Expenses \$ 163,634,057. including grants of \$ 1,334,617.) (Revenue \$ 494,677.) BIOMEDICAL RESEARCH

THE LABORATORY'S RESEARCHERS COMBINE EXPERIENCE IN MAMMALIAN GENETICS AND HUMAN GENOMICS TO SHAPE AN INTEGRATED APPROACH TO PERSONALIZED MEDICINE. SCIENTISTS WORK COLLABORATIVELY AND CROSS-DISCIPLINE, LEVERAGING EXPERTISE IN CANCER, IMMUNOLOGY, NEUROGENETICS, LIFE-CYCLE BIOLOGY, THE MICROBIOME, AND COMPUTATIONAL BIOLOGY.

MORE THAN 400 JAX STAFF MEMBERS HOLD ADVANCED DEGREES AND THE LABORATORY SUPPORTS MORE THAN 60 RESEARCH TEAMS. FACULTY MEMBERS HAVE 324 ACTIVE SPONSORED RESEARCH COLLABORATION AGREEMENTS WITH 245 ACADEMIC RESEARCH AND CLINICAL INSTITUTIONS. MULTIPLE LABORATORY CENTERS COORDINATE EXPERTISE AROUND CRITICAL RESEARCH AREAS. SINCE 1983

4c (Code:) (Expenses \$ 10,731,581. including grants of \$ 1,268,560.) (Revenue \$ 568,220.) EDUCATION AND TRAINING

THE LABORATORY OFFERS EDUCATIONAL PROGRAMS FOR SCIENTISTS THROUGHOUT THEIR CAREERS FROM STEM EDUCATION FOR HIGH SCHOOL STUDENTS AND TRAINING FOR SCIENCE AND MATH TEACHERS TO COURSES AND CONFERENCES FOR EXPERIENCED RESEARCHERS DEFINING THE CUTTING EDGE OF GENOMICS INTO THEIR PRACTICES.

FOR MORE INFORMATION ON THE LABORATORY'S PROGRAM SERVICES, PLEASE REFER TO THE JACKSON LABORATORY 2022 ACCOMPLISHMENTS AT HTTPS://WWW.JAX.ORG/NEWS-AND-INSIGHTS/2022/DECEMBER/2022-MOMENTUM-PRESS-RELEASE.

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$ 711,281.)

4e Total program service expenses 458,361,860.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21, with sub-questions a-f for questions 11, 12, and 14. Marked 'X' in Yes/No columns indicate responses.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding organizational reporting, compensation, tax-exempt bonds, and controlled entities.

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 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee counts, tax returns, gross income, foreign accounts, prohibited transactions, and charitable contributions.

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 on 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 Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included on line 1a, above, who are independent; 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?; 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.

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

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 List the states with which a copy of this Form 990 is required to be filed CA, CT, FL, GA, IL, MA, ME, MI, MS, NC, ND, NH; 18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, 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 on Schedule O); 19 Describe on 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 DOUGLAS ABBOTT - 207-288-6045 600 MAIN STREET, BAR HARBOR, ME 04609

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.
- See the instructions for the order in which to list the persons above.

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 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) LON CARDON, PHD, FMEDSCI PRESIDENT & CEO	40.00	X		X			1,299,235.	0.	197,226.	
(2) EDISON T. LIU, MD FORMER PRESIDENT & CEO	40.00				X		1,336,777.	0.	52,110.	
(3) AUROBINDO NAIR (UNTIL 9/22) EXECUTIVE VP & PRESIDENT JMCRS	40.00				X		1,019,881.	0.	50,708.	
(4) S. CATHERINE LONGLEY EXECUTIVE VICE PRESIDENT & COO	40.00			X			938,613.	0.	114,261.	
(5) KENNETH FASMAN (UNTIL 10/22) SENIOR VICE PRESIDENT RESEARCH	40.00				X		605,025.	0.	57,829.	
(6) CHARLES MILLER VP, JMCRS ASIA PACIFIC MARKET	40.00					X	488,329.	90,000.	66,172.	
(7) DOUGLAS ABBOTT SR VICE PRESIDENT & CFO	40.00			X			507,735.	0.	111,435.	
(8) NADIA A. ROSENTHAL SCIENTIFIC DIRECTOR	40.00				X		537,543.	0.	30,952.	
(9) DANIEL HOAG GENERAL COUNSEL & SECRETARY	40.00			X			506,599.	0.	59,808.	
(10) JENS RUEFER MEDICAL DIRECTOR	40.00					X	495,496.	0.	61,919.	
(11) CHARLES LEE, MD SCIENTIFIC DIRECTOR, JAX GM	40.00				X		494,739.	0.	61,185.	
(12) DAVID GRASS VP, JMCRS MICE & SERVICES OPS	40.00					X	477,771.	0.	61,164.	
(13) BARBARA-JEAN BORMANN-KENNEDY VP SCI TRANSLATION/ALLIANCES	40.00					X	479,169.	0.	30,946.	
(14) DAVID J. ROUX CHAIR EMERITUS	2.00	X					0.	0.	0.	
(15) THOMAS C. BARRY TRUSTEE	2.00	X					0.	0.	0.	
(16) OTIS W. BRAWLEY, MD TRUSTEE	2.00	X					0.	0.	0.	
(17) TIMOTHY D. DATTELS BOARD CHAIR	5.00	X	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 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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			
(18) JULIE H. DAUM TRUSTEE	2.00	X						0.	0.	0.
(19) STEVEN B. FINK, JD TRUSTEE	2.00	X						0.	0.	0.
(20) JEFFREY M. FRIEDMAN, MD, PHD TRUSTEE	2.00	X						0.	0.	0.
(21) JEAN HOFFMAN (UNTIL 12/22) TRUSTEE	2.00	X						0.	0.	0.
(22) JOHN A. GIBBONS, JR. TRUSTEE	2.00	X						0.	0.	0.
(23) NEAL B. MILCH, JD VICE CHAIR	2.00	X						0.	0.	0.
(24) GEORGE G. MONTGOMERY TRUSTEE	2.00	X						0.	0.	0.
(25) FRANK MOSS, PHD TRUSTEE	2.00	X						0.	0.	0.
(26) DENNIS J. PAUSTENBACH, PHD TRUSTEE	2.00	X						0.	0.	0.
1b Subtotal								9,186,912.	90,000.	955,715.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								9,186,912.	90,000.	955,715.

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 509

	Yes	No
3 Did the organization list any former officer, director, 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
WHITING TURNER CONTRACTING 300 EAST JOPPA ROAD, BALTIMORE, MD 21286	CONSTRUCTION MGMT	19,326,058.
BIOTRANS LLC 9 LIDGERWOOD PLACE, MORRISTOWN, NJ 07960	TRANSPORTATION	9,663,447.
TLR VENTURES INC 2719 SEQUOIA WAY, BELMONT, CA 94002	CONSULTING SERVICES	8,306,681.
LANDRY/FRENCH CONSTRUCTION CO., 160 PLEASANT HILL ROAD, SCARBOROUGH, ME 04074	CONSTRUCTION MGMT	7,938,576.
MARKETONE BUILDERS INC 1200 R ST STE 150, SACRAMENTO, CA 95811	CONSTRUCTION MGMT	5,272,466.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 162

SEE PART VII, SECTION A CONTINUATION SHEETS

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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position (check all that apply), (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Rows include individuals like Jenny E. Rooke, Joshua Broder, Mary Kate Wold, etc.

Total to Part VII, Section A, line 1c

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	101,815,474.				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	17,664,213.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 2,252,268.				
	h Total. Add lines 1a-1f		119,479,687.				
Program Service Revenue	2 a GENETIC RESOURCES	Business Code					
		541700	415,664,580.	415,037,659.	626,921.		
	b TRAINING & EDUCATION	541700	568,220.	568,220.			
	c RESEARCH	541700	494,677.	494,677.			
	d _____						
	e _____						
	f All other program service revenue						
g Total. Add lines 2a-2f		416,727,477.					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		14,188,030.		1,323,356.	12,864,674.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties		41,223.			41,223.	
	6 a Gross rents	6a	(i) Real	206,666.			
			(ii) Personal				
				331,620.			
	b Less: rental expenses ...	6b					
	c Rental income or (loss)	6c	-124,954.				
	d Net rental income or (loss)		-124,954.			-124,954.	
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	108,690,487.	37,000.		
			(ii) Other				
				105,337,698.	896,963.		
	b Less: cost or other basis and sales expenses	7b					
	c Gain or (loss)	7c	3,352,789.	-859,963.			
d Net gain or (loss)		2,492,826.			2,492,826.		
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a INTERCOMPANY REVENUE	Business Code	818,447.	818,447.			
	b OTHER REVENUE		337,789.	337,789.			
	c FOREIGN EXCHANGE LOSS		-444,955.	-444,955.			
	d All other revenue						
	e Total. Add lines 11a-11d		711,281.				
12 Total revenue. See instructions		553,515,570.	416,811,837.	1,950,277.	15,273,769.		

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 ...	298,065.	298,065.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	2,475,529.	2,475,529.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	6,353,401.	2,012,609.	4,340,792.	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	214,903,818.	183,640,082.	28,792,738.	2,470,998.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	18,100,553.	15,766,729.	2,122,905.	210,919.
9 Other employee benefits	36,955,741.	29,480,635.	7,083,700.	391,406.
10 Payroll taxes	15,278,830.	13,056,100.	2,047,052.	175,678.
11 Fees for services (nonemployees):				
a Management				
b Legal	3,092,293.		3,092,293.	
c Accounting	425,770.		425,770.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	365,320.		365,320.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	29,953,169.	23,418,142.	6,379,425.	155,602.
12 Advertising and promotion	1,855,716.	1,579,702.	275,014.	1,000.
13 Office expenses	1,335,716.	839,260.	472,462.	23,994.
14 Information technology	20,711,985.	16,024,421.	4,542,990.	144,574.
15 Royalties	3,203,161.	3,203,161.		
16 Occupancy	17,445,803.	16,247,536.	1,198,267.	
17 Travel	6,916,206.	4,824,283.	1,888,294.	203,629.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	123,899.	103,631.	20,057.	211.
20 Interest	7,683,570.	7,414,542.	269,028.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	52,261,314.	49,366,026.	2,895,288.	
23 Insurance	3,221,609.	3,123,732.	97,877.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a SUPPLIES	81,429,453.	78,476,015.	2,832,076.	121,362.
b OTHER SERVICES	4,957,265.	3,453,814.	1,499,120.	4,331.
c INTERCO SERVICE FEE	1,854,092.	1,854,092.		
d EQUIPMENT RENTAL	1,253,733.	1,169,378.	77,339.	7,016.
e All other expenses	359,705.	534,376.	-174,671.	
25 Total functional expenses. Add lines 1 through 24e	532,815,716.	458,361,860.	70,543,136.	3,910,720.
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)				

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		1	
	2 Savings and temporary cash investments	277,847,895.	2	244,777,217.
	3 Pledges and grants receivable, net	13,889,936.	3	18,515,968.
	4 Accounts receivable, net	82,948,141.	4	45,044,565.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	11,892,387.	8	11,879,627.
	9 Prepaid expenses and deferred charges	10,488,945.	9	12,620,335.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,132,100,915.		
	b Less: accumulated depreciation	10b 520,898,029.	557,032,415.	10c 611,202,886.
	11 Investments - publicly traded securities	332,258,387.	11	239,013,777.
	12 Investments - other securities. See Part IV, line 11	113,377,340.	12	137,155,605.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	58,744,185.	15	74,441,590.
16 Total assets. Add lines 1 through 15 (must equal line 33)	1,458,479,631.	16	1,394,651,570.	
Liabilities	17 Accounts payable and accrued expenses	81,419,513.	17	83,582,083.
	18 Grants payable		18	
	19 Deferred revenue	14,872,726.	19	14,109,251.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	351,805,166.	25	345,089,305.
	26 Total liabilities. Add lines 17 through 25	448,097,405.	26	442,780,639.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	907,368,411.	27	862,307,249.
	28 Net assets with donor restrictions	103,013,815.	28	89,563,682.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	1,010,382,226.	32	951,870,931.
33 Total liabilities and net assets/fund balances	1,458,479,631.	33	1,394,651,570.	

Form 990 (2022)

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	553,515,570.
2	Total expenses (must equal Part IX, column (A), line 25)	2	532,815,716.
3	Revenue less expenses. Subtract line 2 from line 1	3	20,699,854.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,010,382,226.
5	Net unrealized gains (losses) on investments	5	-82,812,987.
6	Donated services and use of facilities	6	
7	Investment expenses	7	3,601,838.
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	951,870,931.

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 on 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 on 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 Uniform Guidance, 2 C.F.R. Part 200, Subpart F?
- 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 on 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** (2022)

SCHEDULE A
(Form 990)

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.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization THE JACKSON LABORATORY	Employer identification number 01-0211513
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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 12, 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).)
- 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 agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 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.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - 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 1-10 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		
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	111,234,633.	131,073,861.	122,912,211.	120,757,756.	119,479,687.	605,458,148.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	111,234,633.	131,073,861.	122,912,211.	120,757,756.	119,479,687.	605,458,148.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						17,831,839.
6 Public support. Subtract line 5 from line 4.						587,626,309.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	111,234,633.	131,073,861.	122,912,211.	120,757,756.	119,479,687.	605,458,148.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	18,347,382.	13,604,379.	10,487,014.	16,312,028.	14,435,919.	73,186,722.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	475,189.	339,977.	479,786.	293,179.	496,671.	2,084,802.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	9,031,603.	344,223.	121,238.	1,640,811.	711,281.	11,849,156.
11 Total support. Add lines 7 through 10						692,578,828.
12 Gross receipts from related activities, etc. (see instructions)					12	1,798,997,074.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))	14	84.85 %
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	82.28 %
16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 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) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 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; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (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 on line 10b, whether or not the business is regularly carried on; 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 13 Total support.

14 First 5 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 2 columns: Description, Percentage. Row 15: Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) 15%. Row 16: Public support percentage from 2021 Schedule A, Part III, line 15 16%.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) 17%. Row 18: Investment income percentage from 2021 Schedule A, Part III, line 17 18%.

19a 33 1/3% support tests - 2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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 (as 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).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</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 on 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 on 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 line 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 on lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described on line 11a above?		
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
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? <i>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.</i>		
1		
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)? <i>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).</i>		
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?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described on line 2, above, 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
1		
2		
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 governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>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.</i>	Yes	No
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i>		
3 Parent of Supported Organizations. Answer lines 3a and 3b 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? <i>If "Yes" or "No" provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
2a		
2b		
3a		
3b		

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

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). 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 (<i>explain in detail in Part VI</i>):		
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 0.015 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 0.035.	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 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<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	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2022			
a From 2017			
b From 2018			
c From 2019			
d From 2020			
e From 2021			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2023. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018			
b Excess from 2019			
c Excess from 2020			
d Excess from 2021			
e Excess from 2022			

Schedule A (Form 990) 2022

Part VI

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

Multiple horizontal lines for supplemental information.

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Attach to Form 990 or Form 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Name of the organization

THE JACKSON LABORATORY

Employer identification number

01-0211513

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization THE JACKSON LABORATORY	Employer identification number 01-0211513
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ 98,477,688.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)

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

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____

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

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE C
(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527
Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

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.

Table with 2 columns: Name of organization (THE JACKSON LABORATORY) and 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 campaign activity expenditures \$
3 Volunteer hours for political campaign activities

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.

Table with 5 columns: (a) Name, (b) Address, (c) EIN, (d) Amount paid from filing organization's funds, (e) Amount of political contributions received and promptly and directly delivered to a separate political organization.

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

Schedule C (Form 990) 2022

LHA

232041 11-08-22

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 (grassroots 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="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="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) 2019	(b) 2020	(c) 2021	(d) 2022	(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)).

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		207,970.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?		X	
j Total. Add lines 1c through 1i			207,970.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

FORM 990, SCH. C, PART II-B, LINE 1G

LOBBYING ACTIVITY BY NON-ELECTING 501(C)(3) ORGANIZATION

THE TOTAL LOBBYING EXPENSE FOR THE YEAR ENDED DECEMBER 31, 2022 WAS

\$207,970, WHICH IS AN ALLOCATION OF EMPLOYEE COMPENSATION FOR LOBBYING

ACTIVITIES.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public
Inspection

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

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

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

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

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

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after July 25,2006, and not on a historic structure listed in the National Register	2d

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

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

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

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.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2022

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 make 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 program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	445,636,754.	386,957,560.	306,403,790.	261,889,680.	167,681,269.
b Contributions	2,931,591.	6,864,818.	32,802,634.	3,045,938.	115,378,127.
c Net investment earnings, gains, and losses	-61,281,789.	61,288,861.	55,001,080.	46,408,311.	-16,079,673.
d Grants or scholarships	159,911.			166,468.	147,601.
e Other expenditures for facilities and programs	10,957,266.	9,474,485.	7,249,944.	4,773,671.	4,942,442.
f Administrative expenses					
g End of year balance	376,169,382.	445,636,754.	386,957,560.	306,403,790.	261,889,680.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 77.8300 %
 - b Permanent endowment 13.4900 %
 - c Term endowment 8.6800 %
- 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:
- | | Yes | No |
|---|--------------------------|-------------------------------------|
| (i) Unrelated organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) Related organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
- 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.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		14,265,669.		14,265,669.
b Buildings		770,542,439.	341,090,520.	429,451,919.
c Leasehold improvements				
d Equipment		231,907,220.	179,807,509.	52,099,711.
e Other		115,385,587.		115,385,587.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				611,202,886.

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) ALTERNATIVE	137,155,605.	END-OF-YEAR MARKET VALUE
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	137,155,605.	

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. (Col. (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) ME DOL UNEMPLOYMENT BOND CD	1,053,750.
(2) OTHER	57,368,987.
(3) EMPLOYEE BENEFIT ASSETS	16,018,853.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	74,441,590.

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	5,122,441.
(3) BONDS	339,966,864.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	345,089,305.

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 FASB 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	478,450,714.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-82,812,987.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	7,416,511.	
e	Add lines 2a through 2d		2e	-75,396,476.
3	Subtract line 2e from line 1		3	553,847,190.
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		
b	Other (Describe in Part XIII.)	4b	-331,620.	
c	Add lines 4a and 4b		4c	-331,620.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	553,515,570.

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	575,372,381.
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	47,898,071.	
e	Add lines 2a through 2d		2e	47,898,071.
3	Subtract line 2e from line 1		3	527,474,310.
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		
b	Other (Describe in Part XIII.)	4b	5,341,406.	
c	Add lines 4a and 4b		4c	5,341,406.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	532,815,716.

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.

PART III, LINE 4:

CERTAIN DONORS CONTRIBUTE WORKS OF ART IN LIEU OF CASH CONTRIBUTIONS. THE LABORATORY HAS UNDERTAKEN TO HOLD THE ITEMS FOR PRESERVATION FOR FUTURE GENERATIONS.

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 THE ENDOWMENT WHILE SEEKING TO MAINTAIN THE PURCHASING POWER OF THE ENDOWMENT ASSETS. ENDOWMENT FUNDS WERE PRIMARILY SPENT ON RESEARCH, TRAINING AND EDUCATION.

Part XIII Supplemental Information (continued)

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. JAX SHANGHAI AND JAX BEIJING ARE TAXABLE ENTITIES ORGANIZED UNDER THE REGULATIONS OF THE PEOPLE'S REPUBLIC OF CHINA. JAX HONG KONG IS A TAXABLE ENTITY ORGANIZED UNDER THE REGULATIONS OF HONG KONG. JAX JAPAN HOLDINGS AND JAX JAPAN ARE TAXABLE ENTITIES ORGANIZED UNDER THE REGULATIONS OF JAPAN.

IN ACCORDANCE WITH GAAP, THE LABORATORY ASSESSES WHETHER THERE ARE UNCERTAIN TAX POSITIONS AND DETERMINED THAT THERE WERE NO UNCERTAIN TAX POSITIONS THAT WOULD HAVE A MATERIAL EFFECT ON THE CONSOLIDATED FINANCIAL STATEMENTS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

FOREIGN SUBSIDIARY NOT REPORTED ON 990	11,660,599.
NON-OPERATING EXPENSES	-4,244,088.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	7,416,511.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

RENTAL EXPENSES	-331,620.
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PART XII, LINE 2D - OTHER ADJUSTMENTS:

FOREIGN SUBSIDIARY NOT REPORTED ON 990	47,566,451.
RENTAL EXPENSES	331,620.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	47,898,071.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

Schedule D (Form 990) 2022

Part XIII Supplemental Information (continued)

NON-OPERATING EXPENSES 5,341,406.

Multiple horizontal lines for supplemental information.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization THE JACKSON LABORATORY	Employer identification number 01-0211513
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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 the region	(d) Activities conducted in the region (by type) (such as, 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 the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND THE CARIBBEAN			INVESTMENTS		24,568,086.
EUROPE (INCLUDING ICELAND AND GREENLAND)			PROGRAM SERVICES	GENETIC RESOURCES	0.
MIDDLE EAST AND NORTH AFRICA			PROGRAM SERVICES	GENETIC RESOURCES	0.
NORTH AMERICA			PROGRAM SERVICES	GENETIC RESOURCES	0.
SOUTH AMERICA			PROGRAM SERVICES	GENETIC RESOURCES	0.
SOUTH ASIA			PROGRAM SERVICES	GENETIC RESOURCES	97,097.
EAST ASIA AND THE PACIFIC			PROGRAM SERVICES	RESEARCH	0.
RUSSIA AND THE NEWLY INDEPENDENT STATES			PROGRAM SERVICES	GENETIC RESOURCES	0.
3 a Subtotal	0	0			24,665,183.
b Total from continuation sheets to Part I	0	5			1,185,318.
c Totals (add lines 3a and 3b)	0	5			25,850,501.

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

Schedule F (Form 990) 2022

Part I Continuation of Activities per Region. (Schedule F (Form 990), Part I, line 3)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SUB-SAHARAN AFRICA			PROGRAM SERVICES	GENETIC RESOURCES	0.
EAST ASIA AND THE PACIFIC			PROGRAM SERVICES	GENETIC RESOURCES	331,771.
EUROPE (INCLUDING ICELAND AND GREENLAND)		5	PROGRAM SERVICES	GENETIC RESOURCES	853,547.
Totals		5			1,185,318.

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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization 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 noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

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; don't 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; don't file with Form 990)* Yes No

Part V Supplemental Information

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

FORM 990, SCH. F, PART I, LINE 3, COLUMN F

THE BASIS OF ACCOUNTING ON THE FINANCIAL STATEMENTS IS ACCRUAL.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

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

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" 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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
TOWN OF BAR HARBOR 49 PARK STREET BAR HARBOR, ME 04609	01-6000061	GOV'T	115,781.	0.	FMV	N/A	GENERAL SUPPORT
CITY OF ELLSWORTH 1 CITY HALL PLAZA ELLSWORTH, ME 04605	01-6000027	GOV'T	54,636.	0.	FMV	N/A	GENERAL SUPPORT
CONNECTICUT SCIENCE CENTER INC. 250 COLUMBUS BLVD HARTFORD, CT 06103	06-1538101	501(C)(3)	25,533.	0.	FMV	N/A	GENERAL SUPPORT
SACRAMENTO POLICE FOUNDATION 5960 S. LAND PARK DR SACRAMENTO, CA 95822	68-0433279	501(C)(3)	7,000.	0.	FMV	N/A	GENERAL SUPPORT
JESUP MEMORIAL LIBRARY 34 MOUNT DESERT STREET BAR HARBOR, ME 04609	01-0214017	501(C)(3)	7,500.	0.	FMV	N/A	GENERAL SUPPORT
MOUNT DESERT ISLAND YMCA 21 PARK STREET BAR HARBOR, ME 04609	01-0211486	501(C)(3)	6,000.	0.	FMV	N/A	GENERAL SUPPORT

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **13.**
- 3** Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) 2022

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATIONAL ACADEMIES OF SCIENCE ENGINEERING MEDICINE - 2101 CONSTITUTION AVENUE B - WASHINGTON, DC 20418	53-0196932	501(C)(3)	12,000.	0.	FMV	N/A	GENERAL SUPPORT
TRANSLATIONAL RESEARCH CANCER CENTER CONSORTIUM IN - 1227 SOUTH BRADDOCK AVE - PITTSBURGH, PA 15218	83-1794049	501(C)(3)	7,500.	0.	FMV	N/A	GENERAL SUPPORT
CENTRAL CONNECTICUT STATE UNIVERSITY - 1615 STANLEY STREET - NEW BRITAIN, CT 06053	06-1303381	GOV'T	0.	14,000.	BOOK	LAB TESTING SUPPLIES	LABORATORY TESTING SUPPLIES
NORTHWESTERN UNIVERSITY 633 CLARK STREET EVANSTON, IL 60208	36-2167817	501(C)(3)	0.	14,000.	BOOK	LAB TESTING SUPPLIES	LABORATORY TESTING SUPPLIES
CONNECTICUT OFFICE OF THE CHIEF MEDICAL EXAMINER - 11 SHUTTLE RD - FARMINGTON, CT 06032	06-6000798	GOV'T	0.	14,000.	BOOK	LAB TESTING SUPPLIES	LABORATORY TESTING SUPPLIES
ALZHEIMER'S ASSOCIATION 225 N. MICHIGAN AVE, 17TH FL CHICAGO, IL 60601	13-3039601	501(C)(3)	7,000.	0.	FMV	N/A	GENERAL SUPPORT
HUMAN GENOME ORGANIZATION 10 DISCOVERY DRIVE FARMINGTON, CT 06032	85-3902726	501(C)(3)	14,760.	0.	FMV	N/A	GENERAL SUPPORT

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIPS/STIPENDS	1060	2,475,529.	0.	FMV	N/A

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

SCHEDULE I, PART II, 1(A)

IN RECOGNITION OF THE CLOSE RELATIONSHIP BETWEEN THE LABORATORY AND THE

TOWN OF BAR HARBOR, THE LABORATORY MADE A VOLUNTARY PAYMENT TO THE

TOWN.

IN RECOGNITION OF THE CLOSE RELATIONSHIP BETWEEN THE LABORATORY AND THE

CITY OF ELLSWORTH, THE LABORATORY MADE A VOLUNTARY PAYMENT TO THE CITY.

THE MISSION OF THE CONNECTICUT SCIENCE CENTER TO INSPIRE LIFE-LONG

Part IV Supplemental Information

LEARNING THROUGH THE OPERATION OF A SCIENCE CENTER IS CLOSELY ALIGNED WITH THE ORGANIZATION'S EDUCATIONAL MISSION.

IN RECOGNITION OF THE CLOSE RELATIONSHIP BETWEEN THE LABORATORY AND THE SACRAMENTO POLICE DEPARTMENT, THE LABORATORY MADE A VOLUNTARY PAYMENT TO THE SACRAMENTO POLICE FOUNDATION.

IN RECOGNITION OF THE IMPORTANCE OF THE PUBLIC LIBRARY AND MEETING PLACE TO THE COMMUNITY, THE LABORATORY MADE A VOLUNTARY PAYMENT TO THE JESUP MEMORIAL LIBRARY.

IN RECOGNITION OF THE IMPORTANCE OF THE YMCA IN DEVELOPING COMMUNITY, CHARACTER, PERSONAL GROWTH AND WELLNESS, THE LABORATORY MADE A VOLUNTARY PAYMENT TO THE MOUNT DESERT ISLAND YMCA.

THE MISSION OF THE NATIONAL ACADEMIES OF SCIENCES, ENGINEERING AND MEDICINE DEDICATED TO THE FURTHERANCE OF SCIENCE AND ITS USE FOR THE GENERAL WELFARE IS CLOSELY ALIGNED WITH THE ORGANIZATION'S RESEARCH MISSION.

THE MISSION OF THE TRANSLATIONAL RESEARCH CANCER CENTERS CONSORTIUM IS TO GAIN A GREATER UNDERSTANDING OF THE INTERACTIONS BETWEEN THE IMMUNE SYSTEM AND CANCER IN THE SETTING OF BIOLOGIC THERAPY OF CANCER. THIS IS CLOSELY ALIGNED WITH THE LABORATORY'S RESEARCH MISSION.

THE LABORATORY MADE DONATIONS OF EXCESS LABORATORY TESTING SUPPLIES TO CENTRAL CONNECTICUT STATE UNIVERSITY, NORTHWESTERN UNIVERSITY AND THE CONNECTICUT OFFICE OF THE CHIEF MEDICAL EXAMINER. THESE WERE SUPPLIES

Part IV Supplemental Information

THAT WERE NO LONGER BEING USED AND WAS DONATED TO OTHER NONPROFIT AND GOVERNMENT ORGANIZATIONS THAT COULD USE THEM.

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 STIPENDS AND SCHOLARSHIPS EITHER WORK AT THE LABORATORY UNDER THE SUPERVISION OF LABORATORY EMPLOYEES OR ATTEND COURSES. CONFERENCE ORGANIZERS REGULARLY MONITOR ATTENDANCE OF COURSES BY GRANT RECIPIENTS, AND RESPONSIBLE FACULTY MEMBERS OVERSEE AND MONITOR OTHER FORMS OF SCHOLARSHIP ASSISTANCE TO INDIVIDUAL STUDENTS, INTERNS OR OTHER SCIENTISTS THROUGH OVERSIGHT OF THEIR ASSIGNMENTS.

THE LABORATORY GRANTS SCHOLARSHIPS TO A SELECT NUMBER OF HIGH SCHOOL STUDENTS ON AN ANNUAL BASIS.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

THE JACKSON LABORATORY

Employer identification number

01-0211513

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|---|---|
| <input type="checkbox"/> First-class or charter travel | <input checked="" 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 (such as 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 on line 1a?

3 Indicate which, if any, of the following the 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" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed 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" on 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		

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

Schedule J (Form 990) 2022

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 aren't 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 and/or 1099-NEC 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) LON CARDON, PHD, FMEDSCI PRESIDENT & CEO	(i)	1,100,002.	0.	199,233.	165,000.	32,226.	1,496,461.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) EDISON T. LIU, MD FORMER PRESIDENT & CEO	(i)	451,920.	250,000.	634,857.	29,343.	22,767.	1,388,887.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) AUROBINDO NAIR (UNTIL 9/22) EXECUTIVE VP & PRESIDENT JMCRS	(i)	696,662.	309,310.	13,909.	29,750.	20,958.	1,070,589.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) S. CATHERINE LONGLEY EXECUTIVE VICE PRESIDENT & COO	(i)	580,329.	242,920.	115,364.	100,500.	13,761.	1,052,874.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) KENNETH FASMAN (UNTIL 10/22) SENIOR VICE PRESIDENT RESEARCH	(i)	456,791.	145,218.	3,016.	30,500.	27,329.	662,854.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) CHARLES MILLER VP, JMCRS ASIA PACIFIC MARKET	(i)	272,298.	90,000.	126,031.	27,230.	38,942.	554,501.	0.
	(ii)	90,000.	0.	0.	0.	0.	90,000.	0.
(7) DOUGLAS ABBOTT SR VICE PRESIDENT & CFO	(i)	414,764.	91,511.	1,460.	80,500.	30,935.	619,170.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) NADIA A. ROSENTHAL SCIENTIFIC DIRECTOR	(i)	453,263.	76,772.	7,508.	30,500.	452.	568,495.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) DANIEL HOAG GENERAL COUNSEL & SECRETARY	(i)	416,325.	56,382.	33,892.	15,250.	44,558.	566,407.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) JENS RUETER MEDICAL DIRECTOR	(i)	411,954.	81,000.	2,542.	30,500.	31,419.	557,415.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) CHARLES LEE, MD SCIENTIFIC DIRECTOR, JAX GM	(i)	424,551.	68,296.	1,892.	30,500.	30,685.	555,924.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) DAVID GRASS VP, JMCRS MICE & SERVICES OPS	(i)	350,491.	93,077.	34,203.	28,124.	33,040.	538,935.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) BARBARA-JEAN BORMANN-KENNEDY VP SCI TRANSLATION/ALLIANCES	(i)	381,388.	78,567.	19,214.	30,500.	446.	510,115.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

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. HOUSING ALLOWANCE

OR RESIDENCE FOR PERSONAL USE:

THE LABORATORY PROVIDES A HOUSING ALLOWANCE TO THE PRESIDENT. THE AMOUNT IS

INCLUDED IN SCHEDULE J, PART II, COLUMN (B)(III).

PART I, LINE 4B:

THE LABORATORY MAINTAINS A DEFERRED COMPENSATION PLAN UNDER SECTION

457(F):

CONTRIBUTIONS MADE:

PRESIDENT/CEO \$165,000

EXECUTIVE VICE PRESIDENT/COO \$70,000

SR VP & CHIEF FINANCIAL OFFICER \$50,000

Part III Supplemental Information

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

SR VP & CHIEF HUMAN RES OFFICE \$15,831

GENERAL COUNSEL \$6,922

DISTRIBUTIONS MADE:

FORMER PRESIDENT/CEO \$556,407

PART I, LINE 7:

THE TOTAL COMPENSATION PACKAGE OF CERTAIN OFFICERS, KEY EMPLOYEES, AND

OTHER EMPLOYEES INCLUDES VARIABLE COMPENSATION AWARDED BASED ON

PERFORMANCE.

SCHEDULE L
(Form 990)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

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.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open To Public
Inspection

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

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 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.

Table with 4 main columns: (a) Name of disqualified person, (b) Relationship between disqualified person and organization, (c) Description of transaction, (d) Corrected? (Yes/No)

2 Enter the amount of tax incurred by 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.

Table with 9 main columns: (a) Name of interested person, (b) Relationship with organization, (c) Purpose of loan, (d) Loan to or from the organization? (To/From), (e) Original principal amount, (f) Balance due, (g) In default? (Yes/No), (h) Approved by board or committee? (Yes/No), (i) Written agreement? (Yes/No)

Total \$

Part III Grants or Assistance Benefiting Interested Persons.

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

Table with 5 main columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of assistance, (d) Type of assistance, (e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
ALAN SAWYER	KEY EMPLOYEE -N ROS	269,426.	EMPLOYMENT		X

Part V Supplemental Information.

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

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: ALAN SAWYER

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

KEY EMPLOYEE -N ROSENTHAL

(D) DESCRIPTION OF TRANSACTION: EMPLOYMENT - FAMILY MEMBER

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2022

**Open to Public
Inspection**

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

Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

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

Part I Types of Property

	(a) 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	20	2,252,268. 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 V, 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 3 years from the date of the initial contribution, and which isn't 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 nonstandard 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 didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2022

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

FORM 990, SCH. M, PART I, COLUMN B

CONTRIBUTIONS

THE NUMBER OF CONTRIBUTIONS ARE REPORTED IN COLUMN B.

**SCHEDULE O
(Form 990)**

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 Form 990-EZ.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

THE JACKSON LABORATORY

Employer identification number

01-0211513

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THE PURPOSES OF THE LABORATORY ARE SCIENTIFIC, MEDICAL, CHARITABLE, AND
EDUCATIONAL. OUR MISSION IS TO DISCOVER PRECISE GENOMIC SOLUTIONS FOR
DISEASE AND EMPOWER THE BIOMEDICAL COMMUNITY.

FORM 990, PART III, LINE 3, CHANGES IN PROGRAM SERVICES:

AS PART OF OUR MISSION TO IMPROVE HUMAN HEALTH, IN EARLY 2020 JAX BEGAN
TESTING HUMAN SPECIMENS FOR THE VIRUS THAT CAUSES COVID-19. THIS
TESTING CEASED DURING 2022.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

SUPPORT EFFORTS TO FIND CURES FOR THE WORLD'S MOST DEVASTATING HUMAN
DISEASES AND BRING ADVANCED THERAPIES TO PATIENTS. THE LABORATORY ALSO
HOSTS THE MOUSE GENOME INFORMATICS DATABASES, THE WORLD'S SOURCE FOR
INFORMATION ON MOUSE GENETICS AND BIOLOGY.

IN 2022, 500 MOUSE STRAINS WERE DONATED TO THE LABORATORY OR DEVELOPED
BY JAX RESEARCH STAFF WITH ACADEMIC/FOUNDATION OR PUBLICLY FUNDED
RESEARCH PROGRAMS. THE LABORATORY MAKES THESE RESOURCES PUBLICLY
ACCESSIBLE THROUGH ITS REPOSITORY, PRODUCTION AND RESEARCH SERVICES.
DISTRIBUTION OF THESE STRAINS HELPS SUPPORT CURES FOR THE WORLD'S MOST
PREVALENT HUMAN DISEASES AND ACCELERATES THE TIME TO BRING NEW
THERAPIES TO PATIENTS. THE LABORATORY COLLABORATED WITH OTHER
NON-PROFIT PATIENT FOUNDATIONS FOR RARE DISEASES TO ESTABLISH MOUSE
RESOURCES TO FURTHER PRECLINICAL THERAPEUTIC STUDIES.

Name of the organization THE JACKSON LABORATORY	Employer identification number 01-0211513
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THE LABORATORY MAKES THE JAX CLINICAL KNOWLEDGEBASE (CKB) RESOURCE PUBLICLY AVAILABLE, ENABLING CLINICIANS, AND TRANSLATIONAL RESEARCHERS TO INTERPRET COMPLEX CANCER GENOMIC PROFILES. ACCEPTANCE AND USAGE OF CKB HAS BEEN STEADILY INCREASING; CKB HAS RECEIVED OVER 900,000 VISITS SINCE ITS LAUNCH IN 2016. THE PUBLIC SITE HAD OVER 3,000,000 PAGE VIEWS IN THAT PERIOD.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:
THE LABORATORY HAS HAD A NATIONAL CANCER INSTITUTE-DESIGNATED CANCER CENTER, ONE OF ONLY SEVEN SUCH DESIGNATED INSTITUTIONS IN THE UNITED STATES. TO DATE 26 NOBEL PRIZES ARE ASSOCIATED WITH LABORATORY RESEARCH, EDUCATION PROGRAMS AND RESOURCES.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
INVESTMENT INCOME/ROYALTIES/REALIZED GAINS
EXPENSES \$ 0. INCLUDING GRANTS OF \$ 0. REVENUE \$ 711,281.

FORM 990, PART III, LINE 1
THE PURPOSES OF THE LABORATORY ARE SCIENTIFIC, MEDICAL, CHARITABLE, AND EDUCATIONAL TO DISCOVER PRECISE GENOMIC SOLUTIONS FOR DISEASE AND EMPOWER THE BIOMEDICAL COMMUNITY. 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;

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

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.

FORM 990, PART VI, SECTION A, LINE 4:

THE CORPORATE BYLAWS WERE AMENDED ON DECEMBER 7, 2022 TO ADD THE SCIENCE

AND TECHNOLOGY COMMITTEE TO THE PERMANENT STANDING COMMITTEES OF THE BOARD

OF TRUSTEES. ADOPTION OF THE ANNUAL OPERATING, CAPITAL BUDGETS, AND

APPROPRIATION AND ALLOCATION OF ENDOWMENT INCOME OF THE LABORATORY WAS ALSO

ADDED AS ACTIONS RESERVED TO THE FULL BOARD. APPROVAL AND OVERSIGHT OF

CAPITAL EXPENDITURES, APPROVAL AND OVERSIGHT OF OPERATING AND CAPITAL

EXPENDITURE UNBUDGETED ITEMS THAT EXCEED A RESOLUTION APPROVED MONETARY

THRESHOLD WAS ADDED TO THE FINANCE COMMITTEE'S RESPONSIBILITIES.

FORM 990, PART VI, SECTION B, LINE 11B:

FORM 990 REVIEW PROCESS

THE AUDIT AND ENTERPRISE RISK MANAGEMENT COMMITTEE OF THE JACKSON

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

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 AND ENTERPRISE RISK MANAGEMENT COMMITTEE'S REVIEW, THE IRS FORM 990 IS FINALIZED AND PROVIDED TO THE BOARD OF TRUSTEES PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE.

FORM 990, PART VI, SECTION B, LINE 12C:

THE JACKSON LABORATORY REQUESTS ALL OFFICERS, BOARD MEMBERS AND KEY EMPLOYEES COMPLETE A "CERTIFICATION OF COMPLIANCE WITH CONFLICT OF INTEREST POLICY AND CODE OF ETHICS" FORM AND A "CONFLICT OF INTEREST DISCLOSURE FORM" QUESTIONNAIRE, AND DISTRIBUTES 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 AND ENTERPRISE RISK COMMITTEE. TRUSTEES AND EXECUTIVES WITH AN APPARENT OR ACTUAL CONFLICT OF INTEREST RECUSE THEMSELVES FROM DECISION MAKING.

FORM 990, PART VI, SECTION B, LINE 15:

COMPENSATION POLICY

THE COMPENSATION AND HUMAN RESOURCES COMMITTEE OF THE BOARD OF TRUSTEES SETS COMPENSATION AND BENEFITS FOR THE CHIEF EXECUTIVE OFFICER AND THE COMMITTEE REVIEWS THE COMPENSATION AND BENEFITS FOR THE OFFICERS AND CERTAIN KEY EMPLOYEES LISTED IN SCHEDULE J. MEMBERS OF THE COMMITTEE ARE INDEPENDENT TRUSTEES SELECTED BY THE CHAIR OF THE BOARD OF TRUSTEES.

THE COMMITTEE IS GUIDED BY COMPENSATION MARKET DATA FOR SIMILAR POSITIONS

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

IN COMPARABLE ORGANIZATIONS. MARKET DATA IS PREPARED FOR THE COMMITTEE BY AN EXTERNAL EXECUTIVE COMPENSATION FIRM WHICH CONSIDERS COMPENSATION INFORMATION REPORTED IN FORM 990'S OF COMPARABLE ORGANIZATIONS AND THE RESULTS OF RECOGNIZED COMPENSATION SURVEYS. THE CHIEF HUMAN RESOURCES OFFICER IS AVAILABLE TO THE COMMITTEE TO PROVIDE ANY OTHER DATA NEEDED.

THE CEO AND COO MEETS WITH THE COMMITTEE AT LEAST ANNUALLY TO REVIEW THE COMPENSATION OF THEIR DIRECT REPORTS. THE COMMITTEE'S REVIEW PROCESS AND RESULTS ARE DOCUMENTED IN MINUTES OF THE MEETINGS.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:
CA, CT, FL, GA, IL, MA, ME, MI, MS, NC, ND, NH, NJ, NM, NY, OH, OK, OR, PA, RI, SC, VA, WA, WI, WV

FORM 990, PART VI, SECTION C, LINE 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 ARE AVAILABLE AT WWW.JAX.ORG. THE GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization <p align="center">THE JACKSON LABORATORY</p>	Employer identification number <p align="center">01-0211513</p>
--	--

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
JACKSON LABORATORY HOLDINGS, LLC - 01-0211513, 1209 ORANGE STREET, WILMINGTON, DE 19801	HOLDINGS	DELAWARE	1,415,544.	56,374,446.	JACKSON LAB

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
THE JACKSON LAB M&T (SHANGHAI) CO, LTD RM 629, C BLK, NO 3, 2889 JINKE RD, SHANGHAI, CHINA	MEDICAL SCIENCE	CHINA	JAX HOLDINGS	C CORP	2,010,489.	3,188,483.	100%	X	
THE JACKSON LABORATORY ANITECH BIOTECHNO 10 LIN HE NORTH STREET, SHUNYI DISTRICT BEIJING, CHINA	MEDICAL SCIENCE	CHINA	HK HOLDINGS	C CORP	-139,080.	2,624,704.	51.00%	X	
JACKSON LABORATORY HONG KONG HOLDINGS LTD. 402 JARDINE HOUSE, 1 CONNAUGHT PLACE CENTRAL HONG KONG, HONG KONG	GENETIC RESOURCES	HONG KONG	JAX HOLDINGS	C CORP	-4,780,747.	157,510.	100%	X	
JACKSON LABORATORY JAPAN HOLDINGS INC 3-17-6 SHINYOKOHAMA YOKOHAMA, JAPAN	HOLDING COMPANY	JAPAN	JAX HOLDINGS	C CORP	6,095,600.	81,898,492.	100%	X	
THE JACKSON LABORATORY JAPAN INC INNOTECH BUILDING 11F, 3-17-6 SHIN-YOKOH KANAGAWA, JAPAN	GENETIC RESOURCES	JAPAN	JAPAN HOLDINGS	C CORP	43,806,676.	89,109,220.	100%	X	

Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
THE JACKSON LABORATORY UK LTD. NEW PENDEREL HOUSE, 4TH FL, 283-288 HIGH HOLBORN LONDON, UNITED KINGDOM WC1V 7HP	ADMIN OF EUROPEAN EMPLOYEES & PAYROLL	UNITED KINGDOM	JAX HOLDINGS	C CORP	0.	0.	100%	X	

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)	X	
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)	X	
s Other transfer of cash or property from related organization(s)	X	

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) JACKSON LABORATORY HONG KONG HOLDINGS LTD.	B	2,784,042.	FMV
(2) THE JACKSON LABORATORY M&T (SHANGHAI) CO, LTD	R	1,732,079.	FMV
(3) THE JACKSON LABORATORY JAPAN HOLDINGS, INC.	R	51,463.	FMV
(4) JACKSON LABORATORY JAPAN HOLDINGS INC	S	28,313,822.	FMV
(5)			
(6)			

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec. 501(c)(3) orgs.?		(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.
