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Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Inspection

Department of the Treasury Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public

A	or th	e 2011 calendar year, or tax year beginning and ending		
B	Check r applicat	C Name of organization	D Employer identific	cation number
	_Addr chan	SOUTHWEST RESEARCH & INFORMATION CENTER		
	Nam chan	Doing Business As	23-7	159949
	Initia retur Term ated	Number and street (or P.U. box if mail is not delivered to street address)		262-1862
	Ame	City or town, state or country, and ZIP + 4	G Gross receipts \$	1,045,339.
	Appl tion pend	ADDOQUERQUE, NM 0/130-4324	H(a) Is this a group re	tum Yes X No
7 æ		F Name and address of principal officer:DON HANCOCK SAME AS C ABOVE	for affiliates? H(b) Are all affiliates incl	
∜ — ~ L∃	Гах-ех		—	list. (see instructions)
ر بنی	Nebs	ite: ▶ WWW.SRIC.ORG	H(c) Group exemption	n number
K	orm c	f organization: X Corporation Trust Association Other L Ye	ear of formation: 1971 N	State of legal domicile: NM
	art I	Summary		
ಶಾ ಕ	1	Briefly describe the organization's mission or most significant activities: SRIC PROV	JIDES TECHNICA	AL
${\mathbb Z}_{\mathbb Z}$ Activities & Governance		ASSISTANCE TO COMMUNITIES ON ENERGY AND NATUR		
~~ier	2	Check this box I if the organization discontinued its operations or disposed of m	1 1	sets.
Ô	3	Number of voting members of the governing body (Part VI, line 1a)	3 4	7
∞ ŏ	4 5	Number of independent voting members of the governing body (Part VI, line 1b) Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	 7
ij	6	Total number of individuals employed in calendar year 2011 (Fart V, line 2a) Total number of volunteers (estimate if necessary)	6	5
Ęį	1	Total unrelated business revenue from Part VIII, column (C), line 12	7a	248.
ĕ		Net unrelated business taxable income from Form 990-T, line 34	7b	0.
_	ऻ ─ऀ		Prior Year	Current Year
۵	8	Contributions and grants (Part VIII, line 1h)	762,839.	955,452.
Revenue	9	Program service revenue (Part VIII, line 2g)	31,493.	69,028.
ě	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,089.	791.
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	14,869.	6,121.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	813,290.	1,031,392.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	35,461.	60,960.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
Ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	238,900.	279,365.
Expenses	1	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 141.		<u> </u>
ᄍ	•	, , , , , , , , , , , , , , , , , , ,	661,468.	564,076.
	1	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	935,829.	904,401.
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A) line 25) Revenue less expenses. Subtract line 18 from line 12	<122,539.	<u> </u>
es				End of Year
anc	20		490,473.	640,807.
ASS Bass	21	Total liabilities (Part X line 26)	14,650.	37,993.
Net Assets or Fund Balances	22	Net assets or fund balances. Subtract line 21 from line 20	475,823.	602,814.
Pá	art II			
		alties of perjury, I declare that I have examined this return, including accompanying schedules and stat		knowledge and belief, it is
true	, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of which prepared		
		Signature of officer	Date Date	2,5015
Sig		DON HANCOCK, ADMINISTRATOR	Dato	
Her	е	Type or print name and title		
_		Print/Type preparer's name Preparer's signature	Date	PTIN
	,	Lawrence Taub	190ct12	₽00028605 ·
• • •		Firm's name LAWRENCE TAUB COUNSELLOR AT LAW PC	Firm's EIN	85-0352005
• • •		Firm's address 1447 SEVILLE ROAD		
		SANTA FE, NEW MEXICO 87505-4647	Phone no.	
May	y the	RS discuss this return with the preparer shown above? (see instructions)		X Yes No

SCANNED NOV 1 9 2012

Form **990** (2011)

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Form	990 (2011) SOUTHWEST RESEARCH & INFORMATION CENTER 23-7159949 Page 2
	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response to any question in this Part III
1	Bnefly describe the organization's mission:
•	SOUTHWEST RESEARCH AND INFORMATION CENTER IS A MULTI-CULTURAL
	ORGANIZATION WORKING TO PROMOTE THE HEALTH OF PEOPLE AND COMMUNITIES,
	PROTECT NATURAL RESOURCES, ENSURE CITIZEN PARTICIPATION, AND SECURE
	ENVIRONMENTAL AND SOCIAL JUSTICE NOW AND FOR FUTURE GENERATIONS.
_	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
_	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
3	5,g, , , , , , , , , , , , , ,
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to
	others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code) (Expenses \$ 344,041. including grants of \$ 0.) (Revenue \$ 356,339.)
	SRIC PROVIDES DIRECT TECHNICAL ASSISTANCE TO DOZENS OF COMMUNITIES IN
	NEW MEXICO REGARDING RESOURCE DEVELOPMENT, AIR AND WATER QUALITY,
	HEALTH, NUCLEAR WASTE STORAGE AND TRANSPORTATION, ENVIRONMENTAL IMPACT
	ASSESMENT, AND RELATED MATTERS. THE ORGANIZATION ALSO IS INVOLVED WITH
	VARIOUS COALITIONS AND NETWORKS THAT PROMOTE RENEWABLE RESOURCE
	DEVELOPMENT, ENVIRONMENTAL PROTECTION, AND ENVIRONMENTAL JUSTICE. THE
	WEBSITE, WWW.SRIC.ORG PROVIDES EXTENSIVE INFORMATION ABOUT MANY
	ENVIRONMENTAL AND HEALTH ISSUES.
4b	(Code) (Expenses \$ 134,036 • including grants of \$ 0 •) (Revenue \$ 165,912 •)
	THE NUCLEAR WATCH NEW MEXICO PROJECT THROUGH COMPREHENSIVE RESEARCH,
	PUBLIC EDUCATION AND EFFECTIVE CITIZEN ACTION PROMOTES SAFETY AND
	ENVIRONMENTAL PROTECTION; DIVERSIFICATION AWAY FROM NUCLEAR WEAPONS
	PROGRAMS; GREATER ACCOUNTABILITY AND CLEANUP IN THE NATIONWIDE NUCLEAR
	WEAPONS COMPLEX; AND CONSISTENT U.S. LEADERSHIP TOWARD A WORLD FREE OF
	NUCLEAR WEAPONS. A NEWSLETTER IS DISTRIBUTED TO MORE THAN 1,600 PEOPLE
	AND THE WEBSITE WWW.NUKEWATCH.ORG PROVIDES EXTENSIVE INFORMATION ABOUT
	NUCLEAR ISSUES.
	,
4c	(Code) (Expenses \$ 112,809. including grants of \$ 0.) (Revenue \$ 150,200.)
	THE COALITION FOR CLEAN AFFORDABLE ENERGY PROJECT INCLUDES 10
	ENVIRONMENTAL, ENERGY, AND HEALTH ORGANIZATIONS TO PROMOTE THE
	DEVELOPMENT OF RENEWABLE ENERGY SOURCES SUCH AS SOLAR, WIND,
	GEOTHERMAL, AND BIOMASS; PROMOTE ENERGY EFFICIENCY; REDUCE GREENHOUSE
	GAS EMISSIONS AND OTHER POLLUTANTS; AND TO DO SO IN A CREDIBLE,
	RESPONSIBLE, AND AFFORDABLE MANNER THAT BENEFITS ALL NEW MEXICANS. THE
	COALITION REPRESENTS MORE THAN 20,000 INDIVIDUALS FROM THROUGHTOUT NEW
	MEXICO IN PROCEEDINGS BEFORE THE PUBLIC REGULATION COMMISSION.
	THE COURT OF THE COURT OF THE COURT OF
<u></u>	Other program services (Describe in Schedule O.)
4d	(Expenses \$ 253,612. Including grants of \$ 60,960.) (Revenue \$ 355,608.)
A =	Total program service expenses ► 844,498.
<u>4e</u>	Total program service expenses P 044, 450 • Form 990 (2011)

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Form 990 (2011) SOUTHWEST RE Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
•	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
·	during the tax year? If "Yes," complete Schedule C, Part II	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u>X</u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,		:	
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		<u> </u>
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			۱
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			٠,
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X		,	1 1
	as applicable.		,]
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	11a	х	
.	Part VI Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	ı ıa		\vdash
D	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	х	
_	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
Ŭ	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a	X	<u> </u>
þ	Was the organization included in consolidated, independent audited financial statements for the tax year?			.
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
D	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	İ	х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	<u> </u>		
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		,.	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			_v
	complete Schedule G, Part III	19	<u> </u>	X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	-	 ^ -
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	990	<u> </u>
		COUL	550	(EU 11)

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Yes No 21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the X 21 United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX. X 22 column (A), line 2? If "Yes," complete Schedule I, Parts I and III 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete X 23 Schedule J 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete X 24a Schedule K. If "No", go to line 25 24b b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 24c any tax-exempt bonds? 24d d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a X disqualified person during the year? If "Yes," complete Schedule L, Part I 25a b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete X 25b Schedule L, Part I 26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified X 26 person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member X of any of these persons? If "Yes," complete Schedule L, Part III 27 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): X a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a X b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, X 28c director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation X contributions? If "Yes," complete Schedule M 30 Did the organization liquidate, terminate, or dissolve and cease operations? 31 X 31 If "Yes," complete Schedule N, Part I 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete X 32 Schedule N, Part II 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations X 33 sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? X 34 If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 35a 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? **b** Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of Х section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related organization? X 36 If "Yes," complete Schedule R, Part V, line 2 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization X 37 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?

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Note. All Form 990 filers are required to complete Schedule O

b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter:

 a. Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes." enter the amount of tax-exempt interest received or accrued during the year

Section 501(c)(29) qualified nonprofit health insurance issuers.

a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.

b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans

c Enter the amount of reserves on hand

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

13b 13c X

Form **990** (2011)

12a

13a

11a

11b

12b

	000 (2011)	.59949		age 6
Pa	rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and to	for a "No" r	espon	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			X
<u> </u>	Check if Schedule O contains a response to any question in this Part VI			
<u>Sec</u>	tion A. Governing Body and Management	 -	V	11-
4-	Establishment of the country of the	7	Yes	No
Ta	Enter the number of voting members of the governing body at the end of the tax year [6 there are metalled if the square in voting members of the square part the square part in the squ	 		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.	7		
ь	Enter the number of voting members included in line 1a, above, who are independent 1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			- <u>-</u> - '
_	officer, director, trustee, or key employee?	2		
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			x
_	of officers, directors, or trustees, or key employees to a management company or other person?	3_		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	_	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		_
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			3.5
	more members of the governing body?	7a		X
b				77
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b		X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9_		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	i i		
	· · · · · · · · · · · · · · · · · · ·	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form		Х	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
b 12a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13	11a 12a	x	
b 12a b	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	n? 11a		
b 12a b	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	11a 12a 12b	X	
b 12a b	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	11a 12a	X X	
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b 12a b c	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy?	11a 12a 12b	X X	
b 12a b c	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent	11a 12a 12b 12c 13	X X X	
b 12a b c	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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?	11a 12a 12b 12c 13	X X X X	
b 12a b c	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official	11a 12a 12b 12c 13 14	X X X	
b 12a b c	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official	11a 12a 12b 12c 13 14	X X X X	X
b 12a b c 13 14 15	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official	11a 12a 12b 12c 13 14	X X X X	X
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b 12a b c 13 14 15 a b	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	11a 12a 12b 12c 13 14	X X X X	X
b 12a b c 13 14 15 a b	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	11a 12a 12b 12c 13 14	X X X X	
b 12a b c 13 14 15 a b	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	11a 12a 12b 12c 13 14	X X X X	
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b 12a b c 13 14 15 a b	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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?	11a 12a 12b 12c 13 14 15a 15b	X X X X	
b 12a b c 13 14 15 a b 16a b	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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? Etion C. Disclosure	11a 12a 12b 12c 13 14 15a 15b	X X X X	
b 12a b c 13 14 15 a b	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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? Etion C. Disclosure List the states with which a copy of this Form 990 is required to be filed NM Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s or	11a 12a 12b 12c 13 14 15a 15b	X X X X	
b 12a b c 13 14 15 a b 16a b	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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? List the states with which a copy of this Form 990 is required to be filed ▶NM Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s of or public inspection. Indicate how you made these available. Check all that apply.	11a 12a 12b 12c 13 14 15a 15b	X X X X	
b 12a b c 13 14 15 a b Sec 17 18	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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? Ition C. Disclosure List the states with which a copy of this Form 990 is required to be filed NM Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s or for public inspection. Indicate how you made these available. Check all that apply. Own website	11a 12a 12b 12c 13 14 15a 15b	X X X X X	
b 12a b c 13 14 15 a b 16a b	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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? List the states with which a copy of this Form 990 is required to be filed ▶NM Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s of or public inspection. Indicate how you made these available. Check all that apply.	11a 12a 12b 12c 13 14 15a 15b	X X X X X	

T32008

State the name, physical address, and telephone number of the person who possesses the books and records of the organization:

DON HANCOCK - 505-262-1862

105 STANFORD, S.E., ALBUQUERQUE, NM 87106

Form 990 (2011)

O	0/5 D:	- T			. A O			
	Check if Schedule	O contains a respon	se to any question	ın t	his Part VII		<u> </u>	
	Employees, an				,,,,	.	•	
Part VII	Compensation	of Officers. Di	rectors. Trust	ees	, Key Employees,	Highest Co	mpensated	
Form 990 (2011)	SOUTHWEST	RESEARCH	&	INFORMATION	CENTER	23-7159949	Page 7

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employees."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A)	(B)	organization compensa						(D)	(E)	(F)	
Name and Title	Average	(do	not c	Pos	tion	l than	ODA	Reportable	Reportable	Estimated	
	hours per	box	box, unless person is both an officer and a director/trustee)				h an	compensation	compensation	amount of	
	week (describe	_				1 1		from the	from related	other compensation	
	hours for	diect		l		Ļ		organization	organizations (W-2/1099-MISC)	from the	
	related	e o o	stee			ansate		(W-2/1099-MISC)	(organization	
	organizations	喜	nal trı		loyee	dwo.				and related	
	in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations	
(1) ESTHER YAZZIE-LEWIS	- 0,	르	프	8	ž	로 등	æ				
DIRECTOR	1.00	x						0.	0.	0.	
(2) MANUEL PINO										-	
DIRECTOR/PRESIDENT	1.00	X		X				0.	0.	0.	
(3) JULIE STEPHENS											
DIRECTOR	1.00	X					L	0.	0.	0.	
(4) SANDRA SIMONS-AILES	1	l					ŀ			•	
DIRECTOR/SEC & TREAS	1.00	X	ļ	X		_		0.	0.	0.	
(5) SYLVIA LEDESMA	1 00								۸ ا	0	
DIRECTOR	1.00	<u>^</u>	<u> </u>	<u> </u>		_	<u> </u>	0.	0.	0.	
(6) ROBERT NOFCHISSEY	1.00	x		x				0.	0.	0.	
DIRECTOR/V.P. (7) JUDITH ESPINOSA	1.00	<u> </u>		Α		_	-	0.	0.	0.	
DIRECTOR	1.00	X						0.	0.	0.	
<u> </u>	1.00	1	┢	\vdash		╁─					
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Form 990 (2011)

Form	990 (2011) SOUTHWES	I RESEAL	<u> (CI</u>	<u>1 8</u>	د ا	·N1	FO	$\overline{\mathbf{m}}$	ATTON	CENTER	23-1	T 2 A	949	Pa	age o
Par	VII Section A. Officers, Directors, Tru	ıstees, Key Er	nplo	yee	s, a	nd ł	High	est	Compens	sated Employ	ees (continued)				
	(A) Name and title	(B) Average hours per week	DOX.	not cl	ss pe	ntion more rson	than s bot or/trus	h an	Rep comp	(D) portable pensation from	(E) Reportable compensation from related	on	an	(F) stimate nount other	_
		(describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	orga	the anization 099-MISC)	organization (W-2/1099-MI	าร	com fr org and	pensa fom the anizate d relate anizate	e Ion ed
															
									_						
													· · · · · ·	-	
								_	-				-		
1b	Sub-total Sub-total					<u> </u>	<u> </u>	<u> </u>		0.		0.			0.
	Total from continuation sheets to Part V Total (add lines 1b and 1c)						>			0.		0.			0.
2	Total number of individuals (including but recompensation from the organization	ot limited to th	ose	liste	ed al	bove	e) wl	no re	eceived m	ore than \$100),000 of reportab			Yes	0 No
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s		uste	e, ke	y er	nplo	oyee	, or	highest co	ompensated e	mployee on		3		х
4	For any individual listed on line 1a, is the stand related organizations greater than \$15										the organization		4		х
5 Sec	Did any person listed on line 1a receive or a rendered to the organization? If "Yes," contion B. Independent Contractors							elat	ed organi	zation or indiv	idual for services	š	5	-	X
1	Complete this table for your five highest co the organization. Report compensation for											npens	ation 1	from	
	(A) Name and business			ONI						(B) escription of :		С		C) nsatio	n
	· · · · · · · · · · · · · · · · · · ·	·										<u> </u>			
								\dashv							
2	Total number of independent contractors (\$100,000 of compensation from the organ	_	ot li	mıte	d to		se li O	stec	d above) w	ho received r	nore than	<u> </u>	Form	990 (2011)

SOUTHWEST RESEARCH & INFORMATION CENTER 23-7159949 Page 9 Form 990 (2011) Part VIII Statement of Revenue (D) (C) (A) (B) Revenue excluded from Total revenue Related or Unrelated exempt function business tax under sections 512, 513, or 514 revenue revenue Gifts, Grants ilar Amounts 1a 1 a Federated campaigns 1b **b** Membership dues 10 c Fundraising events 1d d Related organizations Contributions, and Other Simi e Government grants (contributions) 1e f All other contributions, gifts, grants, and 955,452 similar amounts not included above g Noncash contributions included in lines 1a-1f \$ 955,452 Total. Add lines 1a-1f Business Code 541900 68,887. 68,887. CONSULTING FEES Program Service Revenue 141. 141. PUBLISHING, SALES, PRINT 511120 All other program service revenue 69,028 Total. Add lines 2a-2f Investment income (including dividends, interest, and 791 791 other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (II) Personal 2,925. 6 a Gross rents 631. b Less: rental expenses 2,294. c Rental income or (loss) 2,294 2,294. d Net rental income or (loss) 7 a Gross amount from sales of (i) Secunties (II) Other assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c). See 16,895 Part IV, line 18 13,316 b Less: direct expenses 3,579. 3,579. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** UNRELATED BUSINESS 561439 248 248 INC 11 a b d All other revenue 248 Total. Add lines 11a-11d 392. 69,028 031 248. 6,664. Total revenue. See instructions. Form 990 (2011) 01-23-12

SOUTHWEST RESEARCH & INFORMATION CENTER

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Form 990 (2011) SOUTHWEST RES
Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	olete columns (B), (C), and (D). Check if Schedule O contains a response	se to any question in thi	s Part IX	•	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21	60,960.	60,960.		
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. 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	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	252,545.	236,457.	16,088.	
7	Other salanes and wages	232,343.	230,437.	10,000.	
8	Pension plan accruals and contributions (include	7,500.	6,000.	1,500.	
•	section 401(k) and section 403(b) employer contributions)	7,300.	0,000.	1,500.	
9 10	Other employee benefits Payroll taxes	19,320.	18,089.	1,231.	
11	Fees for services (non-employees):	15,520.	10,003.	1,231.	
''	Management				
b	Legal	71,775.	71,775.		
c	Accounting	11,592.		11,592.	· -
d	Lobbying	20,000.	20,000.	,	
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				-
g	Other	245,014.	245,014.		
12	Advertising and promotion				
13	Office expenses	16,329.	15,280.	1,049.	
14	Information technology				
15	Royalties				
16	Occupancy	9,486.	7,397.	2,089.	
17	Travel .	94,368.	94,339.	29.	
18	Payments of travel or entertainment expenses			İ	
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	4,479.		4,479.	
22	Depreciation, depletion, and amortization	45,370.	40,873.	4,479.	
23	Insurance Other eveness ltemys eveness not severed	45,570.	40,073.	2,201.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line				
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	TELEPHONE	13,953.	8,363.	5,590.	
a b	MISCELLANEOUS	10,138.	9,997.	3,000	141
C	REPRODUCTION AND PRINTI	5,631.	5,533.	98.	
d	BUILDING REPAIRS & TAXE	4,128.	·	4,128.	
e	 }	11,813.	4,421.	7,392.	
25	Total functional expenses. Add lines 1 through 24e	904,401.	844,498.	59,762.	141
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.	ļ			
	Check here if following SOP 98-2 (ASC 958-720)				
13201	0 01-23-12				Form 990 (2011

Form 990 (2011) SOUTHWEST RESEARCH & INFORMATION CENTER 23-7159949 Page 11

				(A)		(B)
				Beginning of year		End of year
	1	Cash - non-interest-bearing			1	
	2	Savings and temporary cash investments		169,444.	2	297,765
	3	Pledges and grants receivable, net		72,779.	3	92,780
	4	Accounts receivable, net		11,762.	4	17,784
	5	Receivables from current and former officers, directors	, trustees, key			
		employees, and highest compensated employees. Cor	nplete Part II			
		of Schedule L	_		5	
-	6	Receivables from other disqualified persons (as defined	d under section			
-		4958(f)(1)), persons described in section 4958(c)(3)(B),	and contributing			
		employers and sponsoring organizations of section 50	1(c)(9) voluntary			
.		employees' beneficiary organizations (see instructions)			6	
Clacer	7	Notes and loans receivable, net			7	
ž	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		3,051.	9	3,094
	10 a	Land, buildings, and equipment: cost or other				Į
		basis. Complete Part VI of Schedule D 10a	300,492.			_
	b	Less: accumulated depreciation 10b	152,902.	152,249.	10c	147,590
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line 11		81,188.	12	81,794
	13	Investments - program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11			15	
	16_	Total assets. Add lines 1 through 15 (must equal line 3	34)	490,473.	16	640,807
	17	Accounts payable and accrued expenses		14,650.	17	37,993
	18	Grants payable	ļ		18	
1	19	Deferred revenue	ļ		19	
- [:	20	Tax-exempt bond liabilities			20	
3	21	Escrow or custodial account liability. Complete Part IV	of Schedule D		21	
	22	Payables to current and former officers, directors, trus	tees, key employees,			
FIGDIIICES		highest compensated employees, and disqualified per-	sons. Complete Part II			
-		of Schedule L			22	
- [:	23	Secured mortgages and notes payable to unrelated th	rd parties		23	
- [:	24	Unsecured notes and loans payable to unrelated third	parties		24	
- [:	25	Other liabilities (including federal income tax, payables				
		parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D		44 658	25	27 002
_	26	Total liabilities. Add lines 17 through 25	1 •• 1	14,650.	26	37,993
		Organizations that follow SFAS 117, check here	X and complete			
Net Assets of Fund balances		lines 27 through 29, and lines 33 and 34.		201 200	l	- 202 062
	27	Unrestricted net assets		301,225.	27	302,062
	28	Temporarily restricted net assets		147,598.	28	273,752
ያ '	29	Permanently restricted net assets	. — .	27,000.	29	27,000
2		Organizations that do not follow SFAS 117, check h	ere ▶ and			
5		complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	-
8	31	Paid-in or capital surplus, or land, building, or equipme	r		31	
	32	Retained earnings, endowment, accumulated income,	or other funds	17E 022	32	602,814
	33	Total net assets or fund balances		475,823.	33	640,807
	34	Total liabilities and net assets/fund balances		490,473.	34	Form 990 (2011

Form	990 (2011) SOUTHWEST RESEARCH & INFORMATION CENTER 2	3-71599	49	Pag	ge 12					
Pa	rt XI Reconciliation of Net Assets			_						
	Check if Schedule O contains a response to any question in this Part XI									
					92.					
1	1 Total revenue (must equal Part VIII, column (A), line 12)									
2	Total expenses (must equal Part IX, column (A), line 25)				01.					
3	Revenue less expenses. Subtract line 2 from line 1				91.					
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))		475	8,8	23.					
5	Other changes in net assets or fund balances (explain in Schedule O)				0.					
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) 6		602	<u> 2,8</u>	14.					
Pa	rt XIII Financial Statements and Reporting				_					
	Check if Schedule O contains a response to any question in this Part XII	<u> </u>			<u> </u>					
		_	_	Yes	No					
1	Accounting method used to prepare the Form 990: Cash Z Accrual Other		- 1		ļ					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.	-	_		ا۔ ۔۔ ۔ ا					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	ļ 	2a		X					
b	Were the organization's financial statements audited by an independent accountant?	<u></u> _:	2b	X						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the au	ıdıt,								
	review, or compilation of its financial statements and selection of an independent accountant?	<u> </u>	2c	X						
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedul	e O.								
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued or	ıa								
	separate basis, consolidated basis, or both:				l					
	Separate basis Consolidated basis Both consolidated and separate basis		[.							
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single	Audit								
	Act and OMB Circular A-133?	<u>L:</u>	3a		<u> </u>					
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	audit								
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3b							

Form **990** (2011)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

Name of	the organizat						-		mployer i			
			ST RESEARCH							<u>-7159</u>	<u>949</u>	
Part I	Reason	for Public Char	ity Status (All organiz	zations mu	st complet	te this par	t.) See ins	tructions.				
The organ	nization is not a	a private foundation	because it is: (For lines	1 through	11, check	only one b	ox.)					
1 🖳	A church, co	nvention of churches	s, or association of chur	ches desc	ribed in se	ction 170	(b)(1)(A)(i)).				
2	A school des	cribed in section 17	' 0(b)(1)(A)(ii). (Attach So	chedule E.)								
3 🖳	A hospital or	a cooperative hospi	tal service organization	described	ın section	170(b)(1)	(A)(iii).					
4 🖳	A medical re	search organization	operated in conjunction	with a hos	pital desc	ribed in se	ction 170	(b)(1)(A)(iii). Enter th	ne hospital	's nam	10,
	city, and stat	te:										
5 L	An organizat	on operated for the	benefit of a college or u	niversity o	wned or op	perated by	a govern	mental ur	nt describe	d ın		
		(b)(1)(A)(iv). (Comple	•									
6 🖳	A federal, sta	ate, or local governm	ent or governmental uni	t describe	d ın sectio	n 170(b)(1	1)(A)(v).					
7 X	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in											
		(b)(1)(A)(vi). (Comple	•									
8 🖳	A community	trust described in s	ection 170(b)(1)(A)(vi).	(Complete	Part II.)							
9 L	An organizat	on that normally rec	eives: (1) more than 33	1/3% of its	support f	rom contri	butions, n	nembersh	iip fees, an	d gross red	eipts:	from
			nctions - subject to certa									
			axable income (less sec	tion 511 ta	x) from bu	sinesses a	acquired b	y the org	anızatıon a	fter June 3	0, 197	′5.
		509(a)(2). (Complete	•									
10	-		perated exclusively to te	•	=			-				
11	_	•	perated exclusively for the		-				•	•		or
		• • •	ations described in secti		•		2). See se 0	ction 509	(a)(3). Che	ck the box	that	
		·· <u></u>	organization and compl		-					T W 6	Sul	
e 🗀	a Type		**		e III - Fund	-	•			Type III - C	-	_
e	-		at the organization is not				-		-			
f			han one or more publicly ten determination from t						13(a)(1) 01 5	ection 505	(a)(Z).	
•		rganization, check th			аскоату	pe i, Type	ii, oi Type	, III				
g		•	organization accepted ar	ny aift or c	ontribution	from any	of the follo	owina nei	rsons?			
9			irectly controls, either a								Yes	No
		•	upported organization?			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		(,	(, 20.0,	11g(i)		
			n described in (i) above?	,						11g(ii)		
		•	person described in (i)		e?					11g(iii)		
h		-	about the supported or							<u> </u>		
				J	` '							
(i) Name	of supported	(ii) EIN	(iii) Type of	(iv) Is the c	organization	(v) Did you	notify the	(vi) l	s the	(vii) Am	ount o	ıf
	anization	(, =	organization (described on lines 1-9		sted in your		ion in col.	organizat (i) organi	zed in the	sup		
			above or IRC section	governing	document?	(i) of your	support?	U.S	5.?			
			(see instructions))	Yes	No	Yes	No	Yes	No			
				ļ								
				Ì	ŀ		Ì	Ì	1			
									1			
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				1	[l					
				+	 		 	_	1 +	· · · · ·	_	
Total												
	Paperwork Re	duction Act Notice	, see the Instructions f	or				Schedu	le A (Form	990 or 99	0-EZ)	2011

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Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2011 SOUTHWEST RESEARCH & INFORMATION CENTER 23-7159949 Page 2 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.)

Sec	ction A. Public Support						
	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Gifts, grants, contributions, and	\-,		1-1			.,
-	membership fees received. (Do not	ł					
	include any "unusual grants.")	764,759.	839,716.	836,019.	762,839.	955,452.	4158785.
2	Tax revenues levied for the organ-		_				
	ızatıon'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	764,759.	839,716.	836,019.	762,839.	955,452.	4158785.
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)						743,132.
	Public support. Subtract line 5 from line 4						3415653.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4	764,759.	839,716.	836,019.	762,839.	955,452.	4158785.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties		44 44-	0 040		2546	47 640
	and income from similar sources	16,666.	11,145.	8,210.	7,912.	3,716.	47,649.
9	Net income from unrelated business						
	activities, whether or not the	222	200		240		1 520
	business is regularly carned on	323.	398.	219.	342.	248.	1,530.
10	Other income. Do not include gain						
	or loss from the sale of capital	0 650			27 656	16 005	A7 010
	assets (Explain in Part IV.)	2,659.			27,656.	16,895.	47,210.
	Total support. Add lines 7 through 10						4255174.
	Gross receipts from related activities,					12	375,074.
13	First five years. If the Form 990 is for	J	first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	, —
50	organization, check this box and storection C. Computation of Publ	here C Support Pa	rcentage				<u> </u>
				column (fl)		14	80.27 %
	Public support percentage for 2011 (Public support percentage from 2010)			Joidinin (1))		15	77.72 %
	33 1/3% support test - 2011. If the c			n line 13 and line	14 is 33 1/3% or n		
108	stop here. The organization qualifies						▶ X
j.	33 1/3% support test - 2010. If the c		•	•	line 15 is 33 1/3%	or more, check th	
•	and stop here. The organization qual						▶□
17a	10% -facts-and-circumstances tes	•			e 13, 16a, or 16b. a	and fine 14 is 10%	or more,
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"					. 3	ightharpoons
h	10% -facts-and-circumstances tes	_				17a, and line 15 is	10% or
-	more, and if the organization meets the						
	organization meets the "facts-and-circ						ightharpoons
18	Private foundation. If the organization						s •
						edule A (Form 990	

29304049 743960 30604043 36 Schedule A (Form 990 or 990-EZ) 2011 Page 3 Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2007 (b) 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or busmess under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b 8 Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2007 (b) 2008 (c) 2009 (d) 2010 (f) Total (e) 2011 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b. whether or not the business is regularly carned on 12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support (Add lines 9, 10c, 11, and 12)

14	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year	as a section 501(c)(3) orgar	nization,
	check this box and stop here		▶□_
Sec	ction C. Computation of Public Support Percentage		
15	Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	15	%
16	Public support percentage from 2010 Schedule A, Part III, line 15	16	%
Sec	ction D. Computation of Investment Income Percentage		
 17	Investment income percentage for 2011 (line 10c. column (f) divided by line 13. column (f))	17	%

18 Investment income percentage from 2010 Schedule A, Part III, line 17

19a 33 1/3% support tests - 2011. 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 - 2010. 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

Schedule A (Form 990 or 990-EZ) 2011

%

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

➤ Complete if the organization is described below. ➤ Attach to Form 990 or Form 990-EZ.

➤ See separate instructions.

43



Department of the Treasury Internal Revenue Service

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

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

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

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

If the organization answered "Yes" to Form 990, Part IV, line 5 (Proxy Tax), or Form 990-EZ, Part V, line 35c (Proxy Tax), then

•	Section 501(c)(4), (5), or (6) organiza	tions: Complete Part III.			
Nan	ne of organization				nployer identification number
	SOUTHWE	ST RESEARCH & II	NFORMATION C	ENTER	23-7159949
Pa	art I-A Complete if the org	ganization is exempt un	der section 501(c)	or is a section 527	organization.
1	Provide a description of the organization	zation's direct and indirect polit	ical campaign activities	in Part IV.	
2	Political expenditures	-		•	* \$
3	Volunteer hours				
Pá	art I-B Complete if the ord	ganization is exempt un	der section 501(c)	(3).	
	Enter the amount of any excise tax				\$
	Enter the amount of any excise tax				•\$
3	If the organization incurred a section	on 4955 tax, did it file Form 4720	o for this year?		Yes No
48	Was a correction made?		-		Yes No
Ł	o If "Yes," describe in Part IV.				
Pá	art I-C Complete if the org	ganization is exempt un	der section 501(c)	, except section 50	11(c)(3).
1	Enter the amount directly expended	d by the filing organization for s	ection 527 exempt func	tion activities	` \$
2	Enter the amount of the filing organ	nization's funds contributed to d	other organizations for s	ection 527	
	exempt function activities			•	*\$
3	Total exempt function expenditures				
	line 17b			•	\$
4	Did the filing organization file Form	1120-POL for this year?			Yes No
5	Enter the names, addresses and er				
	made payments. For each organiza	•			· · · · · · · · · · · · · · · · · · ·
	contributions received that were pr				arate segregated fund or a
	political action committee (PAC). If	additional space is needed, pro	· · · · · · · · · · · · · · · · · · ·		
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	
				filing organization's funds. If none, enter	1
				Tarios in none, enter	delivered to a separate
					political organization. If none, enter -0
					il florie, effici -0
		-			
					

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

Schedule C (Form 990 or 990-EZ) 2011

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Schedule C (Form 990 or 990-EZ) 2011	SOUTHWEST R	ESEARCH & I	NFORMATION (CENTER 23-7	159949 Page 2
Part II-A Complete if the org		npt under sectio	n 501(c)(3) and file	ed Form 5/68	
(election under sec		 			
• •		•	Part IV each affiliated	group member's nam	e, address, EIN,
. — ' '	e of excess lobbying	•			
B Check ► ☐ if the filing organiza	tion checked box A ar	nd "limited control" pro	ovisions apply.	(-) Film-	(h) Afflicated assure
Limit	ts on Lobbying Expe	nditures		(a) Filing organization's	(b) Affiliated group totals
(The term "expend	litures" means amou	ints paid or incurred.)		totals	
1a Total lobbying expenditures to influ	uence public opinion (grass roots lobbying)		0.	
b Total lobbying expenditures to influ			ĺ	20,185.	
c Total lobbying expenditures (add li	nes 1a and 1b)			20,185.	
d Other exempt purpose expenditure	es		. [918,348.	
e Total exempt purpose expenditure	s (add lines 1c and 1c			938,533.	
f_Lobbying nontaxable amount. Enter	er the amount from the	e following table in bot	h columns.	165,780.	
If the amount on line 1e, column (a) o	r (b) is: The lob	bying nontaxable am	ount is:		
Not over \$500,000	20% of	the amount on line 1e.			
Over \$500,000 but not over \$1,000	0,000 \$100,00	0 plus 15% of the exc	ess over \$500,000		
Over \$1,000,000 but not over \$1,5	00,000 \$175,00	0 plus 10% of the exc	ess over \$1,000,000.		:
Over \$1,500,000 but not over \$17,	000,000 \$225,00	0 plus 5% of the exce	ss over \$1,500,000.		
Over \$17,000,000	\$1,000,0	000.			:
				44 446	
g Grassroots nontaxable amount (en	•			41,445.	
h Subtract line 1g from line 1a. If zer	•				
i Subtract line 1f from line 1c. If zero	· ·			<u> </u>	
j If there is an amount other than ze		line 11, did the organiza	ation file Form 4/20	Г	Yes No
reporting section 4911 tax for this		eraging Period Under	Section 501(h)		Tes NO
(Some organiz			o do not have to comp	lete all of the five	
			s 2a through 2f on pa		
- · · · · · · · · · · · · · · · · · · ·	Lobbying Exper	nditures During 4-Yea	ar Averaging Period		
Colondorycon					
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2a Labbung pantayable amount	162,718.	152,451.	165,329.	165,780.	646,278.
Lobbying nontaxable amount b Lobbying ceiling amount	102,7100	132,1320	100,0101	200,7000	010,
(150% of line 2a, column(e))					969,417.
(vee/e et ante au, estatuni(e))					
c Total lobbying expenditures	16,600.	22,086.	5,025.	20,185.	63,896.
			-		
d Grassroots nontaxable amount	40,680.	38,113.	41,332.	41,445.	161,570.
e Grassroots ceiling amount					040 05-
(150% of line 2d, column (e))					242,355.
	_	^		^	
f Grassroots lobbying expenditures	0.	0.	0.	0.	

Schedule C (Form 990 or 990-EZ) 2011

Schedule C (Form 990 or 990 EZ) 2011 SOUTHWEST RESEARCH & INFORMATION CENTER 23-7159949 Page 3

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

For e	ach "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description	((a))
of th	e lobbying activity.	Yes	No	Amo	ount
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:				
b	Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?				
е	Mailings to members, legislators, or the public? Publications, or published or broadcast statements?				
g	Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	Other activities? Total. Add lines 1c through 1i				
b	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? If "Yes," enter the amount of any tax incurred under section 4912 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? t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(4).	on 501(c)(5), or se	ection	
	501(c)(6).			Yes	No
1 2	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less?		1 2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?		3		
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."				e 3, is
1 2	Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures).	cal	1		
а	expenses for which the section 527(f) tax was paid). Current year		2a		
	Carryover from last year		2b		
3 4	Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex-	cess	2c 3		
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and expenditure next year?	oolitical	4		
5	Taxable amount of lobbying and political expenditures (see instructions)		5		
	t V Supplemental Information Determine the part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part for any additional information.	art II-A; and	Part II-B, lıı	ne 1. Also, o	complete

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047 Inspection

Name of the organization Employer identification number SOUTHWEST RESEARCH & INFORMATION CENTER 23-7159949 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) Aggregate grants from (dunng year) Aggregate value at end of year 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? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 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 2b **b** Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year > \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) Yes and section 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in 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) 2011

		ST RESEARC						23-71			
Pa	rt III Organizations Maintaining C	collections of A	rt, His	torical Tr	easures,	or Oth	er Simi	lar Asse	ts (cont	inued)	
3	Using the organization's acquisition, accessi	on, and other recor	ds, checl	k any of the	following that	at are a s	ignifican	t use of its	collectio	n item	s
	(check all that apply):										
а	Public exhibition	(hange progr	ams					
b	Scholarly research	•	السا e	Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	·		-	_			ose in Par	t XIV.		
5	During the year, did the organization solicit of					ner sımıla	r assets		٦	_	7
Da	to be sold to raise funds rather than to be m								_ Yes		<u>No</u>
Pai	rt IV Escrow and Custodial Arran		lete if the	organizatio	n answered	"Yes" to	Form 99	0, Part IV,	line 9, or		
	reported an amount on Form 990, Pa		-1								
та	Is the organization an agent, trustee, custod	an or other interme	diary for	contribution	is or other as	ssets not	included	, L-	٦٧		No
	on Form 990, Part X?		-11	4-1-1					」Yes] NO
D	If "Yes," explain the arrangement in Part XIV	and complete the f	ollowing	table:				1	A		
_	Regioning belonce						40		Amoun		
Q.	Beginning balance Additions during the year						1c 1d				
d e	Distributions during the year						1e				
f	Ending balance			•	•		1f				
	Did the organization include an amount on F	orm 990 Part Y line	212					<u>. </u>	Yes	$\overline{}$	No
	If "Yes," explain the arrangement in Part XIV		, 21:						_ 103		- 110
Pai			nswered	"Yes" to Fo	rm 990. Part	IV. line 1	10.				
	•	(a) Current year		rior year	(c) Two yea			years back	(e) Four	years	back
1a	Beginning of year balance	(-,	(=,-	,	, , ,		\-/	•	ζ-,		
b	Contributions										
c	Net investment earnings, gains, and losses										Í
d	Grants or scholarships										i
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										***************************************
2	Provide the estimated percentage of the cur	rent year end balan	ce (line 1	g, column (a	a)) held as:						
а	Board designated or quasi-endowment		<u>%</u>								
b	Permanent endowment	%									
C	Temporanly restricted endowment ▶	%									
	The percentages in lines 2a, 2b, and 2c shou	ıld equal 100%.									
3a	Are there endowment funds not in the posse	ssion of the organiz	ation tha	at are held a	nd administe	ered for t	he organ	ızatıon			
	by:									Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations								3a(ii)		
b	If "Yes" to 3a(ii), are the related organizations	•							3b		
4	Describe in Part XIV the intended uses of the										
Pal	t VI Land, Buildings, and Equipm							. T			
	Description of property	(a) Cost or o			or other	` '	ccumulat preciation		(d) Bool	k value	9
		basis (invest	846.	Dasis	(other)	ue	preciatio	<u>'</u>		5,8	46
	Land		500.				63,6	75		$\frac{3}{8}, 8$	
	Buildings	144,	200.				03,0	, , , , ,		0,0	<u> </u>
C	Leasehold improvements	20	767.				89,2	27		_ <u>_</u>	40.
đ	Equipment		379.				09,2	. 4 / •	1	$\frac{3}{2,3}$	
	Other	, '		nn (P) line 1	10(c) 1					$\frac{2}{7}, \frac{3}{5}$	
ıota	. Add lines 1a through 1e. (Column (d) must e	quai ruiii 990, Par	A, COIUII	(<i>D),</i> III.E 1	<u>ν(υ/)</u> .	 		Cabadula	D (Farm	· , 5	2044

Schedule D (Form 990) 2011

	RESEARCH & INF		ENTER 23	-7159949	Page 3
Part VII Investments - Other Securities. S	ee Form 990, Part X, line 12	2.			
(a) Description of security or category (including name of security)	(b) Book value	Co	(c) Method of value est or end-of-year man		
(1) Financial derivatives					
(2) Closely-held equity interests					
(3) Other					
(A) ENDOWMENT INVESTMENT					
(B) ACCOUNT	28,442.	COST			
(C) INVESTMENT	53,352.	COST			
(D)					
(E)			·		
(F)					
(G)					
(H)					
(1)		_			
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.)	81,794.				
Part VIII Investments - Program Related.	See Form 990, Part X, line 1	3.	•		
(a) Description of investment type	(b) Book value	Co	(c) Method of value est or end-of-year mai		
(1)					
(2)		_			
(3)	-				
(4)					
(5)					
(6)					
(7)					
(8)	-				
(9)					
(10)					
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.)					
Part IX Other Assets. See Form 990, Part X, Inc.	e 15.				
) Description			(b) Book va	lue
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					-
(9)					
(10)					
Total. (Column (b) must equal Form 990, Part X, col (B) lir	ne 15.)	_			-
Part X Other Liabilities. See Form 990, Part X					
1. (a) Description of liability		(b) Book value			
(1) Federal income taxes			1		
(2)			1		
(3)			1		
(4)			1		
(5)			1		
(6)	1		1		
(7)		_	1		
(8)			1		
(9)			1		
(10)			1		
(11)			1		
	ne 25.)		1		
Total. (Column (b) must equal Form 990, Part X, col (B) III FIN 48 (ASC 740) FOOTBOOTH IN PART XIV, provide the text of the footboote FIN 48 (ASC 740)	to the organization's financial staten	nents that reports the organ	itzation's itability for uncerta	in tax positions under	
132053			Sch	edule D (Form 9	90) 2011
01-23-12			GCII		,

	tule D (Form 990) 2011 SOUTHWEST RESEARCH & INFORM					7159949	Page 4
Par		Addited	rmanc		- IIIeiii		202
1	Total revenue (Form 990, Part VIII, column (A), line 12)		· -	1 -		1,031	,401.
2	Total expenses (Form 990, Part IX, column (A), line 25)		· ·	2			
3	Excess or (deficit) for the year. Subtract line 2 from line 1			3		126	,991.
4	Net unrealized gains (losses) on investments	•	- }	4	···		
5	Donated services and use of facilities		-	5			
6	Investment expenses		··· }	6			
7	Prior period adjustments		- }	7			
8	Other (Describe in Part XIV.)	•	-	8			
9	Total adjustments (net). Add lines 4 through 8		· ·	9		126	,991.
10 Par	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and EXII Reconciliation of Revenue per Audited Financial Statements.		Reven	10 ue per R	eturn	1	
1	Total revenue, gains, and other support per audited financial statements				1	1,094	,410.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				1.54 3.56 3		
а	Net unrealized gains on investments	2a					
b	Donated services and use of facilities	2b			€€ , 16'5'u		
С	Recovenes of pnor year grants	2c			- N. V. (2)		
d	Other (Describe in Part XIV.)	2d	6:	3,018.			
е	Add lines 2a through 2d				2e	63	<u>,018.</u>
3	Subtract line 2e from line 1				3	1,031	<u>,392.</u>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:						
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			£ 2-4 -4 *		
b	Other (Describe in Part XIV.)	4b					_
C	Add lines 4a and 4b				4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)				_5	1,031	<u>,392.</u>
Pai	t XIII Reconciliation of Expenses per Audited Financial Stateme	ents With	Expe	nses per	Retu		440
1	Total expenses and losses per audited financial statements				1	967	,419.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:						
а	Donated services and use of facilities .	2a			m g ,		
b	Prior year adjustments	2b			3 .4		
С	Other losses	2c	<u> </u>	010	5 :		
d	Other (Describe in Part XIV.)	2d	6.	3,018.	3" 711-4" - "	60	010
е	Add lines 2a through 2d	•			2e	004	<u>,018.</u>
3	Subtract line 2e from line 1		-		3	904	,401.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1.1			70#		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			len, s		
Ь	Other (Describe in Part XIV)	4b					0.
С	Add lines 4a and 4b		• •		4c	904	,401.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) t XIV Supplemental Information				5	. 304	,401.
		L lman 10 or	ad 4: Day	t IV Japon 1	b and f	Ob. Bort V. Iso	4. Port
	Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.						
						 	
DAI	T XI, LINE 8 - OTHER ADJUSTMENTS:						
FAI	I AI, HINE O OTHER ADDODIMENTS.					· <u>-</u>	
ROU	NDING ERROR						
PAI	T XII - LINE 2D - DIRECT RENT EXPENSE (63)	1) PAR	T XI	I - LI	NE :	2D -	
ADI	INISTRATIVE FEES (49,071) PART XII - LINE	2D -	FUND	-RAISI	NG (COSTS	
(13	,316) PART XIII - LINE 2D - DIRECT RENT EX	XPENSE	(63	1) PAR	T X	III - L	INE
<u>2D</u>	- ADMINISTRATIVE FEES (49,071) PART XIII -	- LINE	2D	- FUNI	-RA	ISING C	OSTS
(1	3,316)	<u> </u>			Sobor	lule D (Form 9	200) 2011
					JUILED	IGIE D (FUIII) (,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,

132054 01-23-12

SCHEDULE G

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No 1545-0047

Name of the organization SOUTHWE	ST RESEARCH & INFO	RMA'	ΓΙΟ	N CENTER		Employer idei 23- <u>7159</u>	949
Part I Fundraising Activities required to complete this par	- Complete if the organization answert.	ered "Y	es" to	Form 990, Part IV,	line 17	. Form 990-EZ	filers are not
Indicate whether the organization rais	e Solicitat f Solicitat g Special or oral agreement with any individual Part VII) or entity in connection with p ividuals or entities (fundraisers) pursi	tion of r tion of g fundrai (includ rofessi	non-g gover Ising o ling o onal f	overnment grants nment grants events fficers, directors, tru undraising services?	stees (Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) I fundra have cu or cont contribu	stody rol of	(iv) Gross receipts from activity	to (or	mount paid retained by) indraiser ed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
					ļ		
					ļ 		
Fotal 3 List all states in which the organization	on in registered or licensed to solicity	contribu	▶	or has been notified	d it is a	evernot from re	egistration
or licensing.	on is registered or licensed to solicit to	CONTINUE	ulions	- Thas been notined	u II IS 6		
							
		_					
			-		-		
HA Panerwork Reduction Act Notice.	see the Instructions for Form 990	or 990	-EZ.		S	chedule G (Forr	n 990 or 990-EZ) 2011

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

		9304049 /43900 300		31	ar cramer 12	7150040
Sch	edu I rt		ne organization answered	"Yes" to Form 990, Par	t IV, line 18, or reported	more than \$15,000
		of fundraising event contributions and gr	(a) Event #1 SPORTING	(b) Event #2	events with gross recei (c) Other events NONE	(d) Total events (add col. (a) through
Ф			(GOLF & BANQ (event type)	(event type)	(total number)	- col. (c))
Revenue	1	Gross receipts	16,895.			16,895.
	2	Less: Charitable contributions				
	3	Gross income (line 1 minus line 2)	16,895.			16,895.
	4	Cash pnzes			 	
ses	5	Noncash prizes				
Expen	6	Rent/facility costs	3,940.			3,940.
Direct Expenses	7	Food and beverages	9,063.			9,063.
	8 9 10	Entertainment Other direct expenses Direct expense summary. Add lines 4 throug	313. h 9 in column (d)		•	313. (13,316)
Pa				990, Part IV, line 19, or i	reported more than	3,579.
Revenue		\$15,000 on Form 990-EZ, line 6a.	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Reve	1	Gross revenue			-	
Ses	2	Cash prizes				
Expenses	3	Noncash prizes			· · · · · · · · · · · · · · · · · · ·	
Direct	4	Rent/facility costs				
	5	Other direct expenses			T ly	en cens
	6	Volunteer labor	Yes % No	Yes% No	Yes % No	1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 /
	7	Direct expense summary. Add lines 2 throug	h 5 ın column (d)	•	•	()
	8	Net gaming income summary. Combine line	1, column d, and line 7			<u> </u>
а	ls t	ter the state(s) in which the organization opera the organization licensed to operate gaming at No," explain:	ctivities in each of these s	states?		Yes No
10-	We	ere any of the organization's gaming licenses r	evoked, suspended or te	minated during the tax	year?	Yes No

Schedule G (Form 990 or 990-EZ) 2011

132082 01-23-12

Sch	nedule G (Form 990 or 990-EZ) 2011 SOUTHWEST RESEARCH & INFORMATION CENTER 23-7	159949	Page 3
11		Yes	□ No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes Yes	L∐ No
13	Indicate the percentage of gaming activity operated in:		
ē	The organization's facility	13a	%
t	An outside facility	13b	<u>%</u>
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name ►		
	Address		
152	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
t	of "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
_	of gaming revenue retained by the third party \$		
	of "Yes," enter name and address of the third party:		
	Name		
	Address ►		
16	Gaming manager information:		
	Name ►		
	Gaming manager compensation ▶ \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	☐ Yes	☐ No
Ł	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
	organization's own exempt activities during the tax year > \$	-	
Pa	Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii)		
	lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information	າ (see instruc	ctions)
		<u> </u>	
_			

29304049

SCHEDULE			Grants and	Grants and Other Assistance to Organizations.	to Organizations			OMB No 1545-0047	0047
			Governments	Governments, and Individuals in the United States	in the United Stat	. es			
Department of the Treasury Internal Revenue Service		Complete	ete if the organizatio	if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990.	to Form 990, Par n 990.	t IV, line 21 or 22.		Opentopublication	Dlic
Vame of the organization	SOUTHWEST	RESEARCH	& INFORMATION	ION CENTER	<u>د</u>			Employer identification number 23-7159949	number 949
Part W. General Inf	General Information on Grants and Assistance	Assistance		:					
1 Does the organiza	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	ubstantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or ass	stance, and the select		
critena used to av	criteria used to award the grants or assistance?	nce?	30 000	south of the state of	0,40			X Yes	<u>\$</u>
Z Describe in Part in	V the organization s proced	dures for mornic	Oring the use of grant	Unids in the United	omplete if the organia	Vª beganning acitezia	guile use of grant furitions in the United States. Againstians in the United States Complete if the organization answered "Yes" to Form 000 Bart IV line 21 for any	Wine 21 for any	
recipient the	recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed	700. Check this	box if no one recipier	t received more th	an \$5,000. Part II	can be duplicated if a	ddrional space is need	ded	
1 (a) Name and add	1 (a) Name and address of organization or government	(p) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	<u>_</u>
HEALTH SECURITY FOR NEW MEXICANS CAMPAIGN - PO BOX 2606 - CORRALE: NM 87048	OR NEW MEXICANS 2606 - CORRALES,			8,856.	0			PROJECT SUPPORT	
TITAGE TIME									
1028 ANN SW									
ALBUQUERQUE, NM 87105	7105			48,925.	0.			PROJECT SUPPORT	
								,	
2 Enter total numbe	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	government or	ganizations listed in th	le line 1 table				•	0
3 Enter total number	Enter total number of other organizations listed in the line 1 table	sted in the line	f table					•	2.
LHA For Paperwork	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	e the Instructi	ions for Form 990.					Schedule I (Form 990) (2011)) (2011)

29304049

Page 2 (f) Description of non-cash assistance 23-7159949 (e) Method of valuation (book, FMV, appraisal, other) Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed BUDGET ARE REVIEWED AND APPROVED BEFORE ANY FUNDS ARE DISBURSED. REPORTING क्रवितिक्षित्रं Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. SCHEDULE I, PART I, LINE 2: SUBMITTED PROPOSED PROJECT. SCOPE OF WORK AND FROM RECIPIENTS IS REVIEWED TO CONFIRM SCOPE OF WORK PERFORMED AND FUNDS (d) Amount of non-cash assistance SOUTHWEST RESEARCH & INFORMATION CENTER (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance PROPERLY EXPENDED Schedule I (Form 990) (2011) Part III

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2011
Open to Public Inspection

Internal Revenue Service	Attach to Form 990 or 990-E2.	mapecaon
Name of the organization	SOUTHWEST RESEARCH & INFORMATION CENTER	Employer identification number 23-7159949
FORM 990, PA	RT I, LINE 1, DESCRIPTION OF ORGANIZATION MIS	SION:
(CONTINUED)	JRANIUM IMPACT ASSESSMENT, AND NUCLEAR SAFETY	AND
ENVIRONMENTA	L EDUCATION AND INFORMATION TO THE PUBLIC.	
FORM 990, PA	RT III, LINE 4D, OTHER PROGRAM SERVICES:	
PROVIDE INFO	RMATION TO COMMUNITY MEMBERS ON NUMEROUS HEAL	TH &
ENVIRONMENTA	TOPICS	
EXPENSES \$ 2	53,612. INCLUDING GRANTS OF \$ 57,781. REV	ENUE \$ 355,608.
FORM 990, PA	RT VI, SECTION A, LINE 8B: THERE IS NO COMMIT	TEE WITH
AUTHORITY TO	ACT FOR THE BOARD.	
FORM 990, PA	RT VI, SECTION B, LINE 11: THE TREASURER ON B	EHALF OF THE
BOARD REVIEW	S FORM 990 BEFORE FILING.	
FORM 990, PA	RT VI, SECTION B, LINE 12C: MONITOR AND ENFOR	CE THROUGH
DISCLOSURE A	ND BOARD DISCUSSION.	
FORM 990, PA	RT VI, SECTION B, LINE 15A: COMPENSATION SET	BY BOARD, WITH
SALARY LEVEL	BELOW USUAL AND CUSTOMARY LEVELS, THEREFORE	NO OUTSIDE PARTIES
CONSULTED.		
FORM 990, PA	RT VI, SECTION C, LINE 19: UPON REQUEST	