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Department of the Treasury Internal Revenue Service

A For the 2012 calendar year, or tax year beginning

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)

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

and ending

OMB No 1545-0047

Open to Public Inspection

| В | Check if applicat | C Name of organization EXTENSION ATTACHED | D Employer identific | cation number |
|-------------------------|-------------------|---|-----------------------------|-------------------------------|
| | Addr | | | |
| <u> </u> | Name Chan | e I Doing Business As | 23-7 | 159949 |
| | Initia returi | Number and street (or P.O. box if mail is not delivered to street address) Room/s | | |
| 5 [| Term ated | POST OFFICE BOX 4524 | 505- | 262-1862 |
| Lyg [| Amer | City, town, or post office, state, and ZIP code | G Gross receipts \$ | 883,350. |
| | Appli | ADBOQUERQUE, NM 8/130-4324 | H(a) Is this a group re | eturn |
|) | pend | F Name and address of principal officer:DON HANCOCK | for affiliates? | Yes X No |
| } _ | | SAME AS C ABOVE | H(b) Are all affiliates inc | luded? Yes No |
| | | | 527 If "No," attach a | list. (see instructions) |
| | | te: ► WWW.SRIC.ORG | H(c) Group exemptio | |
| _ | | | ear of formation: 1971 N | N State of legal domicile: NM |
| § [F | art I | Summary | | |
| ģ | 1 | Briefly describe the organization's mission or most significant activities: SRIC PRO | VIDES TECHNIC | AL |
| Activities & Governance | | ASSISTANCE TO COMMUNITIES ON ENERGY AND NATU | | |
| er. | 2 | Check this box if the organization discontinued its operations or disposed of n | 1 1 | |
| Ĝ | 3 | Number of voting members of the governing body (Part VI, line 1a) | 3 | <u>9</u> |
| 9 | 4 | Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 9 |
| Ţ. | 5 | Total number of individuals employed in calendar year 2012 (Part V, line 2a) | 5 | 5 |
| į | 6 | Total number of volunteers (estimate if necessary) | 6 | $\frac{3}{122}$ |
| Ă | | Total unrelated business revenue from Part VIII, column (C), line 12 | 7a 7b | 0. |
| _ | | Net unrelated business taxable income from Form 990-T, line 34 | Prior Year | Current Year |
| SCANNED | 8 | Contributions and grants (Part VIII, line 1h) | 955,452. | 757,643. |
| | 9 | Program service revenue (Part VIII, line 2g) | 69,028. | 85,241. |
| \$ | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 791. | 3,843. |
| ĬĪ ª | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 6,121. | 13,985. |
| \Box | 12 | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 1,031,392. | 860,712. |
| VOV | | Grants and similar amounts paid (Part IX, column (A), lines 1:3) | 60,960. | 47,357. |
| \geq | 14 | Benefits paid to or for members (Part IX, column (A), line 4) CCIVED | 0. | 0. |
| 0 4 2013 | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 279,365. | 341,722. |
| 4 4 | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | 0. | 0. |
| 5/073 | ь | Total fundraising expenses (Part IX, column (D), line 25) LT 2 I ZÜIS 187. | | |
| ದ 🏻 | 1 '' | Other expenses (Part IX, column (A), lines 11a-11d; 11(24e) | 564,076. | 564,560. |
| | 18 | Total expenses. Add lines 13-17 (must equal Part IX, column (A) Tine 25) | 904,401. | 953,639. |
| | 19 | Revenue less expenses. Subtract line 18 from line 12 | 126,991. | <92,927. |
| ts or | S | | Beginning of Current Year | End of Year |
| Sette | 20 | Total assets (Part X, line 16) | 640,807. | 552,469. |
| Net Asset | 21 | Total liabilities (Part X, line 26) | 37,993. | 42,582. |
| 2 | 22 | Net assets or fund balances Subtract line 21 from line 20 | 602,814. | 509,887. |
| | art II | | | |
| | | lities of perjury, I declare that I have examined this return, including accompanying schedules and sta | | y knowledge and belief, it is |
| tru | e, corre | t, and complete. Declaration of preparer (other than officer) is based on all information of which prep | | |
| ٠. | | Signature of officer | Oct. 16 | 1013 |
| Sig | | DON HANCOCK, ADMINISTRATOR | Date | |
| He | re | Type or print name and title | | |
| _ | | | Date Check | TI PTIN |
| Pa | id | Print/Type preparer's name LAWRENCE TAUS Preparer's standard | 1/0c T / 3 # - | |
| | parer | Firm's name LAWRENCE TAUB COUNSELLOR AT LAW PC | self-employe | 85-0352005 |
| | e Only | Firm's address 1447 SEVILLE ROAD | T I I I I I I I I | |
| | , | SANTA FE, NEW MEXICO 87505-4647 | Phone no. | |
| Ms | v the I | RS discuss this return with the preparer shown above? (see instructions) | 1 1101101101 | X Yes No |
| IVIC | , u 10 1 | to disease the return with the preparet shown above; (see institutions) | | F 990 (2012) |

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| Form | 990 (2012) SOUTHWEST RESEARCH & INFORMATION CENTER 23-7159949 Page 2 |
|-----------|--|
| Pa | t III Statement of Program Service Accomplishments |
| | Check if Schedule O contains a response to any question in this Part III |
| 1 | Briefly 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. |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program services? |
| | If "Yes," describe these changes on Schedule O. |
| 4 | Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. |
| | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and |
| | revenue, if any, for each program service reported. |
| 4a | (Code) (Expenses \$ 151,833. including grants of \$) (Revenue \$ 58,756.) |
| | 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 \$ 279,174. including grants of \$) (Revenue \$ 26,163.) |
| | THE URANIUM IMPACT ASSESSMENT PROGRAM PROVIDES MULTI-FACETED ASSISTANCE |
| | TO COMMUNITIES IMPACTED BY URANIUM DEVELOPMENT. A MAJOR EMPHASIS IS THE |
| | NAVAJO BIRTH COHORT STUDY, A COLLABORATIVE STUDY TO BETTER UNDERSTAND |
| | THE RELATIONSHIP BETWEEN URANIUM EXPOSURES AND BIRTH OUTCOMES AND EARLY |
| | DEVELOPMENTAL DELAYS ON THE NAVAJO NATION. THE COLLABORATIVE INCLUDES |
| | SRIC, UNIVERSITY OF NEW MEXICO COMMUNITY ENVIRONMENTAL HEALTH PROGRAM, |
| | NAVAJO AREA INDIAN HEALTH SERVICE, NAVAJO NATION DIVISION OF HEALTH, |
| | AND CENTERS FOR DISEASE CONTROL AND PREVENTION AGENCY FOR TOXIC |
| | SUBSTANCES AND DISEASE REGISTRY. |
| | |
| | |
| | |
| 4c | (Code) (Expenses \$ 133,908. including grants of \$) (Revenue \$ 100.) |
| | THE NUCLEAR WATCH OF 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. THOUSAND OF PEOPLE VISIT THE WEBSITE, |
| | WWW.NUKEWATCH.ORG, WHICH PROVIDES EXTENSIVE INFORMATION ABOUT NUCLEAR |
| | ISSUES. |
| | 100000. |
| | |
| | |
| | |
| 4.4 | Other was a March of School de O |
| 4d | Other program services (Describe in Schedule O) (Expenses \$ 328,002 • including grants of \$ 47,357 •) (Revenue \$ 222) |
| 4- | (expenses 5 320 / 0 22 including grants of 5 |
| <u>4e</u> | Total program service expenses ► 892,917. |

Form 990 (2012) SOUTHWEST RESEARCH & INFORMATION CENTER
Part IV Checklist of Required Schedules

| | | | res | 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 | 4 | x | |
| _ | during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or | - | | |
| 5 | similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | 5 | | Х |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to | | | v |
| | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | <u> </u> |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | _ | | X |
| _ | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | 21 |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III | 8 | | х |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for | Ŭ | | |
| 9 | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? | | | |
| | If "Yes," complete Schedule D, Part IV | 9 | | X |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent | | | |
| | endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | | X |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X | | | |
| | as applicable. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, | | х | |
| _ | Part VI | 11a | Λ | |
| D | Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | х | |
| | Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total | | | |
| · | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | Х |
| 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 | | Х |
| 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 | 12a | х | |
| . | Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year? | 128 | | |
| U | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | х |
| 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 | | X |
| | 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 | | X_ |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization | | | _V |
| 40 | or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV | 15 | | X |
| 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 | | х |
| 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 | L | Х |
| 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 | Х | L |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," | | | ۱., |
| | complete Schedule G, Part III | 19 | ├— | 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 Form | 990 | (2012) |
| | | 1 0111 | , | _ ~ (_) |

| | | | res | NO |
|-----|--|------------------|---------------|--|
| 21 | Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | х | |
| 22 | Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, | | - | <u> </u> |
| ~~ | column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | Х | |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current | | | |
| | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete | | | |
| | Schedule J | 23 | | X |
| 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 | | | ٠,, |
| | Schedule K If "No", go to line 25 | 24a | | X |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| С | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease | | | |
| | any tax-exempt bonds? | 24c | | <u> </u> |
| | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | ├ |
| 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 | OF. | | x |
| | Schedule L, Part I | 25b | | - ^ |
| 26 | Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified | 26 | | х |
| 07 | person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II | 20 | | |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member | | | |
| | of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | х |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV | | | |
| 20 | instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| а | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a | - | х |
| | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28b | | Х |
| | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, | | | |
| _ | director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | 28c | | X |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | X |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | | | |
| | contributions? If "Yes," complete Schedule M | 30 | | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? | | | l |
| | If "Yes," complete Schedule N, Part I | 31 | | X |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete | | | |
| | Schedule N, Part II | 32 | | X |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | | ,, |
| | sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I | 33 | | <u> </u> |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and | | | ₩ |
| | Part V, line 1 | 34 | | X |
| | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | |
| b | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity | ٥٢٢ | | |
| | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? | 20 | | x |
| 07 | If "Yes," complete Schedule R, Part V, line 2 | 36 | | |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | 37 | | x |
| 20 | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? | - " - | | - |
| 38 | Note. All Form 990 filers are required to complete Schedule O | 38 | x | |
| | Moter Air I on 1 000 mers are required to complete contouring | | | (2012) |
| | | | | |

24 28404146 743960 28404146 23-7159949 SOUTHWEST RESEARCH & INFORMATION CENTER Form 990 (2012) Page 5 Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V Yes No 27 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a O 1b b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming X (gambling) winnings to prize winners? 1c 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a X b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) X 3a 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a X financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a **b** If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts. X 5a 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? X 5b b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 5с 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit X any contributions that were not tax deductible as charitable contributions? 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts X **6b** Organizations that may receive deductible contributions under section 170(c). X a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7b b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required X to file Form 8282? 7c 7d d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e 7f f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? 9a b Did the organization make a distribution to a donor, donor advisor, or related person? 9b Section 501(c)(7) organizations. Enter: 10a a Initiation fees and capital contributions included on Part VIII, line 12 10b b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders 11a b Gross income from other sources (Do not net amounts due or paid to other sources against 11b 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? 12a 12b 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.

c Enter the amount of reserves on hand

Did the organization receive any paym

organization is licensed to issue qualified health plans

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

a Is the organization licensed to issue qualified health plans in more than one state?

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

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

13b | 13c | 14a | X | 14b | 14b | 15c | 14b | 15c | 15

13a

Form 990 (2012)

| | • | • | _ | • | _ | _ | _ | _ | - |
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| | | | | | | | | | |

SOUTHWEST RESEARCH & INFORMATION CENTER

23-7159949

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Form 990 (2012) Part VI | Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

| | Check if Schedule O contains a response to any question in this Part VI | | | X |
|-----|--|---------------|-------|----|
| Sec | tion A. Governing Body and Management | | | |
| | | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year 9 | | | |
| | If there are material differences in voting rights among members of the governing body, or if the governing | | | |
| | body delegated broad authority to an executive committee or similar committee, explain in Schedule O. | | | |
| b | Enter the number of voting members included in line 1a, above, who are independent 1b 9 | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other | | | |
| | officer, director, trustee, or key employee? | 2 | | X |
| 3 | Did the organization delegate control over management duties customanly performed by or under the direct supervision | | | |
| | 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 | | Х |
| 6 | Did the organization have members or stockholders? | 6 | | Х |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or | | | |
| | more members of the governing body? | 7a | | X |
| ь | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or | | | |
| | 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 |
| D | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, | 40. | | |
| 44- | and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | Х | |
| | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | | |
| | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | 40- | Х | |
| 12a | 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? | 12a 12b | X | |
| | | 120 | | - |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done | 12c | х | |
| 13 | Did the organization have a written whistleblower policy? | 13 | X | |
| 14 | Did the organization have a written whisheblower policy? | 14 | X | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent | - | | |
| | persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | |
| а | The organization's CEO, Executive Director, or top management official | 15a | х | |
| b | Other officers or key employees of the organization | 15b | | X |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | | | - |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a | | | |
| | taxable entity during the year? | 16a | | X |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation | | | |
| | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's | | | |
| | exempt status with respect to such arrangements? | 16b | | |
| Sec | tion C. Disclosure | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed ►NM | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) and 990-T (Section 501(c)(3)s only) are | availab | le | |
| | for public inspection. Indicate how you made these available. Check all that apply. | | | |
| | Own website X Another's website X Upon request Other (explain in Schedule O) | | | |
| 19 | Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, an | d fınar | ncial | |
| | statements available to the public during the tax year | | | |
| 20 | State the name, physical address, and telephone number of the person who possesses the books and records of the organiza | tion: | | |
| | DON HANCOCK - 505-262-1862 | | | |
| | 105 STANFORD, S.E., ALBUQUERQUE, NM 87106 | | | |

| Form 990 (2012) | | | | INFORMATION | | 23-7159949 | Page | | |
|--|-------------------------|---------------------|------|------------------|-------------|------------|------|--|--|
| Part VII Compensat | ion of Officers, Di | rectors, Trust | ees | , Key Employees, | Highest Cor | npensated | _ | | |
| Employees, and Independent Contractors | | | | | | | | | |
| Chack if School | ula O contains a respon | see to any augetion | ın t | hie Part VII | | | | | |

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

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

| Nours per Nours for related Nour per No | Check this box if neither the organia (A) | (B) | | | (6 | C) | | | (D) | (E) | (F) |
|--|---|----------|--|-------------------------------|----------|----------|------------------|---------|----------|-------------|---------------|
| Nours per week Nours per week List any hours for related organizations Nours for form the organizations Nours for form felated organizations Nours for felated organiza | Name and Title | 1 | (do | POSITI do not check m | | | than | one | 1 | • | Estimated |
| (list any hours for related organizations below line) 1.00 2 2 2 2 2 2 2 2 2 | | • | box | box, unless person is both an | | | | n an | • | | |
| 1.00 | | | ă | | Ι | Π | Γ | Ė | | | |
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| 1.00 | | | te or | ustee | ĺ | İ | ensati | İ | | , | organization |
| 1.00 | | | al frus | naltr | | loyee | gmos e | | | | and related |
| 1.00 X | | | divide | strutic | Tiger | i iii a | ighest aploye | Jamer . | | | organizations |
| (2) MANUEL PINO | (1) ESTHER YAZZIE-LEWIS | | <u> </u> | <u> </u> | 2 | Ť | = = | T. | | | |
| Director/President | DIRECTOR | | X | | | | | | 0. | 0. | 0 |
| 1.00 X | (2) MANUEL PINO | 1.00 | Ī., | | | | | | | | |
| Director X | DIRECTOR/PRESIDENT | | X | | X | | | | 0. | 0. | 0 |
| (4) SANDRA SIMONS-AILES 1.00 DIRECTOR/SEC & TREAS X X 0. 0. (5) SYLVIA LEDESMA 1.00 X 0. 0. DIRECTOR X X 0. 0. (6) ROBERT NOFCHISSEY 1.00 X 0. 0. DIRECTOR/V.P. X X 0. 0. (7) JUDITH ESPINOSA 1.00 X 0. 0. DIRECTOR X 0. 0. 0. (8) STEVEN KANIG 1.00 X 0. 0. (9) ANN WATSON 1.00 X 0. 0. | (3) JULIE STEPHENS | 1.00 | | Γ | | | | | | | |
| Director/Sec & Treas | | | X | | | | | | 0. | 0. | 0 |
| 1.00 | | 1.00 |] | | | | | | | _ | |
| Director X | | | X | | X | | Ц. | | 0. | 0. | 0 |
| (6) ROBERT NOFCHISSEY DIRECTOR/V.P. (7) JUDITH ESPINOSA DIRECTOR (8) STEVEN KANIG DIRECTOR (9) ANN WATSON 1.00 X X X 0. 0. 0. 0. 0. 0. 0. | | 1.00 | l | | | l | | | | | |
| DIRECTOR/V.P. | | 1 00 | X | | | <u> </u> | | | <u> </u> | 0. | 0 |
| (7) JUDITH ESPINOSA DIRECTOR (8) STEVEN KANIG DIRECTOR (9) ANN WATSON 1.00 X 0. 0. 0. | | 1.00 | Į., | | ₹. | | | | | 0 | 0 |
| DIRECTOR X 0. 0. (8) STEVEN KANIG 1.00 X 0. 0. (9) ANN WATSON 1.00 V (9) ANN WATSON 1.00 V (9) ANN WATSON 1.00 V (1.00 V V V V V V V (1.00 V V V V V V V V V | | 1 00 | ^ | ├— | ^ | ├ | ├─- | - | <u> </u> | 0. | 0 |
| (8) STEVEN RANIG DIRECTOR (9) ANN WATSON 1.00 0. 0. | | 1.00 | v | | | 1 | ļ., | | 0. | 0 | 0 |
| DIRECTOR 0. 0. (9) ANN WATSON 1.00 V | | 1.00 | | \vdash | \vdash | ╁ | - | _ | | | |
| (9) ANN WATSON 1.00 V | | | X | | ĺ | | | | 0. | 0. | 0 |
| | (9) ANN WATSON | 1.00 | 1.7 | | | 1 | | | | | |
| | DIRECTOR | | X | | | | | | 0. | 0. | 0 |
| | | | | | | | | | | | |
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232007 12-10-12

Form 990 (2012)

| | 990 (201 | | | | | | | | | ATION CENTER | | 994 | <u> </u> | age c |
|----------|------------|--|------------------------|--------------------------------|-----------------------|----------|--------------|------------------------------|--------------|---------------------------------|---------------------|----------|--|--------|
| Par | t VII se | ection A. Officers, Directors, Tru | ıstees, Key Em | ploy | ees | , an | d Hi | ghe | st C | Compensated Employe | es (continued) | | | |
| | | (A) | (B) | | | | C) | | | (D) | (E) | | (F) | |
| | | Name and title | Average | (40 | | Pos | | than | one | Reportable | Reportable | 1 | Estimat | .ed |
| | | | hours per | box | , unte: | ss pe | rson | is bot | h an | compensation | compensation | 6 | amount | |
| | | | week | - | cer an | o a o | irecto | yr/trus | 100) | from | from related | | other | |
| | | | (list any hours for | ecte | | | | | | the | organizations | | mpens | |
| | | | related | 5 | aa | | | sated | | organization (W-2/1099-MISC) | (W-2/1099-MISC) | | from th rganıza | |
| | | | organizations | ustee | trust | | 8 | neu | | (44-2/1099-14113C) | | | nd rela | |
| | | | below | dual t | trona | _ | ploy | st co | <u></u> | | | - 1 | ganızat | |
| | | | line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | | • | |
| | | | | | | | _ | | | | | | | |
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| 46 | 0.4.4-4 | -• | | | | | | Ļ | <u> </u> | 0. | | +- | | 0 |
| | Sub-tot | | //!! C4! A | | | | | | | 0. | 0 | | | 0 |
| | | om continuation sheets to Part \ | VII, Section A | | | | | | | 0. | 0 | | | 0 |
| <u>d</u> | | dd lines 1b and 1c) mber of individuals (including but | not limited to th | | lioto | ad al | hove | ابداه | | <u> </u> | | <u> </u> | | |
| 2 | | sation from the organization | not imited to tr | 1056 | nsie | eu ai | DOV | e) wi | 10 11 | eceived more man proc | ,,000 of Teportable | | | (|
| | compen | sation norm the organization | | | | | | | | - | | | Yes | No |
| 3 | Did the | organization list any former office | r. director, or tru | ıste | e. ke | v er | olan | vee | . or | highest compensated e | mplovee on | | _ | \top |
| | | If "Yes," complete Schedule J for | | | - , | , - | | , | , | | ,, | 3 | | X |
| 4 | | ndividual listed on line 1a, is the | | | ompe | ensa | atior | n and | d ot | her compensation from | the organization | | | |
| | - | ted organizations greater than \$1 | ' - | | | | | | | | J | 4 | | X |
| 5 | | person listed on line 1a receive oi | | | | | | | | | idual for services | | | |
| | rendered | to the organization? If "Yes," co. | mplete Schedul | e J f | or su | uch | pers | оп | | | | 5 | | X |
| Sec | tion B. In | dependent Contractors | | | | | | | | | | | | |
| 1 | | e this table for your five highest o | | | | | | | | | | nsatior | 1 from | |
| | the orga | nization. Report compensation fo | r the calendar y | ear (| endı | ng v | vith | or w | <u>ıthır</u> | | year. | | | |
| | | (A) Name and busines | es address | NIC | ONE | , | | | | (B) Description of s | services | | (C) ensatio | on |
| | _ | Name and been rec | | 14/ | 7141 | | | | ᆉ | 2000 | | | | |
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| | | | | | | | | | | | 1 | | | |
| 2 | Total nu | mber of independent contractors | (including but n | ot lu | mite | d to | tho | se li | stec | d above) who received n | nore than | | | |
| | | 0 of compensation from the organ | | | | | (| 0_ | | | | | | |
| | | | | | | | | | | | | Forr | n 990 | (2012 |

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23-7159949 SOUTHWEST RESEARCH & INFORMATION CENTER Page 9 Form 990 (2012) Part VIII Statement of Revenue Check if Schedule O contains a response to any question in this Part VIII Revenue excluded from tax under sections 512, 513, or 514 (C) Unrelated Related or Total revenue exempt function business revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1b b Membership dues c Fundraising events 1c 1d d Related organizations e Government grants (contributions) 1e # All other contributions, gifts, grants, and 757,643 similar amounts not included above g Noncash contributions included in lines 1a-1f \$ 757,643 h Total. Add lines 1a-1f Business Code 85,018 541900 85,018 2 a CONSULTING FEES Program Service Revenue 223 223 PUBLISHING, SALES, PRINT 511120 All other program service revenue 85,241 Total. Add lines 2a-2f Investment income (including dividends, interest, and 3,843. 3,843 other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (II) Personal (i) Real 1,575. 6 a Gross rents 473. b Less: rental expenses 1,102. c Rental income or (loss) 1,102. 1,102 d Net rental income or (loss) (II) Other 7 a Gross amount from sales of (i) Securities 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 34,926 Part IV, line 18 22,165. b Less: direct expenses 12,761 12,761. 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 Net income or (loss) from sales of inventory **Business Code** Miscellaneous Revenue 561439 122 122 UNRELATED BUSINESS INC 11 a b d All other revenue 122 e Total. Add lines 11a-11d 122. 17,706. 860,712. 85,241. Total revenue. See instructions. Form 990 (2012) 232009 12-10-12

SOUTHWEST RESEARCH & INFORMATION CENTER

23-7159949 Page 10

Form 990 (2012) SOUTHWEST RESIDENT IX Statement of Functional Expenses

| | Check if Schedule O contains a respons | | s Part IX | (C) | (D) |
|----------|---|-----------------------|------------------------------|---------------------------------------|-------------------------|
| | not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | Management and general expenses | Fundraising expenses |
| 1 | Grants and other assistance to governments and | | 44 004 | | |
| | organizations in the United States. See Part IV, line 21 | 41,284. | 41,284. | | |
| 2 | Grants and other assistance to individuals in | 6 070 | 6 072 | | |
| | the United States. See Part IV, line 22 | 6,073. | 6,073. | | |
| 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) | 309,079. | 292,446. | 16,633. | |
| 7 | Other salaries and wages | 303,073. | 2,22,330. | 10,033. | <u> </u> |
| 8 | Pension plan accruals and contributions (include | 9,000. | 7,500. | 1,500. | |
| _ | section 401(k) and 403(b) employer contributions) | 3,000. | 7,500. | 2,3001 | |
| 9 | Other employee benefits | 23,643. | 22,371. | 1,272. | |
| 10 | Payroll taxes | 23,043. | 22,3,11 | | |
| 11 | Fees for services (non-employees): | | | | |
| a | Management | 89,839. | 89,839. | | |
| b | Legal Legal Accounting | 12,022. | 0070001 | 12,022. | |
| ٦ | Lobbying | | | | |
| u | Professional fundraising services. See Part IV, line 17 | | | | |
| • | Investment management fees | | | | |
| f | Other. (If line 11g amount exceeds 10% of line 25, | | | | |
| g | column (A) amount, list line 11g expenses on Sch 0.) | 240,056. | 240,056. | | |
| 12 | Advertising and promotion | 16,447. | 16,447. | | |
| 13 | Office expenses | 12,350. | 11,597. | 753. | |
| 13 14 | Information technology | , | | | |
| 15 | Royalties | | | | |
| 16 | Occupancy | 7,085. | 5,050. | 2,035. | |
| 17 | Travel | 91,286. | 91,286. | | |
| 18 | Payments of travel or entertainment expenses | <u>-</u> | | | |
| | for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | | | | |
| 20 | Interest | | | | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | 3,930. | 1,600. | 2,330. | |
| 23 | Insurance | 44,122. | 36,273. | 7,849. | |
| 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.) | | | | |
| _ | TELEPHONE | 12,025. | 6,293. | 5,732. | |
| a b | TAXES | 11,019. | 11,019. | , | |
| 0 | EQUIPMENT R&M | 5,502. | 3,757. | 1,745. | |
| C | CHARGES & INTEREST | 4,856. | 3,048. | 1,808. | |
| ū | All other expenses | 14,021. | 6,978. | 6,856. | 18 |
| e | Total functional expenses. Add lines 1 through 24e | 953,639. | 892,917. | 60,535. | 18 |
| 25 26 | Joint costs. Complete this line only if the organization | | | | |
| | reported in column (B) joint costs from a combined | l | | | |
| | educational campaign and fundraising solicitation. | ļ | | | |
| | Check here Inf following SOP 98-2 (ASC 958-720) | | | | |

Form 990 (2012) SOUTHWEST RESEARCH & INFORMATION CENTER 23-7159949 Page 11

Part X | Balance Sheet

| Pai | t X | Balance Sheet | | | | |
|-----------------------------|-----|--|-----------------------------------|--------------------------|---------------------|------------------------|
| | | Check if Schedule O contains a response to any | question in this Part X | | | |
| | | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash - non-interest-bearing | | | _1_ | 000 614 |
| | 2 | Savings and temporary cash investments | | 297,765. | 2 | 232,641. |
| | 3 | Pledges and grants receivable, net | | 92,780. | 3 | 51,399. |
| | 4 | Accounts receivable, net | | 17,784. | 4 | 26,784. |
| | 5 | Loans and other receivables from current and for | ormer officers, directors, | | | |
| | | trustees, key employees, and highest compensations | ated employees. Complete | | | |
| | | Part II of Schedule L | | | 5 | |
| | 6 | Loans and other receivables from other disquali | fied persons (as defined under | | | |
| | | section 4958(f)(1)), persons described in section | n 4958(c)(3)(B), and contributing | (| i | |
| | | employers and sponsoring organizations of sec | | | | |
| | | employees' beneficiary organizations (see instr). | | | 6 | |
| ets | 7 | Notes and loans receivable, net | · | | 7 | |
| Assets | 8 | Inventories for sale or use | | | 8 | |
| | 9 | Prepaid expenses and deferred charges | | 3,094. | 9 | 3,170. |
| | 1 | Land, buildings, and equipment: cost or other | 1 1 | | | |
| | | basis. Complete Part VI of Schedule D | $ _{10a} $ 310,072. | | | _ |
| | ь | Less: accumulated depreciation | 10b 156,965. | 147,590. | 10c | 153,107. |
| | 11 | Investments - publicly traded securities | | | 11 | |
| | 12 | Investments - other securities. See Part IV, line | 81,794. | 12 | 85,368. | |
| | 13 | Investments - program-related. See Part IV, line | | 13 | | |
| | 14 | Intangible assets | | 14 | | |
| | 15 | Other assets. See Part IV, line 11 | | | 15 | |
| | 16 | Total assets. Add lines 1 through 15 (must equ | 640,807. | 16 | 552,469. 42,582. | |
| | 17 | Accounts payable and accrued expenses | | 37,993. | 17 | 42,582. |
| | 18 | Grants payable | | 18 | | |
| | 19 | Deferred revenue | | | 19 | |
| | 20 | Tax-exempt bond liabilities | - | | 20 | . <u> </u> |
| Ş | 21 | Escrow or custodial account liability. Complete | Part IV of Schedule D | | 21 | |
| Liabilities | 22 | Loans and other payables to current and forme | r officers, directors, trustees, | | | |
| abi | | key employees, highest compensated employed | es, and disqualified persons. | | | |
| | | Complete Part II of Schedule L | | | 22 | |
| | 23 | Secured mortgages and notes payable to unrela | ated third parties | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelate | d third parties | | 24 | |
| | 25 | Other liabilities (including federal income tax, pa | yables to related third | | | |
| | | parties, and other liabilities not included on lines | s 17-24). Complete Part X of | | | |
| | | Schedule D | | 25 002 | 25 | 40 500 |
| | 26 | Total liabilities. Add lines 17 through 25 | | 37,993. | 26 | 42,582. |
| | 1 | Organizations that follow SFAS 117 (ASC 958 | | | l | |
| ŝ | İ | complete lines 27 through 29, and lines 33 ar | nd 34. | 202 062 | | 200 664 |
| anc | 27 | Unrestricted net assets | | 302,062. | 27 | 289,664. 193,223. |
| Bai | 28 | Temporanly restricted net assets | | 273,752. | 28 | 27,000. |
| 둳 | 29 | Permanently restricted net assets | . \square | 27,000. | 29 | 27,000. |
| Ī | l | Organizations that do not follow SFAS 117 (A | SC 958), check here ▶ ☐☐ | | | |
| p | | and complete lines 30 through 34. | | | | |
| ets | 30 | Capital stock or trust principal, or current funds | | | 30 | |
| Ass | 31 | Paid-in or capital surplus, or land, building, or ed | | | 31 | |
| Net Assets or Fund Balances | 32 | Retained earnings, endowment, accumulated in | ncome, or other funds | 602,814. | 32 | 509,887. |
| ~ | 33 | Total net assets or fund balances | | 640,807. | 33 | 552,469. |
| | 34 | Total liabilities and net assets/fund balances | | 040,007. | 34 | Form 990 (2012) |

| Form | 990 (2012) | SOUTHWEST | RESEARCH | & | INFORMATION | CENTER | 23-715 | 9949 | Pag | _{le} 12 |
|------|----------------------------|--------------------------|---------------------|--------------|---------------------------|------------------------|------------|---------------|------------|------------------------------|
| Par | t XI Reconciliatio | n of Net Assets | | | | | | | | |
| | Check if Schedule | e O contains a respon | se to any questic | n in t | his Part XI | | | | | <u> </u> |
| | | | | | | | 1 1 | 96 | 0 7 | 1 2 |
| 1 | Total revenue (must equ | ual Part VIII, column (A | 4), line 12) | | | | 1 | | 0,7 3,6 | |
| 2 | Total expenses (must ed | qual Part IX, column (/ | A), lıne 25) | | | | 2 | | | |
| 3 | Revenue less expenses | | | | | | 3 | | | $\frac{\overline{27.}}{14.}$ |
| 4 | Net assets or fund balar | nces at beginning of y | year (must equal l | Part 2 | (, line 33, column (A)) | | 4 | - 60 | 4,0 | 14. |
| 5 | Net unrealized gains (los | sses) on investments | | | | | 5 | | | |
| 6 | Donated services and u | se of facilities | | | | | 6 | | | |
| 7 | Investment expenses | | | | | | 7 | | | |
| 8 | Prior period adjustment | s | | | | | 8 | | | |
| | Other changes in net as | | • • | | • | | 9 | | | 0. |
| 10 | Net assets or fund balar | nces at end of year. C | Combine lines 3 th | roug | h 9 (must equal Part X, I | ine 33, | | | | 07 |
| | column (B)) | | _ | | | | 10 | 50 | 9,8 | <u>87.</u> |
| Par | t XII Financial Sta | tements and Re | porting | | | | | | | |
| | Check if Schedule | e O contains a respon | ise to any questic | n in ' | this Part XII | | | 1 | ¥ | No |
| | | | | | | | | | Yes | NO |
| 1 | Accounting method use | | | | | her | | | | |
| | • | • | - | _ | ear or checked "Other," | | e O. | | : | 77 |
| 2a | Were the organization's | financial statements | compiled or revie | wed | by an independent acco | ountant? | | 2a | | Х |
| | If "Yes," check a box be | elow to indicate wheth | ner the financial s | taten | nents for the year were o | compiled or reviewe | d on a | | | |
| | separate basis, consolid | dated basis, or both: | | | | | | | | |
| | Separate basis | Consolidated | d basis 📖 | Both | consolidated and sepa | rate basis | | | | |
| b | Were the organization's | | • | | | | | 2b | X | |
| | If "Yes," check a box be | elow to indicate wheth | ner the financial s | taten | nents for the year were a | audited on a separa | te basıs, | } | | |
| | consolidated basis, or b | ooth: | | | | | | | | |
| | Separate basis | Consolidated | | | consolidated and sepa | | | | | |
| C | If "Yes" to line 2a or 2b, | , does the organizatio | n have a committ | ee th | at assumes responsibili | ty for oversight of th | ne audit, | | | |
| | review, or compilation of | if its financial stateme | nts and selection | of a | n independent accounta | int? | | 2c | X | <u> </u> |
| | = | | • | | process during the tax | | | | | |
| 3a | As a result of a federal a | award, was the organi | zation required to | und | ergo an audit or audits a | as set forth in the Si | ngle Audıt | | | ۱ |
| | Act and OMB Circular A | | | | | | | 3a | | X_ |
| b | If "Yes," did the organiz | ation undergo the rec | quired audit or au | dits? | If the organization did n | ot undergo the requ | ured audit | | | |
| | or audits, explain why in | Schedule O and des | cribe any steps t | aken | to undergo such audits | | | 3b | 200 | (2012) |

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

Inspection

Name of the organization

Employer identification number 23-7159949 SOUTHWEST RESEARCH & INFORMATION CENTER Part T Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. d Type III - Non-functionally integrated b Type II c Type III - Functionally integrated By checking this box. I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? g Yes No (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 11g(i) 11g(ii) (ii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) h Provide the following information about the supported organization(s). (iii) Type of organization (iv) Is the organization (vi) Is the organization in col (v) Did you notify the (vii) Amount of monetary (i) Name of supported (ii) EIN in col. (i) listed in your organization in col. (described on lines 1-9 organization (i) organized in the support governing document? (i) of your support? above or IRC section. **U.S.?** (see instructions)) Yes No Yes No Yes No

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

Schedule A (Form 990 or 990-EZ) 2012

| , 0-r | | | | 33 | | | |
|------------------|---|-----------------------|----------------------|--|---|-----------------------|-----------------------|
| Part II | A (Form 990 or 990-EZ) 2012 Support Schedule 1 (Complete only if you che | SOUTHWES | T RECENDA | 77 0 | | | |
| - 47 | Support Schedule 1 (Complete only if you che fails to qualify under the to | or Organization | ons Described | H & INFOR | MATION CEN | NTER 23-71 | 50040 |
| | (Complete only if you che fails to qualify under the to A. Public Support | cked the box on lii | ne 5, 7, or 8 of Par | Sections 1 | 70(b)(1)(A)(iv) a | nd 170(b)(1)(A | 139949 Pac |
| Section | A. Public Support | ests listed below, j | please complete P | r i or ir the organiza | ation failed to quali | fy under Part III. If | the organizat |
| Calendary | A. Fublic Support | | | urt 111.) | | | uno organization |
| 1 Giffe | ar (or fiscal year beginning in) | (a) 2008 | (h) 2000 | | | | |
| memb | grants, contributions, and | | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | |
| Includ | ership fees received. (Do no | | | | | 10/2012 | (f) Total |
| 2 Tay ro | e any "unusual grants ") | 839,716 | 836,019 | 752 000 | | 1 | |
| ızatıon | venues levied for the organ- | | 1 3 7 0 1 3 | . 762,839 | 955,452 | 757,643 | 4151669 |
| or expe | 's benefit and either paid to ended on its behalf | 1 | 1 | | | | 1 **3100 |
| 3 The val | ue of services or facilities | | 1 | 1 | 1 | 1 | 1 |
| furnish | ed by a governmental unit to | | | | | | 1 |
| the orga | anization without charge | 1 | | | | | |
| 4 Total A | add lines 1 through 3 | | _] | | 1 | j | } |
| 5 The por | tion of total contributions | 839,716 | 836,019 | 762,839. | 0.55 | <u>L</u> | 1 |
| by each | person (other than a | | | 102,039. | 955,452. | 757,643. | 4151669 |
| governm | nental unit or publicly | 1 | 1 | 1 | j | | |
| supporte | ed organization) included | } | 1 | } | 1 | | |
| on line 1 | that exceeds 2% of the | 1 | 1 | | | j | |
| amount s | shown on line 11, | | | , | } | j | |
| column (1 |) | | | | ž. | ! | |
| 6 Public su | Ipport. Subtract line 5 from line 4 | | | | 1 | 1 | |
| | i Viai Sunnant | | · · | , | | | 654,982. |
| Galendar year (| or fiscal year beginning in) | | | | | | 3496687. |
| Amounts | from line 4 | (a) 2008 | (b) 2009 | (c) 2010 | 4.13.6 | | |
| 8 Gross inco | ome from interest, | 839,716. | 836,019. | (c) 2010 762, 839. | (d) 2011 955, 452. | (e) 2012 | (f) Total |
| dividends, | payments received on | | | | 233,432. | 757,643. | (f) Total 4151669. |
| Securities | oans, rents, royalties | - 1 | 1 | 1 | 1 | T | |
| and incom | e from similar sources | 11,145. | | | 1 | 1 | |
| a Net Income | from unrelated business | | 8,210. | 7,912. | 3,716. | - 44 | |
| activities, v | whether or not the | 1 | | - | 3,,10. | 5,418. | 36,401. |
| Dusiness is | regularly carried on | 398. | | | 1 | j | |
| other incor | ne. Do not include gove | | 219. | 342. | 248. | 101 | |
| or loss from | the sale of canital | |] | | 2 200 | 121. | 1,328. |
| assets (Exp | lain in Part IV | 1 | j | | 1 | j | |
| 17 Total suppo | ort. Add lines 7 through 10 | | | 27,656. | 16,895. | 34,926. | |
| - Cross receir | IS from roletaniania | C. (see instruction | | | | 34,320. | 79,477. |
| is First five ye | ars. If the Form 990 is for the | e organization's for | 5) | | 12 | $\frac{1}{2}$ | 268875. |
| Section C. C. | ars. If the Form 990 is for the check this box and stop he properties. | ere | st, second, third, f | ourth, or fifth tax ye | ear as a section 50 | 11(0)(2) | 30,304. |
| 14 Public o | Omputation of Public | Support Perce | entage | | | , r(c)(3) | |
| | | | | | | | |
| 16a 33 1/30/ | rt percentage from 2011 Sci | hedule A. Part II III | ne 14 | ກກ (ຄ) | 14 | 0 | 1 01 |
| stop bors | port test - 2012. If the organie organization qualifies as a port test - 2011. If the organization test - 2011. | nization did not ch | eck the barr | | 15 | 0. | $\frac{1.91}{8}$ |
| h 33 1/20/ | ie organization qualifies as a | publicly supported | d organization line | ∍ 13, and line 14 is | 33 1/3% or more | Check this b | $0.27 \frac{\%}{\%}$ |
| and stop have | port test - 2011. If the organ The organization qualifies and-circumstances test - 20 | nization did not chi | eck a bay an to | _ | , | oneck this box and | d . The |
| 7a 10% -facts - | ne organization qualifies | as a publicly supp | orted organization | 3 or 16a, and line | 15 is 33 1/3% or m | lore check this b | ► X |
| and if the aver- | nd-circumstances test - 20 inization meets the "facts-an ts-and-circumstances" test. | 12. If the organize | ation did not at a | | | 31 OLIGOK THIS DO | × |
| meets the ** | rization meets the "facts-an | d-circumstances* | test, check *bis ! | a box on line 13, | 16a, or 16b, and lir | 10 14 is 100/ a= | ▶ ∐ |
| b 10% -facts | inization meets the "facts-an ts-and-circumstances" test. id-circumstances test - 20 | The organization of | Justifies as a sure | x and stop here. E | Explain in Part IV he | or mo | ле, - |
| More and it is | e organization meets the "facts and circumstances" test - 20 | 11. If the organiza | tion did not she -! | cly supported orga | inization | " organizatio | u |
| | Urganization modes at the | | are the Clieck | A DOX On inc 40 4 | A | nd line 15 ie 100/ - | - L1 |
| Santation M | e organization meets the "facets the "facts and circumst tion. If the organization did | ances" test. The o | roanization =:: | nis box and stop h | rere. Explain in Par | t IV how tha |)r |
| Private form | | | | | | | |
| Private founda | tion. If the organization did | not check a box o | n line 13 16- 40: | s as a publicly sur | oported organization | on . | _ [] |
| Private founda | eets the "facts and circumst tion. If the organization did | not check a box or | n line 13, 16a, 16b | s as a publicly sup , 17a, or 17b, chec | oported organization ok this box and see | on Instructions | |

232022 12-04-12

34 743960 28404146 28404146 Schedule A (Form 990 or 990-EZ) 2012 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 (d) 2011 (e) 2012 (f) Total Calendar year (or fiscal year beginning in) (c) 2010 (a) 2008 (b) 2009 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total, Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b 8 Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning in) (c) 2010 (d) 2011 (e) 2012 (f) Total (a) 2008 (b) 2009 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)

Total support. (Add lines 9, 10c, 11, and 12)

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

ection C. Computation of Public Support Percentage

| | check this box and stop here | | | | | | | | |
|----|--|----|--|--|--|--|--|--|--|
| Se | Section C. Computation of Public Support Percentage | | | | | | | | |
| 15 | Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f)) | 15 | | | | | | | |
| | Public support percentage from 2011 Schedule A. Part III. line 15 | 16 | | | | | | | |

Section D. Computation of Investment Income Percentage

| 17 | Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f)) | 17 | % |
|----|---|--------|-------------------|
| | Investment income percentage from 2011 Schedule A, Part III, line 17 | 18 | % |
| | | 0 4 10 | 0/ luna 17 to not |

19a 33 1/3% support tests - 2012. 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 - 2011. 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) 2012

% %

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

See separate instructions.

2012

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

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 | ations: Complete Part III. | ., | | · · · · · · · · · · · · · · · · · · · |
|----------------|---|---|-------------------------|-----------------------|---|
| Name of org | | | | Eı | nployer identification number |
| | SOUTHWE | EST RESEARCH & IN | FORMATION (| CENTER | 23-7159949 |
| Part I-A | Complete if the or | ganization is exempt und | der section 501(c |) or is a section 52 | organization. |
| 2 Politica | e a description of the organi il expenditures eer hours | zation's direct and indirect politic | cal campaign activities | | \$ |
| Part I-B | Complete if the or | ganization is exempt und | der section 501(c |)(3). | |
| | | incurred by the organization un | | | \$ |
| | | incurred by organization manag | | 55 | \$ |
| 3 If the o | rganization incurred a sectio | on 4955 tax, did it file Form 4720 | for this year? | | Yes No |
| 4a Was a | correction made? | | | | Yes No |
| | " describe in Part IV. | | | | |
| Part I-C | Complete if the org | ganization is exempt und | der section 501(c | | |
| 1 Enter th | ne amount directly expende | d by the filing organization for se | ection 527 exempt fun | ction activities | \$ |
| 2 Enter th | ne amount of the filing organ | nization's funds contributed to of | ther organizations for | | |
| • | t function activities | | | - | \$ |
| | | s. Add lines 1 and 2. Enter here a | and on Form 1120-PO | _ | |
| line 17t | | | | • | * \$ |
| _ | filing organization file Form | | | | └ Yes └ No |
| | | mployer identification number (E ation listed, enter the amount pa | | - | |
| | | romptly and directly delivered to | | | |
| | • | additional space is needed, pro- | • | • | and organization to the or a |
| _ - | (a) Name | (b) Address | (c) EIN | (d) Amount paid from | m (e) Amount of political |
| | (a) Name | (b) Address | (0) EII1 | filing organization's | |
| | | } | | funds. If none, enter | .0. promptly and directly |
| | | | | | delivered to a separate political organization. |
| | | | | | If none, enter -0 |
| | | | | | |
| | | | _ | | |
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| <u> </u> | | | | | |
| | | | | | |
| | | L | | | |
| For Panery | ork Reduction Act Notice | see the Instructions for Form: | 990 or 990-EZ. | Schedule | o C (Form 990 or 990-EZ) 2012 |

232041 01-07-13

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21

2012.04030 SOUTHWEST RESEARCH & INFORM 28404146

| Schedule C (Form 990 or 990-EZ) 2012 | SOUTHWEST R | ESEARCH & I | NFORMATION | CENTER 23-7 | 159949 Page 2 |
|---|---|--|--|--|-----------------------------|
| Part II-A Complete if the org | janization is exer | npt under section | n 501(c)(3) and fil | ed Form 5/68 | |
| expenses, and share | tion belongs to an affil | • | | group member's nam | e, address, EIN, |
| Limi | ts on Lobbying Exper | nd "limited control" pro nditures nts paid or incurred.) | | (a) Filing organization's totals | (b) Affiliated group totals |
| Total lobbying expenditures to influ Total lobbying expenditures to influ | | | | 3,449. | |
| c Total lobbying expenditures (add li | • | ly (direct lobbying) | | 3,449. | |
| d Other exempt purpose expenditure | · · | | | 950,190. | |
| e Total exempt purpose expenditure | |) | | 953,639. | |
| f Lobbying nontaxable amount. Enter | • | • | n columns. | 168,046. | |
| 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 1 | 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. | | | |
| | | | | 40.010 | <u> </u> |
| g Grassroots nontaxable amount (er | • | | | 42,012. | |
| h Subtract line 1g from line 1a. If zer | o or less, enter -0- | | | 0. | |
| i Subtract line 1f from line 1c. If zero | • | | | 0. | |
| j If there is an amount other than ze | | line 1i, did the organiza | ation file Form 4720 | ٦ | ¬., ¬ |
| reporting section 4911 tax for this | | | | | Yes No |
| | ations that made a solumns below. See the | raging Period Under ection 501(h) election e instructions for line | n do not have to comp s 2a through 2f on pa | | |
| | Lobbying Exper | ditures During 4-Yea | r Averaging Period | | |
| Calendar year (or fiscal year beginning in) | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) Total |
| 2a Lobbying nontaxable amount | 152,451. | 165,329. | 165,780. | 168,046. | 651,606. |
| b Lobbying ceiling amount (150% of line 2a, column(e)) | , | • | | | 977,409. |
| c Total lobbying expenditures | 22,086. | 5,025. | 20,185. | 3,449. | 50,745. |
| d Grassroots nontaxable amount | 38,113. | 41,332. | 41,445. | 42,012. | 162,902. |
| e Grassroots ceiling amount (150% of line 2d, column (e)) | | | , | | 244,353. |
| | | | | | I |

Schedule C (Form 990 or 990-EZ) 2012

f Grassroots lobbying expenditures

Schedule C (Form 990 or 990-EZ) 2012 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 | (8 | 1) | (t |) |
|--------|--|----------------|------------|---------------|--------------|
| | e lobbying activity | Yes | No | Amo | ount |
| 1 a | 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: Volunteers? | | | | |
| b | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | | | | |
| _ | Media advertisements? | | | | |
| d | Mailings to members, legislators, or the public? | | | - | |
| | Publications, or published or broadcast statements? | | | | |
| f | Grants to other organizations for lobbying purposes? | | | | |
| 9 | Direct contact with legislators, their staffs, government officials, or a legislative body? | | | | |
| | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | ļ | | <u> </u> | |
| | Other activities? | | | | |
| - | Total. Add lines 1c through 1i | | | | |
| | 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 | | | | |
| | If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(4), section 501(c)(4). | on 501(c) | (5), or se | ction | |
| | 501(c)(6). | | | ¥ | |
| | | | | Yes | No |
| 1 | Were substantially all (90% or more) dues received nondeductible by members? | | 1 | - | |
| 2 | Did the organization make only in-house lobbying expenditures of \$2,000 or less? | | 2 | | |
| Bar | Did the organization agree to carry over lobbying and political expenditures from the prior year? t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(4). | on 501(c) | (5) or so | ction | |
| - ai | 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered | | | | ne 3 is |
| | answered "Yes." | | (b) I ai | | |
| 1 | Dues, assessments and similar amounts from members | | 1 | | |
| 2 | Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures) | ical | | | |
| | expenses for which the section 527(f) tax was paid). | | | | |
| | Current year | | 2a | | |
| | Carryover from last year | | 2b | | |
| С | Total | | 2c | | |
| 3 | Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues | | 3_ | | |
| 4 | If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex | | | | |
| | does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and | political | | | |
| | expenditure next year? | | 4 | | |
| | Taxable amount of lobbying and political expenditures (see instructions) | | 5 | | |
| Par | | | | | A 1 O. |
| • | plete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; P | ап ІІ-А (апііі | ated group | list); Paπ II | -A, line 2; |
| ana F | Part II-B, line 1. Also, complete this part for any additional information. | | | | |
| | | | | | |
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SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

2012 Open to Public Inspection

Name of the organization

SOUTHWEST RESEARCH & INFORMATION CENTER

Employer identification number

| - D- | | & INFORMATION CENTER | |
|--------------|--|--|--|
| Pa | | | s or Accounts. Complete if the |
| | organization answered "Yes" to Form 990, Part IV, lin | | (h) Finds and other assembly |
| | | (a) Donor advised funds | (b) Funds and other accounts |
| 1 | Total number at end of year | | |
| 2 | Aggregate contributions to (during year) | | |
| 3 | Aggregate grants from (during year) | | |
| 4 | Aggregate value at end of year | | |
| 5 | Did the organization inform all donors and donor advisors in | | |
| 6 | are the organization's property, subject to the organization's | <u> </u> | |
| 6 | Did the organization inform all grantees, donors, and donor a | | |
| | for charitable purposes and not for the benefit of the donor of | or donor advisor, or for any other purpose | · — — |
| Pa | mpermissible private benefit? Till Conservation Easements. Complete if the organization | reputation annuared "Vee" to Form 000. F | Yes No |
| | | | -art IV, line 7. |
| 1 | Purpose(s) of conservation easements held by the organization | | eterioally important land area |
| | Preservation of land for public use (e.g., recreation or e | · — | storically important land area |
| | Preservation of open space | Preservation of a cert | tilled Historic Structure |
| 2 | Complete lines 2a through 2d if the organization held a qualif | fied conseniation contribution in the form | of a conseniation easement on the last |
| _ | day of the tax year. | med conservation contribution in the form | of a conservation casement on the last |
| | day of the tax year. | | Held at the End of the Tax Year |
| а | Total number of conservation easements | | 2a |
| b | Total acreage restricted by conservation easements | | 2b |
| C | Number of conservation easements on a certified historic str | ucture included in (a) | 2c |
| d | Number of conservation easements included in (c) acquired | ` ' | ure |
| | listed in the National Register | | 2d |
| 3 | Number of conservation easements modified, transferred, re | leased, extinguished, or terminated by the | e organization during the tax |
| | year▶ | , , , , | |
| 4 | Number of states where property subject to conservation ea | sement is located > | |
| 5 | Does the organization have a written policy regarding the per | riodic monitoring, inspection, handling of | |
| | violations, and enforcement of the conservation easements in | t holds? | Yes No |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, | and enforcing conservation easements d | luring the year > |
| 7 | Amount of expenses incurred in monitoring, inspecting, and | enforcing conservation easements during | the year > \$ |
| 8 | Does each conservation easement reported on line 2(d) above | ve satisfy the requirements of section 170 | 0(h)(4)(B)(i) |
| | and section 170(h)(4)(B)(ii)? | | └── Yes └── No |
| 9 | In Part XIII, describe how the organization reports conservati | on easements in its revenue and expense | e statement, and balance sheet, and |
| | include, if applicable, the text of the footnote to the organization | tion's financial statements that describes | the organization's accounting for |
| - | conservation easements. | (A A III a de al Tracciones and | Maria Olive Harri A anada |
| Pai | t III Organizations Maintaining Collections o | | itner Similar Assets. |
| | Complete if the organization answered "Yes" to Form | | |
| 1a | If the organization elected, as permitted under SFAS 116 (AS | • | |
| | historical treasures, or other similar assets held for public exh | | ince of public service, provide, in Part XIII, |
| | the text of the footnote to its financial statements that descri | | |
| b | If the organization elected, as permitted under SFAS 116 (AS | · · · · · · · · · · · · · · · · · · · | |
| | treasures, or other similar assets held for public exhibition, ed | ducation, or research in furtherance of pu | iblic 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 | an ather similar assets for financia | |
| 2 | If the organization received or held works of art, historical tre | | ai gairi, provide |
| | the following amounts required to be reported under SFAS 1 | to (ASC 336) relating to these items: | L ¢ |
| a | Revenues included in Form 990, Part VIII, line 1 | | ► \$ ► \$ |
| b | Assets included in Form 990, Part X | | Ψ |
| | | | |

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

Schedule D (Form 990) 2012

| | | T RESEARC | | | | | | | 949 Page 2 |
|-----|---|------------------------|------------|----------------|---------------|---------------|---|---------------|-------------------|
| | t III Organizations Maintaining C | | | | | | | | |
| 3 | Using the organization's acquisition, accession | on, and other record | ls, checl | k any of the | following th | at are a sigr | nificant use | e of its coll | ection items |
| | (check all that apply): | | | | | | | | |
| а | Public exhibition | d | | Loan or exc | hange progi | rams | | | |
| b | Scholarly research | е | | Other | | | | | |
| C | Preservation for future generations | | | | | | | | |
| 4 | Provide a description of the organization's co | llections and explai | n how th | ney further tl | he organizat | tion's exemp | ot purpose | e in Part XII | 11 |
| 5 | During the year, did the organization solicit or | receive donations | of art, hi | istorical trea | sures, or oth | her sımılar a | ssets | _ | |
| | to be sold to raise funds rather than to be ma | | | | | | | | es No |
| Par | t IV Escrow and Custodial Arrang | gements. Comple | ete if the | e organizatio | n answered | "Yes" to Fo | rm 990, P | Part IV, line | 9, or |
| | reported an amount on Form 990, Par | t X, line 21. | | | _ | | | | |
| 1a | Is the organization an agent, trustee, custodia | an or other intermed | diary for | contribution | s or other a | ssets not in | cluded | | |
| | on Form 990, Part X? | | | | | | | Y | es No |
| b | If "Yes," explain the arrangement in Part XIII a | and complete the fo | llowing | table: | | | | | |
| | | | | | | | | An | nount |
| С | Beginning balance | | | | | | 1c | | |
| | Additions during the year | | | | | | 1d | | |
| | Distributions during the year | | | | | | 1e | | |
| f | Ending balance | | | | | | 1f | | |
| 2a | Did the organization include an amount on Fo | orm 990. Part X. line | 21? | | | | | Y | es No |
| | If "Yes," explain the arrangement in Part XIII. | • | | on has been | provided in | Part XIII | | | |
| Par | | | | | | | | | |
| | | (a) Current year | | Prior year | (c) Two year | |) Three yea | rs back (e |) Four years back |
| 1a | Beginning of year balance | (a) current year | \3/. | no, your | (5) | | <u>, </u> | | |
| | Contributions | - | | | | | | | |
| | Net investment earnings, gains, and losses | | | | | | | | |
| | _ · · - | | | | | - | | | |
| | Grants or scholarships | | | | | + | | | |
| е | Other expenditures for facilities | | | | | | | | |
| | and programs | | | | - | | | | |
| f | Administrative expenses | | | | | | | | |
| g | End of year balance | | | | <u> </u> | | | | |
| 2 | Provide the estimated percentage of the curr | ent year end baland | | g, column (a | a)) held as: | | | | |
| | Board designated or quasi-endowment | | _% | | | | | | |
| | Permanent endowment | % | | | | | | | |
| С | Temporarily restricted endowment | % | | | | | | | |
| | The percentages in lines 2a, 2b, and 2c shou | | | | | | | | |
| 3a | Are there endowment funds not in the posses | ssion of the organiz | ation tha | at are held a | ind administ | tered for the | organizat | tion | <u> </u> |
| | by: | | | | | | | Г | Yes No |
| | (i) unrelated organizations | | | | | | | | 3a(i) |
| | (ii) related organizations | | | | | | | 3 | Ba(ii) |
| b | If "Yes" to 3a(ii), are the related organizations | listed as required of | on Sche | dule R? | | | | L | 3b |
| 4 | Describe in Part XIII the intended uses of the | | | | | | | | |
| Pai | t VI Land, Buildings, and Equipm | | | , line 10. | | | _ | | |
| | Description of property | (a) Cost or o | | | or other | | umulated | (d) |) Book value |
| | | basis (investi | | basis | (other) | depre | eciation | | |
| 1a | Land | | 846. | | | ٠. | | | 55,846. |
| b | Buildings | 142, | 500. | | | | 56,03 | 3. | 76,467. |
| С | Leasehold improvements | _ | | | | | | | |
| | Equipment | | 347. | | | | 90,93 | 2. | 8,415. |
| | Other | 12, | 379. | | | | | | 12,379. |
| | . Add lines 1a through 1e. (Column (d) must ed | qual Form 990, Part | X, colui | mn (B), line 1 | 10(c)) | | | | 153,107. |

Schedule D (Form 990) 2012

| Sched | ule D (Form 990) 2012 SOUTHWEST RE | | | ENTER 23 | 3-/159949 _{Page} |
|-------------------|---|---------------------------------------|---------------------------------------|---------------------------------------|--|
| | VII Investments - Other Securities. See escription of security or category (including name of security) | (b) Book value | (c) Mothod of | valuation: Cost or en | d-of-year market value |
| | | (b) book value | (c) Method of | valuation. Oust of en | o. your market value |
| | nancial derivatives | | | | |
| 2) CI(3) Ot | osely-held equity interests | | | | |
| | ENDOWMENT INVESTMENT | | | | |
| (A) | ACCOUNT | 30,993 | 3. COST | | |
| (B) (C) | INVESTMENT | 54,37 | | | |
| (D) | 111110 | | | | |
| (E) | | | | | |
| (F) | | | | | |
| (G) | | | | | |
| (H) | | | | | |
| (1) | | | | | |
| | (Col. (b) must equal Form 990, Part X, col. (B) line 12.) | 85,368 | 8. | | |
| | VIII Investments - Program Related. Se | e Form 990, Part X, lin | e 13. | | |
| | (a) Description of investment type | (b) Book value | (c) Method of | valuation. Cost or er | nd-of-year market value |
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |
| (7) | | | | | |
| (8) | | | | | |
| (9) | | | | | |
| (10) | | | | · · · · · · · · · · · · · · · · · · · | |
| | (Col. (b) must equal Form 990, Part X, col. (B) line 13.) | | | | |
| Part | | | | | (b) Book value |
| | (a) L | Description | | | (b) Book value |
| (1) | | | | | - |
| (2) | | | | | |
| (3) | | | | | |
| <u>(4)</u> | | | | | |
| (5) | | | | | |
| (6) | | | | | - |
| (7) | | · · · - | | <u> </u> | |
| <u>(8)</u> (9) | · · · · · · · · · · · · · · · · · · · | · · · · · · · · · · · · · · · · · · · | | | |
| (10) | | | | | |
| | (Column (b) must equal Form 990, Part X, col. (B) line | 15.) | · · · · · · · · · · · · · · · · · · · | • | • |
| Part | | | | | |
| 1. | (a) Description of liability | | (b) Book value | | |
| (1) | Federal income taxes | | | | |
| (2) | | | | | |
| (3) | | - | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |
| (7) | | | | 」 , | |
| (8) | | | | 」 , . | |
| (9) | | | | _ | |
| (10) | | | | | |
| _(10) | | | | 1: | 1 |
| (11) | | | | - | |

232053 12-10-12

| Scho | dula D | (Form 990) 2012 | SOUTHWEST | RESEARCH & | INFORMA | ATIO | N CENTER | 23- | 7159949 | Page 4 |
|---------|---------|------------------------------|---------------------------|---------------------------|--------------------|----------|---------------------------------------|----------|-----------------|----------------|
| | t XI | Reconciliation of | | | | | | | | |
| 1 | | revenue, gains, and other | | | | | | 1 | 915 | 441. |
| 2 | | ints included on line 1 but | | | | | | | | |
| а | Net u | nrealized gains on investr | nents | | Ĺ | 2a | | | | |
| ь | Dona | ted services and use of fa | cilities | | | 2b | | | | |
| С | Reco | venes of pnor year grants | | | | 2c | | | | |
| d | Other | (Describe in Part XIII.) | | | | 2d | 54,729. | | | |
| е | Add I | nes 2a through 2d | | | | | | 2e | 54 | 729. |
| 3 | Subti | act line 2e from line 1 | | | | | | 3 | 860 | 712. |
| 4 | Amou | ints included on Form 990 |), Part VIII, line 12, | but not on line 1: | | | | | | |
| а | Inves | tment expenses not inclu | ded on Form 990, | Part VIII, line 7b | | 4a | | i ' i | | |
| b | Other | (Describe in Part XIII.) | | | Ĺ | 4b | | | | • |
| С | Add I | nes 4a and 4b | | | | | | 4c | | 0. |
| 5 | Total | revenue. Add lines 3 and | 4c. (This must equ | ıal Form 990, Part I, lın | ne 12.) | | | 5 | | 712. |
| Pa | rt XII | Reconciliation of | Expenses per | Audited Financia | al Statemer | nts Wi | th Expenses per | Retu | | 260 |
| 1 | Total | expenses and losses per | audited financial s | tatements | | | | 1 | 1,008 | , 368. |
| 2 | Amou | ints included on line 1 bu | t not on Form 990, | Part IX, line 25: | | | | | | |
| а | Dona | ted services and use of fa | cilities | | Ĺ | _2a | | | | |
| þ | Prior | year adjustments | | | ļ. | 2b | | l i | | |
| C | | losses | | | | 2c | F 4 7 2 0 | 1 | | |
| d | | (Describe in Part XIII) | | | L | 2d | 54,729. | | E 4 | 720 |
| е | Add I | ines 2a through 2d | | | | | | 2e | 053 | ,729. ,639. |
| 3 | | act line 2e from line 1 | | | | | | 3 | 955 | , 639. |
| 4 | | ints included on Form 990 | | | 1 | . 1 | | | | |
| а | | tment expenses not inclu | ded on Form 990, | Part VIII, line 7b | | 4a | | | | |
| þ | | (Describe in Part XIII.) | | | L | 4b | | - | | 0. |
| С | | ines 4a and 4b | | | | | | 4c | 053 | ,639. |
| 5 | | expenses. Add lines 3 an | | qual Form 990, Part I, I | line 18.) | | | 5 | | , 033. |
| | | Supplemental Info | | | | | | <u> </u> | 05 - D - + 1/ J | 4. David |
| | | his part to provide the de | | | | | | | 2b; Paπ v, line | 4; Part |
| A, IIII | 6 Z, Pa | urt XI, lines 2d and 4b; and | Part All, lines 20 | and 4b. Also complete | e triis part to pi | iovide a | iny additional anomial | .1011. | | |
| | ·· | ····· | | | | | | | | |
| PAI | RT X | XI, LINE 2D - | OTHER AD | JUSTMENTS: | | | | | | |
| | | | | | | | | | | |
| ADI | MIN | STRATIVE FEE | S | | | | | | | |
| | | | | | - | | · | | | |
| DII | RECT | RENTAL EXPE | NSE | | | | | | | |
| | | | | · | | | | | | |
| FUI | ND F | AISING COSTS | | ···· | | | | | | |
| IN | reri | IAL GRANT TRA | NSFER | | | | | | | |
| | | | | | | | | | | |
| PAI | RT > | XII, LINE 2D | - OTHER AI | DJUSTMENTS: | | | · · · · · · · · · · · · · · · · · · · | | | |
| | | | | | | | | Caba | dula D. (Farm (| 200) 2012 |

| Schedule D (Form 990) 2012 SOUTHWEST RESEARCH & INFORMATION CENTER 23-7159949 Page 5 Part XIII Supplemental Information (continued) |
|--|
| ADMINISTRATIVE FEES |
| DIRECT RENTAL EXPENSE |
| FUND RAISING COSTS |
| INTERNAL TRANSFER |
| PART XII - LINE 2D - DIRECT RENT EXPENSE (473) PART XII - LINE 2D - |
| ADMINISTRATIVE FEES (28,591) PART XII - LINE 2D - FUND-RAISING COSTS |
| (22,165) PART XIII - LINE 2D - DIRECT RENT EXPENSE (473) PART XIII - LINE |
| 2D - ADMINISTRATIVE FEES (28,591) PART XIII - LINE 2D - FUND-RAISING COSTS |
| (22,165). PARTS XII AND XIII, LINE 2D INTERNAL GRANT TRANSFER (3,500) |
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Schedule D (Form 990) 2012

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

OMB No 1545-0047

Open To Public Inspection

Department of the Treasury

Internal Revenue Service ➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions. **Employer identification number** Name of the organization 23-7159949 SOUTHWEST RESEARCH & INFORMATION CENTER Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not Part I required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations а b Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events C In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or □ No __ Yes key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (v) Amount paid (iii) Did fundraiser have custody or control of contributions (vi) Amount paid (i) Name and address of individual to (or retained by) (iv) Gross receipts to (or retained by) (ii) Activity fundraiser from activity or entity (fundraiser) organization listed in col. (i) Yes Νo **Total** 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

232081 01-07-13

Schedule G (Form 990 or 990-EZ) 2012

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

| | edu art | | e organization answered | "Yes" to Form 990, Part | l IV, line 18, or reported | more than \$15,000 |
|-----------------|----------------|---|--|----------------------------|---------------------------------------|--|
| | | of fundraising event contributions and gr | (a) Event #1 SPORTING (GOLF & BANC | (b) Event #2 | (c) Other events NONE | (d) Total events (add col. (a) through col. (c)) |
| e | | | (event type) | (event type) | (total number) | |
| Revenue | 1 | Gross receipts | 19,440. | 15,486. | | 34,926. |
| | 2 | Less ⁻ Contributions | | | | |
| _ | 3 | Gross income (line 1 minus line 2) | 19,440. | 15,486. | | 34,926. |
| | 4 | Cash pnzes | | | | |
| " | 5 | Noncash prizes | | | | |
| Direct Expenses | 6 | Rent/facility costs | 3,600. | 3,964. | · · · · · · · · · · · · · · · · · · · | 7,564. |
| Irect E | 7 | Food and beverages | 6,178. | | | 6,178. |
| ۰ | 8 | Entertainment | 500. | 5,046. 2,061. | | 5,546. 2,877. |
| | 9 | Other direct expenses | 816. | 2,061. | | 2,877. |
| | 10 | | | | > | (22,165) 12,761. |
| Pá | irt I | Net income summary. Combine line 3, colum III Gaming. Complete if the organization | n (d), and line 10 answered "Yes" to Form | 990 Part IV line 19 or r | reported more than | 12,761. |
| | | \$15,000 on Form 990-EZ, line 6a. | anoworda 105 to 10111 | 000, 1 41117, 1110 10, 011 | oportou moro trian | |
| | | | (a) Bingo | (b) Pull tabs/instant | (c) Other gaming | (d) Total gaming (add |
| Revenue | | | (a) 5 190 | bingo/progressive bingo | | col. (a) through col (c)) |
| æ | 1 | Gross revenue | | | | |
| — | - - | GIOSS TEVETILE | | | | |
| nses | 2 | Cash prizes | | | | |
| Direct Expenses | 3 | Noncash prizes | - | | | |
| Direc | 4 | Rent/facility costs | | | | |
| | 5 | Other direct expenses | | | | |
| | | | Yes% | Yes% | Yes% | |
| | 6 | Volunteer labor | No | No No | L No | |
| | 7 | Direct expense summary. Add lines 2 through | n 5 ın column (d) | | • | (|
| | 8 | Net gaming income summary. Combine line 1 | , column d, and line 7 | | | |
| | | | | | | |
| 9 | | ter the state(s) in which the organization opera he organization licensed to operate gaming ac | | | | Yes No |
| | | ne organization licensed to operate gaming ac | | states | | res no |
| | | | | | | |
| | | ere any of the organization's gaming licenses re | | minated during the tax y | /ear? | Yes No |
| | | | - | | | |
| 22201 | | I-07-13 | | | Schodule G /Es | rm 990 or 990-EZ) 2012 |

| <u>Sch</u> | edule G (Form 990 or 990 EZ) 2012 SOUTHWEST RESEARCH & INFORMATION CENTER 23-7159949 Page | <u>3</u> _ | | |
|--|--|------------|--|--|
| | Does the organization operate gaming activities with nonmembers? | <u> </u> | | |
| 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? | 0 | | |
| 13 | Indicate the percentage of gaming activity operated in: | | | |
| | | % | | |
| | | % | | |
| | Enter the name and address of the person who prepares the organization's gaming/special events books and records: | _ | | |
| | | | | |
| | Name | | | |
| | | _ | | |
| | Address > | | | |
| | | _ | | |
| 15a | Does the organization have a contract with a third party from whom the organization receives gaming revenue? | 0 | | |
| | | | | |
| b | If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount | | | |
| | of gaming revenue retained by the third party >\$ | | | |
| c | If "Yes," enter name and address of the third party: | | | |
| | | | | |
| | Name > | | | |
| | | _ | | |
| | Address | | | |
| | | _ | | |
| 16 | Gaming manager information: | | | |
| | | | | |
| | Name | | | |
| | | | | |
| | Gaming manager compensation ▶ \$ | | | |
| | | | | |
| | Description of services provided | | | |
| | | | | |
| | | | | |
| | | | | |
| | Director/officer Employee Independent contractor | | | |
| | | | | |
| 17 | Mandatory distributions: | | | |
| а | Is the organization required under state law to make charitable distributions from the gaming proceeds to | | | |
| | retain the state gaming license? | | | |
| b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the | | | | |
| | organization's own exempt activities during the tax year 🕨 \$ | _ | | |
| Pa | Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, | | | |
| | lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions) | | | |
| | | | | |
| | | _ | | |
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Schedule G (Form 990 or 990-EZ) 2012

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≗ ∏ Employer identification number 23-7159949 Open to Public OMB No 1545-0047 Inspection (h) Purpose of grant or assistance X Yes PROJECT SUPPORT Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, ö (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. ▶ Attach to Form 990. recipient that received more than \$5,000 Part II can be duplicated if additional space is needed. INFORMATION CENTER (d) Amount of 37,117 cash grant (c) IRC section if applicable SOUTHWEST RESEARCH & General Information on Grants and Assistance (p) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization or government NM 87105 Name of the organization KALPULLI IZKALLI Department of the Treasury Internal Revenue Service ALBUQUERQUE, 1028 ANN SW SCHEDULE (Form 990) Part Partil

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Enter total number of other organizations listed in the line 1 table

232101 12-18-12

Schedule I (Form 990) (2012)

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Page 2 (f) Description of non-cash assistance 23-7159949 Part IV | Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information (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. BOOK-CASH AMOUNT PAID BUDGET ARE REVIEWED AND APPROVED BEFORE ANY FUNDS ARE DISBURSED. REPORTING 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 LINE 2: SUBMITTED PROPOSED PROJECT. 6,073. (c) Amount of cash grant 16 (b) Number of recipients PAYMENT OF HOUSING, UTILITY COSTS AND TRAVEL EXPENSES FOR GYNECOLOGICAL CANCER PATIENTS. (a) Type of grant or assistance H PROPERLY EXPENDED PART Schedule I (Form 990) (2012) SCHEDULE I, Part

Schedule I (Form 990) (2012)

SCHEDULE O (Form 990 or 990-EZ) Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Employer identification number

Name of the organization SOUTHWEST RESEARCH & INFORMATION CENTER 23-7159949 FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: (CONTINUED) URANIUM IMPACT ASSESSMENT, AND NUCLEAR SAFETY AND ENVIRONMENTAL EDUCATION AND INFORMATION TO THE PUBLIC. FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: PROVIDE INFORMATION TO COMMUNITY MEMBERS ON NUMEROUS HEALTH & ENVIRONMENTAL TOPICS REVENUE \$ 0. INCLUDING GRANTS OF \$ 47,357. EXPENSES \$ 328,002. FORM 990, PART VI, SECTION A, LINE 8B: THERE IS NO COMMITTEE WITH AUTHORITY TO ACT FOR THE BOARD. FORM 990, PART VI, SECTION B, LINE 11: THE TREASURER ON BEHALF OF THE BOARD REVIEWS FORM 990 BEFORE FILING. FORM 990, PART VI, SECTION B, LINE 12C: MONITOR AND ENFORCE THROUGH DISCLOSURE AND BOARD DISCUSSION. FORM 990. PART VI. SECTION B. LINE 15A: COMPENSATION SET BY BOARD, WITH THEREFORE NO OUTSIDE PARTIES SALARY LEVEL BELOW USUAL AND CUSTOMARY LEVELS, CONSULTED. FORM 990, PART VI, SECTION C, LINE 19: UPON REQUEST FORM 990, PART IX, LINE 11G, OTHER FEES: SEE SCHEDULE O:

Schedule O (Form 990 or 990-EZ) (2012)

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| Schedule O (Form 990 or 990-EZ) (2012) | Page 2 |
|---|--|
| Name of the organization SOUTHWEST RESEARCH & INFORMATION | N CENTER Employer identification number 23-7159949 |
| PROGRAM SERVICE EXPENSES | 240,056. |
| MANAGEMENT AND GENERAL EXPENSES | 0. |
| FUNDRAISING EXPENSES | 0. |
| TOTAL EXPENSES | 240,056. |
| TOTAL OTHER FEES ON FORM 990, PART IX, LINE 1 | 1G, COL A 240,056. |
| The above expenses are for professional servic | |
| 11 program areas providing specialized assista | nce, as needed. |
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