

## See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

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

A F	or the	2013 calendar year, or tax year beginning and ending	
B	heck if pplicable	C Name of organization	D Employer identification number
	Addres	S SOUTHWEST RESEARCH & INFORMATION CENTER	
	Name change		23-7159949
	Initial return Termin	Number and street (or P.O. box if mail is not delivered to street address)  POST OFFICE BOX 4524  Room/s	uite E Telephone number 505-262-1862
旨	⊣ated  Amend	led	G Gross receipts \$ 962,079.
	☐return ☐Applic Ition	City or town, state or province, country, and ZIP or foreign postal code  ALBUQUERQUE, NM 87196-4524	H(a) Is this a group return
	pendir	F Name and address of principal officer:DON HANCOCK	for subordinates? Yes X No
		SAME AS C ABOVE	H(b) Are all subordinates included? Yes No
$\overline{\Box}$	ax-exe	empt status: X 501(c)(3)	527 If "No," attach a list. (see instructions)
		e: ▶ WWW.SRIC.ORG	H(c) Group exemption number ▶
KF	orm of	organization: X Corporation Trust Association Other ► L Y	ear of formation: 1971 M State of legal domicile: NM
Pá	rt I	Summary	
ø	1	Briefly describe the organization's mission or most significant activities: SRIC PRO	VIDES TECHNICAL
anc		ASSISTANCE TO COMMUNITIES ON ENERGY AND NATU	·
Activities & Governance	l	Check this box 🕨 📖 if the organization discontinued its operations or disposed of r	
હુ		Number of voting members of the governing body (Part VI, line 1a)	3 9
<u>«</u> ق	l	Number of independent voting members of the governing body (Part VI, line 1b)	4 9 5 10
ties		Total number of individuals employed in calendar year 2013 (Part V, line 2a)	<del> </del>
ξį		Total number of volunteers (estimate if necessary)	101
¥	1	Total unrelated business revenue from Part VIII, column (G), line 12	
_	В	Net unrelated business taxable income from Form 990-T, line 34	7
	8	Contributions and grants (Part VIII, line 1h)	Prior Year   Current Year   757,643. 915,419.
Revenue	l		85,241. 28,961.
	1	Program service revenue (Part VIII, line 2g)  SEP 15 2014  STP 15 2014	3,843. 4,939.
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c/9c, 10c, and 11e)	13,985. 7,715.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	860,712. 957,034.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	47,357. 13,717.
	J	Benefits paid to or for members (Part IX, column (A), line 4)	0. 0.
Ø	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	341,722. 381,983.
Expenses	l	Professional fundraising fees (Part IX, column (A), line 11e)	0. 0.
ğ	1	Total fundraising expenses (Part IX, column (D), line 25)	
ú	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	564,560. 667,138.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	953,639. 1,062,838.
		Revenue less expenses Subtract line 18 from line 12	<92,927.> <105,804.>
sets or			Beginning of Current Year End of Year
		Total assets (Part X, line 16)	552,469. 517,953.
Net As	21	Total liabilities (Part X, line 26)	42,582. 59,874.
_		Net assets or fund balances Subtract line 21 from line 20	509,887. 458,079.
_	art II	Signature Block	Acceptance and to the best of any brounded and below the
		ities of perjury, I declare that I have examined this return, including accompanying schedules and st	
uue	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which prepared to the following the second of the complete control of the control of th	Sant. 9. 2014
O:-	_	Signature of officer	Date
Sig		DON HANCOCK, ADMINISTRATOR	
Her	е	Type or print name and title	<del></del>
_		Print/Type preparer's name Preparer's signature	Date Check PTIN
Paid	i	Lawrence Taub	05Sep14 fself-employed P00028605
	- parer	Firm's name LAWRENCE TAUB COUNSELLOR AT LAW PC	Firm's EIN > 85-0352005
	Only	Firm's address 1000 CORDOVA PL., STE 618	
	-	SANTA FE, NM 87505-1725	Phone no.
Max	the II	22 discuss this return with the preparer shows shows? (see instructions)	X Vas No

SCANNED SEP 3 0 2014

o <u>rm</u>	1990 (2013) SOUTHWEST RESEARCH & INFORMATION CENTER 23-7159	949	Page 2
Par	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
-	SOUTHWEST RESEARCH AND INFORMATION CENTER IS A MULTI-CULTURAL		
	ORGANIZATION WORKING TO PROMOTE THE HEALTH OF PEOPLE AND COMMUN	ITIES	· · · · · · · · · · · · · · · · · · ·
	PROTECT NATURAL RESOURCES, ENSURE CITIZEN PARTICIPATION, AND SE		
	ENVIRONMENTAL AND SOCIAL JUSTICE NOW AND FOR FUTURE GENERATIONS		
2		•	
2	Did the organization undertake any significant program services during the year which were not listed on		X No
	the prior Form 990 or 990-EZ?	1 es	140
_	If "Yes," describe these new services on Schedule O		X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	-A⊒ No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by experiences are serviced accomplishments.		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total ex	oenses, a	nd
	revenue, if any, for each program service reported		
4a	(Code) (Expenses \$302, 349. including grants of \$\$) (Revenue \$\$		<u>50.</u> )
	THE URANIUM IMPACT ASSESSMENT PROGRAM PROVIDES MULTI-FACETED AS		
	TO COMMUNITIES IMPACTED BY URANIUM DEVELOPMENT. A MAJOR EMPHASI		
	NAVAJO BIRTH COHORT STUDY, A COLLABORATIVE STUDY TO BETTER UNDE		
	THE RELATIONSHIP BETWEEN URANIUM EXPOSURES AND BIRTH OUTCOMES A	ND E	RLY
		CLUDE	
	SRIC, UNIVERSITY OF NEW MEXICO COMMUNITY ENVIRONMENTAL HEALTH F	ROGRA	M,
	NAVAJO AREA INDIAN HEALTH SERVICE, NAVAJO NATION DIVISION OF HE		
	AND CENTERS FOR DISEASE CONTROL AND PREVENTION/AGENCY FOR TOXIC		
	SUBSTANCES AND DISEASE REGISTRY. THE WEBSITE, HTTP://WWW.		
	SRIC.ORG/NBCS/INDEX.PHP PROVIDES EXTENSIVE INFORMATION ABOUT TH	E STU	JDY.
4b	(Code ) (Expenses \$ 210,867. including grants of \$ 2,040.) (Revenue \$	9,5	36.)
	THE NUCLEAR WASTE PROGRAM PROVIDES TECHNICAL ASSISTANCE TO COMM		
	GROUPS AND INFORMATION TO THE PUBLIC AND POLICYMAKERS REGARDING	NUCI	EAR
	WEAPONS PRODUCTION FACILITIES IN NEW MEXICO, AND NUCLEAR WASTE		
	FACILITIES, ESPECIALLY WIPP IN NEW MEXICO AND SITES THAT SHIP T	IIW O	PP.
	THE WEBSITE, HTTP://WWW.SRIC.ORG/NUCLEAR/INDEX.PHP PROVIDES EXT	ENSI	7E
	INFORMATION. THE NUCLEAR WATCH OF NEW MEXICO PROJECT THROUGH		
	COMPREHENSIVE RESEARCH, PUBLIC EDUCATION AND EFFECTIVE CITIZEN	ACTIO	N
	PROMOTES SAFETY AND ENVIRONMENTAL PROTECTION; DIVERSIFICATION A		
		THE	
	NATIONWIDE NUCLEAR WEAPONS COMPLEX; AND CONSISTENT U.S. LEADERS	HIP	
	TOWARD A WORLD FREE OF NUCLEAR WEAPONS. THE WEBSITE, WWW.NUKEWA	TCH.C	RG,
	PROVIDES EXTENSIVE INFORMATION ABOUT NUCLEAR ISSUES.	-	-
4c	(Code ) (Expenses \$ 117, 437 • including grants of \$ 0 • ) (Revenue \$	18,7	775.)
	SRIC PROVIDES DIRECT TECHNICAL ASSISTANCE TO DOZENS OF COMMUNIT	IES I	N
	NEW MEXICO REGARDING RESOURCE DEVELOPMENT, AIR AND WATER QUALIT		
	HEALTH, NUCLEAR WASTE STORAGE AND TRANSPORTATION, ENVIRONMENTAL		CT
	ASSESSMENT, AND RELATED MATTERS. THE ORGANIZATION ALSO IS INVOL		
	VARIOUS COALITIONS AND NETWORKS THAT PROMOTE RENEWABLE RESOURCE		
	DEVELOPMENT, ENVIRONMENTAL PROTECTION, AND ENVIRONMENTAL JUSTIC	E. TI	ΙΕ
	WEBSITE, WWW.SRIC.ORG PROVIDES EXTENSIVE INFORMATION ABOUT MANY	•	
	ENVIRONMENTAL AND HEALTH ISSUES.		
	THAT WORKERITUR WID HERVETH TODORD!		
	Oll San San San (Decombe in Schodule O.)		
4d	Other program services (Describe in Schedule O)  (Expenses \$ 332,658. including grants of \$ 11,677.) (Revenue \$	,	
	(Expenses 4	<del>/</del>	
<u>4e</u>	Total program service expenses ▶ 963,311.	Earm QC	10010

24704028 743960 24604066 24 23-7159949 SOUTHWEST RESEARCH & INFORMATION CENTER Form 990 (2013) Page 3 Part IV | Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? X If "Yes," complete Schedule A X Is the organization required to complete Schedule B. Schedule of Contributors? 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for X 3 public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect 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 X similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 6 Х 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, X 7 the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete 8 X 8 Schedule D. Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? X If "Yes," complete Schedule D, Part IV 9 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent X 10 endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X 11 as applicable a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, X 11a Part VI b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b Х c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total X assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c 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 Х 11d Part X, line 16? If "Yes," complete Schedule D, Part IX X e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses X the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete X Schedule D. Parts XI and XII 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D. Parts XI and XII is optional 12b Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 14a 14a Did the organization maintain an office, employees, or agents outside of the United States? b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 14b X or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any X foreign organization? If "Yes," complete Schedule F, Parts II and IV 15

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to 16 or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV

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

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

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

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16

17

18

19

20a

X

X

X

X

X

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SOUTHWEST RESEARCH & INFORMATION CENTER

Part IV | Checklist of Required Schedules (continued) Yes No 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 Х Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 X 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 X Schedule K If "No", go to line 25a 24a 24b b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c 24d d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a X disqualified person during the year? If "Yes," complete Schedule L, Part I 25a b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete X Schedule L. Part I 25b Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, X 26 complete Schedule L, Part II 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member X 27 of any of these persons? If "Yes," complete Schedule L, Part III 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions). 28a a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV **b** A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, X director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28¢ X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation X 30 contributions? If "Yes," complete Schedule M 31 Did the organization liquidate, terminate, or dissolve and cease operations? X 31 If "Yes," complete Schedule N, Part I 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete X 32 Schedule N, Part II 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations X sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and 34 Part V, line 1 35a 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 within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related organization? X 36 If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 X Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Х Note. All Form 990 filers are required to complete Schedule O Form 990 (2013) Form 990 (2013)

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Par				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 23			,
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable  1b  0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
_	(gambling) winnings to prize winners?	1c	Х	<u> </u>
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 10			
D	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	<u> </u>
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		1	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		X
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
48	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			v
_	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
D	If "Yes," enter the name of the foreign country			
<b>5</b> 0	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts			v
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5b 5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	3C		
-	any contributions that were not tax deductible as charitable contributions?	6a	х	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	- Oa		
_	were not tax deductible?	6b	х	
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	]	X
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		<u></u>
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting			Į
_	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			i
a	Did the organization make any taxable distributions under section 4966?	9a	$\overline{}$	
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	-	
	Section 501(c)(7) organizations. Enter			Ī
	Initiation fees and capital contributions included on Part VIII, line 12  Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b			ı
11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  Section 501(c)(12) organizations. Enter:		ł	ı
	Gross income from members or shareholders			ı
	Gross income from other sources (Do not net amounts due or paid to other sources against			ı
_	amounts due or received from them)			i
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	İ	ı
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			ı
	Is the organization licensed to issue qualified health plans in more than one state?	13a	1	
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the	. [		
	organization is licensed to issue qualified health plans	,		
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
		Form	990	(2013)

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Par	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a	"No" re		
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sect	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.			
h	Enter the number of voting members included in line 1a, above, who are independent  1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
~	officer, director, trustee, or key employee?	2		х
_		-		
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	3		х
_	of officers, directors, or trustees, or key employees to a management company or other person?			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		X
6	Did the organization have members or stockholders?	6		
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			۱.,
	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	<u> </u>
b	Each committee with authority to act on behalf of the governing body?	8b		Х
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		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
	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	
42	- I was to be a second of the	13	X	
13	Did the organization have a written whistleblower policy?	14	X	
14	Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent	<del>                                     </del>		$\vdash$
15	·			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	45-	х	
	The organization's CEO, Executive Director, or top management official	15a		Х
b	Other officers or key employees of the organization	15b		<u> </u>
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			İ
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			v
	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	•		ŀ
	exempt status with respect to such arrangements?	16b		
<u>Sec</u>	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	avaılab	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 finar	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			
33200	6 10-29-13	Forn	990	(2013
22200	_			

Farm 990 (2013)	SOUTHWEST	RESEARCH	&	INFORMATION	CENTER	23-7159949	Page 7		
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated									
Employees, a	Employees, and Independent Contractors								
Check if Schedule O contains a response or note to any line in this Part VII									

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any See 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.

(A)	(B)			(0	<b>&gt;</b> )			(D)	(E)	(F)
Name and Title	Average	را (		Pos	tion	than e		Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	s boti	h an	compensation	compensation	amount of
	week	_	cer an	aaa	recto	r/trus	(00)	from	from related	other
	(list any hours for	individual trustee or director				L		the organization	organizations (W-2/1099-MISC)	compensation from the
	related	e or d	ag			sated		(W-2/1099-MISC)	(***271099*141130)	organization
	organizations	truste	institutional trustee		gg.	mper		(11 2) 1000 111100)		and related
	below	dual	aga a	ä	Key employee	est co oyee	ia i			organizations
	line)	횰	ııstı	Officer	Key (	Highest compensated employee	Former			
(1) ESTHER YAZZIE-LEWIS	1.00							_	_	_
DIRECTOR		X				<u> </u>		0.	0.	0.
(2) MANUEL PINO	1.00								_	
DIRECTOR/PRESIDENT		X		X				0.	0.	0.
(3) JULIE STEPHENS	1.00	l						1		_
DIRECTOR	4 00	X	Щ.		_			0.	0.	0.
(4) SANDRA SIMONS-AILES	1.00	١								_
DIRECTOR/SEC & TREAS	1-00	Х	<u> </u>	Х	_			0.	0.	0.
(5) SYLVIA LEDESMA	1.00	ļ.,						١ ,	0.	_
DIRECTOR	1.00	X	_		⊢			0.	0.	0.
(6) ROBERT NOFCHISSEY	1.00	x		x	i			0.	0.	0.
DIRECTOR/V.P. (7) JUDITH ESPINOSA	1.00	Δ	┝	^	├—	H	_	0.	0.	·
DIRECTOR	1.00	x						0.	о.	0.
(8) STEVEN KANIG	1.00	Ĥ	-	-	┝	-	-			
DIRECTOR	1.00	$\mathbf{x}$						0.	0.	0.
(9) ANN WATSON	1.00	╒		┢	┢		┢			
DIRECTOR		x			ļ			0.	0.	0.
		┢	1			<u> </u>	_		_	·
		1	ļ		1					
-	†		Г							
		1								
		Г	Г							
		1			l					
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					1					
	<del> </del>	├-	<u> </u>	<u> </u>	⊢	ļ	₽			
	1	1		ı	ı	ı	ı	I	I	í

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								ATION CENTER		L59	949	Р	age 8
Part VII Section A. Officers, Directors, Trus		ploy	ees			ghe	st C						
(A) Name and title	( <b>B</b> ) Average hours per week	box	not c , unle	ss pe	ition more rson i	than is bot or/trus	h an	( <b>D</b> ) Reportable compensation from	(E) Reportable compensatio from related		an	(F) stimate nount other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS	1	fr org an	pensa rom th anızat d relat anızatı	e tion ted
		_		_									
			_										
		-											
		-					_						
					-	-							_
													<del></del>
1b Sub-total c Total from continuation sheets to Part V	I Section A		<u> </u>	<u> </u>	l	<u>.                                    </u>		0.		0.			0.
d Total (add lines 1b and 1c)  2 Total number of individuals (including but r			liote	ad a	hove	o) 141	<u> </u>	0.		0.			0.
compensation from the organization	iot minited to ti	1056	IISTE	eu a		e) w		eceived more than \$10	J,000 of reportable	. <del></del>	<u> </u>	Yes	0 No
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s			e, ke	ey er	nplo	yee	, or	highest compensated e	employee on		3		х
4 For any individual listed on line 1a, is the si and related organizations greater than \$15	•		•					•	the organization		4		х
5 Did any person listed on line 1a receive or rendered to the organization? If "Yes," com							ela	ted organization or indiv	ridual for services		5		Х
Section B. Independent Contractors  1 Complete this table for your five highest co	mnensated in	dene	ande	ant c	onti	racto		that received more than	\$100,000 of com	none	ation	from	
the organization. Report compensation for										iperis	alion		
(A) Name and business	address	N	INC	E				(B) Description of	services	С	ompe	C) nsatio	n
	·												
							_						
							_						
	<del>.</del>												
2 Total number of independent contractors (		not li	mıte	d to		se li	ste	d above) who received r	nore than				· · ·
\$100,000 of compensation from the organi	Zalion P		-			_					F	<u>ممم</u> ،	2012\

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Eorm	99 <u>0 (2</u>	013) SOUTHV	NEST RES	EARCH & ]	NFORMATIO	N CENTER	23-71599	949 Page 9
Par	t VIII							
		Check if Schedule O conta	ins a response	or note to any line	e in this Part VIII	75	- (A)	
,					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
ts si	1 a	Federated campaigns	1a				]	
اويز		Membership dues	1b					
A, E	С	Fundraising events	10				1	
를 를	d	Related organizations	1d					
Ş.E	е	Government grants (contribution	ons) 1e			ļ		
호기	f	All other contributions, gifts, grants	1 1	015 410				
혈취		similar amounts not included abov	e <b>[1f ]</b>	915,419.				
Contributions, Gifts, Grants and Other Similar Amounts	_	Noncash contributions included in lines	1a-1f \$		915,419.	1		
<u>a</u> 0	<u>h</u>	Total. Add lines 1a-1f			913,413.			
		CONCULTATION FEEC		Business Code 541900	28,961.	28,961.	-	
ice	2 a	CONSULTING FEES		241200	20,301	20,3021		
le g	b							
Program Service Revenue	C.							
gra Re	d							
Pro	e I f	All other program service reve	nue ——			<u> </u>		
		Total. Add lines 2a-2f		<b>•</b>	28,961			
	3	Investment income (including	dividends, inter	rest, and				<u> </u>
	`	other similar amounts)		<b>•</b>	4,939	• <u> </u>		4,939
	4	Income from investment of tax	k-exempt bond	proceeds				
	5	Royalties						<b> </b>
	ļ	•	(ı) Real	(II) Personal				
	6 a	Gross rents	1,200		ļ			į
	b	Less: rental expenses	475					
	c	Rental income or (loss)	725					725
	d	, ,			725	•	<u> </u>	125
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				ŀ
		assets other than inventory		<del></del>	-			
	b	Less: cost or other basis						
		and sales expenses	<u> </u>	+	-			
	C	, ,	L					
	d	_ ` ` `	a ovente (not					
ĕ	8 a	including \$	of			1		
Ver		contributions reported on line						
æ	1	Part IV, line 18		a 11,437.	,		ļ	
Other Revenu	<sub>6</sub>	Less: direct expenses		ь 4,570.			_	
δ		Net income or (loss) from fund	draising events	<b></b>	6,867	•		6,867
	1	Gross income from gaming a				ì		1
		Part IV, line 19		a				
	b	Less: direct expenses		b	<u> </u>	-		}
	0	: Net income or (loss) from gan	ning activities				<del></del>	-
	10 a	Gross sales of inventory, less	returns					
		and allowances		a	4			
		Less. cost of goods sold		b	<b>-</b>  -			
	<u></u>	Net income or (loss) from sale		Program 0		+	<del>                                     </del>	<del>                                     </del>
		Miscellaneous Revenu UNRELATED BUSII	UE NTERR THA	Business Code 561439	123		123	.
	11 a		AEDD INC	101439	123	<del>`</del>	<del>                                     </del>	<del>                                     </del>
	"			-	<del>                                     </del>	+	<del>                                     </del>	<del>                                     </del>
	'			-	<del> </del> -	<del></del>	†	
	1	d All other revenue Total. Add lines 11a-11d		<u> </u>	123			
	12	Total revenue. See instructions.		•	957,034		. 123	
332	009 29-13						<del></del>	Form <b>990</b> (201

SOUTHWEST RESEARCH & INFORMATION CENTER

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Form 990 (2013) SOUTHWEST RES

Secti	on 501(c)(3) and 501(c)(4) organizations must com	plete all columns. All oth	er organizations must co	mplete column (A)	
	Check if Schedule O contains a respon	se or note to any line in			X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21	6,790.	6,790.		
2	Grants and other assistance to individuals in	-			
	the United States. See Part IV, line 22	6,927.	6,927.		
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)	254 630	224 705	00 000	
7	Other salaries and wages	354,838.	331,785.	23,053.	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	27,145.	25,381.	1,764.	
11	Fees for services (non-employees):				
а	Management	400 505	402 705		
b	Legal	103,795.	103,795.	12 266	
С	Accounting	12,366.		12,366.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				<del></del>
g	Other. (If line 11g amount exceeds 10% of line 25,	200 242	265 043	25,300.	
	column (A) amount, list line 11g expenses on Sch O.)	290,343. 6,212.	265,043. 6,212.	23,300.	
12	Advertising and promotion	28,371.	26,077.	2,294.	
13	Office expenses	20,3/1.	20,077.	2,254.	
14	Information technology				
15	Royalties	9,024.	6,261.	2,763.	
16	Occupancy	116,926.	116,319.	607.	
17	Travel	110,520.	110,315		
18	Payments of travel or entertainment expenses				
19	for any federal, state, or local public officials  Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates			-	
22	Depreciation, depletion, and amortization	6,640.		6,640.	
23	Insurance	41,127.	32,875.	8,252.	
24	Other expenses. Itemize expenses not covered	<u> </u>			
_,	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	TELEPHONE	12,136.	7,438.	4,698.	<del></del>
a b	CHARGES & INTEREST	10,763.	8,497.	2,266.	
C	TAXES	10,299.	10,299.		
ď	REPRODUCTION AND PRINTI	5,099.	5,099.		
e e	All other expenses	14,037.	4,513.	9,432.	92.
25	Total functional expenses. Add lines 1 through 24e	1,062,838.	963,311.	99,435.	92.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				<del></del>
20001	0. 10. 20-13				Form <b>990</b> (2013)

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Par	t X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			<b>(A)</b> Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		1	
	2	Savings and temporary cash investments	232,641.	2	148,302
	3	Pledges and grants receivable, net	51,399.	3	108,305
1	4	Accounts receivable, net	26,784.	4	13,910
	5	Loans and other receivables from current and former officers, directors,	20,7011	_	13,310
		trustees, key employees, and highest compensated employees Complete			
		Part If of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under		<u> </u>	
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
s		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
As	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	3,170.	9	3,931
		Land, buildings, and equipment cost or other	3/2700	-	3,331
	100	basis. Complete Part VI of Schedule D 10a 317, 074.			
	ь	Less: accumulated depreciation 10b 163,738.	153,107.	100	153,336
	11	Investments - publicly traded securities	200,207	11	233,330
	12	Investments - other securities. See Part IV, line 11	85,368.	12	90,169
	13	Investments - program-related. See Part IV, line 11		13	30,203
	14	Intangible assets	·	14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	552,469.	16	517,953
	17	Accounts payable and accrued expenses	42,582.	17	59,874
	18	Grants payable		18	
	19	Deferred revenue	- <del>**</del>	19	
	20	Tax-exempt bond liabilities	<del></del>	20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ģ	22	Loans and other payables to current and former officers, directors, trustees,	-		
litie		key employees, highest compensated employees, and disqualified persons			
Liabilities		Complete Part II of Schedule L		22	
<b>ב</b>	23	Secured mortgages and notes payable to unrelated third parties	<del></del> -	23	
	24	Unsecured notes and loans payable to unrelated third parties	··-··	24	· · · · · · · · · · · · · · · · · · ·
	25	Other liabilities (including federal income tax, payables to related third			<u> </u>
		parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	42,582.	26	59,874
		Organizations that follow SFAS 117 (ASC 958), check here			
Se		complete lines 27 through 29, and lines 33 and 34.			
Š	27	Unrestricted net assets	289,664.	27	272,163
39	28	Temporanly restricted net assets	193,223.	28	158,916
<u>م</u>	29	Permanently restricted net assets	27,000.	29	27,000
2		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐			
þ		and complete lines 30 through 34.			`
ets	30	Capital stock or trust principal, or current funds		30	
Net Assets or Fund Balances	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
j j	32	Retained earnings, endowment, accumulated income, or other funds		32	
ا ۲	33	Total net assets or fund balances	509,887.	33	458,079
	34	Total liabilities and net assets/fund balances	552,469.	34	517,953.

Form **990** (2013)

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Par	t XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI				<u> </u>		
			0.51	- ^	<b>~</b> 4		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1 06	7,0	34.		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,06				
3	Revenue less expenses. Subtract line 2 from line 1	3	<10				
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	50	9,8	<u>8 / •</u>		
5	Net unrealized gains (losses) on investments	5	-	2 2	~~		
6	Donated services and use of facilities	6	5.	3,9	<del>96.</del>		
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.		
10	10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,						
	column (B))	10	45	8,0	<u>/9.</u>		
Pa	t XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII				<u> </u>		
				Yes	No		
1	Accounting method used to prepare the Form 990.   Cash X Accrual Other				l		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	: O			3.5		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u> </u>		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a			ĺ		
	separate basis, consolidated basis, or both				l		
	Separate basis Consolidated basis Both consolidated and separate basis			37			
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	<u> </u>		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	te basis,					
	consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ne audit,	• _	x	l		
	review, or compilation of its financial statements and selection of an independent accountant?		2c		<del></del>		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				1		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			x		
	Act and OMB Circular A-133?		3a	-	<u> </u>		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	iired audit	_,		1		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	000	(004.6)		
			Form	220	(2013)		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

Internal Revenue Service

# **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

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

| Employer identification number

OMB No 1545-0047

Open to Public Inspection

SOUTHWEST RESEARCH & INFORMATION CENTER 23-7159949 Reason for Public Charity Status (All organizations must complete this part ) See instructions. Part I 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). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 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 **b** Type II c Type III - Functionally integrated d Type III - Non-functionally integrated a Type I 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? Yes A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Nο 11g(i) the governing body of the supported organization? (ii) A family member of a person described in (i) above? 11g(ii) 11g(iii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the supported organization(s) h (vi) Is the (iv) is the organization (v) Did you notify the (vii) Amount of monetary (i) Name of supported (ii) EIN (iii) Type of organization rganization in col. in col. (i) listed in your organization in col. (described on lines 1-9 (i) organized in the U.S.? support organization above or IRC section governing document? (i) of your support? (see instructions)) Yes No Yes Yes No

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

Schedule A (Form 990 or 990-EZ) 2013

332021 09-25-13 Schedule A (Form 990 or 990-EZ) 2013 SOUTHWEST RESEARCH & INFORMATION CENTER 23-7159949 Page 2

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

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

Sec	Section A. Public Support											
Cale	ndar year (or fiscal year beginning in) 🗩	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total					
1	Gifts, grants, contributions, and											
	membership fees received (Do not											
	include any "unusual grants.")	836,019.	762,839.	955,452.	757,643.	915,419.	4227372.					
2	Tax revenues levied for the organ-											
	ization's benefit and either paid to											
	or expended on its behalf											
3	The value of services or facilities						_					
	furnished by a governmental unit to	<b> </b>				<b> </b>						
	the organization without charge											
4	Total. Add lines 1 through 3	836,019.	762,839.	955,452.	757,643.	915,419.	4227372.					
5	The portion of total contributions											
	by each person (other than a											
	governmental unit or publicly											
	supported organization) included											
	on line 1 that exceeds 2% of the											
	amount shown on line 11,											
	column (f)						630,715.					
_6	Public support. Subtract line 5 from line 4						3596657.					
	ction B. Total Support											
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total					
7	Amounts from line 4	836,019.	(b) 2010 762,839.	955,452.	757,643.	915,419.	4227372.					
8	Gross income from interest,											
	dividends, payments received on	j										
	securities loans, rents, royalties											
	and income from similar sources	8,210.	7,912.	3,716.	5,418.	6,140.	31,396.					
9	Net income from unrelated business											
	activities, whether or not the											
	business is regularly carned on	219.	342.	248.	122.	123.	1,054.					
10	Other income. Do not include gain											
	or loss from the sale of capital											
	assets (Explain in Part IV)		27,656.	16,895.	34,926.	11,438.	90,915.					
11	Total support. Add lines 7 through 10						4350737.					
	Gross receipts from related activities,	etc (see instruction	ons)			12	272,794.					
	First five years. If the Form 990 is for	•	•	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)						
	organization, check this box and stop	here				<u> </u>	<b>_</b>					
Se	ction C. Computation of Publ	ic Support Pe	rcentage									
14	Public support percentage for 2013 (	line 6, column (f) d	ivided by line 11, o	column (f))		14	82.67 %					
	Public support percentage from 2012					15	81.91 %					
	33 1/3% support test - 2013. If the			n line 13, and line	14 is 33 1/3% or n	nore, check this bo						
	stop here. The organization qualifies						$\triangleright$ X					
t	33 1/3% support test - 2012. If the				l line 15 is 33 1/3%	or more, check th	nis box					
	and stop here. The organization qual	lifies as a publicly s	supported organiz	ation			ightharpoons					
17a	10% -facts-and-circumstances tes	t - 2013. If the org	anization did not d	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,					
	and if the organization meets the "fac											
	meets the "facts-and-circumstances"						▶□					
t	10% -facts-and-circumstances tes					17a, and line 15 is	10% or					
	more, and if the organization meets t											
	organization meets the "facts-and-cire						▶□					
18	Private foundation. If the organization						s <b>▶</b> □					

Schedule A (Form 990 or 990-EZ) 2013

Schedule A (Form 990 or 990-EZ) 2013 Page 3 Part III | Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2009 (c) 2011 (d) 2012 (e) 2013 (f) Total (b) 2010 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 4 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 B Public support (Subtract line 7c from line 6.) Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2009 **(b)** 2010 (c) 2011 (d) 2012 (e) 2013 (f) Total 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) 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)) 15 16 16 Public support percentage from 2012 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)) 17 % 18 % 18 Investment income percentage from 2012 Schedule A, Part III, line 17 19a 33 1/3% support tests - 2013. 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 - 2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and

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Schedule A (Form 990 or 990-EZ) 2013

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

	Also complete the	s part for any addition	al information. (See	is required by Fart i instructions).	ll, line 10; Part II, line	Tradi Trb, and tait in	1, III 12
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### **SCHEDULE C** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

### **Political Campaign and Lobbying Activities**

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

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

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

OMB No 1545-0047

**Open to Public** Inspection

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

• 5	Section 501(c)(4), (5), or (6) organiza	tions: Complete Part III				
	e of organization				Emplo	yer identification number
		ST RESEARCH & IN				23-7159949
Pa	rt I-A   Complete if the org	ganization is exempt unde	er section 501(c)	or is a section 5	<u>27 or</u>	ganization.
	Provide a description of the organiz	zation's direct and indirect politica	ıl campaıgn actıvıtıes ır	Part IV.	▶\$	
3	Volunteer hours					
					_	
Pa	rt I-B Complete if the org	ganization is exempt unde	er section 501(c)(	3).		
1	Enter the amount of any excise tax	incurred by the organization und	er section 4955		▶\$.	
2	Enter the amount of any excise tax	incurred by organization manage	rs under section 4955		▶\$.	
3	If the organization incurred a section	on 4955 tax, did it file Form 4720 f	or this year?			Yes Mo
4a	Was a correction made?					└─ Yes └─ No
b	If "Yes," describe in Part IV			avaant aaatlan	EN47	1/01
	rt I-C Complete if the or					:)(3).
	Enter the amount directly expende	, , ,	•		▶\$	
2	Enter the amount of the filing organ	nization's funds contributed to oth	er organizations for se	ction 527		
_	exempt function activities		. 5 4400 001		<b>-</b> \$.	
3	Total exempt function expenditure	s Add lines 1 and 2. Enter here ar	nd on Form 1120-POL,		•	
	line 17b	4400 POL 6			▶\$	Yes No
	Did the filing organization file Form		I) of all another 507 and			
Ð	Enter the names, addresses and emade payments. For each organization					
	contributions received that were p					
	political action committee (PAC) If				-,	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid f	rom	(e) Amount of political
	(a) Name	(b)/iddiess	(0, 2	filing organizatio		contributions received and
				funds. If none, ente	er ⋅0⋅	promptly and directly delivered to a separate
			1			political organization
						If none, enter -0
			<u> </u>	L		<u> </u>

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

Schedule C (Form 990 or 990-EZ) 2013

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Schedule C (Form 990 or 990 EZ) 2013 S Part II-A   Complete if the orga	SOUTHWE:	ST RI	ESEARCH & II	NFORMATION 1 501(c)(3) and fil	CENTER 23-7 ed Form 5768	159949 Page 2
(election under sect			•			
			ated group (and list in	Part IV each affiliated	group member's nam	e, address, EIN,
expenses, and share						
B Check ▶ ☐ if the filing organizati	on checked t	oox A an	d "limited control" pro	visions apply		
Limits	s on Lobbyin litures" mean		ditures nts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influe	ience nublic o	ninion (c	arass roots lobbying)		1,740.	
b Total lobbying expenditures to influe	•				3,000.	
c Total lobbying expenditures (add lin	_		y (direct loopying)		4,740.	
d Other exempt purpose expenditures		''			1,058,006.	
e Total exempt purpose expenditures		and 1d	1		1,062,746.	
f Lobbying nontaxable amount. Enter	•		•	n columns	181,275.	
If the amount on line 1e, column (a) or			oying nontaxable ame			
Not over \$500,000			the amount on line 1e			
Over \$500,000 but not over \$1,000,	-		0 plus 15% of the exc	ess over \$500,000.		
Over \$1,000,000 but not over \$1,500			0 plus 10% of the exc			
Over \$1,500,000 but not over \$17,0			0 plus 5% of the exce			
Over \$17,000,000		\$1,000,0		35 516. 41,655,655		
0701 017,000,000		ψ1,000,c	700.			
g Grassroots nontaxable amount (ent	ter 25% of line	e 1f)			45,319.	
h Subtract line 1g from line 1a If zero		•			0.	
i Subtract line 1f from line 1c. If zero	•				0.	
j If there is an amount other than zero	•		line 1i, did the organiza	ation file Form 4720		<u> </u>
reporting section 4911 tax for this y					[	Yes No
		ear Ave	raging Period Under	Section 501(h)		
	ations that m	ade a s	ection 501(h) election	n do not have to comes 2a through 2f on pa		
	Lobbyin	g Exper	ditures During 4-Yea	r Averaging Period		
		<u> </u>				
Calendar year	(a) 201	o	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) Total
(or fiscal year beginning in)						
2a Lobbying nontaxable amount	165,	329.	165,780.	168,046.	181,275.	680,430.
b Lobbying ceiling amount						
(150% of line 2a, column(e))						1,020,645.
c Total lobbying expenditures	5 ,	025.	20,185.	3,449.	4,740.	33,399.
d Grassroots nontaxable amount	41,	332.	41,445.	42,012.	45,319.	170,108.
e Grassroots ceiling amount						
(150% of line 2d, column (e))						255,162.
f Grassroots lobbying expenditures					1,740.	1,740.

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

For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description		(6	a)	(b)		
	e lobbying activity	Yes	No	Amo	unt	
1	During the year, did the filing organization attempt to influence foreign, national, state or					
	local legislation, including any attempt to influence public opinion on a legislative matter			ŀ		
	or referendum, through the use of.					
а	Volunteers?			1		
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		-			
	Media advertisements?		<del>                                     </del>			
	Mailings to members, legislators, or the public?	<u> </u>	<del> </del>	-		
	Publications, or published or broadcast statements?		<del> </del>			
	Grants to other organizations for lobbying purposes?		ļ	ļ		
•	Direct contact with legislators, their staffs, government officials, or a legislative body?					
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
	Other activities?					
_	Total Add lines 1c through 1i		<del> </del>	<del> </del>		
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	<u> </u>	<u> </u>		<del></del>	
	If "Yes," enter the amount of any tax incurred under section 4912			<u> </u>		
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912		<del>                                     </del>			
_	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), sect	ion 501(c)	1/5) or se	oction		
Fai	501(c)(6).	1011 30 1(6)	)(J), UI 36	SCHOIL		
	30 1(c)(o).			Yes	No	
_	Mars as heatestally all (000) as massal diseases as a mandady stable by marshare?			103	140	
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?  III-B Complete if the organization is exempt under section 501(c)(4), sect	ion 501(c)	1/5\ or se	action		
[F di	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered				na 3 is	
	answered "Yes."	u 140, O	n (b) rai	t III-74, III	ie 0, 13	
_			1	Ţ		
1	Dues, assessments and similar amounts from members	ical	<del></del>	<del>                                     </del>		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	licai				
_	expenses for which the section 527(f) tax was paid).		20			
	Current year		2a 2b			
	Carryover from last year		20 20			
_	Total					
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	<del> </del>		
5			5	<u> </u>		
Prov	Taxable amount of lobbying and political expenditures (see instructions)  **T IV   Supplemental Information  ide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group, complete this part for any additional information.	up list); Part I	5	and Part II-E	3, line 1	
		<del></del>				
	· · · · · · · · · · · · · · · · · · ·					
		0 - 1	4- 0 /F		1 E 7 \ 00	

#### **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.

Information about Schedule D (Form 990) and its instructions is at www.us.gov/torm990.

Open to Public Inspection

OMB No 1545-0047

Name of the organization

**Employer identification number** 

- B		& INFORMATION CENTER	23-7159949
Par	Organizations Maintaining Donor Advised	Funds or Other Similar Funds or A	ACCOUNTS. Complete if the
	organization answered "Yes" to Form 990, Part IV, line 6		
		(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 wr	riting that the assets held in donor advised fur	nds
	are the organization's property, subject to the organization's ex		Yes No
6	Did the organization inform all grantees, donors, and donor adv	-	only
•	for charitable purposes and not for the benefit of the donor or	ŭ ŭ	
	impermissible private benefit?		Yes No
Par		nization answered "Yes" to Form 990, Part IV	
1	Purpose(s) of conservation easements held by the organization		
•	Preservation of land for public use (e.g., recreation or edi	· — — · · · · ·	lly important land area
	Protection of natural habitat	Preservation of a certified h	
	Preservation of open space	Freservation of a certified in	istoric structure
•	·	od a a a a contrata a a a tha farm of a a	annonyation accompant on the last
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the form of a co	onservation easement on the last
	day of the tax year		Held at the End of the Tax Year
	The large to the second second second		<del>                                     </del>
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
	Number of conservation easements on a certified historic struc	• •	2c
d	Number of conservation easements included in (c) acquired aff	ter 8/17/06, and not on a historic structure	<b>i i</b>
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, release	ased, extinguished, or terminated by the orgai	nization during the tax
	year ▶		
4	Number of states where property subject to conservation ease		
5	Does the organization have a written policy regarding the period		
_	violations, and enforcement of the conservation easements it h		Yes L No
6	Staff and volunteer hours devoted to monitoring, inspecting, a	-	· —
7	Amount of expenses incurred in monitoring, inspecting, and er		
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section 170(h)(4)(l	
_	and section 170(h)(4)(B)(ii)?		└ Yes └ No
9	In Part XIII, describe how the organization reports conservation	·	
	include, if applicable, the text of the footnote to the organization	on's financial statements that describes the or	ganization's accounting for
D-	conservation easements	A.t. Historical Tonganous an Other	Oimiles Assats
Pai			Similar Assets.
	Complete if the organization answered "Yes" to Form 9		
1a	If the organization elected, as permitted under SFAS 116 (ASC		
	historical treasures, or other similar assets held for public exhib		public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describe		
b	If the organization elected, as permitted under SFAS 116 (ASC		
	treasures, or other similar assets held for public exhibition, edu	ucation, or research in furtherance of public se	ervice, 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		
2	If the organization received or held works of art, historical treas		, provide
	the following amounts required to be reported under SFAS 116	6 (ASC 958) relating to these items:	
а	Revenues included in Form 990, Part VIII, line 1		► \$ ► \$
b	Assets included in Form 990, Part X		<b>&gt;</b> \$

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

Schedule D (Form 990) 2013

Sche	oute E (1 otto otto otto otto otto otto otto o	ST RESEARC		_					<u>59949</u>	
	t III   Organizations Maintaining C									
3	Using the organization's acquisition, accessi	on, and other record	ls, check	any of the	following tha	t are a sig	nıfıcant us	e of its	collection	tems
	(check all that apply):									
а	Public exhibition	d			nange progra	ıms				
b	Scholarly research	е	ا ا	Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	n how the	ey f <b>urthe</b> r th	ne organization	on's exem	pt purpose	e in Par	XIII	
5	During the year, did the organization solicit of					er sımılar a	assets	_	٦	
_	to be sold to raise funds rather than to be ma								<b>Yes</b>	No_
Par	t IV Escrow and Custodial Arran		ete if the	organizatio	n answered '	'Yes" to F	orm 990, F	Part IV, I	ine 9, or	
	reported an amount on Form 990, Pa	<del></del>								
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for o	contribution	s or other as	sets not ir	ncluded		٦	<b>—</b>
_	on Form 990, Part X?								J Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing ta	able						
							1.		Amount	<u> </u>
C	Beginning balance						1c			
đ	Additions during the year						1d			
_	Distributions during the year						1e			
f	Ending balance	000 D-4 V I	040				1f		V	T No.
	Did the organization include an amount on F					Dad VIII			」 Yes	⊢ No
Pai	t V Endowment Funds. Complete in						· · · · · · · · · · · · · · · · · · ·			<u></u>
I as	Endownient Lands: Complete			nor year	(c) Two year		d) Three yea	re hack	(a) Four	years back
10	Reginning of year balance	(a) Current year	(0) (-1	ior year	(C) TWO YOU	3 Dack 16	ij mice yee	ii 3 Dack	(e) i oui	yours buok
_	Beginning of year balance Contributions									
b										
9	Net investment earnings, gains, and losses Grants or scholarships									
	Other expenditures for facilities									
C	and programs		ļ							
f	Administrative expenses									
g	End of year balance		<del></del>							<del></del>
2	Provide the estimated percentage of the cur	rent year end baland	ce (line 1d	n column (a	)) held as					
– a	Board designated or quasi-endowment	torre your one building	%	g, 00.a (c	.,,					
ь	Permanent endowment	%								
	Temporarily restricted endowment	<del></del> /*								
	The percentages in lines 2a, 2b, and 2c shot									
За	Are there endowment funds not in the posse	· ·	ation tha	t are held a	nd administe	ered for the	e organiza	tion		
	by:	J					_		ſ	Yes No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
b	b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?									
4	Describe in Part XIII the intended uses of the	e organization's ende	owment f	unds.						
Pai	t VI Land, Buildings, and Equipn	nent.								
	Complete if the organization answere	d "Yes" to Form 990	), Part IV,	, line 11a. S	ee Form 990	, Part X, III	ne 10.			
	Description of property	(a) Cost or o			or other		cumulated		(d) Bool	k value
		basis (investi		basis	(other)	depr	reciation			0 004
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b	Buildings	106,	T72.				68,39	<u> </u>	3	7,734.
	Leasehold improvements	100	240				05 24	<del>,</del>	4	1 000
	Equipment	106,		<del></del>			95,34	<u> </u>		1,002. 2,379.
_	Other		379.	··· (D) /	10(-))			+		<del>2,3/9.</del> 3,336.
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Schedule D (Form 990) 2013

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		(b) Book value	(c) Method of v	aluation: Cost or en	nd-of-year market value
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Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.	TITTE				· ·-
E		33,327	· COBI	<del></del>	<u></u>
(G) (G) (G) (H) (Fibil. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶  Part VIII   Investments - Program Related.  Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13  (a) Description of investment   (b) Book value   (c) Method of valuation Cost or end-of-year market value   (1) (2) (3) (4) (5) (9) (9) (9) (9) (9) (9) (9) (9) (9) (17) (10) (10) (10) (10) (10) (10) (10) (10		<del>-</del>	+		
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2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the				l	
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Schedule D (Form 990) 2013

Schedule D (Form 990) 2013 SOUTHWEST RESEARCH & INFOR	MATION CENTER	23-7159949 Page
Part XI Reconciliation of Revenue per Audited Financial Statem	ents With Revenue per	
Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.		·
1 Total revenue, gains, and other support per audited financial statements		1 1,066,528
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a Net unrealized gains on investments	2a 53 00 C	4
<b>b</b> Donated services and use of facilities	2b 53,996	<b>-</b>
c Recoveries of prior year grants	2c	_
d Other (Describe in Part XIII.)	2d 55,497	
e Add lines 2a through 2d		2e 109,493
3 Subtract line 2e from line 1		3 957,03
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1.1	
a Investment expenses not included on Form 990, Part VIII, line 7b	4a   4b   <1	<b>_</b> L
b Other (Describe in Part XIII.)	4b <1	႕ [
c Add lines 4a and 4b		
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) Part XII   Reconciliation of Expenses per Audited Financial Staten	nente With Evnences no	
Complete if the organization answered "Yes" to Form 990, Part IV, line 12a		i netam.
1 Total expenses and losses per audited financial statements		1 1,118,330
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		-, -, -, -, -, -, -, -, -, -, -, -, -,
a Donated services and use of facilities	2a	
b Prior year adjustments	2b	<b>-</b>
c Other losses	2c	-
d Other (Describe in Part XIII )	2d 55,497	<b>7</b>
e Add lines 2a through 2d		2 <sub>e</sub> 55,49
3 Subtract line 2e from line 1		3 1,062,83
4 Amounts included on Form 990, Part IX, line 25, but not on line 1		<u> </u>
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
<b>b</b> Other (Describe in Part XIII )	4b <1	
c Add lines 4a and 4b		4c   <
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5 1,062,83
Part XIII Supplemental Information.		
ines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any add		
PART XI, LINE 2D - OTHER ADJUSTMENTS:		
ADMINISTRATIVE FEES		
DIRECT RENTAL EXPENSE		
FUND RAISING COSTS		
PART XI, LINE 4B - OTHER ADJUSTMENTS:		
ROUNDING ERROR		
PART XII, LINE 2D - OTHER ADJUSTMENTS:		
ADMINISTRATIVE FEES		
DIRECT RENTAL EXPENSE		Schedule D (Form 990) 2
28		•
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Schedule D (Form 990) 2013 SOUTHWEST RESEARCH & INFORMATION CENTER 23-7159949 Page 5
Part XIII   Supplemental Information (continued)
FUND RAISING COSTS
DARW VII IING AD OMUED AD THEMPANDE.
PART XII, LINE 4B - OTHER ADJUSTMENTS:
ROUNDING ERROR
FORM 990, SCH. D PART XI LINE 2D AND PART XII LINE 20
EXPLANATION: PART XI - LINE 2D - DIRECT RENT EXPENSE (475) PART XI - LINE
2D - ADMINISTRATIVE FEES (50,452) PART XI - LINE 2D - FUND-RAISING COSTS
(4,570) ENT EXPENSE (475) PART XII - LINE 2D - ADMINISTRATIVE FEES
(50,452) PART XII - LINE 2D - FUND-RAISING COSTS (4,570).
(50/102/ 1121 1121 1121 1121 1121 1121 112

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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, Attach to Form 990 Department of the Treasury Internal Revenue Service SCHEDULE (Form 990)

Open to Public

**JMB No 1545-0047** 

Employer identification number Inspection ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Name of the organization

**2** Schedule I (Form 990) (2013) 23-7159949 (h) Purpose of grant or assistance X Yes 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 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) (e) Amount of non-cash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. SOUTHWEST RESEARCH & INFORMATION CENTER (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section if applicable LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Enter total number of other organizations listed in the line 1 table 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 Part I Part II

332101 10-29-13

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Page 2 (f) Description of non-cash assistance 23-7159949 (e) Method of valuation (book, FMV, appraisal, other) Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed. 0.BOOK-CASH AMOUNT PAID Part IV | Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information EXPLANATION: SUBMITTED PROPOSED PROJECT. SCOPE OF WORK AND BUDGET ARE REVIEWED AND APPROVED BEFORE ANY FUNDS ARE DISBURSED. REPORTING FROM RECIPIENTS IS REVIEWED TO CONFIRM SCOPE OF WORK PERFORMED AND FUNDS (d) Amount of non-cash assistance SOUTHWEST RESEARCH & INFORMATION CENTER 6,927. (c) Amount of cash grant 20 (b) Number of recipients PAYMENT OF HOUSING, UTILITY COSTS AND TRAVEL EXPENSES FOR GYNECOLOGICAL CANCER PATIENTS. (a) Type of grant or assistance PROPERLY EXPENDED Schedule I (Form 990) (2013)

Part III Grants and Othe LINE PART I,

Schedule I (Form 990) (2013)

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**SCHEDULE 0** (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

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

**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 EXPENSES \$ 332,658. INCLUDING GRANTS OF \$ 11,677. REVENUE \$ 0. FORM 990, PART VI, SECTION A, LINE 8B: EXPLANATION: THERE IS NO COMMITTEE WITH AUTHORITY TO ACT FOR THE BOARD. FORM 990, PART VI, SECTION B, LINE 11 B: EXPLANATION: THE TREASURER ON BEHALF OF THE BOARD REVIEWS FORM 990 BEFORE FILING. FORM 990, PART VI, SECTION B, LINE 12C: EXPLANATION: MONITOR AND ENFORCE THROUGH DISCLOSURE AND BOARD DISCUSSION. FORM 990, PART VI, SECTION B, LINE 15A: EXPLANATION: COMPENSATION SET BY BOARD, WITH SALARY LEVEL BELOW USUAL AND CUSTOMARY LEVELS, THEREFORE NO OUTSIDE PARTIES CONSULTED. FORM 990, PART VI, SECTION C, LINE 19: EXPLANATION: UPON REQUEST

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

Schedule O (Form 990 or 990-EZ) (2013)

Name of the organization SOUTHWEST RESEARCH & INFORMATION CENTER	Employer identification number 23-7159949
FORM 990, PART IX, LINE 11G, OTHER FEES:	
SEE SCHEDULE O:	
PROGRAM SERVICE EXPENSES	265,043.
MANAGEMENT AND GENERAL EXPENSES	25,300.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	290,343.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	290,343.
FORM 990, PART IX, LINE 11G, COL A	
EXPLANATION: THE ABOVE EXPENSES ARE FOR PROFESSIONAL SERV	VICES RENDERED
IN SUPPORT OF 14 PROGRAM AREAS PROVIDING SPECIALIZED ASSI	STANCE, AS
NEEDED.	
<del></del>	