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# Department of the Treasury

SCANNED CED 19

# 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

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	2014 calendar year, or tax year beginning	and e	ending	S. O. C.	
В	heck if	C Name of organization	XTENSION ATTACHED	)	D Employer identifi	cation number
_ a	pplicable □Addres					
	change	SOUTHWEST RESEARCH & II	NFORMATION CENTE	R		
Ļ.	∏Name _change ∏Initial	Doing business as			23-7	159949
Ļ	_lreturn	Number and street (or P.O. box if mail is not deli	vered to street address)	Room/suite	E Telephone numbe	
	Final return/ termin	POST OFFICE BOX 4524	<u></u> 1		505-	262-1862
_	ated Ameno	City or town, state or province, country, and a			G Gross receipts \$	1,306,664.
<u> </u>	_return ☐Applic	ADDOCORYCOF, NM 9/130.			H(a) is this a group re	
<u> </u>	_tion pendin	F Name and address of principal officer DON	HANCOCK		for subordinates	
_		SAME AS C ABOVE empt status X 501(c)(3) 501(c) ( )	<b>4</b> (1000 to 100 to 10	-	H(b) Are all subordinates in	
		empt status LX 501(c)(3)	(Insert no.) 4947(a)(1) o	r 527		list. (see instructions)
			sociation Other	I Voor	H(c) Group exemption	n number ►  ✓ State of legal domicile: NM
	ert I	Summary	ociation Other	L Year	oi tormation: 19/1[N	N State of legal domicile; MM
		Briefly describe the organization's mission or most	significant activities SRTC	PROVI	DES TECHNIC	ΔΤ.
Activities & Governance		ASSISTANCE TO COMMUNITIES				
na.			tinued its operations or dispos			·
ě		Number of voting members of the governing body		eu oi more	3	10
Ğ		Number of independent voting members of the gov	• •		4	10
<b>ජ</b> ගු		Total number of individuals employed in calendar y		•	5	10
ij		Total number of volunteers (estimate if necessary)	car 2014 (r art v, iiric 2a)	•	6	<u> </u>
Ę	1	Total unrelated business revenue from Part VIII, col	umn (C) line 12	•	7a	340.
Ā		Net unrelated business taxable income from Form	· //		. 7a 7b	0.
			,	<u> </u>	Prior Year	Current Year
•	8	Contributions and grants (Part VIII, line 1h)			915,419.	1,243,970.
Ž	l	Program service revenue (Part VIII, line 2g)			28,961.	20,975.
Revenue	ι	Investment income (Part VIII, column (A), lines 3, 4,	and 7d)		4,939.	297.
ď	ľ	Other revenue (Part VIII, column (A), lines 5, 6d, 8c,		<del> </del>	7,715.	14,115.
	1	Total revenue - add lines 8 through 11 (must equal			957,034.	1,279,357.
	1	Grants and similar amounts paid (Part IX, column (A			13,717.	36,225.
		Benefits paid to or for members (Part IX, column (A	•		0.	0.
ý		Salaries, other compensation, employee benefits (F			381,983.	330,109.
nse	l	Professional fundraising fees (Part IX, column (A), li			0.	0.
Expenses	l	Total fundraising expenses (Part IX, column (D), line		6. T		
ω	l	Other expenses (Part IX, column (A), lines 11a-11d,			667,138.	762,448.
		Total expenses. Add lines 13-17 (must equal Part I)	•		1,062,838.	1,128,782.
	l .	Revenue less expenses Subtract line 18 from line	· · · · · · · · · · · · · · · · · · ·		<105,804.	> 150,575.
28				Be	ginning of Current Year	End of Year
Net Assets Fund Balanc	20	Total assets (Part X, line 16)	RECEI	VED	517,953.	688,919.
da da da	21	Total liabilities (Part X, line 26)			59,874.	27,619.
<u>컆</u>	22	Net assets or fund balances. Subtract line 21 from		2018	458,079.	661,300.
_	ırt II	Signature Block	S Aug 2	20.5	ea	
		lties of perjury, I declare that I have examined this return,				y knowledge and belief, it is
true,	correc	t, and complete. Declaration of preparer (other than office	) is based on all information of whi	ch preparer	has any knowledge.	
		In Hones			Aug. 13 )4	>11
Sig	n	Signature of officer			Date	
Her	e	DON HANCOCK, ADMINISTRA	ATOR			
		<u> </u>			Note .	II BYIU
			Preparer's successive	i i	Date Check L	PTIN
Paid		LAWRENCE TAUB	DIGITI OD ATT TAX			
	ner	Firm's name LAWRENCE TAUB COL		PU	Firm's EIN	85-0352005
use	Only		, STE 618		,	
-		SANTA FE, NM 8750		-	Phone no.	
		RS discuss this return with the preparer shown abo			<del></del>	Yes No
4320	01 11-0	7-14 LHA For Paperwork Reduction Act Notic	e, see tne separate instructio	ns.		Form <b>990</b> (2014)

Form	990 (2014) SOUTHWEST RESEARCH & INFORMATION CENTER 23-7159949	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	<b>X</b>
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	70
	PROTECT NATURAL RESOURCES, ENSURE CITIZEN PARTICIPATION, AND SECURI	
	ENVIRONMENTAL AND SOCIAL JUSTICE NOW AND FOR FUTURE GENERATIONS.	<del></del>
2	Did the organization undertake any significant program services during the year which were not listed on	s X No
	• • • • • • • • • • • • • • • • • • • •	S LALINO
	If "Yes," describe these new services on Schedule O.	s X No
3	J. J	S LA⊾ 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 expense	
	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.	<del></del>
4a	(Code ) (Expenses \$ 287,213. including grants of \$ ) (Revenue \$	DANGE )
	THE URANIUM IMPACT ASSESSMENT PROGRAM PROVIDES MULTI-FACETED ASSIST	
	TO COMMUNITIES IMPACTED BY URANIUM DEVELOPMENT. A MAJOR EMPHASIS IS	
	NAVAJO BIRTH COHORT STUDY, A COLLABORATIVE STUDY TO BETTER UNDERSTA	
	THE RELATIONSHIP BETWEEN URANIUM EXPOSURES AND BIRTH OUTCOMES AND DEVELOPMENTAL DELAYS ON THE NAVAJO NATION. THE COLLABORATIVE INCLUI	
	DEVELOPMENTAL DELAYS ON THE NAVAJO NATION. THE COLLABORATIVE INCLUING SRIC, UNIVERSITY OF NEW MEXICO COMMUNITY ENVIRONMENTAL HEALTH PROGRESSION.	
	NAVAJO AREA INDIAN HEALTH SERVICE, NAVAJO NATION DIVISION OF HEALTH	n.,
	AND CENTERS FOR DISEASE CONTROL AND PREVENTION/AGENCY FOR TOXIC	
	SUBSTANCES AND DISEASE REGISTRY. THE WEBSITE, HTTP://WWW.	TITE I
	SRIC.ORG/NBCS/INDEX.PHP PROVIDES EXTENSIVE INFORMATION ABOUT THE ST	LODA.
	(Code ) (Expenses \$ 197,032. including grants of \$ 1,933.) (Revenue \$ 3	125
4b	(Code) (Expenses \$ 197,032. including grants of \$ 1,933.) (Revenue \$ 3 THE NUCLEAR WASTE PROGRAM PROVIDES TECHNICAL ASSISTANCE TO COMMUNITY	<u>, 435.</u> )
	GROUPS AND INFORMATION TO THE PUBLIC AND POLICYMAKERS REGARDING NUC	
	WEAPONS PRODUCTION FACILITIES IN NEW MEXICO, AND NUCLEAR WASTE	CLEAR
	FACILITIES, ESPECIALLY WIPP IN NEW MEXICO AND SITES THAT SHIP TO WI	TDD
	THE WEBSITE, HTTP://WWW.SRIC.ORG/NUCLEAR/INDEX.PHP PROVIDES EXTENS:	
	INFORMATION. THE NUCLEAR WATCH OF NEW MEXICO PROJECT THROUGH	
	COMPREHENSIVE RESEARCH, PUBLIC EDUCATION AND EFFECTIVE CITIZEN ACT	TON
	PROMOTES SAFETY AND ENVIRONMENTAL PROTECTION; DIVERSIFICATION AWAY	
	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. THE WEBSITE, WWW.NUKEWATCH	
	PROVIDES EXTENSIVE INFORMATION ABOUT NUCLEAR ISSUES.	-01107
4c		<u>,490.</u> )
70	SRIC PROVIDES DIRECT TECHNICAL ASSISTANCE TO DOZENS OF COMMUNITIES	
	NEW MEXICO REGARDING RESOURCE DEVELOPMENT, AIR AND WATER QUALITY,	
	HEALTH, ENVIRONMENTAL IMPACT ASSESSMENT, AND RELATED MATTERS. THE	
	ORGANIZATION ALSO IS INVOLVED WITH VARIOUS COALITIONS AND NETWORKS	THAT
	PROMOTE RENEWABLE RESOURCE DEVELOPMENT, ENVIRONMENTAL PROTECTION,	
	ENVIRONMENTAL JUSTICE. THE WEBSITE, WWW.SRIC.ORG PROVIDES EXTENSIVE	
	INFORMATION ABOUT MANY ENVIRONMENTAL AND HEALTH ISSUES.	
		<del>.</del>
		<del>-</del> -
4d	Other program services (Describe in Schedule O )	
74	(Expenses \$ 476,272. including grants of \$ 34,291.) (Revenue \$ 50.)	
4e	1 034 500	
-70		990 (2014)

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	990 (2014) SOUTHWEST RESEARCH & INFORMATION CENTER 23-7159 t IV   Checklist of Required Schedules	949	Pa	age 3
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	1		
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect		v	
	dunng the tax year? If "Yes," complete Schedule C, Part II	4	X	<del></del>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	5		х
•	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III  Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	3		<u> </u>
6	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,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	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			ĺ
_	as applicable.			ĺ
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	х	
<b>h</b>	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	110		$\vdash$
U	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	х	
С	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		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	111		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40-	х	
_	Schedule D, Parts XI and XII  Was the organization included in consolidated, independent audited financial statements for the tax year?	12a		<del></del>
D	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
-	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	1		
	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 other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	ļ	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	١		<sub>v</sub>
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	17	1	x
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I  Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	<del>  ''-</del>	<del> </del> -	<del>                                     </del>
18	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? // "Yes,"	<u> </u>		$\vdash$
13	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	ا	
		Form	990	(2014)

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SOUTHWEST RESEARCH & INFORMATION CENTER

Form **990** (2014)

Check is Schedule O contrasa a reagons on note to any line in this Part V  Is Enter the number reported in Box 3 of Form 1096. Enter 0-f not applicable  Is Enter the number of Forms W2G included in line 1a. Enter 0-f not applicable  Is Did the organization comply with backup withholding rules for reportable payments to vendors and reportable garring (gambling) winnings to prize winners?  Is Enter the number of employees reported on Form W3. Transmittant of Wage and Tax Statements,  Idea for the calendar year ending with or within the year covered by this return  Is If all least one is reported on the c2, did the organization for all required federal employment tax returns?  Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  If I was not a serported on the c2, did the organization for all required to e-file (see instructions)  If I was not a serported on the c2, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other instructions of the see instructions for file requirements for ForCEN Form 114. Report of Foreign Bank and Financial Accounts (FBAR).  So Was the organization aparty to a profiled tax shelter transaction at any time during the tax year?  So Did any taxbelle party notify the organization file Form 8898.7?  So Did any taxbelle party notify the organization file Form 8898.7?  So Did with the organization and party to a profiled tax shelter transaction or gifts were not tax deductable?  If we was not tax deductable?  If we have not tax deductable contributions under section 170(c).  If the organization received a contribution or day to the organization solicit any contributions that twen not tax deductable contributions under section 170(c).  If the organization received a contribution or day to the quest of the goods or services provided?  If the organization received a contribution of question than the calendary of the contribu		990 (20		'ER	<u>23-7159</u>	<u>949</u>	Pi	age <b>5</b>
Enter the number reported in Box 3 of Form 1086. Enter 0- if not applicable    12	Par	t V	Statements Regarding Other IRS Filings and Tax Compliance					
16 Enter the number of forms Wal Ginducided in in at Enter-0 - In dra applicable be Enter the number of forms Wal Ginducided in in at Enter-0 - In the applicable of the organization comply with backup withholding rules for reportable payments to vendors and reportable gamming (gambling) with provided to the company of t			Check if Schedule O contains a response or note to any line in this Part V					
b Effet the number of Forms W2G included in line 1s. Enter 0- if not applicable   Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming gambling) writings to pize without the payments for reportable payments to vendors and reportable gaming gambling) writings to pize without the payments for reportable payments to vendors and reportable gaming gambling) writings with or within the year covered by this return  b if at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1s and 2 is greater than 250, you may be required to e-live (see instructions)  b if Yes, 1s at filed a form 990 To fro the year If 1%0, 1 file as 3, provide an explanation in Schedule 0  b if Yes, 1s at filed a form 990 To fro the year If 1%0, 1 file as 3, provide an explanation in Schedule 0  b if Yes, 1s at file a form 990 To fro the year If 1%0, 1 file as 3, provide an explanation in Schedule 2 and 1 file as 1 file							Yes	No
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) without within the year covered by this return  10	1a	Enter th	ne number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	23			
gambling) winnings to pinze winners?  2					0			
Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, let of the calendary year ending with or within the year covered by this return  I have been been been been been been been be	С			eporta	able gaming			
teed for the calendary year ending with or within the year covered by this return  bit of at least one is reported on the 2a, did the organization fiel all required federal employment tax returns?  Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  3a. Dot the organization have unrelated business gross some of \$1,000 or more during the year?  bit 1'*es, "sha if tied a Form 990-1' for this year?" // Wo, "to line 8b, provide an explanation in Schedule O  4a. At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country to the sale a bank account, securities account or a foreign country to the sale a bank account, securities account or a foreign country to the sale a bank account, securities accounts or other female of the foreign country to the sale as hank account, or other financial accounts?  5a. Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5b. Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year?  5c. Was the organization have annual gross recepts that are normally greater than \$100,000, and did the organization solicit any centributions that were not tax deductibles?  6c. Was the organization than annual gross recepts that are normally greater than \$100,000, and did the organization solicit any centributions that were not tax deductibles or that deductibles?  7b. If "Yes," did the organization related apartition that the organization related as charitables contributions under section 170(c).  9b. If "Yes," did the organization related apartition that may receive deductible contributions under section 170(c).  9b. If "Yes," did the organization that any time during the year.  9c. Did the organization related a party time during the year.  10b. If yes, "did the organization that year and the party organization that number of Forms 88282 filed during the					1	1c_	<u> </u>	
b if at least one is reported on time 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  3a Did the organization have unrelated business gross income of 15 income 3b, provide an explanation in Schedule 0  3b If "Yes," has it filed a Form 990-Tile or this year? If "No," to line 3b, provide an explanation in Schedule 0  4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts (FBAR).  8b If "Yes," either the name of the foreign country to provide tax shelter transaction at any time during the tax year?  8b Did any taxable party notify the organization that of two or is a party to a prohibited tax shelter transaction?  8c If "Yes," to time 5a or 5b, did the organization that of two or is a party to a prohibited tax shelter transaction?  8c If "Yes," to time 5a or 5b, did the organization that organization t	2a			١.	1 10			
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  3a Dd the organization have urrelated business gross some of \$1,000 or more during the year?  b If 'Yes,' has t filed a Form 990-T for this year? If 'No,' to line 35, provide an explanation in Schedule 0  3a X  X  4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account; or the financial accounts; or the financial account; or the financial ac					10		v	
3a D the organization have unrelated business gross income of \$1,000 or more during the year?  4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts (FBAR).  5b If Yes, are ther the name of the foreign country ≥  5ce enstructions for friling requirements for FinCEN Form 114, Report of Foreign Bank and Financial accounts (FBAR).  5a Was the organization party to a prohibited tax shelter transaction at any time during the tax year?  5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  6c If Yes, to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  6c If Yes, to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  6c If Yes, to line 5a or 5b, did the organization that financial accounts (FBAR).  5b If Yes, to line 5a or 5b, did the organization that financial accounts (FBAR).  6c If Yes, to line 5a or 5b, did the organization that financial accounts (FBAR).  6c If Yes, to line 5a or 5b, did the organization that financial accounts (FBAR).  6c If Yes, to line 5a or 5b, did the organization that financial accounts (FBAR).  6c If Yes, to line 5a or 5b, did the organization that financial accounts (FBAR).  6c If Yes, to line 5a or 5b, did the organization that financial accounts (FBAR).  6c If Yes, to line 5a or 5b, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  6c If Yes, thought the organization receive deductible contributions under section 170(c).  8c If Yes, the financial that are received deductible contributions under section 170(c).  8c If Yes, the financial that are received deductible contributions under section 170(c).  9c If Yes, the financial that are received accompanies of	Ь					2b		
b if "Yes," has it filed a Form 990-T for this year? If "No," to line 35, provide an explanation in Schedule O  4a At any time during the calendar year, it did the organization have an interest in, or a signature or other authonity over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  5 b if "Yes," enter the name of the foreign country (such as a bank account, securities account, or other financial accounts (FBAR).  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5b Usd any stable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  6b If "Yes," to line 5a or 5b, did the organization file Form 8886-T?  6a Does the organization have annual gross recepts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  6b If "Yes," did the organization include with every solicitation an express statement that such contributions or grift were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  8 b If "Yes," did the organization notify the donor of the value of the goods or services provided?  8 b If "Yes," indicate the number of Forms 8282 filed during the year  9 Did the organization cereve any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7 b If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 8899 as required?  7 b If the organization make a visuable distributions under section 49667  8 Sponsoring organizations maintaining donor advised funds.  9 D O D D D D D D D D D D D D D D D D D	_			S)		2-		v
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  5a Was the organization aper to a prohibited tax sheller transaction at any time during the tax year?  5b Was the organization that it was or is a party to a prohibited tax sheller transaction at any time during the tax year?  5c Uses the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  6c If 'Yes,' to the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7b Organizations that may receive deductible contributions under section 170(c).  8b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  9c Did the organization shall receive apyment in excess of \$5'6 made party as a contribution and party for goods and services provided to the payor?  9c Did the organization shall exchange, or otherwise dispose of tangible personal property for which it was required to life Form 8282?  10 If 'Yes,' did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  10 Did the organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract?  11 Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?  12 Sponsoring organization maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization maintaining donor advised funds.  12 Did the sponsoring organization maintaining donor advised funds.  13 Did the sponsoring organization make any taxable distributions under section 4966?  14 Did the organization have e					•			
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9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b Josephson Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Josephson Section 501(c)(12) organizations. Enter a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b Josephson in Schedule O 14c Josephson in Schedule O 15c Josephson in Schedule O 15c Josephson in Sched	8			о бу п	16			
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b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter  Initiation fees and capital contributions included on Part VIII, line 12  b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b  Section 501(c)(12) organizations. Enter  a Gross income from members or shareholders  b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O  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  Enter the amount of reserves on hand  13b  The organization receive any payments for indoor tanning services during the tax year?  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  14b	-	•				9a	. :	
10 Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b if "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b if "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O								
a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b  Section 501(c)(12) organizations. Enter a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b if "Yes," enter the amount of tax-exempt interest received or accrued during the year  13 Section 501(c)(29) qualified nonprofit health insurance issuers. a is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13c  14a X b if "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O								
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b  11 Section 501(c)(12) organizations. Enter  a Gross income from members or shareholders  b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13b  14a Did the organization receive any payments for indoor tanning services during the tax year?  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			· · · · ·	10a				
a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand  13b 13c  14a X  14a X  14b	_			10b				
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13b  13c  14a X  If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	11							1
amounts due or received from them)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13b  13c  14a X  If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	а	Gross	ncome from members or shareholders	11a				
Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13b  13c  14a X  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	b	Gross	ncome from other sources (Do not net amounts due or paid to other sources against					
b if "Yes," enter the amount of tax-exempt interest received or accrued during the year  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13b  13c  14a X  14a X  14b			· · · · · · · · · · · · · · · · · · ·		·			
Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  136  14a  Did the organization receive any payments for indoor tanning services during the tax year?  14a  X  14b						12a_	<u> </u>	<u> </u>
a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13b  13c  14a  X  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  14b	b			12b	L	l		
Note. See the instructions for additional information the organization must report on Schedule O  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13c  14a  Did the organization receive any payments for indoor tanning services during the tax year?  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  14b							ļ	├
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13c  14a  Did the organization receive any payments for indoor tanning services during the tax year?  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  14b	а					13a		$\vdash$
organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c  14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  14b	_		·					1
c Enter the amount of reserves on hand  13c  14a Did the organization receive any payments for indoor tanning services during the tax year?  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  14b	b			400	1			1
14a Did the organization receive any payments for indoor tanning services during the tax year?  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  14b		•	•	_	<del> </del>	1		
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			·	130	1	142		x
Form 990 (2014)	148	If "Vac	organization receive any payments for indoor tarming services during the tax year?  " has it filed a Form 700 to report these nayments? If "No " provide an explanation in Schedu	le O				<del>                                     </del>
	D	n res,	ilas it lieu a i umi 720 to report triese payments: ii 170, provide an explanation in ocheou.				990	(2014)

	990 (2014) SOUTHWEST RESEARCH & INFORMATION CENT		23-7159			age 6
Par	t VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 th	rough	7b below, and for a	"No" r	espon	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O	See i	nstructions			
	Check if Schedule O contains a response or note to any line in this Part VI		•			X
Sec	ion 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	1a	10	)[		
	If there are material differences in voting rights among members of the governing body, or if the governing		-	1		
	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	10			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship		' _   .	1		
_	officer, director, trustee, or key employee?		a, o	2		x
3	Did the organization delegate control over management duties customarily performed by or under the	e direc	t supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	0 00	r super violer.	3	1	х
4	Did the organization make any significant changes to its governing documents since the prior Form 9	an wa	s filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass			5		X
	Did the organization become aware during the year of a significant diversion of the organization association of the organization of the organizati			6		X
6	Did the organization have members of stockholders, or other persons who had the power to elect or a	noint	one or	۲		<u> </u>
7a	more members of the governing body?	)poii it	one or	7a		х
	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	tockh	oldere or	· · ·		<del> </del>
U	• •	IOCKII	olders, or	7b	l	x
	persons other than the governing body?  Did the organization contemporaneously document the meetings held or written actions undertaken during the year	r hv th	e following:	-	<del></del>	<del>                                     </del>
8		ıı oy uı	c following.		x	l
	The governing body?			8a 8b	<del> </del> -	X
b	Each committee with authority to act on behalf of the governing body?	اممطم	-+ +h-a	OLD		1
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reasonable markets and discount of the provide the names and addresses in School III Co.	cried	at the	9		х
<u></u>	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	01/0 D//	- Codo \	1 3		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	everiu	e Code )		Yes	No
40.	Did the annual to have been been been broaden as officers.			10a	162	No X
	Did the organization have local chapters, branches, or affiliates?	nontor	n affiliator	IVA	-	<del></del>
D	If "Yes," did the organization have written policies and procedures governing the activities of such classification and because the granitation of the process of the proce	iaptei	s, anniates,	10b		ŀ
44-	and branches to ensure their operations are consistent with the organization's exempt purposes?	v bofo	ro filing the form?	11a	X	╁──
	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	y Deic	re illing the form?	l la		╁
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			40-	х	ļ
	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 con	flioto?	12a 12b	X	₩
				120		₩
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es, o	escribe	40-	x	
40	In Schedule O how this was done			12c	X	<del>                                     </del>
	Did the organization have a written whistleblower policy?			14	X	╁
14	Did the organization have a written document retention and destruction policy?	اا		14		├─
15	Did the process for determining compensation of the following persons include a review and approve	ai by ii	ideperident			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			45-	x	
	The organization's CEO, Executive Director, or top management official			15a	<del>  ^</del>	X
Þ	Other officers or key employees of the organization		•	15b	-	<del>  ^</del>
40	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	<b>-</b> .			l	l
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment v	vitn a	46-		x
	taxable entity during the year?			16a	<del>├</del>	┝弃
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluation			1		1
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga	nızatıc	n's	1	ł	1
	exempt status with respect to such arrangements?			16b	<u> </u>	<u> </u>
	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed NM	F (O	504(-)(0)1			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	(Sec.	ion ou i(c)(3)s only)	avalla	ule	
	for public inspection. Indicate how you made these available. Check all that apply.	0 -	hadula (1)			
	Own website X Another's website X Upon request Upon request		•	ا	anel	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co	ntlict	or interest policy, ar	io tinai	icial	
	statements available to the public during the tax year	_1-				
20	State the name, address, and telephone number of the person who possesses the organization's bo	oks a	na recoras 📂	<del></del>		
	DON HANCOCK - 505-262-1862 105 STANFORD, S.E., ALBUQUERQUE, NM 87106					
				Ear	n <b>990</b>	/201
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Form 990 (2014)				INFORMATION		23-7159949	Page 7
Part VII Compensation	n of Officers, Di	rectors, Trusto	es	, Key Employees,	Highest Cor	npensated	
Employees, a	nd Independent	Contractors					
Check if Schedule	e O contains a respon	se or note to any l	ne II	n 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)	1 1 5 1						(D)	(E)	(F)
Name and Title	Average	Average Position (do not check more than one					one	Reportable	Reportable	Estimated
	hours per	box	, unle cer an	ss pe	rson	ıs bot	h an	compensation	compensation	amount of
	week	0111	ceran	oao	irecto	or/urus	100)	from	from related	other
	(list any	recto			ŀ			the	organizations	compensation
	hours for	ő	<b>8</b>			eated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the
	organizations	uste	fust		83	npen		(88-2/1099-181130)		organization and related
	helow	E T	tonal		ploy	ž š	_			organizations
	week (list any hours for related organizations below line)	ndivid	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) ESTHER YAZZIE-LEWIS	1.00					f				-
DIRECTOR		Х			l			0.	0.	0 -
(2) MANUEL PINO	1.00									-
DIRECTOR/PRESIDENT		X	<u> </u>	X				0.	0.	0.
(3) JULIE STEPHENS	1.00									
DIRECTOR		X	_					0.	0.	0.
(4) SANDRA SIMONS-AILES	1.00	ļ		أ						
DIRECTOR/SEC & TREAS		Х		X		L		0.	0.	0.
(5) SYLVIA LEDESMA	1.00	١	1			l '			_	
DIRECTOR	4 00	X	<u> </u>			L	<u> </u>	0.	0.	0.
(6) ROBERT NOFCHISSEY	1.00	١.,		,,	1	ļ		ĺ .	•	_
DIRECTOR/V.P.	1 00	X	┝	X		┝		0.	0.	0.
(7) JUDITH ESPINOSA	1.00	x						0.	0.	0.
DIRECTOR	1.00	₽	┝			┝		0.	0.	<u> </u>
(8) STEVEN KANIG DIRECTOR	1.00	x						0.	0.	0.
(9) ANN WATSON	1.00	A	├─		$\vdash$	┢	_	0.		- 0.
DIRECTOR	1.00	$ \mathbf{x} $						0.	٥.	0.
(10) MARIA GOLDSTEIN	1.00			$\vdash$	$\vdash$	<del>                                     </del>	$\vdash$			
DIRECTOR		x						0.	0.	0.
					<u> </u>				· · · · · · · · · · · · · · · · · · ·	
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		<u> </u>	<u></u>		<u></u>			<u> </u>	<u> </u>	- 000 (ac) (

Form **990** (2014)

	t VII Section A. Officers, Directors, Trus								Compensated Employe	as (continued)				age <b>o</b>
- 41	(A)	tees, Key Em	рюу	<del>ee</del> S		<u>а ні</u> С)	gne	st U	(D)	es (continuea) (E)			(F)	
	Name and title	Average hours per week	ьох	not c	Pos heck ss pe	itior more rson	than is bot or/trus	h an	Reportable compensation from	Reportable compensatio from related	n	an	timate nount other	
		(list any hours for related organizations below	individual trustee or director	Institutional trustee		Key employee	Highest compensated employee	er	the organization (W-2/1099-MISC)	organization (W-2/1099-MIS	s	com fr org and	pensa om the anizat d relat	e ion ed
		line)	Indiv	Instit	Officer	Key e	Hghe	Former		_				
			_	_	_	_	<u> </u>							
				_	_		<u> </u>							
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	Sub-total	II Section A		<u>.                                    </u>	<u> </u>				0.		0.			0.
d	Total from continuation sheets to Part V Total (add lines 1b and 1c)							<u> </u>	0.		0.			Ō.
	Total number of individuals (including but a compensation from the organization	not limited to tr	iose	liste	eo a	DOV	e) wi	10 r	eceived more than \$ 100	,000 of reportab	ie		V	(
3	Did the organization list any former officer			e, ke	ey er	mplo	oyee	, or	highest compensated e	mployee on	1	<u> </u>	Yes	No
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the s	um of reportab	le c							the organization		3		X
5	and related organizations greater than \$15 Did any person listed on line 1a receive or									Idual for services	;	4		Х
Sec	rendered to the organization? If "Yes," contion B. Independent Contractors	nplete Schedui	le J	for s	uch	per	son	<u>.                                    </u>		-		5		<u> </u>
1	Complete this table for your five highest countries the organization. Report compensation for										npens	ation	from	
	(A) Name and business			ONI					(B) Description of		C	(Compe	C) nsatio	on .
_				-										-
	· · · · · · · · · · · · · · · · · · ·													
			•											
									<u> </u>					
2	Total number of independent contractors		not I	ımıte	ed to			ste	Ld above) who received r	nore than	_			
	\$100,000 of compensation from the organ	ization -					0				L	Form	990	(2014

Check if Schedule O contains a response or note to any line in this Part VIII    Total revenue   Related or exempt function revenue   Re			(2014) SOUTHWEST RE	SEARCH &	INFORMATIO	N CENTER	23-7159	949 Page 9
Total revenue   Restated or correction   Christiates   C	Fai	LVI	<del></del>					
2 a   CONSULTING FEES   541900   20,925   20,9			Check if Schedule O contains a respons	e or note to any II	(A)	Related or exempt function	Unrelated business	l trom tax under
2 a   CONSULTING FEES   541900   20,925   20,9	ibutions, Gifts, Grants ther Similar Amounts	b d	Membership dues Fundraising events Related organizations Government grants (contributions) All other contributions, gifts, grants, and	,243,970.				
2 a   CONSULTING FEES   541900   20,925   20,9	Sont and C	_			] 1.243.970.			:
Total. Add lines 2a2f		2 a	CONSULTING FEES	Business Code 541900	20,925.			
Total. Add lines 2a2f	Serve	_		511120	50.	50.		
Total. Add lines 2a2f	Rev	d	· · · · · · · · · · · · · · · · · · ·			-		
3   Investment income (including dividends, interest, and other similar amounts)   297.   297.   297.     297.	Pr	f	All other program service revenue					
other similar amounts)  Income from investment of tax-exempt bond proceeds  Royalties  Royalties  Gaross rents b Less rental expenses c Rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) 8 a Gross income from fundraising events (not including \$\frac{1}{2}\$ of contributions reported on line 1c). See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross mocome from gaming activities. See Part IV, line 19 b Less cost or other basis and sales expenses c Net income or (loss) from gaming activities. See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities. See part IV, line 19 b Less cost of goods sold c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a b Less cost of goods sold b c Net income or (loss) from sales of inventory Miscellaneous Revenue  11 a UNRELATED BUSINESS INC d All other revenue e Total. Add lines 11a-11d Total revenue. See instructions.	$\Box$	g			20,975.			
(i) Real   (ii) Personal   3,325.			other similar amounts)		297.			297.
6 a Gross rents   3,325   903   2,422   2,4		5	Royalties	<u> </u>				
C Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses c Gan or (loss) d Net gam or (loss) b a Gross income from fundraising events (not including \$\frac{1}{2}\$ of contributions reported on line 1c). See Part IV, line 18 b Less direct expenses c Net income or (loss) 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 a b Less cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  11 a UNRELATED BUSINESS INC d All other revenue e Total, Add lines 11a-11d total revenue, See instructions.  2 , 422. 2 , 422. 2 , 422. 2 , 422. 3 2 , 422. 5 2 , 422. 5 2 , 422. 5 2 , 422. 5 2 , 422. 5 3 4 2 2 . 5 2 , 422. 5 3 4 2 2 . 5 4 2 2 . 5 4 2 2 . 5 4 2 2 . 5 4 2 2 . 5 4 2 2 . 5 4 2 2 . 5 4 2 2 . 5 4 2 2 . 5 4 2			Gross rents 3,325		-			
assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) from fundraising events or or outributions reported on line 1c). See Part IV, line 18 d Design of contributions reported on line 1c). See Part IV, line 19 d Design of from gaming activities. See Part IV, line 19 d Design of from gaming activities or Net income or (loss) from gaming activities or Net income or (loss) from gaming activities and allowances d Design of goods sold d Design of goods of goods of goods d Design of goods of goods of goods d Design of goods of goods d Design of goods of goods d Design of goods of goods of goods of goods d Design of goods of goods d Design o		d	Net rental income or (loss)	. •	2,422.	-		2,422.
d Net gam or (loss)  8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18		b	assets other than inventory Less cost or other basis and sales expenses	(ii) Other				
8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18  b Less direct expenses 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 a b Less cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  11 a UNRELATED BUSINESS INC b C d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions.  37 , 757.  11 , 353.  11 , 353.  11 , 353.  11 , 353.  11 , 353.  340.  340.				<u> </u>				
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 a b Less cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  11 a UNRELATED BUSINESS INC b c d All other revenue e Total. Add lines 11a-11d Total revenue. See instructions.  11,353.  11,353.  11,353.  11,353.  11,353.  11,353.  11,353.  11,353.  11,353.  11,353.	enne		Gross income from fundraising events (not including \$ of					
9 a Gross income from gaming activities. See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  11 a UNRELATED BUSINESS INC b c d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions.  1 1 2 Total revenue. See instructions.	Other Re		Part IV, line 18 Less direct expenses		11 252			44 252
c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances a b Less cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  11 a UNRELATED BUSINESS INC b c d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions.  13 40 .  14 2 Total revenue. See instructions.			Gross income from gaming activities. See		11,353.			11,353.
10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  11 a UNRELATED BUSINESS INC b c d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions.  432008				b	]			
C Net income or (loss) from sales of inventory         Miscellaneous Revenue       Business Code         11 a UNRELATED BUSINESS INC       561439         b       340.         c       4All other revenue         e Total. Add lines 11a-11d       340.         12 Total revenue. See instructions.       1,279,357.       20,975.		10 a	Gross sales of inventory, less returns and allowances	_				
11 a UNRELATED BUSINESS INC 561439 340. 340.  b			_	· —————				
c       d All other revenue         e       Total. Add lines 11a-11d         12       Total revenue. See instructions.         432009     1,279,357. 20,975. 340. 14,072.			UNRELATED BUSINESS INC	Business Code 561439			340.	
d All other revenue  e Total. Add lines 11a-11d  12 Total revenue. See instructions.  1340.  1,279,357.  20,975.  340.  14,072.  432008				<del> </del>	†			
12 Total revenue. See instructions.								
432009		е				22 255		44.650
	43200	9	Total revenue. See instructions.		μ,2/9,357.	20,975.	340.	

Form 990 (2014)

SOUTHWEST RESEARCH & INFORMATION CENTER

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Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)											
Check if Schedule O contains a response or note to any line in this Part IX.  (A) (B) (C) (D)											
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses						
1	Grants and other assistance to domestic organizations										
	and domestic governments. See Part IV, line 21	26,390.	26 <u>,</u> 390.								
2	Grants and other assistance to domestic										
	ındıvıduals. See Part IV, line 22	9,835.	9,835.	_							
3	Grants and other assistance to foreign										
	organizations, foreign governments, and foreign										
	individuals. See Part IV, lines 15 and 16										
4	Benefits paid to or for members										
5	Compensation of current officers, directors,										
	trustees, and key employees										
6	Compensation not included above, to disqualified										
	persons (as defined under section 4958(f)(1)) and										
	persons described in section 4958(c)(3)(B)										
7	Other salaries and wages	306,650.	287,750.	18,900.							
8	Pension plan accruals and contributions (include										
	section 401(k) and 403(b) employer contributions)	_									
9	Other employee benefits	0.2 45.0	00 010	4 44 5	- <del></del>						
10	Payroll taxes	23,459.	22,013.	1,446.	<del> </del>						
11	Fees for services (non-employees)										
а	Management .	CD COO	67.600								
b	Legal	67,629.	67,629.								
С	Accounting .	12,923.		12,923.							
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,	252 707	220 047	22 050							
	column (A) amount, list line 11g expenses on Sch O.)	353,797. 3,343.	329,847. 3,343.	23,950.							
12	Advertising and promotion .	53,282.	50,952.	2,330.							
13	Office expenses	33,202.	30,332.	2,330.							
14	Information technology										
15	Royalties .	21,265.	18,523.	2,742.	<del></del>						
16	Occupancy	130,858.	130,658.	200.							
17	Travel Payments of travel or entertainment expenses	130,030.	130,030.	2001							
18	for any federal, state, or local public officials										
10	Conferences, conventions, and meetings										
19 20	Interest										
21	Payments to affiliates	— . — . — —									
22	Depreciation, depletion, and amortization	7,022.		7,022.	<del> </del>						
23	Insurance	40,886.	32,675.	8,211.							
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 0.)										
а	CHARGES & INTEREST	23,002.	22,021.	981.							
b	TELEPHONE	17,310.	12,463.	4,847.							
c	TAXES	11,293.	11,293.	<del></del>							
d	POSTAGE	4,671.	4,011.	660.							
_	All other expenses	15,167.	5,097.	9,314.	756.						
25	Total functional expenses. Add lines 1 through 24e	1,128,782.	1,034,500.	93,526.	756.						
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)										
432010	) 11-07-14				Form <b>990</b> (2014)						

432010 11-07-14

Form 990 (2014)

SOUTHWEST RESEARCH & INFORMATION CENTER

Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (B) End of year (A) Beginning of year 1 Cash - non-interest-bearing 420,983. 148,302. Savings and temporary cash investments 25,512. 108,305. Pledges and grants receivable, net 13,910. 1,489. Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 5 Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr) Complete Part II of Sch L 7 Notes and loans receivable, net Inventories for sale or use 8 2,899. 3,931. Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other 318,752 10a basis Complete Part VI of Schedule D 170,996. 153,336. 147,756. 10c 10b b Less accumulated depreciation 11 Investments - publicly traded securities 11 90,169. 90,280. 12 12 Investments - other securities. See Part IV, line 11 13 Investments - program-related. See Part IV, line 11 13 14 14 Intangible assets 15 15 Other assets See Part IV, line 11 517,953. 688,919. Total assets. Add lines 1 through 15 (must equal line 34) 16 16 59,874. 27,619. 17 17 Accounts payable and accrued expenses . 18 18 Grants payable 19 Deferred revenue 19 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D Loans and other payables to current and former officers, directors, trustees, 22 key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of 59,874. 27,619. 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. or Fund Balances 272,163. 327,359. 27 27 Unrestricted net assets 158,916. 306,941. 28 28 Temporarily restricted net assets 27,000. 27,000. 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Net Assets 30 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 458,079. 661,300. 33 33 Total net assets or fund balances 517,953. 688,919. 34 Total liabilities and net assets/fund balances Form 990 (2014)

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	990 (2014) SOUTHWEST RESEARCH & INFORMATION CENTER	23-715	9949	Pag	<u>e 12</u>				
Pai	t XI Reconciliation of Net Assets								
	Check if Schedule O contains a response or note to any line in this Part XI				<u> </u>				
			4 00						
1	Total revenue (must equal Part VIII, column (A), line 12)		1,27						
2	Total expenses (must equal Part IX, column (A), line 25)		1,12	0,5					
3	Revenue less expenses. Subtract line 2 from line 1								
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	45	8,0	<u> 79.</u>				
5	Net unrealized gains (losses) on investments	5		<del></del>					
6	Donated services and use of facilities	6	5	2,6	46.				
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	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,								
	column (B))	10	66	1,3	<u>00.</u>				
Pa	rt XIII Financial Statements and Reporting								
	Check if Schedule O contains a response or note to any line in this Part XII				<u> </u>				
1	Accounting method used to prepare the Form 990 Cash X Accrual Other			Yes	No				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedulin	<b>9</b> O.							
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							
	separate basis, consolidated basis, or both								
	Separate basis Consolidated basis Both consolidated and separate basis								
b	Were the organization's financial statements audited by an independent accountant?		2b	Х					
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	te basıs,							
	consolidated basis, or both  X Separate basis Consolidated basis Both consolidated and separate basis								
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ne audit.	1 1						
_	review, or compilation of its financial statements and selection of an independent accountant?	•	2c	X					
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	nedule O							
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S								
_	Act and OMB Circular A-133?	-	3a		X				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ured audit							
_	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b						
			Form	990	2014)				

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury

**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.lrs.gov/form990

Open to Public Inspection

OMB No 1545-0047

Internal Revenue Service

Name of the organization

SOUTHWEST RESEARCH & INFORMATION CENTER

Employer identification number 23-7159949

Pa	a T	Reason for Public C		Il organizations must se				3 7133313
							e instructions.	<del></del>
	organ	zation is not a private founda						
1	=	A church, convention of chu	•		l ın sectioi	n 170(b)(1	)(A)(i).	
2	닏	A school described in section		•				
3	닏	A hospital or a cooperative I	hospital service orga	inization described in se	ction 170	(b)(1)(A)(iii	i).	
4		A medical research organiza	ation operated in cor	ijunction with a hospital	described	ın sectio	<b>n 170(b)(1)(A)(iii).</b> Enter t	the hospital's name,
		crty, and state:						
5		An organization operated fo	r the benefit of a col	lege or university owned	or operat	ed by a go	overnmental unit describ	ed in
		section 170(b)(1)(A)(iv). (C	omplete Part II.)					
6		A federal, state, or local gov	remment or governm	ental unit described in s	section 17	O(b)(1)(A)(	(v).	
7	X	An organization that normal	ly receives a substar	ntial part of its support f	rom a gove	ernmental	unit or from the general	public described in
		section 170(b)(1)(A)(vi). (Co	omplete Part II )		_		•	
8		A community trust describe	d in section 170(b)(	1)(A)(vi). (Complete Part	: II )			
9		An organization that normal			•	contributio	ons, membership fees, a	nd gross receipts from
		activities related to its exem	•	•	-		•	
		income and unrelated busin	-					=
		See section 509(a)(2). (Con		,		•	, ,	,
10		An organization organized a		vely to test for public sa	fetv See s	ection 50	9(a)(4).	
11		An organization organized a	•	•	-			purposes of one or
		more publicly supported org	•	=	-		· · · · · · · · · · · · · · · · · · ·	•
		lines 11a through 11d that of						
а		Type I. A supporting orga	• •			•		aivina
_		the supported organization	•	•		_		
		organization. You must c	• • • • • • • • • • • • • • • • • • • •	• • • •	, , , , , ,			
ь		Type II. A supporting orga	•		tion with it	s supporte	ed organization(s), by ha	vina
_		control or management of						
		organization(s) You must			p			
c		Type III functionally inte			ın connect	tion with, a	and functionally integrate	ed with.
•		its supported organization						
d		Type III non-functionally						zation(s)
_		that is not functionally into	- ''				• • • • • • • • • • • • • • • • • • • •	, ,
		requirement (see instructi	-		-		•	
е		Check this box if the orga	•	-				
Ŭ		functionally integrated, or					, , , , , , , , , , , , , , , , , ,	
f	Ente	er the number of supported of		,				<u>"</u>
		vide the following information	-	d organization(s).			•	
		(i) Name of supported	(ii) EIN		(iv) Is the or		(v) Amount of monetary	(vi) Amount of
		organization		(described on lines 1-9	listed ii governing d		support (see	other support (see
				above or IRC section (see instructions))	Yes	No	Instructions)	Instructions)
				(cco mondonomy)				
_								
			1					
	_							
_								
							<del></del> _	
	_1							

LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 432021 09-17-14

Schedule A (Form 990 or 990-EZ) 2014

Schedule A (Form 990 or 990-EZ) 2014 SOUTHWEST RESEARCH & INFORMATION CENTER 23-7159949 Page 2

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Catendar year (or fiscal year beginning in) (a) 2010 (c) 2012 (d) 2013 (e) 2014 (f) Total (b) 2011 1 Gifts, grants, contributions, and membership fees received (Do not 757,643. 915,419. 1243970. 4635323. 762,839. 955,452. include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 762,839. 955,452. 757,643. 915,419. 1243970. 4635323. 4 Total. Add lines 1 through 3 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. 574,690. column (f) 4060633. 6 Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (b) 2011 (c) 2012 (a) 2010 (d) 2013 (e) 2014 (f) Total 762,839. 955,452. 757,643 915,419 1243970. 4635323. 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, rovalties 6,140. 26,808. 7,912. 3,716. 5,418. 3,622. and income from similar sources 9 Net income from unrelated business activities, whether or not the 122. 123. 342. 248 340 1,175. business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital 37,757. 27,656. 16,895. 34,926. 11,438. 128,672. assets (Explain in Part VI) 4791978. 11 Total support. Add lines 7 through 10 235,671. 12 Gross receipts from related activities, etc. (see instructions) 13 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 84.74 14 % 14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) 82.67 15 15 Public support percentage from 2013 Schedule A, Part II, line 14 16a 33 1/3% support test - 2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and  $\triangleright X$ stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2014

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

Schedule A (Form 990 or 990-EZ) 2014

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

(Complete only if you shocked the box on line 9 of Part Lor if the organization failed to qualify under Part II. If the organization

	(Complete only if you checked	•	of Port I or of the o	raanization failed (	o auslifu under Di	art II. If the organize	ation fails to
				irganization raileo i	to quality under Fa	art ii ii iiie organizi	ation fails to
Sec	qualify under the tests listed be etion A. Public Support	glow, please com	piete Fart II.j				
	ndar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Gifts, grants, contributions, and	(a) 2010	(5) 2011	(6) 2012	(4) 2010	(6) 2014	(i) rotal
•	membership fees received. (Do not						
	include any "unusual grants.")						
2			1				
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 bus-						
	iness under section 513	1					
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities					T	
	furnished by a governmental unit to	j					
	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.)	, , , ,	7 7 8 4 4	3 1 2 4 1 5			
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6						
10 <i>a</i>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
t	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b			Î ·			
	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 VI.)						
	Total support. (Add lines 9, 10c, 11, and 12)	L	1	<u> </u>	<u></u>		
14	First five years. If the Form 990 is for	r the organization	's first, second, the	rd, fourth, or fifth t	tax year as a secti	on 501(c)(3) organı	zation,
	check this box and stop here .			<u>.                                    </u>			
Se	ction C. Computation of Publ	ic Support Pe	ercentage				
15	Public support percentage for 2014 (	line 8, column (f) d	divided by line 13,	column (f))		15	<u>%</u>
	Public support percentage from 2013					16	
Se	ction D. Computation of Inve	stment Incon	ne Percentage	<u> </u>			
17	Investment income percentage for 20	)14 (line 10c, colu	ımn (f) dıvıded by l	ine 13, column (f))		17	%
18						18	<u>%</u>
19:	33 1/3% support tests - 2014. If the						17 is not
	more than 33 1/3%, check this box a	nd <b>stop here.</b> Th	ie organization qua	alifies as a publicly	supported organi	zation .	
ı	33 1/3% support tests - 2013. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	on did not check a	a box on line 14, 19	9a, or 19b, check t	this box and see ii	nstructions	▶

432023 09-17-14

Schedule A (Form 990 or 990-EZ) 2014

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Schedule A (Form 990 or 990-EZ) 2014 SOUTHWEST RESEARCH & INFORMATION CENTER 23-7159949 Page 4

1	Part	V	Suppo	rtina	Organ	ization	=
ı	rait		Suppo	rung	organ	IIZauvii	Э

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V)

<del>sec</del>	tion A. All Supporting Organizations		1	
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No" describe in part VI how the supported organizations are designated. If designated by	1		
_	class or purpose, describe the designation if historic and continuing relationship, explain	'		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in part yi how the organization determined that the supported			
		2		
2-	organization was described in section 509(a)(1) or (2)  Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
Ja		3a		
<b>h</b>	(b) and (c) below  Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and	- Ou_		
U	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in part VI when and how the			
	organization made the determination	3b	ı	
_	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)			
·	(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3с		
<b>4</b> a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		
ь	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
_	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination			
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer (b) and (c) below (if applicable). Also, provide detail in <b>p<sub>art VI,</sub> including (i) the names and EIN</b>			
	numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action,			
	(III) the authority under the organization's organizing document authorizing such action, and (IV) how the action			
	was accomplished (such as by amendment to the organizing document)	5a		_
þ	Type I or Type II only. Was any added or substituted supported organization part of a class already			
	designated in the organization's organizing document?	<u>5b</u>	$\vdash$	
	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	<u> </u>	
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class			
	benefited by one or more of its supported organizations, or (c) other supporting organizations that also			
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in	6		
-	Part VI.			_
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent			
	controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
٠	If "Yes," complete Part I of Schedule L (Form 990)	8	1	
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described		i i	
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which			
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
C	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit			
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in part VI.	9с	<u> </u>	
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f)			
	(regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting			
	organizations)? If "Yes," answer (b) below	10a	-	<u> </u>
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	10h		
	NAME OF THE PROPERTY OF THE PR	4117		

	dule A (Form 990 or 990-EZ) 2014 SOUTHWEST RESEARCH & INFORMATION CENTER 23-71	<u>5994</u>	9 Pa	age 5
Pai	t IV   Supporting Organizations (continued)			r
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			l
	below, the governing body of a supported organization?	11a		<b>-</b>
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in part VI.	11c		
Sec	tion B. Type I Supporting Organizations			г <u></u>
_	Did the division to retend a surrough with a first a surrough and a surrough and have the way and	-	Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	<b>'</b>	<u> </u>	
2	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			ļ
	supervised, or controlled the supporting organization	2		
Sec	tion C. Type II Supporting Organizations			Ь
-	ton or type it capperting organizations	-	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		103	''
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s)	1	Ì	
Sec	tion D. Type III Supporting Organizations	•		
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax			
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		1
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			l
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			l
	supported organizations played in this regard	3		<u> </u>
Sec	tion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year(see instructions):			
а	The organization satisfied the Activities Test Complete line 2 below			
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions		Τ
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			1
	how the organization was responsive to those supported organizations, and how the organization determined	200	1	1
	that these activities constituted substantially all of its activities	2a		<del> </del>
D	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in part vi the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	2b		
•	activities but for the organization's involvement	<del></del>	$\vdash$	<del> </del>
3	Parent of Supported Organizations <i>Answer (a) and (b) below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а	trustees of each of the supported organizations? Provide details in <i>Part VI</i> .	3a	1	1
<b>.</b>	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	<u> </u>	1	<b>†</b>
O	of its supported organizations? If "Yes," describe in part VI the role played by the organization in this regard	3b		
		00 00		

	dule A (Form 990 or 990-EZ) 2014 SOUTHWEST RESEARCH & IN			23-7159949 Page 6
Par	Type in item i andiestany integrated coc(a)(e) capporting	<del></del>	<del></del>	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	-		uctions. All
	other Type III non-functionally integrated supporting organizations must co	mplete S	Sections A through E.	
Secti	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
_2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Pnor Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see	1#		
	instructions for short tax year or assets held for part of year)	<u> </u>		
а	Average monthly value of securities	1a	•	
Ь	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c	· <del>-</del>	
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other	1		
	factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt-use assets	2	•	·
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			1
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount		¢ -	Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	, ,	
4	Enter greater of line 2 or line 3	4	2 y	
5	Income tax imposed in prior year	5	* , , <b>k</b> = & r = r = 1	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to		The state of the s	
-	emergency temporary reduction (see instructions)	6	Section 1	
7	Check here if the current year is the organization's first as a non-functional	ly-integra	ated Type III supporting ord	ganization (see
-	instructions).		., ,,	•

Schedule A (Form 990 or 990-EZ) 2014

	rt V Type III Non-Functionally Integrated 509			23-7159949 Page 7					
	ion D - Distributions	(a)(o) Supporting Orga	(continued)	Current Year					
1	Amounts paid to supported organizations to accomplish exe	empt numeros	<del></del>	Ourrent rear					
	Amounts paid to perform activity that directly furthers exem			<u> </u>					
-	organizations, in excess of income from activity	pr purposes or supported							
3		<del> </del>							
4	Amounts paid to acquire exempt-use assets	Administrative expenses paid to accomplish exempt purposes of supported organizations							
5	Qualified set-aside amounts (prior IRS approval required)			<del> </del>					
6	Other distributions (describe in Part VI). See instructions	<del></del>		<del></del>					
7	Total annual distributions. Add lines 1 through 6.			<del> </del>					
8	Distributions to attentive supported organizations to which t	he organization is responsive		<del> </del>					
0	(provide details in <b>Part VI</b> ). See instructions.	ne organization is responsive	<b>5</b>						
9	Distributable amount for 2014 from Section C, line 6	<del></del>							
10	Line 8 amount divided by Line 9 amount		<del></del>						
	Line 8 amount divided by Line 9 amount	(i)	(ii)	/iii)					
		Excess Distributions	Underdistributions	(iii) Distributable					
Sect	ion E - Distribution Allocations (see instructions)	Excess Distributions	Pre-2014						
1	Distributable amount for 2014 from Section C, line 6		Pre-2014	Amount for 2014					
	Underdistributions, if any, for years prior to 2014		<del></del>						
~	(reasonable cause required-see instructions)								
3	Excess distributions carryover, if any, to 2014								
	·								
<u>a</u>									
c				· <u>·</u> ·····					
	From 2013			<del>                                     </del>					
				<del></del>					
	Total of lines 3a through e								
	Applied to underdistributions of prior years								
	Applied to 2014 distributable amount	-		<u> </u>					
<u></u>									
<del>_</del>	Remainder Subtract lines 3g, 3h, and 3i from 3f.			<u> </u>					
4	,								
	line 7 \$	· · · · · · · · · · · · · · · · · · ·		<del></del>					
	Applied to underdistributions of prior years		<u></u>						
	Applied to 2014 distributable amount		·	<u> </u>					
	Remainder. Subtract lines 4a and 4b from 4.		<del> </del>	<del> </del>					
5	Remaining underdistributions for years prior to 2014, if								
	any. Subtract lines 3g and 4a from line 2 (if amount	1							
_	greater than zero, see instructions).								
6	Remaining underdistributions for 2014. Subtract lines 3h								
	and 4b from line 1 (if amount greater than zero, see								
_	instructions).	,		<del>                                     </del>					
7	Excess distributions carryover to 2015. Add lines 3j								
_	and 4c.			<u> </u>					
	<del></del>	<del> </del>		-					
a		* 10*							
b	<del></del>	*							
<u>c</u>									
	Excess from 2013								
е	Excess from 2014		<u> </u>						

Schedule A (Form 990 or 990-EZ) 2014

Schedule A	(Form 990 or 990-EZ)	2014 SOUTHWEST	RESEARCH	& INFORMATION	CENTER	23-7159949 Page 8
Part VI	Supplemental I	nformation. Provide t	he explanations requ	ired by Part II, line 10, Pa	ırt II, lıne 17a or 1	7b, and Part III, line 12
	Also complete this p	part for any additional info	rmation. (See instruc	tions).		
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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.

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

2014

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.

Section 501(c)(4), (5), or (6) organizations Complete Part III.

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) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

Part I-B Complete if the organization is exempt under section 501(c)(3).  1 Enter the amount of any excise tax incurred by the organization under section 4955 2 Enter the amount of any excise tax incurred by organization managers under section 4955 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? 4a Was a correction made? b If "Yes," describe in Part IV.  Part I-C Complete if the organization is exempt under section 501(c), except section 5 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities 3 Total exempt function expenditures. Add lines 1 and 2 Enter here and on Form 1120-POL,	\$ Yes No No
<ul> <li>Political expenditures</li> <li>Volunteer hours</li> <li>Part I-B Complete if the organization is exempt under section 501(c)(3).</li> <li>Enter the amount of any excise tax incurred by the organization under section 4955</li> <li>Enter the amount of any excise tax incurred by organization managers under section 4955</li> <li>If the organization incurred a section 4955 tax, did it file Form 4720 for this year?</li> <li>Was a correction made?</li> <li>If "Yes," describe in Part IV.</li> <li>Part I-C Complete if the organization is exempt under section 501(c), except section 5</li> <li>Enter the amount directly expended by the filing organization for section 527 exempt function activities</li> <li>Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities</li> <li>Total exempt function expenditures. Add lines 1 and 2 Enter here and on Form 1120-POL,</li> </ul>	> \$
<ul> <li>1 Enter the amount of any excise tax incurred by the organization under section 4955</li> <li>2 Enter the amount of any excise tax incurred by organization managers under section 4955</li> <li>3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?</li> <li>4a Was a correction made?</li> <li>b If "Yes," describe in Part IV.</li> <li>Part I-C Complete if the organization is exempt under section 501(c), except section 5</li> <li>1 Enter the amount directly expended by the filing organization for section 527 exempt function activities</li> <li>2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities</li> <li>3 Total exempt function expenditures. Add lines 1 and 2 Enter here and on Form 1120-POL,</li> </ul>	Yes No Yes No 01(c)(3).
<ul> <li>2 Enter the amount of any excise tax incurred by organization managers under section 4955</li> <li>3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?</li> <li>4a Was a correction made?</li> <li>b If "Yes," describe in Part IV.</li> <li>Part I-C   Complete if the organization is exempt under section 501(c), except section 5</li> <li>1 Enter the amount directly expended by the filing organization for section 527 exempt function activities</li> <li>2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities</li> <li>3 Total exempt function expenditures. Add lines 1 and 2 Enter here and on Form 1120-POL,</li> </ul>	Yes No Yes No 01(c)(3).
<ol> <li>Enter the amount directly expended by the filing organization for section 527 exempt function activities</li> <li>Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities</li> <li>Total exempt function expenditures. Add lines 1 and 2 Enter here and on Form 1120-POL,</li> </ol>	<b>\$</b>
<ul> <li>2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities</li> <li>3 Total exempt function expenditures. Add lines 1 and 2 Enter here and on Form 1120-POL,</li> </ul>	
<ul> <li>Did the filing organization file Form 1120-POL for this year?</li> <li>Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to vibrate payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter contributions received that were promptly and directly delivered to a separate political organization, such as a separate political action committee (PAC). If additional space is needed, provide information in Part IV.</li> </ul>	er the amount of political
(a) Name (b) Address (c) EIN (d) Amount paid fro filing organization' funds If none, enter	s contributions received and

LHA 432041 10-21-14

Schedule C (Form 990 or 990-EZ) 2014 S	OUTHWEST R	ESEARCH & I	NFORMATION on 501(c)(3) and fill	CENTER 23-7 ed Form 5768 (e	159949 Page 2 lection under		
section 501(h)).		p. aa soos		(°			
A Check ▶ ☐ If the filing organizat	ion belongs to an affil	ated group (and list in	Part IV each affiliated	group member's nam	e, address, EIN,		
expenses, and share	e of excess lobbying	expenditures).					
B Check ► if the filing organizat	ion checked box A ar	nd "limited control" pro	ovisions apply.				
	s on Lobbying Exper itures" means amou	nditures nts paid or incurred.	)	(a) Filing organization's totals	(b) Affiliated group totals		
1a Total lobbying expenditures to influ	ence public opinion (	grass roots Johnving)		4,579.			
b Total lobbying expenditures to influ		,		3,000.			
c Total lobbying expenditures (add lin	•	., (0001.1000)	·	7,579.			
d Other exempt purpose expenditure	1,120,843.	<del></del>					
		1,128,422.					
	Total exempt purpose expenditures (add lines 1c and 1d)     Lobbying nontaxable amount. Enter the amount from the following table in both columns.						
If the amount on line 1e, column (a) of		bying nontaxable am		187,842.			
Not over \$500,000		the amount on line 1e					
Over \$500,000 but not over \$1,000		0 plus 15% of the exc					
Over \$1,000,000 but not over \$1,50		0 plus 10% of the exc			!		
Over \$1,500,000 but not over \$1,50		0 plus 5% of the exce					
Over \$17,000,000	\$1,000,0		33 0461 \$1,000,000				
Over \$17,000,000	Ψ1,000,	500.					
g Grassroots nontaxable amount (en	ter 25% of line 1ft			46,961.			
h Subtract line 1g from line 1a. If zero				0.	<del></del>		
i Subtract line 1f from line 1c. If zero	•	•	•	0.			
j If there is an amount other than zer	•	line 1i. did the organiz	ation file Form 4720				
reporting section 4911 tax for this		· <b>,</b> · · <b>-</b> - <b>-</b>		[	Yes No		
(Some organizations th	4-Year Ave	eraging Period Under		of the five columns h	olow		
(Some organizations th		ate instructions for li	•	or the live columns b	ciow.		
		nditures During 4-Yea					
	Loopjiiig Expo						
Calendar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	( <b>c)</b> 2013	(d) 2014	(e) Total		
2a Lobbying nontaxable amount	165,780.	168,046.	181,275.	187,842.	702,943.		
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					1,054,415.		
c Total lobbying expenditures	20,185.	3,449.	4,740.	7,579.	35,953.		
d Grassroots nontaxable amount	41,445.	42,012.	45,319.	46,961.	175,737.		
e Grassroots ceiling amount	, , , , , ,						
(150% of line 2d, column (e))		と、 年は、 一番で	\$5		263,606.		
f Grassroots lobbying expenditures			1,740.	4,579.	6,319.		

Schedule C (Form 990 or 990-EZ) 2014

Schedule C (Form 990 or 990-EZ) 2014 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 each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description		(a)		(b)		
	bbying activity	Yes	No	Amo	ount		
lo	uring the year, did the filing organization attempt to influence foreign, national, state or cal legislation, including any attempt to influence public opinion on a legislative matter referendum, through the use of						
a Vo	olunteers?	1					
	aid staff or management (include compensation in expenses reported on lines 1c through 1i)?		•				
c M	ledia advertisements?						
d M	lailings to members, legislators, or the public?		ļ .				
e Pi	ublications, or published or broadcast statements?	ļ					
f G	rants to other organizations for lobbying purposes?		ļ				
g D	rrect contact with legislators, their staffs, government officials, or a legislative body?	<u> </u>	ļ				
h R	allies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		ļ				
iΟ	ther activities?		-				
j To	otal Add lines 1c through 1i						
2a D	id the activities in line 1 cause the organization to be not described in section 501(c)(3)?						
b If	"Yes," enter the amount of any tax incurred under section 4912						
	"Yes," enter the amount of any tax incurred by organization managers under section 4912						
d If	the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?						
Part I		ion 501(c	)(5), or se	ection			
				Yes	No		
4 14	/ere substantially all (90% or more) dues received nondeductible by members?		1				
	id the organization make only in-house lobbying expenditures of \$2,000 or less?		2		-		
	· · · · · · · · · · · · · · · · · · ·	•	3		<del> </del>		
3 D	id the organization agree to carry over lobbying and political expenditures from the prior year?  II-B Complete if the organization is exempt under section 501(c)(4), sect	on 501(c		ection	1		
Farti	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered	0,100,110. 0,100,110.	R (b) Par	t III-A. lii	ne 3. is		
	answered "Yes."	ı 110, U	(2)		0,		
1 D	ues, assessments and similar amounts from members		1				
	ection 162(e) nondeductible lobbying and political expenditures (do not include amounts of political	ical					
	xpenses for which the section 527(f) tax was paid).						
	urrent year		2a				
	arryover from last year		2b				
c To			2c				
	ggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3	ļ			
		,cocc	-		•		
	notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex-						
	oes the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	pomear	4	1			
	xpenditure next year?						
Part I	axable amount of lobbying and political expenditures (see instructions)  V Supplemental Information  the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated grounds); and Part II-B, line 1. Also, complete this part for any additional information.	ıp list), Part	5  -A, lines 1	and 2 (see			

### **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.irs.gov/form990.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

**Employer identification number** 

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.  1 Total number at end of year 2 Aggregate value of contributions to (during year) 3 Aggregate value of contributions to (during year) 4 Aggregate value at end of year 5 Dot the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization inform all grantines, concess, and donor advisors in writing that the assets held in donor advised funds are the organization inform all grantines, concess, and donor advisors in writing that grant tunds can be used only for charatible purposes and not for the benefit of the donor of donor advisors in writing that grant tunds can be used only for charatible purposes and not for the benefit of the donor of donor advisors in writing that grant tunds can be used only for charatible purposes and not for the benefit of the donor of donor advisors in writing that grant tunds can be used only for charatible purposes and not for the benefit of the donor of donor advisors in writing that grant tunds can be used only for charatible purposes and not for the benefit of the donor of donor advisors in for any other purpose conferring magnetic purposes and not for the benefit of the donor of donor advisors in writing that grant tunds can be used only for help the purpose of the purpose		SOUTHWEST RESEARCH				23-7159949
Total number at end of year   Aggregate value of contributions to (during year)   Aggregate value of contributions to (during year)   Aggregate value of contributions to (during year)   Aggregate value of a grants from (during year)   Aggregate value at end of year	Par	t I Organizations Maintaining Donor Advise	d Funds or	Other Similar Fund	s or A	ccounts.Complete if the
1 Total number at end of year 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) 4 Aggregate value of grants from (during year) 4 Aggregate value at end of year 5 Did the organization in from all denors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?  Ob the organization in grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring improvements be made benefit?  Part II Conservation Essements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.  1 Purpose(s) of conservation easements held by the organization of check all that apply).  □ Preservation of a for public use (e.g., recreation or education) □ Preservation of a historically important land area □ Preservation of natural habitat □ Preservation of a conservation easement in the preservation of a certified historic structure □ Preservation of a certified historic structure □ Preservation of a certified historic structure   Preservation   P		organization answered "Yes" to Form 990, Part IV, line				
2 Aggregate value of grants from (during year) 3 Aggregate value of grants from (during year) 4 Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization for profession of the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charatable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impremisable purpose and not for the benefit of the donor or donor advisor, or for any other purpose conferring impremisable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impremisable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impremisable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impremisable purposes and and for public use (e.g., recreation or education)			(a) Dor	or advised funds	(	b) Funds and other accounts
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are the organization's property, subject to the organization's exclusive legal control?    Differential Conservation Informal grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?   Part   Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.   Purpose(s) of conservation easements held by the organization answered "Yes" to Form 990, Part IV, line 7.   Proservation of land for public use (e.g., recreation or education)   Preservation of a historically important land area   Protection of natural habitat   Preservation of open space   Preservation	5	-	writing that the	assets held in donor adv	sed fun	ds
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?    Part II   Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.   Preservation of land for public use (e.g., recreation or education)   Preservation of a historically important land area   Preservation of open space   Preservation of open space   Preservation of open space   Preservation of open space   Complete lines 2s a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.    Total archaege restricted by conservation easements   Preservation of open space   Preservation of a certified historic structure included in (a)   Preservation of a conservation easement   Preservation of open space   Preservation of a conservation easement   Preservation of open space   Preservation of a conservation easement   Preservation open space   Preservation of a conservation easement   Preservation   Preservation easement   Preservation easement   Preservation   Preservation   Pres	_					1 ) 1 1
mpermissible private benefit?    Part II   Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.    Purpose(s) of conservation easements held by the organization (check all that apply).   Preservation of and for public use (e.g., recreation or education)   Preservation of a historically important land area   Protection of natural habitat   Preservation of open space   Protection of natural habitat   Preservation of open space   Preservation of open space   Preservation of public lenes 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.    Total number of conservation easements   Preservation   Preservation   Preservation easements   Preservation   Pres	6				e used o	only
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1 Purpose(s) of conservation easements held by the organization (check all that apply).  Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Preservation of open space  2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.  a Total number of conservation easements  b Total acreage restricted by conservation easements  c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register  3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶  4 Number of states where property subject to conservation easement is located ▶  5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ \$  8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?  9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and miclude, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these terms  b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue state	Par		anization ansv	vered "Yes" to Form 990.	Part IV.	
Preservation of laind for public use (e.g., recreation or education)  Preservation of a historically important land area  Protection of natural habitat  Preservation of open space  2 Complete lines 2 at through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.  a Total number of conservation easements  b Total acreage restricted by conservation easements  c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register  3 Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register  3 Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register  4 Number of states where property subject to conservation easement is located ▶  5 Does the organization have a written policy regarding the penodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during 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 satisfy the requirements of section 170(h)(4)(B)(6)  9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.  Part III Organization Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.  Complete if the organization answered "Yes" to Form 990, Part IV, line 8  If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue s						
Protection of natural habitat	•				torically	important land area
Preservation of open space  2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.  a Total number of conservation easements  b Total acreage restricted by conservation easements  c Number of conservation easements on a certified historic structure included in (a)  d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register  3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year    4 Number of states where property subject to conservation easement is located    5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year    4 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year    5 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(f)  9 In Part XIII, describe how the organization reports conservation easements in its revenue and expenses statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.  Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.  Complete if the organization answered "Yes" to Form 990, Part IV, line 8  1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the fo			docation			
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a Total number of conservation easements b Total acreage restricted by conservation easements c Number of conservation easements not a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register  Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year   4 Number of states where property subject to conservation easement is located  5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year   Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year   No boes each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)  In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.  Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.  Complete if the organization answered "Yes" to Form 990, Part IV, line 8  If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items  b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sh		day of the tax year.				Held at the End of the Tay Year
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	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) 2014

		ST RESEARC	H &	INFORM	ATION	CENT	ER	<u>23-71</u>	59949	Page 2
Par	t III   Organizations Maintaining C	ollections of A	rt, Hist	torical Tr	easures,	or Oth	er Simil	ar Asse	<b>ts</b> (continue	ed)
3	Using the organization's acquisition, accessi	on, and other record	ds, checl	any of the	following that	at are a s	ignificant	use of its	collection r	tems
	(check all that apply)									
а	Public exhibition	c	, <u> </u>	Loan or exc	hange progr	ams				
b	Scholarly research	e	, [_]	Other						
C	Preservation for future generations									
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII									
5	During the year, did the organization solicit of	r receive donations	of art, hi	storical trea	sures, or oth	ner sımila	r assets	_	_	_
	to be sold to raise funds rather than to be maintained as part of the organization's collection?									
Par	t IV Escrow and Custodial Arran		ete if the	organizatio	n answered	"Yes" to	Form 990	D, Part IV, I	ine 9, or	
	reported an amount on Form 990, Pa	rt X, line 21.								
1a	Is the organization an agent, trustee, custod	ian or other interme	diary for	contribution	ns or other as	ssets not	t included	_	_	
	on Form 990, Part X?							L	」 Yes	L No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing 1	table				<del>,</del>		
							<u> </u>		Amount	
C	Beginning balance .						1c			
d	Additions during the year						1d	<u> </u>		
е	Distributions during the year		•				1e			
f	Ending balance			•			1f	<u> </u>	<del></del>	
	Did the organization include an amount on F						•		<b>」Yes</b>	⊢ No
	If "Yes," explain the arrangement in Part XIII.				_					
Par	t V   Endowment Funds. Complete				T			<del>-</del>		<del></del>
		(a) Current year	(b) P	rior year	(c) Two year	irs back	(d) Three	years back	(e) Four y	ears back_
1a	Beginning of year balance		<b></b>		<del> </del>					
Ь	Contributions		<del> </del>		<del> </del>					
C	Net investment earnings, gains, and losses		<u> </u>		ļ					
	Grants or scholarships		ļ							
e	Other expenditures for facilities								1	
_	and programs									
T	Administrative expenses		<b>}</b>		<u> </u>				<u> </u>	
g	End of year balance		1		<u> </u>					
2	Provide the estimated percentage of the cur	rent year end balan		g, column (a	a)) neid as					
a	Board designated or quasi-endowment	0/	%							
	Permanent endowment	%								
С	Temporarily restricted endowment ►  The percentages in lines 2a, 2b, and 2c shot	%								
2-	•	•	ration th	at ara bald a	and administ	arad far	tha araan	ration		
Sa	Are there endowment funds not in the posse	ssion of the organiz	zation the	at are neiu a	ino auminist	erea for	une organi	ization	Г	es No
	(i) unrelated organizations								3a(i)	<u>es 140</u>
	(ii) related organizations		•				•		3a(ii)	_
<b>b</b>	If "Yes" to 3a(ii), are the related organization	e lietad as radijirad i	on Sche	 Jule R2					3b	
4	Describe in Part XIII the intended uses of the	•							<u> </u>	
Par	t VI   Land, Buildings, and Equipn		<u> </u>	10.100.						
	Complete if the organization answere		0. Part IV	/. line 11a S	See Form 990	D. Part X.	line 10.			
	Description of property	(a) Cost or o			t or other	T	ccumula	ted	(d) Book	value
	Doddingston of property	basis (invest			(other)		epreciatio		,_,	
1a	Land		221.		<del></del>	<b>†</b>	<del></del>		92	,221.
b	Buildings		125.		<del></del>	1	70,7	750.		,375.
c	Leasehold improvements	<u>-</u>								
d	Equipment	108,	027.			1	100,2	246.	7	,781.
	Other		379.						12	,379.
	. Add lines 1a through 1e (Column (d) must e	equal Form 990, Par	t X, colui	nn (B), line	10c)			<b>D</b>		,756.

Schedule D (Form 990) 2014

(1) (2) (3) (4) (5) (6) (7) (8) (9) (Total. (Column (b) must equal Form 990, Part X, col (B) line 15)  Part X Other Liabilities.  Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5)	49 Page
Financial derivatives   Closely-held equity interests	
Closely-held equity interests	ket value
Other	
(a) ENDOWMENT INVESTMENT (b) ACCOUNT (c) INVESTMENT (d) ENDOWMENT (d) ENDOWMENT (e) ENDOWMENT (f) E	
(a) ACCOUNT (b) INVESTMENT (c) INVESTMENT (d) (d) (e) (e) (e) (e) (f) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e	
(C) INVESTMENT   55,759   COST   (D)   (E)   (F)   (F	
(C) (E) (F) (G) (H) (H) (H) (H) (H) (H) (H) (H) (H) (H	
(E) (F) (G) (G) (H) (H) (F) (G) (F) (G) (F) (F) (F) (F) (F) (F) (G) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F	
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(G) (H) (H) (H) (H) (H) (H) (H) (H) (H) (H	
(b) must equal Form 990, Part X, col. (B) line 12.) ▶ 90 , 280 .  Part VIII Investments - Program Related.  Complete of 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 mark (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  90 , 2art IV, line 11d. See Form 990, Part X, line 13.) ▶ Part IX  Other Assets.  Complete of the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part X  (9)  (9)  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (9)  (9)  (9)  (9)  (9)  (1)  (1)  (1	
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 mark (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶  Part IX Other Assets.  Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book  (b) Book  (c) Book  (c) Book  (d)  (d)  (e)  (f)  (g)  (g)  (g)  (g)  (g)  (g)  (g	
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 mark (1) (2) (3) (4) (4) (5) (6) (6) (7) (8) (9) (9) (9) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	
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(2) (3) (4) (5) (6) (7) (8) (9) otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets.  Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Boo (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line 15) Part X Other Liabilities.  Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  (a) Description of liability (b) Book value  (1) Federal income taxes (2) (3) (4) (5)	value
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(7) (8) (9) 101. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶  Part IX Other Assets.  Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Boo (c) (1) (2) (3) (4) (5) (6) (7) (8) (9)  101. (Column (b) must equal Form 990, Part X, col (B) line 15)  Part X Other Liabilities.  Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  (a) Description of liability (b) Book value  (1) Federal income taxes (2) (3) (4) (5)	
(8) (9)  otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶  Part IX Other Assets.  Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Boo (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col (B) line 15)  Part X Other Liabilities.  Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  (a) Description (b) Book value (1) Federal income taxes (2) (3) (4) (5)	
(9)  otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶  Part IX Other Assets.  Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Bood  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Otal. (Column (b) must equal Form 990, Part X, col (B) line 15)  Part X Other Liabilities.  Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  (a) Description of liability (b) Book value  (1) Federal income taxes  (2)  (3)  (4)  (5)	
total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶    Part IX	
Other Assets.   Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.	
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(5) (6) (7) (8) (9) Part X Other Liabilities. Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5)	
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(7) (8) (9) Fotal. (Column (b) must equal Form 990, Part X, col (B) line 15)  Part X Other Liabilities.  Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  (a) Description of liability (b) Book value  (1) Federal income taxes (2) (3) (4) (5)	
(8) (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line 15)  Part X Other Liabilities.  Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  (a) Description of liability (b) Book value  (1) Federal income taxes (2) (3) (4) (5)	
(9)  Total. (Column (b) must equal Form 990, Part X, col (B) line 15)  Part X Other Liabilities.  Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  (a) Description of liability (b) Book value  (1) Federal income taxes (2) (3) (4) (5)	
Part X Other Liabilities.  Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  (a) Description of liability (b) Book value  (1) Federal income taxes (2) (3) (4) (5)	
Part X Other Liabilities.  Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  (a) Description of liability (b) Book value  (1) Federal income taxes (2) (3) (4) (5)	
(a) Description of liability (b) Book value  (1) Federal income taxes (2) (3) (4) (5)	
(1) Federal income taxes (2) (3) (4) (5)	
(2) (3) (4) (5)	
(3) (4) (5)	
(4) (5)	
(5)	
(6)	
(7)	
(8)	
(9)	
otal. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	
Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports	the
organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in	

Sche	dule D (Form 990) 2014 SOUTHWEST RESEARCH & INFO	RMATION	CENTER	23-	7159949	Page 4
Par		nents With I	Revenue per R	eturn	) <u>.</u>	***
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12		•			
1	Total revenue, gains, and other support per audited financial statements			1	1,435	,263.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	•			<u>-</u>	
– a	Net unrealized gains (losses) on investments	2a				
b	Donated services and use of facilities	2b	52,646.			
c	Recoveries of prior year grants	2c	· · · · · · · · · · · · · · · · · · ·			
d	Other (Describe in Part XIII.)	2d	103,260.			
e	Add lines 2a through 2d			2e	155	,906.
3	Subtract line 2e from line 1			3	1,279	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	•	•		<u> </u>	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII )	4b				
c	Add lines 4a and 4b	<u> </u>	· · ·	4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	•		5	1,279	_
	t XII   Reconciliation of Expenses per Audited Financial State	ments With	Expenses per	_		,
تــن	Complete if the organization answered "Yes" to Form 990, Part IV, line 12.					
1	Total expenses and losses per audited financial statements	<del></del>		1	1,232	.042.
-	Amounts included on line 1 but not on Form 990, Part IX, line 25			┝╧┪		, , , , , ,
2	Donated services and use of facilities	2a				
a	•	2b				
b	Prior year adjustments .	2c		1 1		
C	Other losses	2d	103,260.	ł i		
d	Other (Describe in Part XIII )	20 ;	103,200	2e	103	,260.
e	Add lines 2a through 2d Subtract line 2e from line 1	•	•	3	1,128	
3	•			"	1,120	, , , , ,
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b	امدا				
a	Other (Describe in Part XIII )	4a 4b		1		
Ь	Add lines 4a and 4b	40		4c		0.
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	1,128	
	rt XIII Supplemental Information.					,,,,,,
	ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pa	art IV lines 1h s	and 2h Part V line	4 Part	Y line 2: Part	ΧI
	2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any a			7, 1 an	X, III C 2, 1 are	Λι,
111103	20 and 40, and 1 art All, lines 20 and 40. Also complete this part to provide any at	dollional illioni	ation			
_						
PA	RT XI, LINE 2D - OTHER ADJUSTMENTS:					
AD	MINISTRATIVE FEES					
DI	RECT RENTAL EXPENSE					
क्रा	ND DATCING COCMC					
F U.	ND RAISING COSTS			_		
_			<del></del>	-		
PA	RT XI, LINE 4B - OTHER ADJUSTMENTS:					
RO	UNDING ERROR			_	_	
אַרן	RT XII, LINE 2D - OTHER ADJUSTMENTS:					
PA	AI AII, DINE AD - OIREN ADOUGHEMIS.					
AD	MINISTRATIVE FEES					
	DECE DEVENT EVDENCE					
DI 4320 10-0	RECT RENTAL EXPENSE		-	Scho	dule D (Form	990) 2014
10-0	-14			JUNE	ane n (Lou	23U) ZU 14

Schedule D (Form 990) 2014 SOUTHWEST RESEARCH & INFORMATION CENTER 23-7159949 Page 5  Part XIII   Supplemental Information (continued)
FUND RAISING COSTS
PART XII, LINE 4B - OTHER ADJUSTMENTS:
ROUNDING ERROR
FORM 990, SCH. D PART XI LINE 2D AND PART XII LINE 20
PART XI - LINE 2D - DIRECT RENT EXPENSE (903) PART XI - LINE 2D -
ADMINISTRATIVE FEES (75,953) PART XI - LINE 2D - FUND-RAISING COSTS
(26,404) ENT EXPENSE (903) PART XII - LINE 2D - ADMINISTRATIVE FEES
(75,953) PART XII - LINE 2D - FUND-RAISING COSTS (26,404).

### **SCHEDULE G**

Department of the Treasury

Internal Revenue Service

(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.

➤ Attach to Form 990 or Form 990-EZ. Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form 990 OMB No 1545-0047

Open to Public Inspection

SOUTHW	EST RESEARCH & INFO	RMA	TIO	N CENTER		23-7159	949
Part I Fundraising Activities required to complete this pa	S. Complete if the organization answer	ered "Y	es" to	Form 990, Part IV, I	line 17	Form 990-EZ	filers are not
	e Solicitans  f Solicitans g Special  sor or oral agreement with any individual Part VII) or entity in connection with publications or entities (fundraisers) purs	tion of tion of fundra I (includerofess	non-g gover alsing ding o lional f	overnment grants nment grants events fficers, directors, tru undraising services?	stees o	Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have c or con contrib	Did aiser ustody itrol of utions?	(iv) Gross receipts from activity	to (or	mount paid retained by) undraiser ed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
		-					
			ļ				· · · · · · · · · · · · · · · · · · ·
		ļ					
		<u> </u>					
		<u> </u>	L		-		
Total			<b></b>				
3 List all states in which the organizat or licensing	ion is registered or licensed to solicit	contrib	ution	s or has been notified	d it is e	exempt from re	egistration
			-				
_							

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

Schedule G (Form 990 or 990-EZ) 2014

Sche   Pa		e G (Form 990 or 990-EZ) 2014 SOUTHWE  Fundraising Events. Complete if the	ST RESEARCH	& INFORMATIO	N CENTER 23-	7159949 Page 2			
Pa	rti	of fundraising event contributions and great							
$\Box$	_		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events			
			SPORTING		2	(add col (a) through			
			(GOLF & BANQ		<u>3</u>	col. (c))			
ē			(event type)	(event type)	(total number)				
Revenue	1	Gross receipts	13,037.	18,412.	6,308.	37,757.			
	2	Less Contributions							
$\dashv$	3	Gross income (line 1 minus line 2)	13,037.	18,412.	6,308.	37,757.			
	4	Cash prizes							
g	5	Noncash prizes							
xbeus	6	Rent/facility costs	9,897.	10,424.		20,321.			
Direct Expenses	7	Food and beverages							
٥	8	Entertainment		1,500.		1.500.			
	9	Other direct expenses	1,820.			1,500. 4,583.			
	10	Direct expense summary Add lines 4 through	<del></del>	<u>*</u>	. •	26,404.			
	11 Net income summary. Subtract line 10 from line 3, column (d)								
Pa	rt		answered "Yes" to Form	1 990, Part IV, line 19, or	reported more than				
		\$15,000 on Form 990-EZ, line 6a	1	(b) Pull tabs/instant		(a) Takal manning (add			
e			(a) Bingo	bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col (c))			
Revenue						(-),			
æ	1	Gross revenue							
nses	2	Cash prizes							
Direct Expenses	3	Noncash prizes	-						
Direct	4	Rent/facility costs							
	5	Other direct expenses							
	6	Volunteer labor	Yes% No	Yes%	Yes% No				
	7	Direct expense summary. Add lines 2 throug		1	<b>•</b>				
_	8	Net gaming income summary. Subtract line 7	r from line 1, column (d)		P_				
9	En	iter the state(s) in which the organization cond	ucts gaming activities						
а		the organization licensed to conduct gaming a		states?		Yes No			
b	lf '	'No," explain							
40-		fat and a least a leas	avoked supponded or t	orminated during the tay	voar?	Yes No			
		ere any of the organization's gaming licenses r "Yes," explain			year :	NO			
	_					<del></del>			
4320	82 r	08-28-14			Schedule G (Fo	orm 990 or 990-EZ) 201			

Sch	edule G (Form 990 or 990-EZ) 2014 SOUTHWEST RESEARCH & INFORMATION CENTER 23-	1159949	Page 3_
11	Does the organization conduct gaming activities with nonmembers?	Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:		
а	The organization's facility	13a	<u>%</u>
b	An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
	Name		<u></u>
	Address >		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
b	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party >\$		
c	If "Yes," enter name and address of the third party:		
	Name >		
	Address >		
16	Gaming manager information		
	Name		
		·	
	Gaming manager compensation > \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions		
	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	☐ No
t	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. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III,	lınes 9, 9b, 10	)b, 15b,
	15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).		
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Schedule G	i (Form 990 or 990-EZ)	SOUTHWEST	RESEARCH	<u>&amp;</u>	INFORMATION	CENTER	23-7159949	Page 4
Part IV	(Form 990 or 990-EZ) Supplemental Infor	mation (continued)						
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						Sch	nedule G (Form 990 o	r 990-EZ

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SCHEDULE (Form 990)

Name of the organization

Department of the Treasury Internal Revenue Service

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

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

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

Open to Public Inspection

OMB No 1545-0047

**Employer identification number** 

2 23-7159949 (h) Purpose of grant or assistance X Yes PROJECT SUPPORT Grants and Other Assistance to Domestic Organizations and Domestic Governments. 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) 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. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed & INFORMATION CENTER (d) Amount of 16,625 cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (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 ALBUQUERQUE, NM 87105 1028 ANN ST., SW KALPULLI IZKALLI Parti Part II

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

Schedule I (Form 990) (2014)

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SOUTHWEST RESEARCH & INFORMATION CENTER

23-7159949

Schedule 1 (Form 990) (2014) SOUTHWEST RESEARCH & INFORMATION CENTER	RCH & IN	FORMATION	CENTER		23-7159949 Page 2
r Assista plicated	s. Complete of the	organization answe	red "Yes" to Form 99	00, Part IV, line 22	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
PAYMENT OF HOUSING, UTILITY COSTS AND TRAVEL EXPENSES FOR GYNECOLOGICAL CANCER PATIENTS.	04	9,835.	.0	0.BOOK-CASH AMOUNT PAID	
ईहेबेंदें।[Vs] Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	luired in Part I, lin	e 2, Part III, column	(b), and any other ac	ditional information.	
PART I, LINE 2:			:		
SUBMITTED PROPOSED PROJECT. SCOPE	OF WORK	AND BUDGET	ARE REVIEWED	VED AND	
APPROVED BEFORE ANY FUNDS ARE DISBUR	SED.	EPORTING F	REPORTING FROM RECIPIENTS IS	SNTS IS	
REVIEWED TO CONFIRM SCOPE OF WORK	PERFORMED	D AND FUNDS	S PROPERLY	EXPENDED	

**SCHEDULE O** 

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

### Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

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

Inspection

Name of the organization SOUTHWEST RESEARCH & INFORMATION CENTER Employer identification number 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 \$ 476,272. INCLUDING GRANTS OF \$ 34,291. REVENUE \$ 50.
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 SALARY LEVEL BELOW USUAL AND CUSTOMARY
LEVELS, THEREFORE NO OUTSIDE PARTIES CONSULTED.
FORM 990, PART VI, SECTION C, LINE 19:
UPON REQUEST

FORM 990, PART IX, LINE 11G, OTHER FEES:

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

Schedule O (Form 990 or 990-EZ) (2014)

Schedule O (Form 990 or 990-EZ) (2014)	Page 2
Name of the organization SOUTHWEST RESEARCH & INFORMATION CENTER	Employer identification number 23-7159949
SEE SCHEDULE O:	
PROGRAM SERVICE EXPENSES	329,847.
MANAGEMENT AND GENERAL EXPENSES	23,950.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	353,797.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	353,797.
FORM 990, PART IX, LINE 11G, COL A	
THE ABOVE EXPENSES ARE FOR PROFESSIONAL SERVICES RENDERED	IN SUPPORT OF
14 PROGRAM AREAS PROVIDING SPECIALIZED ASSISTANCE, AS NEE	EDED.
	· · · · · · · · · · · · · · · · · · ·