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SCANNED OCT

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990. Inspection and ending A For the 2015 calendar year, or tax year beginning D Employer identification number C Name of organization В Check if Address change SOUTHWEST RESEARCH & INFORMATION CENTER Name change 23-7159949 Doing business as]initial return Room/suite Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Final return/ 505-262-1862 POST OFFICE BOX 4524 1,317,710. termin ated City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended ALBUQUERQUE, NM 87196-4524 H(a) Is this a group return F Name and address of principal officer:DON HANCOCK Applica-Yes X No for subordinates? pending SAME AS C ABOVE H(b) Are all subordinates included? Tax-exempt status: X 501(c)(3) 501(c) ((insert no.) 4947(a)(1) or If "No," attach a list, (see instructions) J Website: ► WWW.SRIC.ORG H(c) Group exemption number ▶ K Form of organization: X Corporation L Year of formation: 1971 M State of legal domicile; NM Trust Association Other > Part I Summary Briefly describe the organization's mission or most significant activities: SRIC PROVIDES TECHNICAL Governance ASSISTANCE TO COMMUNITIES ON ENERGY AND NATURAL RESOURCES. Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets. 10 Number of voting members of the governing body (Part VI, line 1a) <u> 10</u> Number of independent voting members of the governing body (Part VI, line 1b) **Activities &** 10 Total number of individuals employed in calendar year 2015 (Part V, line 2a) 5 6 Total number of volunteers (estimate if necessary) 168. 7a 7 a Total unrelated business revenue from Part VIII, column (C), line 12 0. b Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** 1,243,970 1,257,422. Contributions and grants (Part VIII, line 1h) Revenue 20,975 24,551. Program service revenue (Part VIII, line 2g) 9 297 386. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 14,115 20,892. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 303,251. 279,357 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 36,225 98,293 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 13 0 0. Benefits paid to or for members (Part IX, column (A), line 4)-14 384,497. 330,109 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 7 0 Other expenses (Part IX, column (A), lines 11a, 11d, 11f, 24e) 47. 762,448. 128,782. 783,796. 1,266,586. Total expenses. Add lines 13-17 (must equal Part IX; column (A), line 25) 150,575 36,665. Revenue less expenses. Subtract line 18 from line 12. **Beginning of Current Year End of Year** 688,919 780,394. 20 Total assets (Part X, line 16) 82,429. ,619 21 Total liabilities (Part X, line 26) 661 300 697,965 Net assets or fund balances Subtract line 21 from line 20 | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. New Sign DON HANCOCK, ADMINISTRATOR Here Type or print name and title Preparer's signatur Print/Type preparer's name 28Sep16 ₽00028605 Lawrence Taub Paid Firm's name LAWRENCE TAUB LAW 85-0352005 COUNSELLOR AT Firm's EIN Preparer Firm's address 1000 CORDOVA PL., STE 618 Use Only SANTA FE, NM 87505-1725 Phone no. X Yes May the IRS discuss this return with the preparer shown above? (see instructions)

LHA For Paperwork Reduction Act Notice, see the separate instructions.

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

go. 37

Form 990 (2015)

orm	990 (2015) SOUTHWEST RESEARCH & INFORMATION CENTER 23-7159949 Page 2
Par	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission. SOUTHWEST RESEARCH AND INFORMATION CENTER IS A MULTI-CULTURAL
	ORGANIZATION WORKING TO PROMOTE THE HEALTH OF PEOPLE AND COMMUNITIES,
	PROTECT NATURAL RESOURCES, ENSURE CITIZEN PARTICIPATION, AND SECURE
	ENVIRONMENTAL AND SOCIAL JUSTICE NOW AND FOR FUTURE GENERATIONS.
2	Did the organization undertake any significant program services during the year which were not listed on
-	the prior Form 990 or 990-EZ?
	If "Yes." describe these new services on Schedule O
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
•	If "Yes," describe these changes on Schedule O
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code) (Expenses \$ 338,201. including grants of \$ 0.) (Revenue \$ 11,040.)
	THE URANIUM IMPACT ASSESSMENT PROGRAM PROVIDES MULTI-FACETED ASSISTANCE
	TO COMMUNITIES IMPACTED BY URANIUM DEVELOPMENT. A MAJOR EMPHASIS IS THE
	NAVAJO BIRTH COHORT STUDY, A COLLABORATIVE STUDY TO BETTER UNDERSTAND
	THE RELATIONSHIP BETWEEN URANIUM EXPOSURES AND BIRTH OUTCOMES AND EARLY
	DEVELOPMENTAL DELAYS ON THE NAVAJO NATION. THE COLLABORATIVE INCLUDES
	SRIC, UNIVERSITY OF NEW MEXICO COMMUNITY ENVIRONMENTAL HEALTH PROGRAM,
	NAVAJO AREA INDIAN HEALTH SERVICE, NAVAJO NATION DIVISION OF HEALTH,
	AND CENTERS FOR DISEASE CONTROL AND PREVENTION/AGENCY FOR TOXIC
	SUBSTANCES AND DISEASE REGISTRY. THE WEBSITE, HTTP://WWW. SRIC.ORG/NBCS/INDEX.PHP PROVIDES EXTENSIVE INFORMATION ABOUT THE STUDY.
	SKIC.ORG/NBCS/INDEX.PRP PROVIDES EXTENSIVE INFORMATION ABOUT THE STODI.
4b	(Code) (Expenses \$ 169,696 · including grants of \$ 335 ·) (Revenue \$ 50 ·)
	THE NUCLEAR WASTE PROGRAM PROVIDES TECHNICAL ASSISTANCE TO COMMUNITY
	GROUPS AND INFORMATION TO THE PUBLIC AND POLICYMAKERS REGARDING NUCLEAR
	WEAPONS PRODUCTION FACILITIES IN NEW MEXICO, AND NUCLEAR WASTE
	FACILITIES, ESPECIALLY WIPP IN NEW MEXICO AND SITES THAT SHIP TO WIPP.
	THE WEBSITE, HTTP://WWW.SRIC.ORG/NUCLEAR/INDEX.PHP PROVIDES EXTENSIVE
	INFORMATION. THE NUCLEAR WATCH OF NEW MEXICO PROJECT THROUGH
	COMPREHENSIVE RESEARCH, PUBLIC EDUCATION AND EFFECTIVE CITIZEN ACTION
	PROMOTES SAFETY AND ENVIRONMENTAL PROTECTION; DIVERSIFICATION AWAY FROM
	NUCLEAR WEAPONS PROGRAMS; GREATER ACCOUNTABILITY AND CLEANUP IN THE
	NATIONWIDE NUCLEAR WEAPONS COMPLEX; AND CONSISTENT U.S. LEADERSHIP TOWARD A WORLD FREE OF NUCLEAR WEAPONS. THE WEBSITE, WWW.NUKEWATCH.ORG,
	PROVIDES EXTENSIVE INFORMATION ABOUT NUCLEAR ISSUES.
4-	76 154
40	(Code) (Expenses \$ 76,154. Including grants of \$ U.) (Revenue \$ 13,441.) SRIC PROVIDES DIRECT TECHNICAL ASSISTANCE TO DOZENS OF COMMUNITIES IN
	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, AND
	ENVIRONMENTAL JUSTICE. THE WEBSITE, WWW.SRIC.ORG PROVIDES EXTENSIVE
	INFORMATION ABOUT MANY ENVIRONMENTAL AND HEALTH ISSUES.
	Other program services (Describe in Schedule O.)
40	(Expenses \$ 595,641 · Including grants of \$ 97,958 ·) (Revenue \$ 20 ·)
4e	Total program service expenses ► 1,179,692.
	Total program service expenses y

SOUTHWEST RESEARCH & INFORMATION CENTER 23-7159949 Page 3 Form 990 (2015) Part IV Checklist of Required Schedules Yes No 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? X If "Yes." complete Schedule A Х 2 Is the organization required to complete Schedule B, Schedule of Contributors? 2 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for Х 3 public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations, Did the organization engage in lobbying activities, or have a section 501(h) election in effect Х dunng the tax year? If "Yes," complete Schedule C. Part II 4 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or Х 5 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 X provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 6 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 X 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete X 8 Schedule D. Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? X If "Yes," complete Schedule D, Part IV 9 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent X 10 endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IXI, or X as applicable a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Х 11a b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total X 11b assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total Х assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in X Part X, line 16? If "Yes," complete Schedule D, Part IX 11d X e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses X the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Х Schedule D. Parts XI and XII 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? X 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 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a 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 Х or more? If "Yes," complete Schedule F, Parts I and IV 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any X foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to X 16 or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, X 17 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

Form **990** (2015)

18 X

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

complete Schedule G, Part III

1c and 8a? If "Yes," complete Schedule G, Part II

SOUTHWEST RESEARCH & INFORMATION CENTER 23-7159949 Page 4 Form 990 (2Q15) Part IV | Checklist of Required Schedules (continued) Yes No X 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? **20**b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or Х domestic government on Part IX, column (A), line 17 If "Yes," complete Schedule I, Parts I and II 21 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on X Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete X 23 Schedule J 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete X Schedule K. If "No", go to line 25a 24a 24b b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 24c any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit Х transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Х 25b Schedule L. Part I 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," X 26 complete Schedule L. Part II 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member X 27 of any of these persons? If "Yes," complete Schedule L, Part III 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) X a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a X **b** A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, X director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28c X Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation Х 30 contributions? If "Yes," complete Schedule M 31 Did the organization liquidate, terminate, or dissolve and cease operations? Х If "Yes," complete Schedule N, Part I 31 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Х 32 Schedule N. Part II 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations X 33 sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and 34 Part V, line 1 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity 35b within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2

Form **990** (2015)

36

37

X

X

36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?

37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

If "Yes," complete Schedule R, Part V, line 2

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

	990 (2015) SOUTHWEST RESEARCH & INFORMATION CENTER 23-7159	747	<u>P</u>	age 5				
Par								
	Check if Schedule O contains a response or note to any line in this Part V			<u> </u>				
	·		Yes	No				
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 25			1				
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			1				
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			l				
	(gambling) winnings to prize winners?	1c	Х					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			1				
	filed for the calendar year ending with or within the year covered by this return 2a 10			1				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	L				
	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 \$1,000 or more during the year?	3a		X				
ь	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b						
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a							
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X				
b	If "Yes," enter the name of the foreign country: ▶							
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			l				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х				
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c						
	Does 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?	6a	X	l				
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts							
	were not tax deductible?	6b	X	l				
7	Organizations that may receive deductible contributions under section 170(c).							
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		x				
b	b If "Yes," did the organization notify the donor of the value of the goods or services provided?							
C	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required							
	to file Form 8282?							
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d							
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		ĺ				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f						
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	ï	\Box				
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h						
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the							
	sponsoring organization have excess business holdings at any time during the year?	8		l				
9	Sponsoring organizations maintaining donor advised funds.							
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		Ĺ_				
ь	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b						
10	Section 501(c)(7) organizations. Enter:							
а	Initiation fees and capital contributions included on Part VIII, line 12							
ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			į				
11	Section 501(c)(12) organizations. Enter.			l				
а	Gross income from members or shareholders			ĺ				
b	Gross income from other sources (Do not net amounts due or paid to other sources against			İ				
	amounts due or received from them)							
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a						
	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.							
а	Is the organization licensed to issue qualified health plans in more than one state?	13a						
	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			1				
c	Enter the amount of reserves on hand			<u> </u>				
14a		14a		X				
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b						
		Form	990	(2015)				

	990 (2015) SOUTHWEST RESEARCH & INFORMATION CENTER 23-7159 I VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions			age 6 se					
				X					
Sect	Check if Schedule O contains a response or note to any line in this Part VI								
<u> </u>	ion Al dovorting Dody and managoritom		Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.								
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 with any other officer, director, trustee, or key employee?	2_		x					
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision								
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X					
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		_X					
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X					
6	Did the organization have members or stockholders?	6		Х					
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		х					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or								
	persons other than the governing body?	7b		Х					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:								
а	The governing body?	8a	X						
b	Each committee with authority to act on behalf of the governing body?	8b		Х					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the								
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O								
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		Vaa	NI-					
40-	Did the average ten have level shorters bronches or affiliator?	10a	Yes	No X					
	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	102							
b	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b							
119	1a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?								
	Describe in Schedule O the process, if any, used by the organization to review this Form 990	11a	Х						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х						
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X						
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe								
_	ın Schedule O how this was done	12c	х						
13	Did the organization have a written whistleblower policy?	13	Х						
14	Did the organization have a written document retention and destruction policy?	14	Х						
15	Did the process for determining compensation of the following persons include a review and approval by independent								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	1							
а	The organization's CEO, Executive Director, or top management official	15a	X						
ь	Other officers or key employees of the organization	15b		Х					
	if "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			,,					
	taxable entity during the year?	16a		X					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation								
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	40.							
<u> </u>	exempt status with respect to such arrangements?	16b	l	L					
	tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶NM								
17	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	avadah	le .						
18	for public inspection. Indicate how you made these available. Check all that apply.								
	Own website X Another's website X Upon request Other (explain in Schedule O)	d fun a -	امرم						
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	и ппап	Cial						
~~	statements available to the public during the tax year								
20	State the name, address, and telephone number of the person who possesses the organization's books and records: ►								
	105 STANFORD, S.E., ALBUQUERQUE, NM 87106			-					

Form 990 (2Q15)				INFORMATION		23-7159949	Page 7		
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated									
Employees, and Independent Contractors									
Check if Schedule O contains a response or note to any line in this Part VII									

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

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

Check this box if neither the organization (A)	(B)			(0				(D)	(E)	(F)
Name and Title	Average	١	Position (do not check more than one		Reportable	Reportable	Estimated			
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	hours per	box	, unle:	theck more than one ss person is both an and a director/trustee)			n an	compensation	compensation	amount of
	week	┝	cer an	dad	recto	x/trus	tee)	from	from related	other
	(list any	Individual trustee or director						the	organizations	compensation
	hours for	5	99			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the
	related organizations	ustee	nstitutional trustee		93	npens		(W-2/1099-MISC)		organization and related
	below	lual tr	tonal		ploy	yee	_			organizations
	line)	ndtvic	nstitu	Officer	Key employee	Highest compensated employee	Former			
(1) ESTHER YAZZIE-LEWIS	1.00	Ī	Ī			Ť	_	1		
DIRECTOR		х				l		0.	0.	0.
(2) MANUEL PINO	1.00					Г				
DIRECTOR/PRESIDENT		X		X	ŀ	1		0.	0.	0.
(3) JULIE STEPHENS	1.00									
DIRECTOR		X						0.	0.	0.
(4) SANDRA SIMONS-AILES	1.00									
DIRECTOR/SEC & TREAS		X		Х				0.	0.	0.
(5) SYLVIA LEDESMA	1.00									
DIRECTOR		X	L					0.	0.	0.
(6) ROBERT NOFCHISSEY	1.00									
DIRECTOR/V.P.		X	Ш	x		┖		0.	0.	0.
(7) JUDITH ESPINOSA	1.00	<u>ا</u> ۔ ۔	l							_
DIRECTOR	J	X	$oxed{oxed}$	_	L	┖	_	0.	0.	0.
(8) STEVEN KANIG	1.00	۱					l			
DIRECTOR	1 00	X	\vdash			ļ	_	0.	0.	0.
(9) ANN WATSON	1.00	١,,			1			0.	0.	_
DIRECTOR	1.00	X	┝	-		⊢	┝	0.	0.	0.
(10) MARIA GOLDSTEIN	1.00	x	ł				ļ	0.	0.	0.
DIRECTOR		┞	\vdash	\vdash	├	╁	⊢	U •	0.	0.
		┨	ŀ							
		┢	┢	┢	├	\vdash	-			
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	HWEST RESEA										<u> 159</u>	949	P	age 8
Part VII Section A. Officers, Direct		nploy	ees			ghe	st C	ompensa	ted Employe	es (continued)				
(A) Name and title	(B) Average hours per week	box, offic	not c , unle	Posi heck in ss per nd a di	tion more t	than s	h an	Rep comp	(D) Reportable compensation from		e on d	Estimated amount of other		
	(list any hours for related organization below line)	ි Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	orga	the Inization 099-MISC)	organizatior (W-2/1099-MI		fr org and	pensa om th anızat d relat anızat	ie tion ted
				Ü	<u>x</u>	9								
		‡												
		‡	-											
		1					<u> </u>							
		$\frac{1}{2}$				┝								 .
1b Sub-total		Ц				<u> </u>	>		0.		0.		_	0.
c Total from continuation sheets d Total (add lines 1b and 1c)	to Part VII, Section A						<u>▶</u>		0.		0.			0.
Total number of individuals (included compensation from the organization)	-	those	liste	ed al	bove	e) wl	ho r	eceived m	ore than \$10	0,000 of reportal	ole		V	<u> </u>
3 Did the organization list any formiline 1a? If "Yes," complete Sched			e, ke	ey er	nplo	yee	, or	highest co	ompensated e	employee on		3	Yes	No X
For any individual listed on line 1a and related organizations greater	a, is the sum of reporta	able co								the organization	ı	4		х
5 Did any person listed on line 1a re- rendered to the organization? If "	eceive or accrue comp	ensat	tion	from	any	uni				vidual for service	S	5		х
Section B. Independent Contractors														
Complete this table for your five h the organization. Report compense	•	-									npens	ation f	rom	
Name and	(A) business address	N	ON	E				D	(B) escription of	services	С	(C Compe		n
	<u></u>		_				_							
							\dashv				_			
							-				_			
Total number of independent con	itractors (including but	t not l	ımıte	ed to		_	stec	d above) w	ho received i	more than	 			
\$100,000 of compensation from t	he organization				(0					Щ_	Farm !	000	2015

532008 12-16-15

SOUTHWEST RESEARCH & INFORMATION CENTER 23-7159949 Page 9 Form 990 (2015) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) Related or (D) Revenue excluded from tax under (C) Unrelated Total revenue exempt function business sections 512 - 514 revenue revenue Gifts, Grants 19,935. 1 a Federated campaigns 1a 1b **b** Membership dues c Fundraising events 1c d Related organizations 1d 82,421. e Government grants (contributions) 1e Contributions, and Other Simi f All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lines 1a-1f \$ 257,422 h Total. Add lines 1a-1f Business Code 2 a CONSULTING FEES 541900 24,531 24,531 Program Service Revenue PUBLISHING, SALES, PRINT 511120 20 20. All other program service revenue 24,551 Total. Add lines 2a-2f ▶ Investment income (including dividends, interest, and 386 386. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royatties (i) Real (II) Personal 1,200. 6 a Gross rents 527. **b** Less: rental expenses 673. c Rental income or (loss) 673 673. d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (ii) Other assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c) See <u>33,</u>983. Part IV, line 18 13,932. **b** Less: direct expenses 20,051 20,051. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 b Less' direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a UNRELATED BUSINESS 168 561439 168 ь d All other revenue 168. e Total. Add lines 11a-11d 303,251 168.

532009 12-16-15

Total revenue. See instructions

24,551

Form 990 (2015)

Form 990 (2015) SOUTHWEST RESEARCH & INFORMATION CENTER

23-7159949 Page 10

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)

Section 5	501(c)(3) and 501(c)(4) organizations must com	plete all columns All oth	er organizations must co	mplete column (A)	
	Check if Schedule O contains a respon			/85	LX
	include amounts reported on lines 6b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Gra	ants and other assistance to domestic organizations				
and	d domestic governments. See Part IV, line 21	81,908.	81,908.		
2 Gra	ants and other assistance to domestic				
ınd	dividuals See Part IV, line 22	16,385.	16,385.		
3 Gra	ants and other assistance to foreign				
org	ganizations, foreign governments, and foreign				
ınd	dividuals. See Part IV, lines 15 and 16				
4 Be	enefits paid to or for members				
5 Co	ompensation of current officers, directors,		·		-
	ustees, and key employees				
	impensation not included above, to disqualified				
	rsons (as defined under section 4958(f)(1)) and	•			
per	rsons described in section 4958(c)(3)(B)				
•	ther salaries and wages	323,732.	308,132.	15,600.	
	ension plan accruals and contributions (include				
-	ction 401(k) and 403(b) employer contributions)	36,000.	30,000.	6,000.	
	ther employee benefits			· · ·	· · · · · · · · · · · · · · · · · · ·
	ayroll taxes	24,765.	23,572.	1,193.	
	es for services (non-employees).	·	·		<u>.</u>
	anagement				
	egal	63,033.	62,600.	433.	
	counting	13,697.	300.	13,397.	-··· , .,.
	bbbying	•		· · · · · ·	
	ofessional fundraising services. See Part IV, line 17		,		
	vestment management fees			-	
	ther. (If line 11g amount exceeds 10% of line 25,				
-	lumn (A) amount, list line 11g expenses on Sch O.)	324,084.	324,084.		
	dvertising and promotion	1,774.	1,774.		
	ffice expenses	74,919.	71,186.	3,733.	
	formation technology		· .		
	pyalties				
	ccupancy	17,962.	15,853.	2,109.	
	avel	164,591.	164,591.		
	ayments of travel or entertainment expenses		-		
	r any federal, state, or local public officials				
	onferences, conventions, and meetings				
	terest				
	ayments to affiliates				-
	epreciation, depletion, and amortization	6,131.		6,131.	
	surance	45,935.	30,102.	15,833.	
24 Otl	ther expenses. Itemize expenses not covered				
ab 24	ove. (List miscellaneous expenses in line 24e if line le amount exceeds 10% of line 25, column (A) nount, list line 24e expenses on Schedule O.)				
اله ا ک	HARGES & INTEREST	19,045.	14,486.	4,559.	
	AXES	15,963.	15,963.		
	ELEPHONE	15,084.	10,221.	4,863.	
	UILDING REPAIRS & TAXE	4,556.		4,556.	
_	I other expenses	17,022.	8,535.	8,340.	147
	other expenses	1,266,586.	1,179,692.	86,747.	147
	pint costs. Complete this line only if the organization		_,_,_,		<u>·</u>
	ported in column (B) joint costs from a combined				
	ducational campaign and fundraising solicitation.				
	neck here following SOP 98-2 (ASC 958-720)				
532010 12		<u></u>	· · · · · · · · · · · · · · · · · · ·	<u> </u>	Form 990 (2015

532010 12-16-15

Form 990 (2015)

SOUTHWEST RESEARCH & INFORMATION CENTER 23-7159949 Page 11

art X	Balance Sheet Check if Schedule O contains a response or note to	any line in this Part X			 -
•	Check in Schoolse & Garitains a response of Hote to	arry line ar and Take A	(A)		(B)
			Beginning of year		End of year
1	Cash - non-interest-bearing			1	100.00
2	Savings and temporary cash investments	L	420,983.	2	482,834
3	Pledges and grants receivable, net	25,512.	3	42,036	
4	Accounts receivable, net	1,489.	4	19,053	
5	Loans and other receivables from current and forme	er officers, directors,		l	
	trustees, key employees, and highest compensated	l employees. Complete			
1	Part II of Schedule L			5	
6	Loans and other receivables from other disqualified				
1	section 4958(f)(1)), persons described in section 49				
l	employers and sponsoring organizations of section				
	employees' beneficiary organizations (see instr). Co	mplete Part II of Sch L		6	
7	Notes and loans receivable, net	i -		7	<u> </u>
8	Inventories for sale or use	-	2 000	8	E EE3
9	Prepaid expenses and deferred charges		2,899.	9	5,553
10a	Land, buildings, and equipment: cost or other	306 640			
1		0a 306,649. 0b 164,411.	147 756		142 220
		Ob 164,411.	147,756.	10c	142,238
11	Investments - publicly traded securities	90,280.	11	88,680	
12	Investments - other securities. See Part IV, line 11	<u> </u>	30,200.	12	00,000
13	Investments - program-related. See Part IV, line 11		13		
14	Intangible assets			14	
15	Other assets. See Part IV, line 11	04	688,919.	15 16	780,394
16	Total assets. Add lines 1 through 15 (must equal line)	ne 34)	27,619.	17	82,429
17	Accounts payable and accrued expenses	-	27,013.	18	02,423
18	Grants payable		19		
19	Deferred revenue	ŀ		20	
l l	Tax-exempt bond liabilities	t IV of Sobodulo D		21	
21	Escrow or custodial account liability Complete Part Loans and other payables to current and former off				
22	key employees, highest compensated employees, a				
.	Complete Part II of Schedule L	and disquamica persons		22	
23	Secured mortgages and notes payable to unrelated	t third parties		23	
24	Unsecured notes and loans payable to unrelated th	· · · · · · · · · · · · · · · · · · ·		24	
25	Other liabilities (including federal income tax, payab	· · · · · · · · · · · · · · · · · · ·	* ** ********		
-~	parties, and other liabilities not included on lines 17				
	Schedule D			25	
26	Total liabilities. Add lines 17 through 25		27,619.	26	82,429
	Organizations that follow SFAS 117 (ASC 958), o	heck here ▶ X and			
:	complete lines 27 through 29, and lines 33 and 3				
27	Unrestricted net assets		327,359.	27	426,992
28	Temporarily restricted net assets		306,941.	28	243,973
29	Permanently restricted net assets	,	27,000.	29	27,000
	Organizations that do not follow SFAS 117 (ASC	958), check here ▶└──			_
;	and complete lines 30 through 34.				
30	Capital stock or trust principal, or current funds	ļ		30	
31	Paid-in or capital surplus, or land, building, or equip	oment fund		31	
27 28 29 30 31 32	Retained earnings, endowment, accumulated incor	me, or other funds		32	<u> </u>
33	Total net assets or fund balances		661,300.	33	697,965
34	Total liabilities and net assets/fund balances		688,919.	34	780,394 Form 990 (201

	990 (2015) SOUTHWEST RESEARCH & INFORMATION CENTER	23-	71599	49	Pag	_{je} 12				
Par	t XI Reconciliation of Net Assets									
	Check if Schedule O contains a response or note to any line in this Part XI					ᆚ				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,	303	, 2	<u>51.</u>				
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,	266	, 5	86.				
3	Revenue less expenses Subtract line 2 from line 1	3				65.				
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		661	.,3	00.				
5	Net unrealized gains (losses) on investments	5								
6	Donated services and use of facilities	6								
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		<u>697</u>	7,9	<u>65.</u>				
Pa	Part XII Financial Statements and Reporting									
Check if Schedule O contains a response or note to any line in this Part XII										
			_		Yes	No				
1	Accounting method used to prepare the Form 990. Cash X Accrual Other			- 1		,				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.									
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X				
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a				1				
	separate basis, consolidated basis, or both:					ĺ				
	Separate basis Consolidated basis Both consolidated and separate basis					ĺ				
b	Were the organization's financial statements audited by an independent accountant?		L	2ь	X					
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	te basıs	,	- 1		'				
	consolidated basis, or both			1		1				
	Separate basis Consolidated basis Both consolidated and separate basis					١ '				
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ne audit	,	j		1				
	review, or compilation of its financial statements and selection of an independent accountant?		L	2c	Х	L				
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch					1				
За	3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit									
	Act and OMB Circular A-133?									
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ııred au				l				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b						
			F	orm 🤄	9 90 ((2015)				

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

➤ Attach to Form 990 or Form 990-EZ. ► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. OMB No 1545-0047

Open to Public Inspection

Name of the organization SOUTHWEST RESEARCH & INFORMATION CENTER

Employer identification number 23-7159949

Pa	rt 📗	Reason for Public (Charity Status (4	All organizations must co	mplete th	s part) Se	e instructions.						
he (organi	zation is not a private found	ation because it is (For lines 1 through 11, o	heck only	one box.)							
1		A church, convention of ch	urches, or association	n of churches described	d in sectio	n 170(b)(1	I)(A)(i).						
2		A school described in secti											
3		A hospital or a cooperative					ii).						
4		A medical research organiz						the hospital's name.					
•		city, and state:		,				· · · · · · · · · · · · · · · · · · ·					
5		An organization operated for	or the benefit of a co	llege or university owner	d or operat	ted by a q	overnmental unit describ	ned in					
•		section 170(b)(1)(A)(iv). (C		,		, , ,							
6				nental unit described in :	section 17	O(b)(1)(A)	(v).						
_	$\overline{\mathbf{x}}$	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in											
•		section 170(b)(1)(A)(vi). (Complete Part II)											
8		A community trust describe	•	1)(A)(vi), (Complete Par	t II.3								
9	一	An organization that norma				contribution	ons membership fees a	and aross receints from					
Ŭ	_	activities related to its exen		·	•			•					
		income and unrelated busin	•	· ·			• •	-					
		See section 509(a)(2). (Cor		(1000 000 11011 0111 1111)									
10		An organization organized a	•	vely to test for public sa	fety. See s	section 50	09(a)(4).						
11	一	An organization organized a	•	•	-			purposes of one or					
• •		more publicly supported or											
		lines 11a through 11d that	=										
а		Type I. A supporting orga	• •					aivina					
_	_	the supported organization	•	•				· -					
		organization You must o	• • •		,,								
ь		Type II. A supporting org	•		tion with it	s support	ed organization(s), by ha	ivina					
_		control or management o											
		organization(s). You mus											
С		Type III functionally inte	-		ın connec	tion with,	and functionally integrate	ed with.					
_		its supported organization	-				=	,					
d		Type III non-functionally	• • •					zation(s)					
		that is not functionally int											
		requirement (see instruct	-										
е		Check this box if the orga											
		functionally integrated, or											
f	Ente	r the number of supported of	• •	•									
g		ride the following information	-	ed organization(s).									
) Name of supported	(n) EIN	(III) Type of organization	(IV) is the o		(v) Amount of monetary	(vi) Amount of					
		organization		(described on lines 1-9 above (see instructions))	governing		support (see	other support (see					
				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Yes	No	instructions)	instructions)					
							. <u> </u>						
					}	}							
													
					 								
	_				<u> </u>	ļ							
.													
Fot a	97		l		1		l						

LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 532021 09-23-15

Schedule A (Form 990 or 990-EZ) 2015 SOUTHWEST RESEARCH & INFORMATION CENTER 23-7159949 Page 2

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

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

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

Sec	Section A. Public Support										
Cale	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total				
1	Gifts, grants, contributions, and										
	membership fees received. (Do not		i								
	include any "unusual grants.")	955,452.	757,643.	915,419.	1243970.	1257422.	5129906.				
2	Tax revenues levied for the organ-			-		·					
	ization's benefit and either paid to										
	or expended on its behalf										
3	The value of services or facilities										
	furnished by a governmental unit to										
	the organization without charge										
4	Total. Add lines 1 through 3	955,452.	757,643.	915,419.	1243970.	1257422.	5129906.				
	The portion of total contributions		-								
	by each person (other than a										
	governmental unit or publicly										
	supported organization) included										
	on line 1 that exceeds 2% of the										
	amount shown on line 11,										
	column (f)						642,430.				
6	Public support. Subtract line 5 from line 4						4487476.				
	ction B. Total Support				•	-					
Cale	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total				
7	Amounts from line 4	955,452.	757,643.	915,419.	1243970.	1257422.	5129906.				
8	Gross income from interest,					-					
	dividends, payments received on										
	securities loans, rents, royalties										
	and income from similar sources	3,716.	5,41 <u>8</u> .	6,140.	3,622.	1,586.	20,482.				
9	Net income from unrelated business										
	activities, whether or not the										
	business is regularly carned on	248.	122.	123.	340.	168.	1,001.				
10	Other income Do not include gain	Ĭ									
	or loss from the sale of capital										
	assets (Explain in Part VI)	16,895.	34,926.	11,438.	37,757.	33,983.					
	Total support. Add lines 7 through 10						5286388.				
12	Gross receipts from related activities	, etc. (see ınstructı	ons)			12	228,757.				
13	First five years. If the Form 990 is fo	r the organization's	s first, second, thir	d, fourth, or fifth to	ax year as a sectio	n 501(c)(3)	. —				
	organization, check this box and sto	here					<u> </u>				
Sec	ction C. Computation of Pub				_		84.89 %				
14	Public support percentage for 2015 (column (f))		14					
	Public support percentage from 2014			- 1 10	44 00 4 /00/	15					
1 6 a	33 1/3% support test - 2015. If the				14 is 33 1/3% or r	nore, cneck this bo	ox and ►X				
_	stop here. The organization qualifies				l lim o 15 io 22 1/20/	/ er mere abaak th	· ·				
t	33 1/3% support test - 2014. If the				1 line 15 is 33 1/3%	or more, check tr	nis box				
	and stop here. The organization qua				12 160 0-165	and line 14 is 100/	or more				
17a	10% -facts-and-circumstances tes										
	and if the organization meets the "fac					it vi now the organ	IIZALIUH				
_	meets the "facts-and-circumstances"					17a and line 15 in	10% or				
t	10% -facts-and-circumstances tes										
	more, and if the organization meets t						_				
	organization meets the "facts-and-cir										
18	Private foundation. If the organization	on did not check a	DUX OIT MILE TO, TO	a, IOD, I/a, OF I/	D, OHECK HIS OUX C		000 E7\0015				

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2015 SOUTHWEST RESEARCH & INFORMATION CENTER 23-7159949 Page 3

Part III | Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II) Section A. Public Support (a) 2011 (e) 2015 (f) Total Calendar year (or fiscal year beginning in) (b) 2012 (c) 2013 (d) 2014 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants") 2 Gross receipts from admissions. merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons **b** Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b 8 Public support. (Subtract line 7c from line 6 Section B. Total Support (b) 2012 (c) 2013 (d) 2014 (e) 2015 (f) Total Calendar year (or fiscal year beginning in) (a) 2011 9 Amounts from line 6 10a Gross income from interest. dividends, payments received on securities loans, rents, royalties and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b. whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 13 Total support. (Add lines 9, 10c, 11, and 12) 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 % 15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f)) 16 16 Public support percentage from 2014 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f)) 17 % 18 % 18 Investment income percentage from 2014 Schedule A, Part III, line 17 19a 33 1/3% support tests - 2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and

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line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Schedule A (Form 990 or 990-EZ) 2015 SOUTHWEST RESEARCH & INFORMATION CENTER 23-7159949 Page 4

Part IV	Support	ing Organiz	zations
---------	---------	-------------	---------

Section A. All Supporting Organizations

(Complete only if you checked a box in line 11 on 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.)

			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 class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
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 VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
С	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.	3c		
4a	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		
b	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 Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in			
-	Part VI.	6		<u> </u>
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor	I	i 1	I

- (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)

 3 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?
- B Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- c Did a disqualified person (as defined in line 9a) 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.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

Schedule A (Form 990 or 990-EZ) 2015

7

9a

9b

9c

10a

10b

	dule A (Form 990 or 990-EZ) 2015 SOUTHWEST RESEARCH & INFORMATION CENTER 23-71	<u>5994</u>	9 Pa	age 5
Par	t IV Supporting Organizations (continued)			
•			Yes	No
	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)			
	below, the governing body of a supported organization?	11a		-
	A family member of a person described in (a) above?	11b 11c		
	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. tion B. Type I Supporting Organizations	116	<u> </u>	!
<u>360</u>	tion B. Type 1 Supporting Organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			-110
•	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		ľ
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization	2		
Sec	tion C. Type II Supporting Organizations			•
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	İ		•
	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	1		
	the supported organization(s).	1_		L
Sec	tion D. All Type III Supporting Organizations		T.,	
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		ł
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			ĺ
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		l
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			
	supported organizations played in this regard.	3		
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 yea(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		
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,	-		
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities	2a	-	—
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			l
	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			
		2ь		
2	activities but for the organization's involvement Parent of Supported Organizations Answer (a) and (b) below.			\vdash
3	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
a	trustees of each of the supported organizations? Provide details in <i>Part VI</i> .	3a		Ī
ь	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of the supported organizations? If "Ves." describe in Part VI , the role played by the organization in this regard	3ь		1

	dule A (Form 990 or 990-EZ) 2015 SOUTHWEST RESEARCH & IN			3-7159949 Page 6
Par	1,750 111 1111 1111 1111 1111 1111 1111 11			
1	Check here if the organization satisfied the Integral Part Test as a qualifying			ctions. All
	other Type III non-functionally integrated supporting organizations must co on A - Adjusted Net Income	mplete S	(A) Prior Year	(B) Current Year (optional)
	Net short term cantal care	1 1		· · · · · · · · · · · · · · · · · · ·
1 2	Net short-term capital gain 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			
		6		
	maintenance of property held for production of income (see instructions)	7		
7	Other expenses (see instructions)	8		
8 Sect	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see		•	-
	instructions for short tax year or assets held for part of year)			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		_
	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other			
	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,			
	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		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
-	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	ly-ıntegr	ated Type III supporting org	anization (see
-	instructions).			

Schedule A (Form 990 or 990-EZ) 2015

Schedule A (Form 990 or 990 EZ) 2015 SOUTHWEST RESEARCH & INFORMATION CENTER 23-7159949 Page 7 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) **Current Year** Section D - Distributions 1 Amounts paid to supported organizations to accomplish exempt purposes 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 3 Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required) Other distributions (describe in Part VI). See instructions. Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions. 9 Distributable amount for 2015 from Section C, line 6 10 Line 8 amount divided by Line 9 amount (i) (ii) (iii) Underdistributions Distributable **Excess Distributions** Pre-2015 Amount for 2015 Section E - Distribution Allocations (see instructions) Distributable amount for 2015 from Section C, line 6 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions) 3 Excess distributions carryover, if any, to 2015 b С d From 2013 e From 2014 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2015 distributable amount i Carryover from 2010 not applied (see instructions) j Remainder Subtract lines 3g, 3h, and 3i from 3f 4 Distributions for 2015 from Section D, line 7. a Applied to underdistributions of prior years **b** Applied to 2015 distributable amount c Remainder. Subtract lines 4a and 4b from 4 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions) Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see Excess distributions carryover to 2016. Add lines 3j and 4c 8 Breakdown of line 7: а b c Excess from 2013 d Excess from 2014 e Excess from 2015

Schedule A (Form 990 or 990-EZ) 2015

Schedule A	(Form 990 or 990-E	Z) 2015 SOUTHWEST	RESEARCH &	INFORMATION CEN	TER 23-7159949 Page 8
Part VI	Supplemental	Information, Provide th	e explanations require	ed by Part II, line 10, Part II, line	17a or 17b Part III line 12
	Part IV. Section A	lines 1 2 3h 3c 4h 4c 5a	6.9a.9b.9c.11a.1	1b. and 11c: Part IV Section B.	lines 1 and 2, Part IV, Section C,
	line 1: Part IV. Sec	tion D. lines 2 and 3: Part IV	Section E. lines 1c. 2	2a. 2b. 3a and 3b: Part V. line 1:	Part V, Section B, line 1e, Part V,
•	Section D. lines 5	6 and 8 and Part V Section	on F. lines 2, 5, and 6.	Also complete this part for any	additional information
	(See instructions.)	, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2,	11 L,105 L, O, and O.	and complete this part for any	additional information.
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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.

OMB No 1545-0047

Open to Public Inspection

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

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

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

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

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

	(See Separate 1134 detteris), trien				
	Section 501(c)(4), (5), or (6) organizat	ions Complete Part III.			
Nam	ne of organization				mployer identification number
_		ST RESEARCH & IN			23-7159949
Pa	rt I-A Complete if the org	anization is exempt und	er section 501(c)	or is a section 52	7 organization.
1	Provide a description of the organiz	ation's direct and indirect politic	al campaign activities	ın Part IV.	
2	Political expenditures			l	> \$
3	Volunteer hours				•
Pa	rt I-B Complete if the org	anization is exempt und	er section 501(c)	(3).	
1	Enter the amount of any excise tax	incurred by the organization und	er section 4955		> \$
2	Enter the amount of any excise tax	incurred by organization manage	ers under section 4955	5 I	> \$
3	If the organization incurred a section	n 4955 tax, did it file Form 4720	for this year?		Yes No
4a	Was a correction made?				Yes No
_ b	If "Yes," describe in Part IV				
Pa	irt I-C Complete if the org	janization is exempt und	er section 501(c)	, except section 5	01(c)(3).
1	Enter the amount directly expended	by the filing organization for sec	ction 527 exempt fund	tion activities	▶\$
	Enter the amount of the filing organ				
	exempt function activities		-		▶ \$
3	Total exempt function expenditures	. Add lines 1 and 2. Enter here a	nd on Form 1120-POL	- 1	
	line 17b				▶ \$
4	Did the filing organization file Form	1120-POL for this year?			Yes No
5			N) of all section 527 pe	olitical organizations to	which the filing organization
-	made payments For each organiza				
	contributions received that were pr				
	political action committee (PAC) If	additional space is needed, prov	ide information in Part	t IV.	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid fro	m (e) Amount of political
	, .,	, ,		filing organization	
			1	funds If none, enter	-0- promptly and directly delivered to a separate
					political organization.
					If none, enter -0-
_					
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For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2015

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Schedule C (Form 990 or 990 EZ) 2015	SOUTHWEST R	ESEARCH & IN	NFORMATION (CENTER 23-7	159949 Page 2
Part II-A Complete if the org	anization is exe	mpt under section	501(c)(3) and file	ed Form 5768 (e	lection under
section 501(h)).					
	•	liated group (and list in	Part IV each affiliated	group member's nam	ie, address, EIN,
	e of excess lobbying				
B Check ▶ ☐ If the filing organizat	tion checked box A a	nd "limited control" prov	risions apply.	(=) F ₁ (===	(h) Affiliated areas
Limit	s on Lobbying Expe	nditures	}	(a) Filing organization's	(b) Affiliated group totals
(The term "expend	litures" means amou	ınts paid or incurred.)		totals	151
1a Total lobbying expenditures to influ	ience public opinion ((grass roots lobbying)		447.	
b Total lobbying expenditures to influ		-		3,000.	
c Total lobbying expenditures (add lii	-			3,447.	_
d Other exempt purpose expenditure				1,262,992.	
e Total exempt purpose expenditure		d)		1,266,439.	<u>-</u>
f Lobbying nontaxable amount. Ente			columns	201,644.	
If the amount on line 1e, column (a) o		bying nontaxable amo	1 6		
Not over \$500,000	20% of	the amount on line 1e.			
Over \$500,000 but not over \$1,000	0,000 \$100,00	00 plus 15% of the exce	ess over \$500,000.		
Over \$1,000,000 but not over \$1,5	00,000 \$175,00	00 plus 10% of the exce	ess over \$1,000,000.		
Over \$1,500,000 but not over \$17,	000,000 \$225,00	00 plus 5% of the exces	s over \$1,500,000		
Over \$17,000,000	\$1,000	000.			
g Grassroots nontaxable amount (en	ter 25% of line 1f)			50,411.	
h Subtract line 1g from line 1a. If zero	o or less, enter -0-			0.	
i Subtract line 1f from line 1c If zero	·			0.	
j If there is an amount other than ze	ro on either line 1h or	line 1i, did the organiza	tion file Form 4720	_	
reporting section 4911 tax for this	year?			<u></u>	Yes No
		eraging Period Under			•
(Some organizations the		vo1(n) election do not r rate instructions for lin		of the five columns b	elow.
	<u> </u>	nditures During 4-Year			
	Lobbying Expe	Inditures During 4- rea	Averaging Period		1
Calendar year	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total
(or fiscal year beginning in)	(4, 20.2	(-,	(-,	\- /	(-,
2a Lobbying nontaxable amount	168,046.	181,275.	187,842.	201,644.	738,807.
b Lobbying ceiling amount					
(150% of line 2a, column(e))					1,108,211.
c Total lobbying expenditures	3,449.	4,740.	7,579.	3,447.	19,215.
	40 010	AE 310	16 061	50,411.	194 703
d Grassroots nontaxable amount	42,012.	45,319.	46,961.	50,411.	184,703.
e Grassroots ceiling amount	•	'			277,055.
(150% of line 2d, column (e))					277,033.
4 O		1 740	4.579.	447.	6.766.

Schedule C (Form 990 or 990-EZ) 2015

Schedule C (Form 990 or 990-EZ) 2015 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 on lines 1a through 1i below, provide in Part IV a detailed description			(a)		(b)	
	e lobbying activity	Yes	No	Amo	_	
	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers?	-				
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?					
	Mailings to members, legislators, or the public?				-	
	Publications, or published or broadcast statements?					
	Grants to other organizations for lobbying purposes?					
	Direct contact with legislators, their staffs, government officials, or a legislative body?					
_	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
- 1	Other activities?				_	
j	Total, Add lines 1c through 1i					
-	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
	If "Yes," enter the amount of any tax incurred under section 4912					
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912		[
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
	t III-A Complete if the organization is exempt under section 501(c)(4), secti 501(c)(6).	on 501(c)	(5), or se	ection		
				Yes	No	
1	Were substantially all (90% or more) dues received nondeductible by members?		1			
2	Did the organization make only in house lobbying expenditures of \$2,000 or less?		2			
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?		3			
	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."				e 3, is	
1	Dues, assessments and similar amounts from members	ioal	+-			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures (do not include amounts of political expenditures).	Cai				
_	expenses for which the section 527(f) tax was paid).		2a			
	Current year		2b			
	Carryover from last year		2c			
_	Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3			
3	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex	cace	"			
4	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and					
	expenditure next year?	political	4			
5	Taxable amount of lobbying and political expenditures (see instructions)		5			
Par	t IV Supplemental Information					
	ide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5; Part II-A (affiliated grou	p list), Part I	I-A, lines 1 a	and 2 (see		
	uctions); and Part II-B, line 1 Also, complete this part for any additional information.	F,, ·	,			
		<u> </u>				

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization

SOUTHWEST RESEARCH & INFORMATION CENTER

Employer identification number 23-7159949

Par	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds or	Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		-
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised f	unds
	are the organization's property, subject to the organization's		└─ Yes └─ No
6	Did the organization inform all grantees, donors, and donor a		d only
	for charitable purposes and not for the benefit of the donor of		
	impermissible private benefit?		Yes No
Pai		ganization answered "Yes" on Form 990, Part	IV, line 7
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or e	education) Preservation of a historica	ally important land area
	Protection of natural habitat	Preservation of a certified	historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form of a	
	day of the tax year		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
C	Number of conservation easements on a certified historic str		2c
d	Number of conservation easements included in (c) acquired	after 8/1 //06, and not on a historic structure	
_	listed in the National Register		2d]
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the org	ganization during the tax
	year -		
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the pe		Yes No
	violations, and enforcement of the conservation easements is Staff and volunteer hours devoted to monitoring, inspecting,		
6	Starr and volunteer rious devoted to monitoring, inspecting,	Tightaining of Violations, and emoroting consolivi	anon outcomorne during the your
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation	easements during the year
•	S	Simily of Violationic, and officering contest and	
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h)(4	P)(B)(ı)
•	and section 170(h)(4)(B)(ii)?	, , , ,	Yes No
9	In Part XIII, describe how the organization reports conservati	ion easements in its revenue and expense sta	tement, and balance sheet, and
	include, if applicable, the text of the footnote to the organiza		
	conservation easements.		
Pa	rt III Organizations Maintaining Collections o		er Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under SFAS 116 (AS		
	historical treasures, or other similar assets held for public ex		of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descr		
þ	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of public	service, provide the following amounts
	relating to these items.		
	(i) Revenue included on Form 990, Part VIII, line 1		\$
	(ii) Assets included in Form 990, Part X		S
2	If the organization received or held works of art, historical tre		ın, provide
	the following amounts required to be reported under SFAS 1	116 (ASC 958) relating to these items:	.
а			5
	Assets included in Form 990, Part X		\$ Schodulo D (Form 900) 2015
LHA	For Paperwork Reduction Act Notice, see the Instruction	is for Form 990.	Schedule D (Form 990) 2015

532051 11-02-15

Sche		ST RESEARC							<u>59949</u>	
Par	1 - 3									
3	Using the organization's acquisition, accessi	on, and other record	ls, check	any of the	following th	at are a sig	nificant i	use of its	collection	rtems
	(check all that apply).									
а	Public exhibition	d			hange prog	rams				
ь	Scholarly research	е		Other						
С	Preservation for future generations									
4	Provide a description of the organization's co							se in Par	XIII	
5	During the year, did the organization solicit o					ner sımılar a	assets	_	٦	<u> </u>
_	to be sold to raise funds rather than to be ma								Yes	<u> </u>
Par	t IV Escrow and Custodial Arran	•	ete if the	organizatio	n answered	"Yes" on F	Form 990), Part IV,	line 9, or	
	reported an amount on Form 990, Par									
1a	Is the organization an agent, trustee, custod	an or other intermed	diary for o	contribution	is or other a	ssets not (ncluded		٦.,	□
	on Form 990, Part X?								」Yes	└─ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing to	able.						
							 		Amount	
	Beginning balance						1c			
	Additions during the year						1d			
_	Distributions during the year						1e			
f	Ending balance						1f			Т Т
	Did the organization include an amount on F						y?		Yes	⊢ No
_	If "Yes," explain the arrangement in Part XIII						•	-		<u> </u>
Pai	t V Endowment Funds. Complete			· -				onen book	4- > Four s	ears back
_		(a) Current year_	(b) P	nor year	(c) Two ye	ars back (e	a) Three y	ears back	(e) rour y	ears back
1a	Beginning of year balance									
b	Contributions		<u> </u>	-						
С	Net investment earnings, gains, and losses		-	=						
d	Grants or scholarships		<u> </u>							
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses		_							
g	End of year balance									
2	Provide the estimated percentage of the cur	rent year end baland		g, column (a	a)) neid as.					
a	Board designated or quasi-endowment		_%							
	Permanent endowment	%								
С	Temporarily restricted endowment	%								
_	The percentages on lines 2a, 2b, and 2c sho	-								
3a	Are there endowment funds not in the posse	ession of the organiz	ation tha	it are neio a	ina aaminis	terea for th	e organiz	zation		/aa N=
	by:									res No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations			abadula DO					3a(ii)	
	If "Yes" on line 3a(ii), are the related organization								30	
Par	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipn		owinent 1	urius						
Га	Complete if the organization answere		n Part IV	/ line 11a 9	See Form 90	n Part Y I	ina 10			
					or other		cumulate	,d	(d) Book	value
	Description of property	(a) Cost or o			(other)	1 ''	reciation		(u) DOOK	+aiu€
	Lond		221.	24013	, /	†		_	92	,221.
	Land	106,				 	73,1	08.		,017.
ь	Buildings	100,					- , -			,
ن بہ	Leasehold improvements	95.	924.			 	91,3	03.	4	,621.
	Equipment Other		379.			†··	,_	+		,379.
	Add lines 1a through 1e (Column (d) must 6			nn (R) line i	10c)					,238.

Schedule D (Form 990) 2015

Complete if the organization answered "Yes" o a) Description of security or category (including name of security)	(b) Book value			d-of-year market value
Financial derivatives	(3) 20011 141140	(5)		o or your market value
Closely-held equity interests		•		
Other		- 		·
(A) ENDOWMENT INVESTMENT				
(B) ACCOUNT	33,226	COST		
(C) INVESTMENT	55,454			
(D)				
(E)				
(F)				
(G)				
(H)				
al. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	88,680).		
art VIII Investments - Program Related.				
Complete if the organization answered "Yes" o	n Form 990, Part IV, II	ne 11c See Form 990	. Part X. line 13	
(a) Description of investment	(b) Book value	(c) Method of	valuation. Cost or en	d-of-year market value
(1)				
(2)				
(3)				··· <u> </u>
(4)				
(5)			-	
(6)				
(7)				
(8)				
(9)				
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
art IX Other Assets.			·	
Complete if the organization answered "Yes" or	on Form 990, Part IV, li	ne 11d. See Form 990	, Part X, line 15.	
(a) D	escription			(b) Book value
(1)	-			
(2)	·			
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
tal. (Column (b) must equal Form 990, Part X, col (B) line	15)		<u> </u>	
art X Other Liabilities.				
Complete if the organization answered "Yes" or	on Form 990, Part IV, I	ne 11e or 11f. See For	m 990, Part X, line 25	5
(a) Description of liability		(b) Book value	_	
(1) Federal income taxes			_	
(2)			_	
(3)			-	_
(4)			4	
(5)			4	
(C)			4	
(0)			_	
(6) (7)				
			4	
(7)			_	

Schedule D (Form 990) 2015

Schedule D (Form 990) 2015 SOUTHWEST RESEARCH & INFOR	MATION CENTER	23-	7159949	Page 4
Part XI Reconciliation of Revenue per Audited Financial Statem		Returr	1.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	l .		4 475	106
1 Total revenue, gains, and other support per audited financial statements		1	1,475	,486.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	_{2a} <1,740.	LI		
a Net unrealized gains (losses) on investments b Donated services and use of facilities	2b 54,746			
c Recoveries of prior year grants	2c	1		
d Other (Describe in Part XIII.)	2d 119,229.	.1		
e Add lines 2a through 2d		2e	172	,235.
3 Subtract line 2e from line 1		3	1,303	
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	╛		
b Other (Describe in Part XIII.)	_4b	_} I		_
c Add lines 4a and 4b		4c	4 202	0.
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	1,303	<u>,251.</u>
Part XII Reconciliation of Expenses per Audited Financial Staten		r Hetu	ırn.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	<u>ı. </u>	1 . 1	1,438	<u> </u>
1 Total expenses and losses per audited financial statements		1	1,430	,041.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	2a 54,746			
a Donated services and use of facilities b. Prior year adjustments	2b 34,740	1		
 b Prior year adjustments c Other losses 	2c <1,740	.Ы		
d Other (Describe in Part XIII)	2d 119,229	:		
e Add lines 2a through 2d		2e	172	,235.
3 Subtract line 2e from line 1		3	1,266	
4 Amounts included on Form 990, Part IX, line 25, but not on line 1				
a Investment expenses not included on Form 990, Part VIII, line 7b	4a]		
b Other (Describe in Part XIII.)	4b	1		_
c Add lines 4a and 4b		4c	4 622	0.
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	1,266	<u>,586.</u>
Part XIII Supplemental Information.	+ N/ has a 4h and 0h Bank // has	4. D-4	V I 0. D - + 1	
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Par lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any ad		4; Part	X, line 2; Part .	ΧI,
lines 20 and 40, and Part XII, lines 20 and 40. Also complete this part to provide any ad	ditional information			
PART XI, LINE 2D - OTHER ADJUSTMENTS:				-
ADMINITURE AND A MILLER FROM			104	770
ADMINISTRATIVE FEES			104	<u>,770.</u>
DIRECT RENTAL EXPENSE				527.
DIRECT RENTAL EXPENSE				327.
FUND RAISING COSTS			13	,932.
10112 181254110 00515				
TOTAL TO SCHEDULE D, PART XI, LINE 2D			119	,229.
	-			
•				
PART XII, LINE 2D - OTHER ADJUSTMENTS:				
			104	770
ADMINISTRATIVE FEES			104	<u>,770.</u>
DIDECE DENEXI EVDENCE				527.
DIRECT RENTAL EXPENSE	- - -			341+
FUND RAISING COSTS			13	,932.
TOTAL TELEBRATO CONTR				·
TOTAL TO SCHEDULE D, PART XII, LINE 2D			119	,229.
532054 09-21-15		Sched	dule D (Form 9	90) 2015
32				

Schedu	le D (Fon	m 990) 2015		SOUTH	WEST	RESEARCH	&	INFORMATION	CENTER	23-7159949	Page 5
Part)	(III Su	pplement	al Infor	SOUTHV mation (co	ntinued)				· <u>-</u>	
`											
PART	XII	, LINE	<u> 4B -</u>	OTHER	ADJ	JSTMENTS:					
ROUN	DING	ERROR									
											
								* 		 _	
				.							
		-						_			
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	_										

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No 1545-0047

Department of the Treasury nternal Revenue Service	leformation of	► Attach to Form 9 pout Schedule G (Form 990 or 990-	990 or For	m 99	0-EZ.	nov/form990.	Inspection
Name of the organization		Sout Schedule & [Form 990 or 990-	EZ/ AIIU IIS	msuc	ictions is at www	Employer	r identification number
	SOUTHWE	ST RESEARCH & IN	FORMA'	rio	N CENTER	23-71	.59949
	sing Activities. complete this part	Complete if the organization ans	swered "Y	es" or	n Form 990, Part IV,	line 17. Form 99	0-EZ filers are not
a Mail solicita b Internet and c Phone solic d In-person s	ations d email solicitations citations olicitations	f Solid	citation of citation of good	non-ga govern Ising (overnment grants nment grants events		
key employees list b If "Yes," list the to	sted in Form 990, Pa	art VII) or entity in connection wit viduals or entities (fundraisers) p	h professi	onal f	undraising services?	•	Yes No
(i) Name and addre or entity (fur	l l	(ii) Activity	(iii) fundri have cu or con contribu	TO O	(iv) Gross receipts from activity	(v) Amount pa to (or retained fundraiser listed in col. (to (or retained by)
			Yes	No			
-							
 						<u></u>	
	-						
Total				>			
3 List all states in w or licensing	hich the organizatio	n is registered or licensed to soli	icit contrib	ution	s or has been notified	d it is exempt fro	om registration
						<u></u>	
							

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

Schedule G (Form 990 or 990-EZ) 2015

532081 09-14-15

Scho Pa		e G (Form 990 or 990 EZ) 2015 SOUTHWE Fundraising Events. Complete if the	ST RESEARCH e organization answered	& INFORMATIO	N CENTER 23- t IV, line 18, or reported	7159949 Page 2 more than \$15,000
		of fundraising event contributions and gro				
\neg	•		(a) Event #1	(b) Event #2	(c) Other events	
				BEAUTY IN		(d) Total events
			(GOLF & BANQ		10	(add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
单			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	6,033.	21,838.	6,112.	33,983.
	2	Less. Contributions				
	3	Gross income (line 1 minus line 2)	6,033.	21,838.	6,112.	33,983.
	4	Cash prizes	,			
S.	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs	1,532.	8,415.		9,947.
rect E	7	Food and beverages				
۵	_			1,500.		1,500.
	8	Entertainment		2,485.		2,485.
	9	Other direct expenses		2,403.		13,932.
		Direct expense summary Add lines 4 through				20,051.
	11	Net income summary. Subtract line 10 from l	ne 3, column (d)	. 000 D-4 N/ h 40		20,031.
Pa	ırı		answered tes on Forn	n 990, Part IV, line 19, or	reported more than	
		\$15,000 on Form 990-EZ, line 6a.		I na D. Hart - Court - A		140=11
ō	Ì		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add
Revenue				Diligo/progressive Diligo		col (a) through col (c))
ě						
	1	Gross revenue		<u> </u>		
S	2	Cash prizes				
Se						
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	Ť		Yes %	☐ Yes %	☐ Yes %	
	6	Volunteer labor	□ No	□ No	□ No	
	7	Direct expense summary Add lines 2 throug	h 5 ın column (d)		•	
	8	Net gaming income summary Subtract line 7	from line 1, column (d)		>	
9	Er	ter the state(s) in which the organization cond	ucts gaming activities _			
á	ı İs	the organization licensed to conduct gaming a	ctivities in each of these	states?		└─ Yes └─ No
ŀ) If	'No," explain				
			<u> </u>			
10a	a w	ere any of the organization's gaming licenses r	evoked, suspended or to	erminated during the tax	year?	Yes No
		'Yes," explain				
	_					
	.02 1	9-14-15			Schedule G (Fo	rm 990 or 990-EZ) 2015
JJ21	[•- •-	

Sch	nedule G (Form 990 or 990-EZ) 2015 SOUTHWEST RESEARCH & INFORMATION CENTER 23	-7159949	Page 3
	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?	L Yes	L No
	Indicate the percentage of gaming activity conducted in:	11	
	a The organization's facility	13a	<u>%</u> %
	b An outside facility Enter the name and address of the person who prepares the organization's gaming/special events books and records:	ISD	
	The file halle and address of the person who propares the organization organization of sales seems been and records.		
	Name >		
	Address		
15a	a 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 ►		
	Address		
16	Gaming manager information		
	Name		
	Gaming manager compensation ▶ \$		
	Description of services provided		·
	Director/officer Employee Independent contractor		
17	Mandatory distributions		
	a is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	L Yes	∟ No
ı	b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
D.	organization's own exempt activities during the tax year \$ art IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III		h 15h
<u> </u>	Supplemental Information. Provide the explanations required by Part 1, line 2b, columns (iii) and (v); and Part III 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).	, iii es 5, 50, 10	D, 13D,
_	Too, To, and Tra, as applicable. The provide any administrative members are		
	•		
_			
-			
_			
_			
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Schedule G	(Form 990 or 990-EZ)	SOUTHWEST	RESEARCH	&	INFORMATION	CENTER	23-7159949	Page 4
Part IV	(Form 990 or 990-EZ) Supplemental Info	rmation (continued)			-			
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						Sch	nedule G (Form 990 or	990-EZ)

27204028

SCHEDULE (Form 990) 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" on Form 990, Part IV, line 21 or 22. ■ Attach to Form 990. Information about Schedule I (Form 990) and its instructions is at www.lrs.gov/form990.

Open to Public OMB No 1545-0047 Inspection

Schedule I (Form 990) (2015) <u>2</u> Employer identification number 23-7159949 (h) Purpose of grant or assistance X Yes ROJECT SUPPORT Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) 0 (e) Amount of non-cash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States recipient that received more than \$5,000 Part II can be duplicated if additional space is needed INFORMATION CENTER 51,073, (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section if applicable LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 501(C)(3) Enter total number of other organizations listed in the line 1 table ß SOUTHWEST RESEARCH 46-4340384 General Information on Grants and Assistance (P) EIN criteria used to award the grants or assistance? 1(a) Name and address of organization 175 THUNDER MOUNTAIN ROAD or government NM RESILIENCY ALLIANCE Name of the organization EDGEWOOD, NM 87015 Part Part

38

27204028

Page 2 (f) Description of non-cash assistance 23-7159949 (e) Method of valuation (book, FMV, appraisal, other) 0.BOOK-CASH AMOUNT PAID Part IV | Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed TO CONFIRM SCOPE OF WORK PERFORMED AND FUNDS PROPERLY EXPENDED SUBMITTED PROPOSED PROJECT. SCOPE OF WORK AND BUDGET ARE REVIEWED AND APPROVED BEFORE ANY FUNDS ARE DISBURSED. REPORTING FROM RECIPIENTS IS (d) Amount of non-cash assistance SOUTHWEST RESEARCH & INFORMATION CENTER 16,385. (c) Amount of cash grant (b) Number of recipients 9 PAYMENT OF HOUSING, UTILITY COSTS AND TRAVEL EXPENSES FOR GYNECOLOGICAL CANCER PATIENTS. (a) Type of grant or assistance LINE 2: Schedule I (Form 990) (2015) REVIEWED PART I, Part III

Schedule I (Form 990) (2015)

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.

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

2015
Open to Public Inspection

Name of the organization

SOUTHWEST RESEARCH & INFORMATION CENTER

 $\begin{array}{c} \textbf{Employer identification number} \\ 23-7159949 \end{array}$

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 \$ 595,641. INCLUDING GRANTS OF \$ 97,958. REVENUE \$ 20.
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. 09-02-15

Schedule O (Form 990 or 990-EZ) (2015)

Schedule O (Form 990 or 990-EZ) (2015)	Page 2
Name of the organization SOUTHWEST RESEARCH & INFORMATION CENTER	Employer identification number 23-7159949
SEE SCHEDULE O:	<u> </u>
PROGRAM SERVICE EXPENSES	324,084.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	324,084.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	324,084.
FORM 990, PART IX, LINE 11G, COL A	
THE ABOVE EXPENSES ARE FOR PROFESSIONAL SERVICES RENDERE	D IN SUPPORT OF
15 PROGRAM AREAS PROVIDING SPECIALIZED ASSISTANCE, AS NE	EDED.
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