Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

Open to Public

OMB No. 1545-0047

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

Inspection

A F	or the	2012 calendar year, or tax year beginning and ending		
B	Check if applicable	C Name of organization EXTENSION ATTACHED	D Employer iden	tification number
	Addres	SOUTHWEST RESEARCH & INFORMATION CENTER		
	Name change		23-	-7159949
F	Initial return Terminated	Number and street (or P.O. box if mail is not delivered to street address) POST OFFICE BOX 4524		nber 5-262-1862
	Amend		G Gross receipts \$	883,350.
	Applica	ALBUQUERQUE, NM 87196-4524	H(a) Is this a grou	
	pendin	F Name and address of principal officer:DON HANCOCK	for affiliates?	
		SAME AS C ABOVE	SWARK LICENSE SERVICE SERVICES	s included? Yes No
1.7	Гах-ехе			h a list. (see instructions)
		e: ► WWW.SRIC.ORG	H(c) Group exemp	
_				1 M State of legal domicile: NM
		Summary		
		Briefly describe the organization's mission or most significant activities: SRIC PRO	VIDES TECHN	ICAL
Activities & Governance		ASSISTANCE TO COMMUNITIES ON ENERGY AND NATU	RAL RESOURCE	ES,
rna	-	Check this box if the organization discontinued its operations or disposed of r		
ove		Number of voting members of the governing body (Part VI, line 1a)		3 9
Ğ	4 1	Number of independent voting members of the governing body (Part VI, line 1b)		4 9
S		Total number of individuals employed in calendar year 2012 (Part V, line 2a)		5 9
itie		Total number of volunteers (estimate if necessary)		6 5
cţi	7a	Total unrelated business revenue from Part VIII, column (C), line 12		7a 122.
A		Net unrelated business taxable income from Form 990-T, line 34		7b 0.
			Prior Year	Current Year
d)	8 (Contributions and grants (Part VIII, line 1h)	955,45	2. 757,643.
ņ		Program service revenue (Part VIII, line 2g)	69,02	8. 85,241.
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	79:	1. 3,843.
Œ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	6,12	1. 13,985.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,031,39	2. 860,712.
-		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	60,96	0. 47,357.
		Benefits paid to or for members (Part IX, column (A), line 4)	•	0.
S		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	279,36	5. 341,722.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		0.
cbe		Total fundraising expenses (Part IX, column (D), line 25)		发展工程的工程的
ш	17 (Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	564,07	
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	904,40	
	19	Revenue less expenses. Subtract line 18 from line 12	126,99	<pre>1. <92,927.></pre>
Net Assets or Fund Balances			Beginning of Current Ye	
sets	20	Total assets (Part X, line 16)	640,80	
t As	21	Total liabilities (Part X, line 26)	37,99	
N.	22	Net assets or fund balances. Subtract line 21 from line 20	602,81	4. 509,887.
25/25/05/50	art II	Signature Block		
		lties of perjury, I declare that I have examined this return, including accompanying schedules and st		of my knowledge and belief, it is
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which pre	parer has any knowledge.	
		In Havel	Oct.	16, 2013
Sig	n	Signature of officer	Date	
Her	re	DON HANCOCK, ADMINISTRATOR		
_		Type or print name and title	L Data	k PTIN
		Print/Type preparer's name Preparer's sugneture	Date Check	"
Pai	***	LAURENCE TAUS	self-e	mployed P00028605
	parer	Firm's name LAWRENCE TAUB COUNSELLOR AT LAW PC	Firm's EIN	85-0352005
Use	Only	Firm's address 1447 SEVILLE ROAD	MAG	ME
_		SANTA FE, NEW MEXICO 87505-4647	Phone no.	My
Ma	y the IF	RS discuss this return with the preparer shown above? (see instructions)	MINI	X Yes No

ENVIRONMENTAL PROTECTION; DIVERSIFICATION AWAY FROM NUCLEAR WEAPONS PROGRAMS; GREATER ACCOUNTABILITY AND CLEANUP IN THE NATIONWIDE NUCLEAR WEAPONS COMPLEX; AND CONSISTENT U.S. LEADERSHIP TOWARD A WORLD FREE OF NUCLEAR WEAPONS. THOUSAND OF PEOPLE VISIT THE WEBSITE, WWW.NUKEWATCH.ORG, WHICH PROVIDES EXTENSIVE INFORMATION ABOUT NUCLEAR ISSUES.

4d Other program services (Describe in Schedule O.)
(Expenses \$ 328,002. Including grants of \$

47,357.) (Revenue \$

222

4e Total program service expenses ►

892,917.

Form 990 (2012)

Form 990 (2012)

SOUTHWEST RESEARCH & INFORMATION CENTER

23-7159949

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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 1 X 2 Is the organization required to complete Schedule B, Schedule of Contributors? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for X 3 public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect Х during 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 X similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 5 6 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 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, X 7 the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete 8 X 8 Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? X If "Yes," complete Schedule D, Part IV 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent X 10 endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, 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, X Part VI 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 Х assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total X assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in X Part X, line 16? If "Yes," complete Schedule D, Part IX $\overline{\mathbf{x}}$ e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses X the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete X Schedule D, Parts XI and XII 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? X If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b X Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E X 14a 14a Did the organization maintain an office, employees, or agents outside of the United States? b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 X 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 assistance to any organization X or entity located outside the United States? 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 assistance to individuals X located outside the United States? If "Yes," complete Schedule F, Parts III and IV 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, Х 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 X 18 1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," X 19 complete Schedule G, Part III X 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

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Form 990 (2012) Part IV Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II X 21 22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Х 22 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current 23 and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J X 23 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 Schedule K. If "No", go to line 25 X 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c 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) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I Х 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 Schedule L, Part I X 25b 26 Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II X 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial 27 contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III X 27 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV X 28a b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M X 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M X 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I X 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes, " complete Schedule N, Part II X 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I X 33

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and

b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2

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

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

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

Part V, line 1

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2

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

X Form 990 (2012)

X

Х

X

34

35a

35b

37

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

743960 28404146 24 Form 990 (2012) SOUTHWEST RESEARCH & INFORMATION CENTER 23-7159949 Page 5 Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check it Schedule O contains a response to any question in this Part V					
			1 0.5		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	27			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and r				Tr.	
0-	(gambling) winnings to prize winners?	 I	1	1c	X	
za	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		,			
h	filed for the calendar year ending with or within the year covered by this return		9	- 90225413	ું	460
U	If at least one is reported on line 2a, did the organization file all required federal employment tax returned life and the provided the sum of lines 1a and 2a is greater than 250 and 250 is greater than 250 is		••••••	2b	X	
32	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions				5015	v
	Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3a		<u>X</u>
	At any time during the calendar year, did the organization have an interest in, or a signature or other			3b		
TG	financial account in a foreign country (such as a bank account, securities account, or other financial			4-		Х
h	If "Yes," enter the name of the foreign country:	accou	nt)?	4a		
-	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial	Λ	unto.	\$.000 a.000		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			48 SS	10.743	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year?			5a 5b		X
C	26 MS C N C N C N C N C N C N C N C N C N C			ວນ 5c		- 73
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			50		
	any contributions that were not tax deductible as charitable contributions?			6a	X	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions are expressed in the contribution of t	tions c	nr aifte	- Oa		
	were not tax deductible?		-	6ь	X	
7	Organizations that may receive deductible contributions under section 170(c).	• • • • • • • • • • • • • • • • • • • •	***************************************		A MARK	rdá.
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices i	provided to the payor?	7a	(44 A) 1743	х
b	If "Voo " did the exercisation notify the description of the scale of			7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w					
	to file Form 8282?			7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		\$/\$\cdot\;		1.47
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	ontra	ct?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit conti	ract?		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file F	orm 8		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation f	ile a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section $509(a)(3)$ supporting organizations. D			1	1.50	
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at	any tin	ne during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.				1.7	
a	Did the organization make any taxable distributions under section 4966?			9a		
þ	Did the organization make a distribution to a donor, donor advisor, or related person?		***************************************	9b		
10	Section 501(c)(7) organizations. Enter:	ı	1			
	Initiation fees and capital contributions included on Part VIII, line 12	10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			10 1 1 A 2 A 1 1 A	
11	Section 501(c)(12) organizations. Enter:	١	ı			4-5 4.16
	Gross income from members or shareholders	11a			l in	
D	Gross income from other sources (Do not net amounts due or paid to other sources against					
192	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	11b		10-	4 . 140	
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	(12a	1 - 1 - 2	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120	i	1		
	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.			.ua	14.5	74.
ь	Enter the amount of reserves the organization is required to maintain by the states in which the				j.	
_	organization is licensed to issue qualified health plans	13b	1		7	
С	Enter the amount of reserves on hand	13c		1 1		
		1	1	14a	· · · · ·	Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul			14b		
					aan	(2012)

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SOUTHWEST RESEARCH & INFORMATION CENTER

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

25

	Check if Schedule O contains a response to any question in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 9			
	If there are material differences in voting rights among members of the governing body, or if the governing			
_	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
р 2	Enter the number of voting members included in line 1a, above, who are independent 1b Solid any officer director treates as less applicable to the solid any officer directors treates as less applicable to the solid any officer directors.			
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?	.30834.5	er vege	X
3	officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision	2		21
Ū	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		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	۲		
	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:	1823	4114	
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b		X
9	is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
40			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
110	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	X	
b	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11a		-
12a	Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13	10-	X	
b	141 44	12a 12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120		
-	in Schedule O how this was done	12c	x	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	1/2/2	400	7013
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	10.00		
	taxable entity during the year?	16a		X
þ	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	1 3 9	1	
Sec	exempt status with respect to such arrangements? tion C. Disclosure	16b	<u> </u>	1
17	List the states with which a copy of this Form 990 is required to be filed NM			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availal		
	for public inspection. Indicate how you made these available. Check all that apply.	avallal) IC	
	Own website X Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, a	nd fina	ncial	
	statements available to the public during the tax year.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiz	ation:)	>	
	DON HANCOCK - 505-262-1862	·		
**********	105 STANFORD, S.E., ALBUQUERQUE, NM 87106			
23200 12-10-	12	For	n 99 0	(2012)

Form 990 (2012) SOUTHWEST RESEARCH & INFORMATION CENTER 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 to any question 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.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A)	(B)	(C) Position						(D)	(E)	(F)
Name and Title	Average hours per week	box,	not ci unle:	heck ss pe	more rson i	than d is both or/trus	n an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) ESTHER YAZZIE-LEWIS	1.00	x						0.	0.	0.
DIRECTOR (2) MANUEL PINO	1.00	Δ.				<u> </u>		0.	V +	<u> </u>
DIRECTOR/PRESIDENT	1.00	x		x				0.	0.	0.
(3) JULIE STEPHENS	1.00	<u> </u>		1				•		<u> </u>
DIRECTOR	1.00	х						0.	0.	0.
(4) SANDRA SIMONS-AILES	1.00		-	-	ļ			· ·		
DIRECTOR/SEC & TREAS		x		X				0.	0.	0.
(5) SYLVIA LEDESMA	1.00			-						
DIRECTOR		x						0.	0.	0.
(6) ROBERT NOFCHISSEY	1.00					<u> </u>				
DIRECTOR/V.P.		X		X				0.	0.	0.
(7) JUDITH ESPINOSA	1.00									
DIRECTOR		X						0.	0.	0.
(8) STEVEN KANIG DIRECTOR	1.00	X						0.	0.	0.
(9) ANN WATSON	1.00	X							_	
DIRECTOR		<u> ^</u>		<u> </u>	1	ļ		0.	0.	0.
					T					
		_			-		<u> </u>			
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232007 12-10-12 Form 990 (2012)

									ATION CENTER		59	949	Pa	ge 8
Par	t VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, an	d Hi	ghe	st C	ompensated Employ	es (continued)	····			
	(A) Name and title	(B) Average hours per week (list any hours for	box offi	not c , unla	Pos heck ss pe	more rson lirecto	than is bot or/trus	h an tee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MIS	.	am comp	(F) imated ount of other oensate om the	f ion
		related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(** 27 1030 14.10	-	orga and	inizatio relate nizatio	on ed
						<u> </u>								

············						<u> </u>								
														•
1b c	Sub-total	II. Section A				••••	<u> </u>	ı	0 0		0.			0.
	Total (add lines 1b and 1c)						>	ho r	0	<u> </u>	0.			0.
	compensation from the organization	ior in integ to ti	1036	1134	cu a	.007	C) W	10 11	eceived more man with	0,000 of reportable		T I	Yes	No.
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s				-	•	-		highest compensated			3		Х
4	For any individual listed on line 1a, is the su and related organizations greater than \$15	ım of reportab	le c	omp	ens	atio	n an	d otl	her compensation fror	the organization		4		Х
5	Did any person listed on line 1a receive or rendered to the organization? If "Yes," control of the organization of the organiz	accrue compe	nsat	ion	from	n any	y un	relat	ted organization or ind	vidual for services		5		Х
Sec 1	tion B. Independent Contractors Complete this table for your five highest co											eation 1	rom	
	the organization. Report compensation for								n the organization's ta					
	(A) Name and business	address	N	ON:	E				(B) Description of	services		Compe		n
2	Total number of independent contractors (including but i	not I	imite	ed to	o the	ose I	iste	d above) who received	more than			1 :	
	\$100,000 of compensation from the organ	-					0					Form	990 (2012
23200	3													

28404146 743960 28404146 28 Form 990 (2012) SOUTHWEST RESEARCH & INFORMATION CENTER 23-7159949 Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response to any question in this Part VIII (D) Revenuè excluded Related or Unrelated Total revenue from tax under sections 512, 513, or 514 exempt function business revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a Membership dues 1b c Fundraising events _____ 10 d Related organizations e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 757,643. g Noncash contributions included in lines 1a-1f: \$ 757,643 h Total. Add lines 1a-1f **Business Code** Program Service Revenue 2 a CONSULTING FEES 541900 85,018 85,018. PUBLISHING, SALES, PRINT 511120 223 223. f All other program service revenue 85,241. Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) 3,843. 3,843. Income from investment of tax-exempt bond proceeds 5 Royalties (ii) Personal (i) Real 1,575. 6 a Gross rents 473. b Less: rental expenses 102. c Rental income or (loss) 1,102. d Net rental income or (loss) 1,102. 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 34,926 Part IV, line 18 22,165 b Less: direct expenses 12,761. c Net income or (loss) from fundraising events 12,761 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold Net income or (loss) from sales of inventory

232009 12-10-12

11 a

122

122.

860,

122

122.

712.

Business Code

561439

Miscellaneous Revenue

UNRELATED BUSINESS INC

d All other revenue

Total revenue. See instructions.

e Total. Add lines 11a-11d

85,241

Form 990 (2012)

SOUTHWEST RESEARCH & INFORMATION CENTER

23-7159949 Page 10

Part IX Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) proprietions must complete all columns. All other proprietions must complete column (A)

Sect	ion 501(c)(3) and 501(c)(4) organizations must com	plete all columns. All oth	ner organizations must c	omplete column (A).	
	Check if Schedule O contains a respon	se to any question in th			X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21	41,284.	41,284.		
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22	6,073.	6,073.		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,		· · · · · · · · · · · · · · · · · · ·		
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	309,079.	292,446.	16,633.	
8	Pension plan accruals and contributions (include				
•	section 401(k) and 403(b) employer contributions)	9,000.	7,500.	1,500.	
9	Other employee benefits	- ,			
10	Payroll taxes	23,643.	22,371.	1,272.	
11	Fees for services (non-employees):				
	Management				
	Legal	89,839.	89,839.		
	Accounting	12,022.	05,005.	12,022.	
	Lobbying				
۵.	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A) amount, list line 11g expenses on Sch 0.)	240,056.	240,056.		
12	Advertising and promotion	16,447.			
13		12,350.	11,597.	753.	
14	Office expenses	12,330•	11,357.	/33•	
	Information technology				
15	Royalties	7,085.	5,050.	2,035.	
16	Occupancy	91,286.	91,286.	4,033.	
17	Travel	91,200.	91,400.		
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates Depreciation, depletion, and amortization	3,930.	1,600.	2,330.	
22		44,122.	36,273.	7,849.	
23	Insurance Other expenses, Itemize expenses not covered	4#,144.	30,213.	1,043.	etikelejikulikelejistani (h. 1
24	above. (List miscellaneous expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
_	TELEPHONE	12,025.	6,293.	5,732.	and the second second second second
a b	TAXES	11,019.	11,019.	3,134	
	EQUIPMENT R&M	5,502.	3,757.	1,745.	
c C	CHARGES & INTEREST	4,856.	3,737.	1,808.	
d		14,021.	6,978	6,856.	187.
	All other expenses	953,639.	892,917		187.
25	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization	999,099.	002,911	00,000	10/*
26					
	reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
				•	
	Check here if following SOP 98-2 (ASC 958-720)		1		Form 990 (2012)

232010 12-10-12

Form 990 (2012) SOUTHWEST RESEARCH & INFORMATION CENTER Part X | Balance Sheet

23-7159949 Page 11

Check if Schedule O contains a response to any question in this Part X Beginning of year End of year Cash - non-interest-bearing 297,765. 92,780. 232,641. 51,399. Savings and temporary cash investments Pledges and grants receivable, net ______ 3 3 Accounts receivable, net 17,784. 26.784. Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L 6 Notes and loans receivable, net _____ 7 Inventories for sale or use _____ 8 Prepaid expenses and deferred charges 3,094. 3,170. 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 310,072. 156,965. b Less: accumulated depreciation 10b 147,590. 153,107. Investments - publicly traded securities 11 Investments - other securities. See Part IV, line 11 81,794. 85,368. 12 Investments · program-related. See Part IV, line 11 13 13 14 Intangible assets 14 Other assets. See Part IV, line 11 15 15 16 Total assets. Add lines 1 through 15 (must equal line 34) 640,807. 552,469. 16 17 Accounts payable and accrued expenses 37,993. 42,582. 17 18 Grants payable _____ 18 Deferred revenue _____ 19 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties _____ 24 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Total liabilities. Add lines 17 through 25 37,993. 42,582. 26 Organizations that follow SFAS 117 (ASC 958), check here Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets 27 302,062. 289,664. 28 Temporarily restricted net assets 273,752. 193,223. 29 Permanently restricted net assets 27,000. 27,000. Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 32 33 Total net assets or fund balances 602,814. 509,887. 33 Total liabilities and net assets/fund balances 640,807. 552,469.

Form 990 (2012)

	n 990 (2012) SOUTHWEST RESEARCH & INFORMATION CENTER	23-7159	949	Pac	_{je} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		0,7	
2	Total expenses (must equal Part IX, column (A), line 25)	2	95	3,6	39.
3	Revenue less expenses. Subtract line 2 from line 1	3	<9	2,9	27. >
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	60	2,8	$\overline{14.}$
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	50	9,8	87.
Pa	rt XII Financial Statements and Reporting			, , -	
	Check if Schedule O contains a response to any question in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		7375		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	. .	2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	OD 8			
	separate basis, consolidated basis, or both:	o.ru			i V Nasa
	Separate basis Consolidated basis Both consolidated and separate basis			4. P	
þ	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	haeie	19/4 3		1.574
	consolidated basis, or both:	, 54010,	807.44 3187.84		14 99 1 14
	X Separate basis Consolidated basis Both consolidated and separate basis		12 - 12 1 1 2 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2		A.S.
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit			
	review, or compilation of its financial statements and selection of an independent accountant?	, addit,	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O	344.84	1901 190	444
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	ale O. ale Audit			
	Act and OMB Circular A-133?	gie Mudit	3a	12.54	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red sudit	Ja		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	ou adult	3b		1

Form **990** (2012)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

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

OMB No. 1545-0047
2012

Inspection

Name of the organization

Employer identification number

Part I	Door-	SUUTHWI	EST RESEARCH	& INI	ORMAT	TON C	ENTER	1	2	3-7159	949
	neason	i for Public Cha	rity Status (All organi	zations mu	ıst comple	te this par	t.) See ins	tructions.			
			because it is: (For lines								
1	A church, co	onvention of church	es, or association of chui	rches desc	cribed in s e	ection 170	(b)(1)(A)(i	}.			
2	A school de	scribed in section 1	70(b)(1)(A)(ii). (Attach Sc	chedule E.;)						
3 ∐	A hospital o	r a cooperative hosp	oital service organization	described	in section	170(b)(1)	(A)(iii).				
4 📖	A medical re	esearch organization	operated in conjunction	with a hos	spital desc	ribed in se	ction 170	(b)(1)(A)(ii	i). Enter	the hospital	s name,
	city, and sta								•	•	•
5 📖	An organiza	tion operated for the	benefit of a college or u	niversity o	wned or o	perated by	a govern	mental uni	t describ	ed in	
	section 170	0(b)(1)(A)(iv). (Comp	lete Part II.)				-				
6 🖳	A federal, st	ate, or local governn	nent or governmental un	it describe	d in section	on 170(b)(1)(A)(v).				
7 X	An organizat	tion that normally re	ceives a substantial part	of its supr	ort from a	governme	ental unit d	or from the	neneral	nublic descr	ribed in
	section 170	(b)(1)(A)(vi). (Compl	ete Part II.)			. 90.0	ornar arm ()	goriciai	pabilo acoo	ibca iii
8 🗔			section 170(b)(1)(A)(vi).	(Complete	Part II.)						
9 🗀			ceives: (1) more than 33			from contri	ibutions n	nomhorchi	n fees a	nd arnee roa	ointe from
	activities rela	ated to its exempt fu	ınctions - subject to cert	aîn except	ions and (2\ no more	than 33	1/20% of ite	eunnord	t from aross	invoctment
	income and	unrelated business	taxable income (less sec	tion 511 ta	ex) from bi	isinesses :	acquired h	w the orga	nization	after lune 3	n 1076
		509(a)(2). (Complet			ary		aoquii co L	y ale orga	mzation	arter burie o	0, 1375.
10 🗀			perated exclusively to te	st for nub	lic safety :	See sectio	n 500(a)(a	11			
11 🔲			perated exclusively for the						out the	nurnaese a	f one or
	more publici	y supported organiz	ations described in secti	ion 509(a)(1) or section	on 509(a)(2	2) See see	tion 509(al(3) Ch	eck the hov	that
	describes th	e type of supporting	organization and compl	ete lines 1	1e through	h 11h	-,. 000 00	000(0	2)(0). 0. 1	CON THE BOX	triat
	а 🔲 Туре		F		_	integrated			e III - No	n-functionall	v integrated
е 🗀			at the organization is not								
	foundation n	nanagers and other	than one or more public	v sunnorte	ed organiza	eah zaoite	crihed in s	ection 500	1/2\/1\ or	section 500	(a)/(2)
f	If the organiz	zation received a wri	tten determination from	the IRS th	at it is a Tv	me I Tyne	II or Type	- III	<u> </u>	35511011 505	(α)(ε).
		organization, check t			-						
g			organization accepted ar	nv aift or c	ontribution	from any	of the foll	owing pers	one?	*****************	
			directly controls, either a							,]	Yes No
	the gov	erning body of the s	upported organization?		, • • • • • • • • • • • • • • • • • • •	porcono	ioooiioca	iii (ii) exter (i	ii) DCIOW	11g(i)	163 110
	(ii) A family	member of a perso	n described in (i) above?	······································	*************	*************				11g(ii)	
	(iii) A 35%	controlled entity of a	a person described in (i)	or (ii) abov	e?	************				11g(iii)	
h	Provide the f	ollowing information	about the supported or	ganization	(s).	*************				[119(11)]	<u> </u>
		•	т	5 m. m. m. c. c. c. c. c.	νο,.						
(i) Name	of supported	(ii) EIN	(iii) Type of organization	(iv) is the o	organization	(v) Did you	i notify the	(vi) Is	the	(ratt) Amount	
	inization	(1)/2111	(described on lines 1-9		sted in your			lorganizatio	ın in col.	(vii) Amount supp	_
_			above or IRC section	governing	document?	(i) of you	support?	(i) organize U.S.	?	յ	3011
			(see instructions))	Yes	No	Yes	No	Yes	No		
						Ì					
				<u> </u>							
		i sa kata sa sakangan dangan salahan		101.4601.46		(100 P) 300 P(101	27343 A 3 3 4		n, Maye.		
otal											

232021 12-04-12

Form 990 or 990-EZ.

LHA For Paperwork Reduction Act Notice, see the Instructions for

Schedule A (Form 990 or 990-EZ) 2012

Schedule A (Form 990 or 990-EZ) 2012 SOUTHWEST RESEARCH & INFORMATION CENTER 23-7159949 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Se	ction A. Public Support						
Cal	endar year (or fiscal year beginning in) 📂	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	839,716.	836,019.	762,839.	955,452.	757,643.	4151669.
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						
	Total. Add lines 1 through 3	839,716.	836,019.	762,839.	955,452.	757,643.	4151669.
5	The portion of total contributions						
	by each person (other than a	10 (2) (10 (10 (2) (2) (4))					
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,	16:					·
^	column (f)						654,982.
Sec	Public support. Subtract line 5 from line 4.			VA:0208304.33		19/00/2019/03/07/07	3496687.
	ndar year (or fiscal year beginning in)						
	Amounts from line 4	(a) 2008 839,716.	(b) 2009 836, 019.	(c) 2010 762, 839.	(d) 2011 955, 452.	(e) 2012	(f) Total 4151669.
	Gross income from interest,	039,710.	030,019.	104,039.	900,404.	757,643.	4151669.
0	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	11,145.	8,210.	7,912.	3,716.	5,418.	26 401
a	Net income from unrelated business	11,140.	0,210.	1,314.	3,710.	J,410.	36,401.
3	activities, whether or not the						
	business is regularly carried on	398.	219.	342.	248.	121.	1,328.
10	Other income. Do not include gain	330.	247.	242.	240.	141.	1,320.
	or loss from the sale of capital						
	assets (Explain in Part IV.)			27,656.	16,895.	34,926.	79,477.
11	Total support. Add lines 7 through 10		ACCAPTORY COLUMNS	# V T = 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		34,520.	4268875.
	Gross receipts from related activities,	etc. (see instruction	ons)	TUT WELT TO THE TEXT OF STREET	(Classification) Copyrigation (Processing States)	12	330,304.
	First five years. If the Form 990 is for			d fourth or fifth ta			330,301.
	organization, check this box and stor	here					
Sec	tion C. Computation of Publ	c Support Pe	rcentage		******************	***************************************	
14	Public support percentage for 2012 (I	ine 6, column (f) di	vided by line 11, c	olumn (f))		14	81.91 %
15	Public support percentage from 2011	Schedule A, Part	II, line 14	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		15	80.27 %
16a	33 1/3% support test - 2012. If the c	organization did no	t check the box or	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	
	stop here. The organization qualifies	as a publicly supp	orted organization	***************************************			▶ X
b	33 1/3% support test - 2011. If the c	rganization did no	t check a box on I	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	nis box
	and stop here. The organization quali	ifies as a publicly s	supported organiza	ation	·		 ▶□
17a	10% -facts-and-circumstances test	t - 2012. I f the org	anization did not c	heck a box on line	13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check th	is box and stop h	ere. Explain in Pai	rt IV how the organ	ization
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances test						
	more, and if the organization meets the						-
	organization meets the "facts-and-circ						▶∐
18	Private foundation. If the organizatio	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b			
					Sche	dule A (Form 990	or 990-EZ) 2012

Schedule A (Form 990 or 990 EZ) 2012

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

F	3	'a	g	е	3	

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2 Gross receipts from admissions. merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b 8 Public support (Subtract line 7c from line 6.) Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (Add lines 9, 10c, 11, and 12.) 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f)) % 16 Public support percentage from 2011 Schedule A, Part III, line 15 % 16 Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f)) % 18 Investment income percentage from 2011 Schedule A, Part III, line 17 % 19a 33 1/3% support tests - 2012. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

232023 12-04-12

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. See separate instructions.

Open to Public Inspection

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

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

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

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

		Form 990, Part IV, line 5 (Proxy tions: Complete Part III.	Tax), or Form 990-EZ	, Part V, line 35c (Prox	y Tax), then
Name of organization	SOUTHWE	ST RESEARCH & INE	FORMATION CE	INTER	ployer identification number 23-7159949
Part I-A Con	nplete if the org	ganization is exempt unde	er section 501(c) o	or is a section 527	organization.
2 Political expend	litures	zation's direct and indirect politica		>	
Part I-B Com	plete if the ord	ganization is exempt unde	er section 501(c)(3)_	
		incurred by the organization unde			\$
2 Enter the amou	nt of any excise tax	incurred by organization manage	rs under section 4955	>	\$
3 If the organizati	on incurred a section	n 4955 tax, did it file Form 4720 f	or this year?	***************************************	Yes No
4a Was a correctio	n made?			***************************************	Yes No
b If "Yes," describ	e in Part IV.				
Part I-C Com	iplete if the org	ganization is exempt unde	er section 501(c),	except section 50	1(c)(3).
1 Enter the amou	nt directly expended	by the filing organization for sec	tion 527 exempt functi	on activities	\$
2 Enter the amou	nt of the filing organ	ization's funds contributed to oth	er organizations for se	ction 527	
exempt function	n activities	***************************************		>	\$
3 Total exempt fu	nction expenditures	s. Add lines 1 and 2. Enter here ar	nd on Form 1120-POL,		
line 17b				>	\$
4 Did the filing org	ganization file Form	1120-POL for this year?		***************************************	Yes No
		nployer identification number (EIN			
		tion listed, enter the amount paid			
		omptly and directly delivered to a			arate segregated fund or a
political action of	committee (PAC). If	additional space is needed, provi	de information in Part I	V.	
(a) Na	ame	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -6	contributions received and
		<u> </u>		1	

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

Schedule C (Form 990 or 990-EZ) 2012

232041 01-07-13

Schedule C (Form 990 or 990 EZ) 2012 Part II-A Complete if the org	ganization is	s exer	ESEARCH & II	NFORMATION (n 501(c)(3) and file	CENTER 23-7 ed Form 5768	159949 Page 2
(election under sec A Check ► if the filling organiza expenses, and sha	ation belongs to	an affil	iated group (and list in	Part IV each affiliated	group member's nam	e, address, EIN,
			d "limited control" pro	visions annly		
Limi	its on Lobbying	g Exper			(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to infl	luence public o	olnìon (g	grass roots lobbying)			
b Total lobbying expenditures to infl	3,449.					
 Total lobbying expenditures (add l 	lines 1a and 1b)			3,449.	
d Other exempt purpose expenditure			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		950,190.	
e Total exempt purpose expenditure	es (add lines 1c	and 1d)	***************************************	953,639.	
f Lobbying nontaxable amount. Ent		rom the	following table in both	n columns.	168,046.	
If the amount on line 1e, column (a)	or (b) is: 📗 🗵	he lobl	oying nontaxable amo	ount is:		
Not over \$500,000		20% of t	the amount on line 1e.			
Over \$500,000 but not over \$1,00	00,000	3100,00	0 plus 15% of the exc	ess over \$500,000.		
Over \$1,000,000 but not over \$1,5	500,000	3175,00	0 plus 10% of the exc	ess over \$1,000,000.		
Over \$1,500,000 but not over \$17	,000,000	3225,00	0 plus 5% of the exce	ss over \$1,500,000.		
Over \$17,000,000		31,000,0	000.			
g Grassroots nontaxable amount (er	nter 25% of line	1f)	*******************************		42,012.	
h Subtract line 1g from line 1a. If zer	ro or less, enter	·0·	***************************************		0.	
i Subtract line 1f from line 1c. If zer	o or less, enter	∙0∙	*******************************		0.	
j if there is an amount other than ze		e 1h or l	line 1i, did the organiza	ation file Form 4720	_	
reporting section 4911 tax for this	year?		***************************************			Yes No
	zations that m	ade a s	raging Period Under ection 501(h) election e instructions for line	do not have to comp		
	Lobbying	Exper	ditures During 4-Yea	r Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2009)	(b) 2010	(c) 2011	(d) 2012	(e) Total
2a Lobbying nontaxable amount	152,	451.	165,329.	165,780.	168,046.	651,606.
b Lobbying ceiling amount (150% of line 2a, column(e))						977,409.
c Total lobbying expenditures	22,	086.	5,025.	20,185.	3,449.	50,745.
d Grassroots nontaxable amount	38.	113.	41,332.	41,445.	42,012.	162,902.
e Grassroots celling amount (150% of line 2d, column (e))						244,353.
f Grassroots lobbying expenditures	3					

Schedule C (Form 990 or 990-EZ) 2012

Schedule C (Form 990 or 990-EZ) 2012 SOUTHWEST RESEARCH & INFORMATION CENTER 23-7159949 Page 3

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

For e	ach "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description	(8	a)	(1))	
of th	e lobbying activity.	Yes	No	Amo	ount	
1 a	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers?					
D	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?					
d	Mailings to members, legislators, or the public?					
е	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	ment of the state					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
	Other activities?					
j	Total. Add lines 1c through 1i		48,40			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			Walter Str		
b	If "Yes," enter the amount of any tax incurred under section 4912	84888446	3344344			
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?				Partie (1	
Pai	t III-A Complete if the organization is exempt under section 501(c)(4), section	on 501(c)	(5), or se	ction		
	501(c)(6).					
				Yes	No	
1	Were substantially all (90% or more) dues received nondeductible by members?		1			
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2			
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?		3			
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section	on 501(c)	(5), or se	ection		
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered	l "No," O	R (b) Par	t III-A, lii	1е 3, is	
	answered "Yes."					
1	Dues, assessments and similar amounts from members		1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political	ical				
	expenses for which the section 527(f) tax was paid).					
а	Current year					
b	Carryover from last year		2b			
c	Total		2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3			
4			33534			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and					
5						
			5	<u> </u>		
3 4 5 Par	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues of notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the expectation of the expectatio	cess political	2c 3 4 5	list); Part II	-A, lir	

Schedule C (Form 990 or 990-EZ) 2012

SCHEDULE D

(Form 990)

Department of the Treasury internal Revenue Service

Supplemental Financial Statements

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Employer identification number

	SOUTHWEST RESEARCH & INFORMATION		23-7159949
۲a	rt I Organizations Maintaining Donor Advised Funds or Other Simi	lar Funds or A	ccounts.Complete if the
	organization answered "Yes" to Form 990, Part IV, line 6.		
	(a) Donor advised fun	ds {	b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing that the assets held in	donor advised fun	de
	are the organization's property, subject to the organization's exclusive legal control?		
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant fu	inde can be used a	
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other		
	impermissible private benefit?		
Pa	rt II Conservation Easements. Complete if the organization answered "Yes" to	Form 000 Bart IV	Yes □ No
1	Purpose(s) of conservation easements held by the organization (check all that apply).	ronn 990, ran iv,	ille 7.
•		tala akali titibi ili	L. * tant to a 1
			ly important land area
	Preservation of open space	ion of a certified hi	storic structure
2			
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution	in the form of a co	onservation easement on the last
	day of the tax year.		Fair Ave
_	Takel mounts on a financial of		Held at the End of the Tax Year
a			2a
b			2b
C	- The state of the section of the se		2c
d	the second state of the se		
_	listed in the National Register		2d
3	Number of conservation easements modified, transferred, released, extinguished, or termination	nated by the orgar	nization during the tax
	year >		
4	Number of states where property subject to conservation easement is located		
5	Does the organization have a written policy regarding the periodic monitoring, inspection, I	· · · · · · · · · · · · · · · · · · ·	
_	violations, and enforcement of the conservation easements it holds?		
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation e		
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easen		
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of		
_	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation easements in its revenue a		
	include, if applicable, the text of the footnote to the organization's financial statements that	it describes the or	ganization's accounting for
D-	conservation easements.		
Pal	rt III Organizations Maintaining Collections of Art, Historical Treasu	ires, or Other	Similar Assets.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 8.		
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its rev		
	historical treasures, or other similar assets held for public exhibition, education, or research	h in furtherance of	public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describes these items.		
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenu	ie statement and b	palance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, education, or research in further	erance of public se	rvice, provide the following amounts
	relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		. > \$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical treasures, or other similar assets		
	the following amounts required to be reported under SFAS 116 (ASC 958) relating to these	e items:	
а			. > \$
b	Assets included in Form 990, Part X		. \$

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

		T RESEARCI						-7159949 Page 2
	t III Organizations Maintaining C							
3	Using the organization's acquisition, accession	n, and other record	s, check	any of the	following the	at are a sigr	nificant use	of its collection items
_	(check all that apply):		г					
a	Public exhibition	d			hange progr			
þ	Scholarly research	е	0 لـــا	ther				
c	Preservation for future generations							
4	Provide a description of the organization's co							in Part XIII.
5	During the year, did the organization solicit or							п п
Day	to be sold to raise funds rather than to be ma	intained as part of t	he organi	zation's co	ollection?			. Yes No
Fai	t IV Escrow and Custodial Arrang		ete if the c	organizatio	n answered	"Yes" to Fo	orm 990, Pa	art IV, line 9, or
	reported an amount on Form 990, Part							
ıa	Is the organization an agent, trustee, custodia		-					П., ГП.,
L	on Form 990, Part X?				••			Yes I No
D	If "Yes," explain the arrangement in Part XIII a	and complete the fol	llowing ta	ible:			I	
_							-	Amount
C L	Beginning balance			• • • • • • • • • • • • • • • • • • • •			1c	
u	Additions during the year			•••••			1d	
	Distributions during the year						1e	
f	Ending balance						1f	
	Did the organization include an amount on Fo							
Par	If "Yes," explain the arrangement in Part XIII. TV Endowment Funds. Complete if	Check here if the ex	planation	nas been	provided in	Part XIII .	***********	
	Complete in							a book 4) Four yours book
1a	Registring of year balance	(a) Current year	ne (a)	or year	(c) Iwo yea	IS Dack (C) Timee year	s back (e) Four years back
b	Beginning of year balance Contributions							
	Net investment earnings, gains, and losses							
	Grants or scholarships							
	Other expenditures for facilities							
-	-							
4	and programs Administrative expenses							
g 2	End of year balance		- /!		\\			
a	Provide the estimated percentage of the curre Board designated or quasi-endowment		e (iine ig %	, column (a	a)) nelo as:			
	Permanent endowment							
	Temporarily restricted endowment							
·	The percentages in lines 2a, 2b, and 2c should							
3a	Are there endowment funds not in the posses		ntion that	are beid a	and administ	oraci for the	organizati	ion
00	by:	ssion of the organiza	ation that	are new a	iilu auminist	ered for the	organizan	Yes No
	(i) unrelated organizations							
	FTTA							
b	If "Yes" to 3a(ii), are the related organizations							
4	Describe in Part XIII the intended uses of the				****************			
Pai	t VI Land, Buildings, and Equipm	ent. See Form 990	. Part X. I	ine 10.	· · · · · · · · · · · · · · · · · · ·			
I	Description of property	(a) Cost or o			t or other	(c) Acc	umulated	(d) Book value
	e desired	basis (investr			(other)		eciation	, , ===================================
1a	Land	55,	846.			12 THE STATE OF TH		55,846.
	Buildings	••					66,033	
	Leasehold improvements	**						-
	Equipment		347.				90,932	8,415.
	Other		379.					12,379.
	. Add lines 1a through 1e. (Column (d) must ed		X, colum	n (B), line	10(c).))	→ 153,107.

	ESEARCH & INF		CENTER 23-7159949 Page 3
Part VII Investments - Other Securities. See			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of	f valuation: Cost or end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A) ENDOWMENT INVESTMENT			
(B) ACCOUNT	30,993.		
(C) INVESTMENT	54,375.	COST	
(D)			
(E)			
(F)			
(G)			
(H)			
(0)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	85,368.		
Part VIII Investments - Program Related. Se	e Form 990, Part X, line 1	3.	
(a) Description of investment type	(b) Book value	(c) Method of	f valuation: Cost or end-of-year market value
(1)			
(2)		<u> </u>	
(3)			
(4)			
		<u> </u>	
(5)			
(6)			
(7)			
(8)			
(9)			
(10)	· · · · · · · · · · · · · · · · · · ·	To the control for the property of the control of	
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		[17] [18] [18] [18] [18] [18] [18] [18] [18	與其實質的學術和自然的生態的自由性質的以下。
Part IX Other Assets. See Form 990, Part X, line			
	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)		
Part X Other Liabilities. See Form 990, Part X, ii			
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
(11)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line			
2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the tex	t of the footnote to the o	rganization's finan-	cial statements that reports the organization's

liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

	dule D (Form 990) 2012 SOUTHWEST RESEARCH & INFORM		CENTER	23-7	159949 r	age 4
Par	t XI Reconciliation of Revenue per Audited Financial Stateme	nts With	Revenue per R	eturn		
1	Total revenue, gains, and other support per audited financial statements		*************	1	915,4	141.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			100 MA		
а	Net unrealized gains on investments	2a				
b	Donated services and use of facilities	2b				
C	Recoveries of prior year grants	2c	-	-333		
d	Other (Describe in Part XIII.)	2d	54,729.			
е	Add lines 2a through 2d			2e	54,	729.
3	Subtract line 2e from line 1			3	860,	712.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			144 Aud 144 Aug		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)			1		
C	Add lines 4a and 4b			4c		0.
_5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	860,	712.
Pai	t XII Reconciliation of Expenses per Audited Financial Stateme	ents With	Expenses per	Retur	'n	
1	Total expenses and losses per audited financial statements			1	1,008,3	368.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			4.45	1120112	
а	Donated services and use of facilities	2a		7.77		
b	Prior year adjustments	2b				
С	Other losses	2c				
d	Other (Describe in Part XIII.)	2d	54,729.			
е	Add lines 2a through 2d			2e	54,	729.
3	Subtract line 2e from line 1			3	54, 953,	539.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		***************************************	W. Skiel		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
	Other (Describe in Part XIII.)					
	Add lines 4a and 4b			4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	****************	**********	5	953,0	539.
Par	t XIII Supplemental Information		***************************************	<u> </u>	,	
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III	l. lines 1a an	nd 4° Part IV lines 1	h and 2	b Part V line 4	Part
	2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to				.b, 1 att 7, 1110 4	, ,
·	,,,,	p. v	additional miorinal			
PAF	T XI, LINE 2D - OTHER ADJUSTMENTS:					
ADM	INISTRATIVE FEES					
DIF	ECT RENTAL EXPENSE					
FUN	D RAISING COSTS					
INT	ERNAL GRANT TRANSFER					
PAR	T XII, LINE 2D - OTHER ADJUSTMENTS:					

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

(i) Name and address of individual

or entity (fundraiser)

SCHEDULE G

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

▲ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

OMB No. 1545-0047

Open To Public Inspection

(vi) Amount paid

to (or retained by)

organization

Schedule G (Form 990 or 990-EZ) 2012

(v) Amount paid

to (or retained by)

fundraiser

listed in col. (i)

Name of the organization Employer identification number SOUTHWEST RESEARCH & INFORMATION CENTER 23-7159949 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not Part required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations e Solicitation of non-government grants Internet and email solicitations Solicitation of government grants Phone solicitations C Special fundraising events لًـ In person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ___ No _ Yes b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(ii) Activity

(iii) Did fundralser

have custody or control of contributions?

Yes No

(iv) Gross receipts

from activity

Total			•			
3 L	ist all states in which the organizatic r licensing.		tions or has t	peen notified it is exe	empt from registi	ration

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

	(Form 990 or 990-EZ) 2012	SOUTHWEST	RESEARCH	&	INFORMATIO	N CENTER	23-	7159949	Page 2		
Part II	Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000										
of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gr								ts greater than	\$5,000.		
			(a) Event #1		(b) Event #2	(c) Other ever	nts	(d) Total ev	ionte		
		ומים	ገውጥፒአፕሮ			ים דא רוא	ŀ	(d) Total 6	Verito		

		of fundraising event contributions and gre	oss income on Form 990	-EZ, lines 1 and 6b. List a	events with gross receip	ts greater than \$5,000.
			(a) Event #1 SPORTING	(b) Event #2	(c) Other events NONE	(d) Total events
			(GOLF & BANO	CONCERT	2,02,2	(add col. (a) through
ē			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	19,440.	15,486.		34,926.
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	19,440.	15,486.		34,926.
	4	Cash prizes				
S	5	Noncash prizes	· · · · · · · · · · · · · · · · · · ·			
xpense	6	Rent/facility costs	3,600.	3,964.		7,564.
Direct Expenses	7	Food and beverages	6,178.			6,178.
۵	8	Entertainment	500.	5,046.		5,546.
	9	Other direct expenses	<u> </u>	2,061.		2,877.
	10	Direct expense summary. Add lines 4 through	n 9 in column (d)			(22,165)
Pa	11		n (d), and line 10		<u></u>	12,761.
Pe	II L I	Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	answered "Yes" to Form	990, Part IV, line 19, or r	reported more than	
	<u> </u>	\$15,000 on Form 990-EZ, line 6a.	T	(b) Pull tabs/instant		(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
eve						
Œ	1	Gross revenue				
S	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
			Yes %	Yes %	└ Yes %	
	6	Volunteer labor	□ No	□ No	□ No	
	7	Direct expense summary. Add lines 2 through	h 5 in column (d)			()
	_					
	8	Net gaming income summary. Combine line	1, column d, and line 7			
9		iter the state(s) in which the organization opera the organization licensed to operate gaming ac		etaton?		Yes No
		"No," explain:		states!		
10a	We	ere any of the organization's gaming licenses r	evoked, suspended or te	erminated during the tax	year?	Yes No
ì	lf "	"Yes," explain:				
		·				

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Schedule G (Form 990 or 990-EZ) 2012

Schedule G (Form 990 or 990-EZ) 2012 SOUTHWEST RESEARCH & INFORMATION CENTER 23-7	159	949	Page 3
11 Does the organization operate gaming activities with nonmembers?			No
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed			
to administer charitable gaming?		Yes	☐ No
13 Indicate the percentage of gaming activity operated in:			
a The organization's facility	13a		%
b An outside facility	13b		%
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
Name			
Address ►			
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	□ No
b If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount			
of gaming revenue retained by the third party ▶\$			
c If "Yes," enter name and address of the third party:			
Name ▶			
Address ►			
16 Garning manager information:			
Name ►	······································		
Gaming manager compensation > \$			
Description of services provided >			
Director/officer Employee Independent contractor			
17 Mandatory distributions:			
a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
retain the state gaming license?	□	Yes	L∐ No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
organization's own exempt activities during the tax year > \$			
Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information			

OMB No. 1545-0047	Open to Public Inspection	Employer identification number 23 - 7159949	N N]	21, for any	(h) Purpose of grant or assistance	PROJECT SUPPORT					Schedule I (Form 990) (2012)								
		Employ	stance, and the selection	***************************************	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any	(g) Description of non-cash assistance	PROJEC					Scl								
[5, ‡≠s	irt IV, line 21 or 22.		ty for the grants or assi				nization answered "Yes	nization answered "Ye	anization answered "Ye	anization answered "Ye	ganization answered "Ye	ganization answered "Ye	rganization answered "Ye	(f) Method of valuation (book, FMV, appraisal, other)						
Grants and Other Assistance to Organizations, Governments, and Individuals in the United States	" to Form 990, Pa m 990.	e grantees' eligibilities Samplete if the orgoded.	(e) Amount of non-cash assistance	0																
	on answered "Yes" to For Attach to Form 990.	TON CENTER	s or assistance, the	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 criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	e United States. ((d) Amount of cash grant	37,117.													
	Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990.	I & INFORMATION	e amount of the grants		d Organizations in the object of the duplicated if additional and the duplicated if additional and the object of t	d Organizations in the	and Organizations in the	nd Organizations in the I	nd Organizations in the	(c) IRC section If applicable					rganizations listed in th	1 table tions for Form 990.				
	Сощр	SOUTHWEST RESEARCH	to substantiate th	ocedures for moni	Governments an	(b) EIN					and government or	s listed in the line s, see the Instruct								
			zation maintain records	criteria used to award the grants or assistance? Describe in Part IV the organization's procedure	d Other Assistance to	recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. 1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of (e) or government cash grant	ALLI NM 87105				Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	Enter total number of other organizations listed in the line 1 table								
SCHEDULE I (Form 990)	Department of the Treasury Internal Revenue Service	Name of the organization	1 Does the organia	2 Describe in Part	Part II Grants an	recipient t 1 (a) Name and a	KALPULI IZKALLI 1028 ANN SW ALBUOUEROUE, NM 8	i		and the state of t	2 Enter total numi	3 Enter total numb								

SOUTHWEST RESEARCH & INFORMATION CENTER

Page 2

23-7159949

Schedule I (Form 990) (2012)

Schedule I (Form 990) (2012) (f) Description of non-cash assistance Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. 0.BOOK-CASH AMOUNT PAID BUDGET ARE REVIEWED AND APPROVED BEFORE ANY FUNDS ARE DISBURSED. REPORTING SCOPE OF WORK AND FROM RECIPIENTS IS REVIEWED TO CONFIRM SCOPE OF WORK PERFORMED AND FUNDS (d) Amount of non-cash assistance LINE 2: SUBMITTED PROPOSED PROJECT. 6,073, (c) Amount of cash grant (b) Number of recipients 16 PAYMENT OF HOUSING, UTILITY COSTS AND TRAVEL EXPENSES FOR GYNECOLOGICAL CANCER PATIENTS. (a) Type of grant or assistance H PROPERLY EXPENDED PART SCHEDULE I, 232102 12-18-12 Part

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury

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

Attach to Form 990 or 990-EZ.

OMB No. 1545-0047 **2012**Open to Public Inspection

Inspection Internal Revenue Service Name of the organization Employer identification number 23-7159949 SOUTHWEST RESEARCH & INFORMATION CENTER 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 \$ 222. EXPENSES \$ 328,002. INCLUDING GRANTS OF \$ 47,357. REVENUE \$ 0. FORM 990, PART VI, SECTION A, LINE 8B: THERE IS NO COMMITTEE WITH AUTHORITY TO ACT FOR THE BOARD. FORM 990, PART VI, SECTION B, LINE 11: THE TREASURER ON BEHALF OF THE BOARD REVIEWS FORM 990 BEFORE FILING. FORM 990, PART VI, SECTION B, LINE 12C: MONITOR AND ENFORCE THROUGH DISCLOSURE AND BOARD DISCUSSION. FORM 990, PART VI, SECTION B, LINE 15A: COMPENSATION SET BY BOARD, WITH THEREFORE NO OUTSIDE PARTIES SALARY LEVEL BELOW USUAL AND CUSTOMARY LEVELS, CONSULTED. FORM 990, PART VI, SECTION C, LINE 19: UPON REQUEST FORM 990, PART IX, LINE 11G, OTHER FEES:

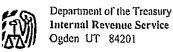
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Schedule O (Form 990 or 990-EZ) (2012)

SEE SCHEDULE O:

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

TE 3



For assistance, call: 1-877-829-5500 FAX 801-620-5670

Notice Number: CP211A Date: September 16, 2013

Taxpayer Identification Number:

23-7159949 Tax Form: 990

Tax Period: December 31, 2012

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SOUTHWEST RESEARCH AND INFORMATION CENTER PO BOX 4524 **ALBUQUERQUE** NM 87196-4524

3693

APPLICATION FOR EXTENSION OF TIME TO FILE AN EXEMPT ORGANIZATION RETURN - APPROVED

We received and approved your Form 8868, Application for Extension of Time to File an Exempt Organization Return, for the return (form) and tax period identified above. Your extended due date to file your return is November 15, 2013.

When it's time to file your Form 990, 990-EZ, 990-PF or 1120-POL, you should consider filing electronically. Electronic filing is the fastest, easiest and most accurate way to file your return. For more information, visit the Charities and Nonprofit web at www.irs.gov/eo. This site will provide information about:

- The type of returns that can be filed electronically,
- approved e-File providers, and
- if you are required to file electronically.

If you have any questions, please call us at the number shown above, or you may write us at the address shown at the top of this letter.