

Form 990-T

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

OMB No. 1545-0687

For calendar year 2013 or other tax year beginning , and ending

2013

Department of the Treasury Internal Revenue Service

Information about Form 990-T and its instructions is available at www.irs.gov/form990. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

Form header section including: A Check box if address changed; B Exempt under section 501(c)(3); C Book value of all assets at end of year 517,953; F Group exemption number; G Check organization type 501(c) corporation; H Describe the organization's primary unrelated business activity PHOTOCOPIES; I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? No; J The books are in care of DON HANCOCK Telephone number 505-262-1862

Part I Unrelated Trade or Business Income table header with columns (A) Income, (B) Expenses, (C) Net

Table with 13 rows for Part I Unrelated Trade or Business Income. Line 1a Gross receipts or sales 123. Line 1c Balance 123. Line 3 Gross profit 123. Line 13 Total 123.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)

Table with 34 rows for Part II Deductions Not Taken Elsewhere. Line 29 Total deductions 0. Line 30 Unrelated business taxable income before net operating loss deduction 123. Line 31 Net operating loss deduction 123. Line 33 Specific deduction 1,000. Line 34 Unrelated business taxable income 0.

COPY

Part III Tax Computation

**35 Organizations Taxable as Corporations.** See instructions for tax computation.  
 Controlled group members (sections 1561 and 1563) check here  See instructions and:  
 a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):  
 (1) \$ \_\_\_\_\_ (2) \$ \_\_\_\_\_ (3) \$ \_\_\_\_\_  
 b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ \_\_\_\_\_  
 (2) Additional 3% tax (not more than \$100,000) \$ \_\_\_\_\_  
 c Income tax on the amount on line 34 **35c** 0.

**36 Trusts Taxable at Trust Rates.** See instructions for tax computation. Income tax on the amount on line 34 from:  
 Tax rate schedule or  Schedule D (Form 1041) **36**

**37 Proxy tax.** See instructions **37**

**38 Alternative minimum tax** **38**

**39 Total.** Add lines 37 and 38 to line 35c or 36, whichever applies **39** 0.

Part IV Tax and Payments

**40a** Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) **40a**

**40b** Other credits (see instructions) **40b**

**40c** General business credit. Attach Form 3800 **40c**

**40d** Credit for prior year minimum tax (attach Form 8801 or 8827) **40d**

**40e** Total credits. Add lines 40a through 40d **40e**

**41** Subtract line 40e from line 39 **41** 0.

**42** Other taxes. Check if from:  Form 4255  Form 8611  Form 8697  Form 8866  Other (attach schedule) **42**

**43** Total tax. Add lines 41 and 42 **43** 0.

**44a** Payments: A 2012 overpayment credited to 2013 **44a**

**44b** 2013 estimated tax payments **44b**

**44c** Tax deposited with Form 8868 **44c**

**44d** Foreign organizations: Tax paid or withheld at source (see instructions) **44d**

**44e** Backup withholding (see instructions) **44e**

**44f** Credit for small employer health insurance premiums (Attach Form 8941) **44f** 2,794.

**44g** Other credits and payments:  Form 2439  Form 4136  Other \_\_\_\_\_ Total **44g**

**45** Total payments. Add lines 44a through 44g **45** 2,794.

**46** Estimated tax penalty (see instructions). Check if Form 2220 is attached  **46**

**47** Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed **47**

**48** Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid **48** 2,794.

**49** Enter the amount of line 48 you want: Credited to 2014 estimated tax  Refunded  **49** 2,794.

Part V Statements Regarding Certain Activities and Other Information (see instructions)

**1** At any time during the 2013 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here \_\_\_\_\_ **Yes** **No** X

**2** During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file. \_\_\_\_\_ **Yes** **No** X

**3** Enter the amount of tax-exempt interest received or accrued during the tax year **\$** \_\_\_\_\_ **Yes** **No**

Schedule A - Cost of Goods Sold. Enter method of inventory valuation  N/A

<b>1</b> Inventory at beginning of year	<b>1</b>	<b>6</b> Inventory at end of year	<b>6</b>
<b>2</b> Purchases	<b>2</b>	<b>7</b> Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	<b>7</b>
<b>3</b> Cost of labor	<b>3</b>	<b>8</b> Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	<b>Yes</b> <b>No</b>
<b>4a</b> Additional section 263A costs (att. schedule)	<b>4a</b>		
<b>4b</b> Other costs (attach schedule)	<b>4b</b>		
<b>5</b> Total. Add lines 1 through 4b	<b>5</b>		

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 taxpayer) is based on all information of which preparer has any knowledge.

**Sign Here** Signature of officer \_\_\_\_\_ Date 9/2/14 Title ADMINISTRATOR

May the IRS discuss this return with the preparer shown below (see instructions)?  Yes  No

**Paid Preparer Use Only**

Print/Type preparer's name \_\_\_\_\_ Preparer's signature \_\_\_\_\_ Date \_\_\_\_\_ Check  if self-employed PTIN P00028605

Firm's name **LAWRENCE TAUB COUNSELLOR AT LAW PC** Firm's EIN **85-0352005**

Firm's address **1000 CORDOVA PL., STE 618 SANTA FE, NM 87505-1725** Phone no. \_\_\_\_\_

1. Description of property

Table with 4 rows for property description (1-4).

Table for Rent received or accrued with columns (a) and (b) and a total row.

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) 0. (b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) ... 0.

Schedule E - Unrelated Debt-Financed Income (see instructions)

Table for Unrelated Debt-Financed Income with columns 1-4 and 3(a), 3(b).

Table for Unrelated Debt-Financed Income with columns 4-8.

Totals ... 0. 0. Total dividends-received deductions included in column 8 ... 0.

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

Table for Controlled Organizations with columns 1-6.

Table for Nonexempt Controlled Organizations with columns 7-11.

Totals ... 0. 0. Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A). Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization

(see instructions)

Table with 5 columns: 1. Description of Income, 2. Amount of Income, 3. Deductions directly connected, 4. Set-asides, 5. Total deductions and set-asides. Totals row shows 0.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income

(see instructions)

Table with 7 columns: 1. Description of exploited activity, 2. Gross unrelated business income, 3. Expenses directly connected, 4. Net income (loss), 5. Gross income from activity, 6. Expenses attributable, 7. Excess exempt expenses. Totals row shows 0.

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

Table with 7 columns: 1. Name of periodical, 2. Gross advertising income, 3. Direct advertising costs, 4. Advertising gain or (loss), 5. Circulation income, 6. Readership costs, 7. Excess readership costs. Totals row shows 0.

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

Table with 7 columns: 1. Name of periodical, 2. Gross advertising income, 3. Direct advertising costs, 4. Advertising gain or (loss), 5. Circulation income, 6. Readership costs, 7. Excess readership costs. Totals from Part I and Totals, Part II rows show 0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

Table with 4 columns: 1. Name, 2. Title, 3. Percent of time devoted to business, 4. Compensation attributable to unrelated business. Total row shows 0.

Department of the Treasury  
Internal Revenue Service

► Attach to your tax return.

► Information about Form 8941 and its separate instructions is at [www.irs.gov/form8941](http://www.irs.gov/form8941).

Attachment  
Sequence No. **63**

Name(s) shown on return

Identifying number

**Southwest Research and Information Center**

**23-7159949**

**Caution.** See the instructions and complete Worksheets 1 through 7 as needed.

<b>1a</b>	Enter the number of individuals you employed during the tax year who are considered employees for purposes of this credit (total from Worksheet 1, column (a)) . . . . .	<b>1a</b>	<b>10</b>
<b>b</b>	Enter the employer identification number (EIN) used to report employment taxes for individuals included on line 1a if different from the identifying number listed above . . . . .	<b>1b</b>	
<b>2</b>	Enter the number of full-time equivalent employees (FTEs) you had for the tax year (from Worksheet 2, line 3). If you entered 25 or more, skip lines 3 through 11 and enter -0- on line 12	<b>2</b>	<b>9</b>
<b>3</b>	Average annual wages you paid for the tax year (from Worksheet 3, line 3). If you entered \$50,000 or more, skip lines 4 through 11 and enter -0- on line 12 . . . . .	<b>3</b>	<b>40092</b>
<b>4</b>	Premiums you paid during the tax year for employees included on line 1a for health insurance coverage under a qualifying arrangement (total from Worksheet 4, column (b)) . . . . .	<b>4</b>	<b>27943</b>
<b>5</b>	Premiums you would have entered on line 4 if the total premium for each employee equaled the average premium for the small group market in which you offered health insurance coverage (total from Worksheet 4, column (c)) . . . . .	<b>5</b>	<b>33291</b>
<b>6</b>	Enter the <b>smaller</b> of line 4 or line 5 . . . . .	<b>6</b>	<b>27943</b>
<b>7</b>	Multiply line 6 by the applicable percentage: • Tax-exempt small employers, multiply line 6 by 25% (.25) • All other small employers, multiply line 6 by 35% (.35) . . . . .	<b>7</b>	<b>6986</b>
<b>8</b>	If line 2 is 10 or less, enter the amount from line 7. Otherwise, enter the amount from Worksheet 5, line 6 . . . . .	<b>8</b>	<b>6986</b>
<b>9</b>	If line 3 is \$25,000 or less, enter the amount from line 8. Otherwise, enter the amount from Worksheet 6, line 7 . . . . .	<b>9</b>	<b>2794</b>
<b>10</b>	Enter the total amount of any state premium subsidies paid and any state tax credits available to you for premiums included on line 4 (see instructions) . . . . .	<b>10</b>	<b>0</b>
<b>11</b>	Subtract line 10 from line 4. If zero or less, enter -0- . . . . .	<b>11</b>	<b>27943</b>
<b>12</b>	Enter the <b>smaller</b> of line 9 or line 11 . . . . .	<b>12</b>	<b>2794</b>
<b>13</b>	If line 12 is zero, skip lines 13 and 14 and go to line 15. Otherwise, enter the number of employees included on line 1a for whom you paid premiums during the tax year for health insurance coverage under a qualifying arrangement (total from Worksheet 4, column (a)) . . .	<b>13</b>	<b>4</b>
<b>14</b>	Enter the number of FTEs you would have entered on line 2 if you only included employees included on line 13 (from Worksheet 7, line 3) . . . . .	<b>14</b>	<b>3</b>
<b>15</b>	Credit for small employer health insurance premiums from partnerships, S corporations, cooperatives, estates, and trusts (see instructions) . . . . .	<b>15</b>	<b>0</b>
<b>16</b>	Add lines 12 and 15. Cooperatives, estates, and trusts, go to line 17. Tax-exempt small employers, skip lines 17 and 18 and go to line 19. Partnerships and S corporations, stop here and report this amount on Schedule K. All others, stop here and report this amount on Form 3800, line 4h . . . . .	<b>16</b>	<b>2794</b>
<b>17</b>	Amount allocated to patrons of the cooperative or beneficiaries of the estate or trust (see instructions) . . . . .	<b>17</b>	
<b>18</b>	Cooperatives, estates, and trusts, subtract line 17 from line 16. Stop here and report this amount on Form 3800, line 4h . . . . .	<b>18</b>	
<b>19</b>	Enter the amount you paid in 2013 for taxes considered payroll taxes for purposes of this credit (see instructions) . . . . .	<b>19</b>	<b>41289</b>
<b>20</b>	Tax-exempt small employers, enter the <b>smaller</b> of line 16 or line 19 here and on Form 990-T, line 44f . . . . .	<b>20</b>	<b>2794</b>

SOUTHWEST RESEARCH & INFORMATION CENTER  
EID #23-7159949

FORM 990T / FYE 31 DECEMBER 2013

Page 1, Part II, Line 31, Net Operating Loss Carryforward:

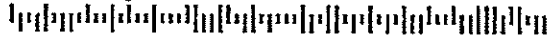
2011 Net Operating Loss Carryforward	\$14,122
2012 Income	<u>(122)</u>
Net Operating Loss Carryforward to 2013	\$14,000
2013 Income	<u>(123)</u>
Net Operating Loss Carryforward to 2014	\$13,877



Department of Treasury  
Internal Revenue Service  
Ogden UT 84201

Notice	CP211A
Tax period	December 31, 2013
Notice date	May 19, 2014
Employer ID number	23-7159949
To contact us	Phone 1-877-829-5500 FAX 801-620-5670

096250.294283.58035.4793 1 AT 0.406 373



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CENTER  
PO BOX 4524  
ALBUQUERQUE NM 87196-4524

Page 1 of 1



96250

Important information about your December 31, 2013 Form 990T

## We approved your Form 8868, Application for Extension of Time To File an Exempt Organization Return

We approved the Form 8868 for your  
December 31, 2013 Form 990T.  
Your new due date is November 15, 2014.

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### What you need to do

File your December 31, 2013 Form 990T by November 15, 2014. We encourage you to use electronic filing—the fastest and easiest way to file.

Visit [www.irs.gov/charities](http://www.irs.gov/charities) to learn about approved e-File providers, what types of returns can be filed electronically, and whether you are required to file electronically.

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### Additional information

- Visit [www.irs.gov/cp211a](http://www.irs.gov/cp211a).
- For tax forms, instructions, and publications, visit [www.irs.gov](http://www.irs.gov) or call 1-800-TAX-FORM (1-800-829-3676).
- Keep this notice for your records.

If you need assistance, please don't hesitate to contact us.