See a Social Security Number? Say Something!
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Form 990-T
Department of the Treasury
Internal Revenue Service

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

For calendar year 2012 or other tax year beginning OCT 1, 2012 and ending SEP 30, 2013

Name of organization ( I Check box if name changed and see instructions.)

LOVELACE RESPIRATORY RESEARCH INSTITUTE

Number, street, and room or suite no. If a P.O. box, see instructions.

2425 RIDGECREST DRIVE SE

City or town, state, and ZIP code

ALBUQUERQUE, NM 87108 531390

Print or Type

B Exempt under section

X 501(c) 3

408(a)

408A

530(a)

529(a)

Print or Type

C Book value of all assets at end of year

127405466.

Print or Type

D Employee identification number (Employees' trust see instructions)

85-0110669

Print or Type

E Unrelated business activity codes (See instructions)

Print or Type

F Group exemption number (see instructions)

G Check organization type

X 501(c) corporation

\[\Box\] 501(c) trust

\[\Box\] 401(a) trust

\[\Box\] Other trust

Print or Type

H Describe the organization's primary unrelated business activity.

SEE STATEMENT 1

Print or Type

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?

\[\Box\] Yes

\[X\] No

Print or Type

J The books are in care of

SHANNON TOMA, CFO

Telephone number

505-348-9389

Print or Type

Part I Unrelated Trade or Business Income

\[\Box\] Income

(A) Income

(B) Expenses

(C) Net

\[\Box\] Income

1a Gross receipts or sales

b Less returns and allowances

c Balance

2 Cost of goods sold (Schedule A, line 7)

3 Gross profit. Subtract line 2 from line 1c

4a Capital gain net income (attach Schedule D)

b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)

c Capital loss deduction for trusts

5 Income (loss) from partnerships and S corporations (attach statement)

6 Rent income (Schedule C)

7 Unrelated debt-financed income (Schedule E)

8 Interest, annuities, royalties, and rents from controlled organizations (Sch. F)

9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)

10 Exploited exempt activity income (Schedule I)

11 Advertising income (Schedule J)

12 Other income (see instructions; attach statement)

13 Total. Combine lines 3 through 12

Print or Type

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)

14 Compensation of officers, directors, and trustees (Schedule K)

15 Salaries and wages

16 Repairs and maintenance

17 Bad debts

18 Interest (attach statement)

19 Taxes and licenses

20 Charitable contributions (see instructions for limitations rules)

21 Depreciation (attach Form 4562)

22 Less depreciation claimed on Schedule A and elsewhere on return

22a Depletion

23 Contributions to deferred compensation plans

24 Employee benefit programs

25 Excess exempt expenses (Schedule I)

26 Excess readership costs (Schedule J)

27 Other deductions (attach statement)

28 Total deductions. Add lines 14 through 28

29 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13

30 Net operating loss deduction (limited to the amount on line 30)

31 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30

32 Specific deduction (generally $1,000, but see instructions for exceptions)

33 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32

Print or Type

13570814 146892 618006 2012.05090 LOVELACE RESPIRATORY RESE 618006 21

Form 990-T (2012)

LHA For Paperwork Reduction Act Notice, see instructions.
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)
      $  
   (c) Additional 3% tax (not more than $100,000)
      $  
   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 0 .

37 Proxy tax (see instructions) □ 37 0 .

38 Alternative minimum tax □ 38 0 .

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 □
   b Other credits (see instructions) 40b □
   c General business credit, Attach Form 3800 40c □
   d Credit for prior year minimum tax (attach Form 8801 or 8827) 40d □
   e 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 statement) □ 42 0 .

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

44 a Payments: A 2011 overpayment credited to 2012
   b 2012 estimated tax payments 44a □
   c Tax deposited with Form 8868 44b □
   d Foreign organizations: Tax paid or withheld at source (see instructions) 44c □
   e Backup withholding (see instructions) 44d □
   f Credit for small employer health insurance premiums (Attach Form 8941) 44e □
   g Other credits and payments:
      □ Form 4136 □ Form 2439 □ Other (attach statement) □ 44g 0 .

45 Total payments. Add lines 44a through 44g □ 45 0 .

46 Estimated tax penalty (see instructions). Check if Form 2220 is attached □ 46 0 .

47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed □ 47 0 .

48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid □ 48 0 .

49 Enter the amount of line 48 you want credited to 2013 estimated tax □ Refunded □ 49 0 .

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

1 At any time during the 2012 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 □ 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? □ X
3 Enter the amount of tax-exempt interest received or accrued during the tax year □ $ 0 .

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

1 Inventory at beginning of year 1 □ 6 Inventory at end of year 6 □
2 Purchases 2 □ 7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2 □ 7
3 Cost of labor 3 □
4 Additional section 263A costs (see statement):
   a Additions to line 1 through 4b 4a □
   b Other costs (attach statement) 4b □
4 Total. Add lines 1 through 4b □ 5 the organization?
   Yes □ No □

Sign Here

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. A Declaration of preparer other than a spouse (see instructions) is based on all information of which preparer has any knowledge. May the IRS discuss this return with the preparer shown below (see instructions)? □ Yes □ No

Paid Preparer Use Only

Print/Type preparer's name □ PAMELA ALEXANDERSON □ 8.14.14
Preparer's signature □ Pamela Alexander □
Preparer's EIN □ 93-01218925
Preparer's address □ 6565 AMERICAS PARKWAY NE STE 600
Preparer's telephone number □ 505-878-7200

Chief Financial Officer

Date

Title

Phone number 505-878-7200

Form 990-T (2012)
### Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)

<table>
<thead>
<tr>
<th>Description of property</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
</tr>
<tr>
<td>(2)</td>
</tr>
<tr>
<td>(3)</td>
</tr>
<tr>
<td>(4)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Rent received or accrued</th>
<th>Deductions directly connected with the income in columns 3(a) and 3(b) (attach statement)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)</td>
<td></td>
</tr>
<tr>
<td>(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or the rent is based on profit or income)</td>
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<tr>
<td>(1)</td>
<td>0.</td>
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<td>(2)</td>
<td>0.</td>
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<tr>
<td>(3)</td>
<td>0.</td>
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<tr>
<td>(4)</td>
<td>0.</td>
</tr>
</tbody>
</table>

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

### Schedule E - Unrelated Debt-Financed Income

<table>
<thead>
<tr>
<th>Description of debt-financed property</th>
<th>Gross income from or allocable to debt-financed property</th>
<th>Deductions directly connected with or allocable to debt-financed property</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
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<td>(4)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Amount of average acquisition debt on or allocable to debt-financed property (attach statement)</th>
<th>Average adjusted basis of or allocable to debt-financed property (attach statement)</th>
<th>Column 4 divided by column 5</th>
<th>Gross income reportable (column 2 x column 6)</th>
<th>Allocable deductions (column 8 x total of columns 3(a) and 3(b))</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
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</tr>
</tbody>
</table>

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

### Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations

<table>
<thead>
<tr>
<th>Name of controlled organization</th>
<th>Exempt Controlled Organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) LOVELACE</td>
<td></td>
</tr>
<tr>
<td>(2) SCIENTIFIC</td>
<td></td>
</tr>
<tr>
<td>(3) RESOURCES, INC. 85-0357767</td>
<td></td>
</tr>
<tr>
<td>(4)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Nonexempt Controlled Organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>7. Taxable income</td>
</tr>
<tr>
<td>9. Total of specified payments made</td>
</tr>
<tr>
<td>11. Deductions directly connected with income in column 10</td>
</tr>
<tr>
<td>(1)</td>
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<tr>
<td>(2)</td>
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<td>(3)</td>
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<td>(4)</td>
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</tbody>
</table>

**Totals 0.**

Form 990-T (2012) 13570814 146892 618006 2012.05090 LOVELACE RESPIRATORY RESEARCH 618006_1
Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization
(see instructions)

<table>
<thead>
<tr>
<th></th>
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Totals: 0

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income
(see instructions)

<table>
<thead>
<tr>
<th></th>
<th>1. Description of exploited activity</th>
<th>2. Gross unrelated business income from trade or business</th>
<th>3. Expenses directly connected with production of unrelated business income</th>
<th>4. Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7</th>
<th>5. Gross income from activity that is not unrelated business income</th>
<th>6. Expenses attributable to column 5</th>
<th>7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)</th>
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</thead>
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<td>(1)</td>
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</tbody>
</table>

Enter here and on page 1, Part I, line 9, column (A)
Enter here and on page 1, Part I, line 9, column (B)
Enter here and on page 1, Part I, line 26

Totals: 0

Schedule J - Advertising Income (see instructions)

Part I: Income From Periodicals Reported on a Consolidated Basis

<table>
<thead>
<tr>
<th></th>
<th>1. Name of periodical</th>
<th>2. Gross advertising income</th>
<th>3. Direct advertising costs</th>
<th>4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7</th>
<th>5. Circulation income</th>
<th>6. Readership costs</th>
<th>7. Excess readership costs (column 6 minus column 5, but not more than column 4)</th>
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</thead>
<tbody>
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</tbody>
</table>

Totals (carry to Part II, line (5)): 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>
<thead>
<tr>
<th></th>
<th>1. Name of periodical</th>
<th>2. Gross advertising income</th>
<th>3. Direct advertising costs</th>
<th>4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7</th>
<th>5. Circulation income</th>
<th>6. Readership costs</th>
<th>7. Excess readership costs (column 6 minus column 5, but not more than column 4)</th>
</tr>
</thead>
<tbody>
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</tr>
</tbody>
</table>

Totals from Part I: 0

Enter here and on page 1, Part I, line 11, col (A)
Enter here and on page 1, Part I, line 11, col (B)
Enter here and on page 1, Part II, line 27

Totals, Part II (lines 1-5): 0

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

<table>
<thead>
<tr>
<th></th>
<th>1. Name</th>
<th>2. Title</th>
<th>3. Percent of time devoted to business</th>
<th>4. Compensation attributable to unrelated business</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td></td>
<td></td>
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</tbody>
</table>

Total: Enter here and on page 1, Part II, line 14

0
RENT RECEIVED FROM NON EXEMPT CONTROLLED CORPORATION

TO FORM 990-T, PAGE 1

<table>
<thead>
<tr>
<th>TAX YEAR</th>
<th>LOSS SUSTAINED</th>
<th>LOSS PREVIOUSLY APPLIED</th>
<th>LOSS REMAINING</th>
<th>AVAILABLE THIS YEAR</th>
</tr>
</thead>
<tbody>
<tr>
<td>09/30/09</td>
<td>9,736.</td>
<td>9,593.</td>
<td>143.</td>
<td>143.</td>
</tr>
</tbody>
</table>

NOL CARRYOVER AVAILABLE THIS YEAR

|          |               |                       | 143.           | 143.              |

STATEMENT(S) 1, 2
Application for Extension of Time To File an Exempt Organization Return

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file): You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Part I  Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only. All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

LOVELACE RESPIRATORY RESEARCH INSTITUTE

2425 RIDGECREST DRIVE SE
ALBUQUERQUE, NM 87108

Employer identification number (EIN) or Social security number (SSN)
85-0110669

City, town or post office, state, and ZIP code. For a foreign address, see instructions.

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is for: Return Code Application Is for: Return Code
Form 990 or Form 990-EZ 01 Form 990-T (corporation) 07
Form 990-BL 02 Form 1041-A 08
Form 4720 (individual) 03 Form 4720 09
Form 990-PF 04 Form 5227 10
Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11
Form 990-T (trust other than above) 06 Form 8870 12

SHANNON TOMA, CFO

Telephone No. 505-348-9389 FAX No.

If the organization does not have an office or place of business in the United States, check this box 

If this is for a Group Return, enter the organization’s four digit Group Exemption Number (GEN) _______ . If this is for the whole group, check this box 

1 I request an automatic 3-month extension of time until AUGUST 15, 2014 , to file the exempt organization return for the organization named above. The extension is for the organization’s return for:

[ ] calendar year or
[ ] tax year beginning OCT 1, 2012 , and ending SEP 30, 2013 .

2 If the tax year entered in line 1 is for less than 12 months, check reason: [ ] Initial return [ ] Final return

[ ] Change in accounting period

3a If this application is for Form 990-BL, 990-PF. 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.

3a $ 0

b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.

3b $ 0

c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.

3c $ 0

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2013)