

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2020

Department of the Treasury
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the **2020** calendar year, or tax year beginning **JUL 1, 2020** and ending **JUN 30, 2021**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization SOUTHWEST HUMAN DEVELOPMENT		D Employer identification number 86-0407179
	Doing business as		E Telephone number 602-266-5976
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	2850 NORTH 24TH STREET		G Gross receipts \$ 86,439,879.
City or town, state or province, country, and ZIP or foreign postal code PHOENIX, AZ 85008		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
F Name and address of principal officer: GINGER WARD SAME AS C ABOVE		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		If "No," attach a list. See instructions	
J Website: WWW.SWHD.ORG		H(c) Group exemption number	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 1981	M State of legal domicile: AZ

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: STRENGTHENING THE FOUNDATION ARIZONA'S CHILDREN NEED FOR A GREAT START IN LIFE.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	21
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	21
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	1084
	6 Total number of volunteers (estimate if necessary)	6	1328
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	63,739,112.	83,193,401.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,712,557.	3,031,397.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	83,148.	2,456.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	228,789.	162,071.
		67,763,606.	86,389,325.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	453,843.	196,017.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	50,606,188.	49,841,172.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25)	533,837.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	14,291,715.	13,978,424.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	65,351,746.	64,015,613.	
19 Revenue less expenses. Subtract line 18 from line 12	2,411,860.	22,373,712.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	32,986,620.	56,108,335.
	22 Net assets or fund balances. Subtract line 21 from line 20	7,846,333.	7,621,975.
	25,140,287.	48,486,360.	

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer		Date		
	JEANETTE RAMOS, CHIEF FINANCIAL OFFICER Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name MELISSA HANGSLEBEN	Preparer's signature MELISSA HANGSLEBEN	Date 11/10/21	Check if self-employed <input type="checkbox"/>	PTIN P02087031
	Firm's name CLIFTONLARSONALLEN LLP	Firm's EIN 41-0746749	Phone no. (602) 266-2248		
Firm's address 20 EAST THOMAS ROAD, SUITE 2300 PHOENIX, AZ 85012					

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: SOUTHWEST HUMAN DEVELOPMENT STRENGTHENS THE FOUNDATION ARIZONA'S CHILDREN NEED FOR A GREAT START IN LIFE.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 19,494,030. including grants of \$ 0.) (Revenue \$ 64,571.) HEAD START AND PROFESSIONAL DEVELOPMENT INSTITUTE: IMAGINE THE POSSIBILITIES IF EVERY ARIZONA CHILD STARTED OUT WITH THE SUPPORT THEY NEED TO SUCCEED IN LIFE. SWHD'S HEAD START, EARLY HEAD START AND EARLY HEAD START - CHILD CARE PARTNERSHIPS SEEK TO ENSURE THAT EVERY ARIZONA CHILD HAS THE SAME CHANCE AT SUCCESS. THEY GIVE CHILDREN FROM BIRTH THROUGH 5 YEARS OLD AND THEIR FAMILIES THE FOUNDATION THEY NEED TO FLOURISH. WE HAVE 22 HEAD START AND EARLY HEAD START SITES THROUGHOUT THE PHOENIX AREA AND SERVED 1,699 CHILDREN. BY WORKING CLOSELY WITH CHILDREN AS WELL AS THEIR PARENTS AND EDUCATORS, HEAD START SEEKS TO ENCOURAGE THE GROWTH AND DEVELOPMENT OF TODAY'S YOUTH BY OFFERING GUIDANCE, EDUCATION AND SUPPORT IN THE FOLLOWING AREAS: 1) EARLY LEARNING HEAD START'S EARLY LEARNING EFFORTS HELP CHILDREN WITH OR

4b (Code:) (Expenses \$ 16,536,769. including grants of \$ 23,700.) (Revenue \$ 717,932.) FAMILY SUPPORT SERVICES (FSS) AND CHILD WELFARE: SOUTHWEST HUMAN DEVELOPMENT OFFERS AN ARRAY OF EDUCATION AND SUPPORT SERVICES FOR FAMILIES TO HELP PARENTS AND CAREGIVERS AS THEY RAISE THEIR CHILDREN. WE BELIEVE THAT ALL CAREGIVERS HAVE THE DESIRE TO IMPROVE THEIR PARENTING SKILLS, WHILE PROMOTING POSITIVE PARENT-CHILD INTERACTIONS, ENHANCING THEIR CHILD'S HEALTH AND DEVELOPMENT, AND INCREASING THEIR FAMILY'S ECONOMIC WELL-BEING. OUR PROGRAMS INCLUDES: KINSHIP CARE AND ADOPTIONS, FOSTER CARE AND ADOPTION, HEALTHY FAMILIES, IN HOME SERVICES, ACASI (ARIZONA CHILD AND ADOLESCENT SURVIVOR INITIATIVE), BUILDING RESILIENT FAMILIES, NEW BEGINNING PROGRAM, PARENT PARTNERS PLUS, SUPERVISED PARENTING TIME, CARING PROGRAM, FAMILY PRESERVATION, FAMILY REUNIFICATION AND STABILIZATION, DIRECT SUPPORT SERVICES AND

4c (Code:) (Expenses \$ 9,720,287. including grants of \$ 0.) (Revenue \$ 439,715.) PROFESSIONAL DEVELOPMENT AND TRAINING OPPORTUNITIES: SOUTHWEST HUMAN DEVELOPMENT OFFERS NATIONALLY RECOGNIZED EDUCATION AND TRAINING PROGRAMS TO PROFESSIONALS AND ORGANIZATIONS WORKING WITH YOUNG CHILDREN ACROSS ARIZONA, THE U.S. AND INTERNATIONALLY. THE AGENCY IS COMMITTED TO TRAINING THAT IS INTERACTIVE AND APPLICABLE TO EVERYDAY WORK WITH CHILDREN AND FAMILIES. KEY ELEMENTS INCLUDE GROUP PARTICIPATION, DISCUSSION OF REAL-LIFE PROBLEMS AND IMPLEMENTATION OF IDEAS LEARNED DURING THE TRAINING EXPERIENCE. OUR PROGRAMS INCLUDES: EARLY CHILDHOOD PROFESSIONAL DEVELOPMENT AND TRAINING, EXPULSION PREVENTION TRAINING, LANGUAGE AND LITERACY COMMUNITIES, QUALITY FIRST ASSESSMENT, QUALITY FIRST COACHING, RAISING A READER, AND REACH OUT AND READ. DURING FISCAL YEAR 2021, WE SERVED 5,810 PROFESSIONALS. OUR EARLY LITERACY PROGRAMS

4d Other program services (Describe on Schedule O.) (Expenses \$ 9,834,678. including grants of \$ 172,317.) (Revenue \$ 1,809,179.)

4e Total program service expenses 55,585,764.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
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? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
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, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	X	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax returns, business income, foreign accounts, prohibited transactions, and charitable contributions.

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 on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (voting members), 1b (independent members), 2-7a (governing body relationships and structure), 7b (governance decisions), 8 (documentation), and 9 (unreachable officers).

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include 10a-10b (local chapters/policies), 11a-11b (Form 990 distribution), 12a-12c (conflict of interest policy), 13 (whistleblower policy), 14 (document retention), 15 (compensation review), and 16a-16b (joint ventures).

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NONE
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection.
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) GINGER WARD CEO	50.00 2.00			X			190,594.	0.	13,797.	
(2) MINDY ZAPATA DIRECTOR HEAD START	50.00 0.00				X		166,291.	0.	12,759.	
(3) ALAN TAYLOR VP, PROFESSIONAL DEVELOPMENT	50.00 0.00					X	137,345.	0.	21,031.	
(4) JEANETTE RAMOS CFO	50.00 1.00			X			140,193.	0.	13,788.	
(5) ANNETTE FINDLAY CIO	50.00 0.00					X	140,437.	0.	11,120.	
(6) ALISON STEIER CO-DIRECTOR, MENTAL HEALTH	50.00 0.00					X	137,365.	0.	13,834.	
(7) DOUGLAS ALBRECHT CO-DIRECTOR, MENTAL HEALTH	50.00 0.00					X	132,499.	0.	18,695.	
(8) JAKE ADAMS CDO	50.00 0.00					X	136,829.	0.	5,291.	
(9) STEFANIE LAYTON BOARD CHAIR	5.00 0.00	X		X			0.	0.	0.	
(10) JULIE SHAW BOARD VICE CHAIR	2.00 0.00	X		X			0.	0.	0.	
(11) MARK ANDERSON TREASURER	2.00 0.00	X		X			0.	0.	0.	
(12) BEN GOETTER SECRETARY	1.00 0.00	X		X			0.	0.	0.	
(13) CATHY VALENZUELA PAST SECRETARY (RESIGNED 09/20)	1.00 0.00	X		X			0.	0.	0.	
(14) CHRIS THOMAS MEMBER	1.00 1.00	X					0.	0.	0.	
(15) TINA GOUNDER MEMBER	1.00 0.00	X					0.	0.	0.	
(16) HEIDI BALDWIN MEMBER	1.00 0.00	X					0.	0.	0.	
(17) JOHN BALITIS MEMBER	1.00 0.00	X					0.	0.	0.	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) KAREN MCGEE MEMBER	1.00 0.00	X						0.	0.	0.
(19) JAMES VAN STEENHUYSE MEMBER	1.00 0.00	X						0.	0.	0.
(20) SARAH KRAHENBUHL MEMBER	1.00 1.00	X						0.	0.	0.
(21) KAREN RAMOS MEMBER	5.00 1.00	X						0.	0.	0.
(22) CHRISTINE NOWACZYK MEMBER	1.00 1.00	X						0.	0.	0.
(23) TOM HOOF MEMBER	1.00 0.00	X						0.	0.	0.
(24) BRIDGET OLESIEWICZ MEMBER	2.00 0.00	X						0.	0.	0.
(25) ZANDRA O'KEEFE MEMBER	1.00 0.00	X						0.	0.	0.
(26) WILLIAM MCCLUNG MEMBER	1.00 0.00	X						0.	0.	0.
1b Subtotal								1,181,553.	0.	110,315.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,181,553.	0.	110,315.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **16**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NINA'S FAMILY DAY CARE, 3502 E. INDIAN SCHOOL ROAD, PHOENIX, AZ 85018	PROGRAM SUBCONTRACTOR	498,364.
EASTERSEALS BLAKE FOUNDATION, 7750 E. BROADWAY, SUITE A200, TUCSON, AZ 85710	PROGRAM SUBCONTRACTOR	491,922.
ARIZONA SCHOOL MEALS, INC. 1235 S. 48TH STREET #3, TEMPE, AZ 85281	FOODS FOR PROGRAMS	300,539.
UNITED WAY OF TUCSON AND SOUTHERN ARIZONA, 330 N. COMMERCE PARK LOOP, SUITE 220, HOMEWARD BOUND	PROGRAM SUBCONTRACTOR	293,445.
2302 W. COLTER STREET, PHOENIX, AZ 85015	PROGRAM SUBCONTRACTOR	278,445.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **17**

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VII Section A. **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) CATHLEEN WALKER MEMBER	1.00 0.00	X						0.	0.	0.
(28) PETER KOLESAR MEMBER	1.00 0.00	X						0.	0.	0.
(29) MARY-SARA JONES MEMBER	1.00 0.00	X						0.	0.	0.
(30) ISAIAH WILSON II MEMBER	1.00 0.00	X						0.	0.	0.
(31) SADE CARRY MEMBER (RESIGNED 10/20)	1.00 0.00	X						0.	0.	0.
(32) MARKCELE WILLIAMS MEMBER (RESIGNED 10/20)	1.00 0.00	X						0.	0.	0.
(33) SCOTT SHADER MEMBER (RESIGNED 04/21)	1.00 0.00	X						0.	0.	0.
(34) DENISE ANDRIELLO-HIGGINS MEMBER (RESIGNED 04/21)	1.00 1.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	215,967.			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	59,103,149.			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	23,874,285.			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 6,725.			
	h	Total. Add lines 1a-1f		83,193,401.			
	Program Service Revenue	2 a	PRIVATE PAYS & INSURANCE PAYMENTS	Business Code 624100	3,018,462.	3,018,462.	
b		CHILDCARE PAYMENTS	624410	12,935.	12,935.		
c							
d							
e							
f		All other program service revenue					
g		Total. Add lines 2a-2f		3,031,397.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		2,456.		2,456.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(i) Real				
			(ii) Personal				
	b	Less: rental expenses	6b				
	c	Rental income or (loss)	6c				
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
	b	Less: cost or other basis and sales expenses	7b				
	c	Gain or (loss)	7c				
d	Net gain or (loss)						
8 a	Gross income from fundraising events (not including \$ 215,967. of contributions reported on line 1c). See Part IV, line 18						
			20,425.				
			49,681.				
b	Less: direct expenses	8b					
c	Net income or (loss) from fundraising events			-29,256.	-29,256.		
9 a	Gross income from gaming activities. See Part IV, line 19						
			22,980.				
			873.				
b	Less: direct expenses	9b					
c	Net income or (loss) from gaming activities			22,107.	22,107.		
10 a	Gross sales of inventory, less returns and allowances						
b	Less: cost of goods sold	10b					
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a	INSURANCE CLAIMS	Business Code 900099	66,768.		66,768.	
	b	VENDOR DISCOUNTS	900099	66,465.		66,465.	
	c	MISCELLANEOUS REVENUE	900099	35,987.		35,987.	
	d	All other revenue					
	e	Total. Add lines 11a-11d		169,220.			
12	Total revenue. See instructions		86,389,325.	3,031,397.	0.	164,527.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	196,017.	196,017.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	576,297.	187,014.	389,283.	
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	39,431,490.	36,292,115.	2,813,579.	325,796.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,732,803.	1,567,913.	151,252.	13,638.
9 Other employee benefits	5,175,710.	4,736,656.	395,806.	43,248.
10 Payroll taxes	2,924,872.	2,676,786.	224,833.	23,253.
11 Fees for services (nonemployees):				
a Management				
b Legal	42,384.		42,384.	
c Accounting	39,815.		39,815.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	2,873,042.	2,603,144.	265,687.	4,211.
12 Advertising and promotion	352,631.	147,744.	199,580.	5,307.
13 Office expenses	2,574,557.	2,280,070.	284,736.	9,751.
14 Information technology	819,513.	101,935.	712,998.	4,580.
15 Royalties				
16 Occupancy	2,056,637.	1,033,636.	1,023,001.	
17 Travel	265,183.	260,673.	4,510.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	521,746.	138,118.	383,628.	
23 Insurance	205,978.	2,201.	203,227.	550.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a CHILDCARE CENTER MATERI	1,970,247.	1,970,247.		
b EQUIPMENT RENTAL AND MA	994,685.	883,592.	111,093.	
c BAD DEBT EXPENSE	534,212.		534,212.	
d TUITION AND TRAINING	487,040.	442,378.	44,662.	
e All other expenses	240,754.	65,525.	71,726.	103,503.
25 Total functional expenses. Add lines 1 through 24e	64,015,613.	55,585,764.	7,896,012.	533,837.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	4,672,126.	1	3,721,454.
	2 Savings and temporary cash investments	6,014,048.	2	28,031,551.
	3 Pledges and grants receivable, net	122,521.	3	165,781.
	4 Accounts receivable, net	8,929,590.	4	9,474,788.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	104,036.	9	329,979.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 14,194,109.		
	b Less: accumulated depreciation	10b 9,318,950.	3,572,108.	10c 4,875,159.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11	8,802,961.	13	8,645,713.
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	769,230.	15	863,910.
16 Total assets. Add lines 1 through 15 (must equal line 33)	32,986,620.	16	56,108,335.	
Liabilities	17 Accounts payable and accrued expenses	6,668,755.	17	6,400,507.
	18 Grants payable		18	
	19 Deferred revenue	978,061.	19	1,103,216.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	199,517.	21	79,284.
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		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 Schedule D	0.	25	38,968.
	26 Total liabilities. Add lines 17 through 25	7,846,333.	26	7,621,975.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	23,248,423.	27	45,819,340.
	28 Net assets with donor restrictions	1,891,864.	28	2,667,020.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	25,140,287.	32	48,486,360.
33 Total liabilities and net assets/fund balances	32,986,620.	33	56,108,335.	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	86,389,325.
2	Total expenses (must equal Part IX, column (A), line 25)	2	64,015,613.
3	Revenue less expenses. Subtract line 2 from line 1	3	22,373,712.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	25,140,287.
5	Net unrealized gains (losses) on investments	5	60,456.
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 on Schedule O)	9	911,905.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	48,486,360.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? _____
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant? _____
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** 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? _____
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

Form **990** (2020)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization SOUTHWEST HUMAN DEVELOPMENT	Employer identification number 86-0407179
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Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

- The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)
- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
 - 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
 - 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
 - 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
 - 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
 - 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
 - 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
 - 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
 - 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
 - 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
 - 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
 - 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	60,507,502.	60,655,300.	61,630,474.	63,739,112.	63,193,401.	309,725,789.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	60,507,502.	60,655,300.	61,630,474.	63,739,112.	63,193,401.	309,725,789.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						309,725,789.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	60,507,502.	60,655,300.	61,630,474.	63,739,112.	63,193,401.	309,725,789.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	6,468.	34,618.	114,514.	83,148.	2,456.	241,204.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)			40,893.	240,009.	169,220.	450,122.
11 Total support. Add lines 7 through 10						310,417,115.
12 Gross receipts from related activities, etc. (see instructions)					12	16,693,616.
13 First 5 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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))	14	99.78 %
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	99.92 %
16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

(Complete only if you checked the box on line 10 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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 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 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2020. 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 - 2019. 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 ►

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described in line 11a above?		
c A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

MISCELLANEOUS REVENUE

2018 AMOUNT: \$ 14,701.

2019 AMOUNT: \$ 95,169.

2020 AMOUNT: \$ 169,220.

INSURANCE CLAIMS

2018 AMOUNT: \$ 26,192.

2019 AMOUNT: \$ 73,962.

VENDOR DISCOUNTS

2019 AMOUNT: \$ 70,878.

SCHEDULE A, LIST OF UNUSUAL GRANTS RECEIVED:

DESCRIPTION: UNRESTRICTED

DATE: 12/14/20 AMOUNT: 20000000.

PART II, LINE 10 AND 12

AMOUNTS FROM LINE 12 WERE MOVED TO LINE 10 FOR TAX YEARS 2018 AND 2019

TO CONFORM WITH THE REPORTING OF THE MISCELLANEOUS INCOME IN THE FORM

990 STATEMENT OF REVENUES AND IN ACCORDANCE WITH THE IRS SCHEDULE A

INSTRUCTIONS. THIS RECLASSIFICATION HAD AN IMMATERIAL IMPACT ON THE

PUBLIC SUPPORT TEST PERCENTAGE.

Schedule A

Identification of Unusual Grants

2020

**** Do Not File ****

***** Not Open to Public Inspection *****

Contributor's Name	Description of Grant	Date of Grant	Amount
NATIONAL PHILANTHROPIC TRUST	UNRESTRICTED	12/14/20	20,000,000.
Total Unusual Grants			20,000,000.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Name of the organization

SOUTHWEST HUMAN DEVELOPMENT

Employer identification number

86-0407179

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization SOUTHWEST HUMAN DEVELOPMENT	Employer identification number 86-0407179
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ 16,478,086.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 18,161,485.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 7,443,396.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ 5,201,654.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ 5,280,314.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ 20,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization SOUTHWEST HUMAN DEVELOPMENT	Employer identification number 86-0407179
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____

Name of organization SOUTHWEST HUMAN DEVELOPMENT	Employer identification number 86-0407179
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2020
Open to Public Inspection

Name of the organization SOUTHWEST HUMAN DEVELOPMENT **Employer identification number** 86-0407179

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2020

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____%
 - b Permanent endowment _____%
 - c Term endowment _____%
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|--------|----|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		10,909,641.	8,100,211.	2,809,430.
c Leasehold improvements				
d Equipment		2,101,240.	1,218,739.	882,501.
e Other		1,183,228.		1,183,228.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				4,875,159.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) INVESTMENT IN EDUCARE ARIZONA	8,645,713.	COST
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶	8,645,713.	

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED COMPENSATION	38,968.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	38,968.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and a shaded area for calculations.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and a shaded area for calculations.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART IV, LINE 2B:

THE ORGANIZATION IS ACTING AS AN AGENT FOR TWO FOUNDATIONS. FOR ONE FOUNDATION, THE ORGANIZATION RECOGNIZED \$23,677 IN 2021 OF INCOME FOR SERVICES PERFORMED UNDER THE AGREEMENT AND THE AGREEMENT TERMINATED ON JUNE 30, 2021. THE BALANCE OF THE FUNDS FOR THIS FOUNDATION WAS \$16,404 JUNE 30, 2021. THE OTHER FOUNDATION DOES NOT PROVIDE INCOME TO THE ORGANIZATION AND THE BALANCE OF THE FUNDS FOR THIS FOUNDATION WAS \$62,880 AT JUNE 30, 2021. THE AGREEMENT TERMINATES ON DECEMBER 31, 2021.

PART X, LINE 2:

THE ORGANIZATION HAS BEEN GRANTED TAX EXEMPT STATUS AS A NONPROFIT ORGANIZATION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (IRC).

Part XIII Supplemental Information (continued)

ACCORDINGLY, NO PROVISION FOR INCOME TAXES HAS BEEN PROVIDED IN THE
 FINANCIAL STATEMENTS. IN ADDITION, THE ORGANIZATION HAS BEEN DETERMINED BY
 THE INTERNAL REVENUE SERVICE NOT TO BE A PRIVATE FOUNDATION WITHIN THE
 MEANING OF SECTION 509(A) OF THE IRC. MANAGEMENT BELIEVES THAT NO
 UNCERTAIN TAX POSITIONS EXIST FOR THE ORGANIZATION AS OF JUNE 30, 2021.

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Name of the organization SOUTHWEST HUMAN DEVELOPMENT	Employer identification number 86-0407179
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Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- | | |
|--|---|
| a <input type="checkbox"/> Mail solicitations | e <input type="checkbox"/> Solicitation of non-government grants |
| b <input type="checkbox"/> Internet and email solicitations | f <input type="checkbox"/> Solicitation of government grants |
| c <input type="checkbox"/> Phone solicitations | g <input type="checkbox"/> Special fundraising events |
| d <input type="checkbox"/> 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? **Yes** **No**

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" on 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 gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		WALK WITH ME (event type)	GOLF EVENT (event type)	2 (total number)	
Revenue	1 Gross receipts	134,010.	69,826.	32,556.	236,392.
	2 Less: Contributions	134,010.	49,401.	32,556.	215,967.
	3 Gross income (line 1 minus line 2)		20,425.		20,425.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs		11,553.		11,553.
	7 Food and beverages		7,834.		7,834.
	8 Entertainment	13,008.		367.	13,375.
	9 Other direct expenses	8,434.	8,271.	214.	16,919.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				49,681.
11 Net income summary. Subtract line 10 from line 3, column (d)				-29,256.	

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1 Gross revenue			22,980.
Direct Expenses	2 Cash prizes			873.	873.
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d)				873.	
8 Net gaming income summary. Subtract line 7 from line 1, column (d)				22,107.	

9 Enter the state(s) in which the organization conducts gaming activities: AZ

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

13a		%
13b	100.00	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ JEANETTE RAMOS

Address ▶ 2850 N 24TH STREET - PHOENIX, AZ 85008

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes 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. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

▶ **Go to www.irs.gov/Form990 for the latest information.**

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization SOUTHWEST HUMAN DEVELOPMENT Employer identification number 86-0407179

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ _____
- 3** Enter total number of other organizations listed in the line 1 table ▶ _____

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

Schedule I (Form 990) 2020

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
RENT ASSISTANCE	67	46,160.	0.		
UTILITIES ASSISTANCE	65	114,925.	0.		
BASIC NEEDS OR FAMILY ITEMS	267	34,932.	0.		

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

FAMILY ASSISTANCE: WE RECEIVED FUNDING TO ASSIST THE FAMILIES WE SERVE. WE DEVELOPED AN APPLICATION PROCESS AND ALL APPLICANTS WERE REQUIRED TO COMPLETE AN APPLICATION AND PROVIDE ADDITIONAL SUPPORT DEPENDING ON THE NEED OF THE FAMILY. THE APPLICATION PROCESS STARTED WITHIN OUR INTERNAL PROGRAMS AND THE NEED IN THE COMMUNITY. THE COMPLETE APPLICATION WAS REVIEWED BY THE DIRECTOR OF THE PROGRAM AND THEN FORWARDED TO THE CEO FOR APPROVAL. WE ASSISTED 399 FAMILIES WITH RENT, UTILITIES AND FAMILY BASIC NEEDS.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2020

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization
SOUTHWEST HUMAN DEVELOPMENT

Employer identification number
86-0407179

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7	X	
8		X
9		

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

Schedule J (Form 990) 2020

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) GINGER WARD CEO	(i)	190,059.	535.	0.	7,689.	6,108.	204,391.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) MINDY ZAPATA DIRECTOR HEAD START	(i)	163,203.	3,088.	0.	6,376.	6,383.	179,050.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) ALAN TAYLOR VP, PROFESSIONAL DEVELOPMENT	(i)	136,749.	596.	0.	5,631.	15,400.	158,376.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) JEANETTE RAMOS CFO	(i)	139,635.	558.	0.	0.	13,788.	153,981.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) ANNETTE FINDLAY CIO	(i)	139,867.	570.	0.	5,571.	5,549.	151,557.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) ALISON STEIER CO-DIRECTOR, MENTAL HEALTH	(i)	136,765.	600.	0.	5,442.	8,392.	151,199.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) DOUGLAS ALBRECHT CO-DIRECTOR, MENTAL HEALTH	(i)	131,940.	559.	0.	5,446.	13,249.	151,194.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 7:

ALL BONUSES ARE REVIEWED AND APPROVED BY THE CEO PRIOR TO PAYMENT. THE
CEO'S BONUS IS APPROVED ANNUALLY BY THE EXECUTIVE COMMITTEE DURING HER
SALARY NEGOTIATIONS.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization

SOUTHWEST HUMAN DEVELOPMENT

Employer identification number

86-0407179

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

WITHOUT SPECIAL NEEDS FIND THEIR FOOTING IN ACADEMIC ENVIRONMENT. IN
ADDITION TO INTRODUCING FUNDAMENTAL SKILLS RELATING TO LANGUAGE, MATH
AND LITERACY, AMONG OTHER AREAS, EARLY LEARNING EFFORTS SEEK TO HELP
KIDS DEVELOP THEIR LIFE SKILLS THROUGH INSTRUCTION AND INTERACTIVE
PLAY. 2) HEALTH - HEAD START PROGRAMS SEEK TO ENSURE THAT ALL
PARTICIPANTS HAVE ACCESS TO THE MEDICAL, DENTAL AND HEALTH SERVICES
THEY NEED TO SUCCEED, FUNCTION AND THRIVE. ALL PROGRAM PARTICIPANTS
ENJOY ACCESS TO HEALTH AND DEVELOPMENT SCREENINGS, NUTRITIOUS MEALS AND
SNACKS, AND ORAL AND METAL HEALTH SUPPORT, AMONG RELATED SERVICES. 3)
FAMILY WELL-BEING - PARENTS INVOLVED IN HEAD START PROGRAMS ARE MORE
LIKELY TO MAINTAIN STIMULATING HOME ENVIRONMENTS AND PLAY AN ACTIVE
ROLE IN THEIR CHILD'S DEVELOPMENT THAN OTHER PARENTS. THEY, TOO,
RECEIVE CRITICAL SUPPORT THROUGH HEAD START PROGRAMS THAT CAN HELP THEM
ACHIEVE THEIR ACADEMIC, FINANCIAL AND RESIDENTIAL GOALS. WITHIN OUR
HEAD START DEPARTMENT, WE HAVE OUR PROFESSIONAL DEVELOPMENT INSTITUTE
(PDI) AT EDUCARE ARIZONA. THE VISION AND PURPOSE OF THE PDI IS TO ACT
AS THE STATE'S LEADING EARLY LEARNING PROFESSIONAL WORKFORCE
DEVELOPMENT ENTITY. OUR GOAL IS TO IMPROVE EARLY CHILDHOOD EDUCATION
TEACHER QUALITY AND PRACTICE, WHICH WILL LEAD TO BETTER OUTCOMES FOR
CHILDREN, INCLUDING PREPARATION FOR KINDERGARTEN AND BEYOND. A
CENTRALIZED INSTITUTE AT EDUCARE ARIZONA WILL BRING ALL OF THE
COMPONENTS NEEDED FOR HIGH-QUALITY EARLY CHILDHOOD EDUCATION (ECE)
PROFESSIONAL DEVELOPMENT TO ONE PLACE. IT WILL ALSO ACT AS A LIVING
LABORATORY THAT INCLUDES THE OPPORTUNITY FOR DIRECT OBSERVATION OF
HIGH-QUALITY TEACHING PRACTICES AND ENVIRONMENTS, HANDS-ON LEARNING

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

Schedule O (Form 990 or 990-EZ) 2020

032211 11-20-20

Name of the organization SOUTHWEST HUMAN DEVELOPMENT	Employer identification number 86-0407179
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FOCUSED ON INDIVIDUAL TEACHER AND/OR DIRECTOR PROFESSIONAL DEVELOPMENT NEEDS, AND ONGOING ECE PRACTICE-EMBEDDED RESEARCH STUDIES. DURING FISCAL YEAR 2021, PDI SERVED 235 CHILDCARE CENTERS AND TRAINED 778 PROFESSIONALS.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:
COMMON SENSE PARENTING. DURING FISCAL YEAR 2021, FSS SERVED 6,456 CHILDREN AND 2,839 PARENTS AND CAREGIVERS.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:
ARE PROMOTED BY BRINGING NEW BOOKS AND INFORMATION ABOUT THE IMPORTANCE OF READING TO CHILDREN AND THEIR FAMILIES THROUGH THEIR PEDIATRIC DOCTORS AND THE COMMUNITIES IN WHICH THEY LIVE. READING PROGRAMS TARGET CHILDREN GROWING UP IN POVERTY WHO ARE OFTEN AT RISK FOR SCHOOL FAILURE. IN OUR EARLY LITERACY PROGRAMS, WE SERVED 72,901 CHILDREN, PARTNERED WITH 73 MEDICAL PRACTICES, AND TRAINED 600 PROFESSIONALS.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
MENTAL HEALTH AND CHILD DEVELOPMENT: PROGRAMS INCLUDE THE BIRTH TO FIVE HELPLINE, A FREE SUPPORT LINE FOR PARENTS, CAREGIVERS AND PROFESSIONALS WITH QUESTIONS OR CONCERNS ABOUT EARLY CHILDHOOD DEVELOPMENT, AND THE GOOD FIT COUNSELING CENTER, ARIZONA'S ONLY MENTAL HEALTH CLINIC DEDICATED TO CHILDREN AGES BIRTH TO 5. WE ALSO PROVIDE MENTAL HEALTH CONSULTATION SERVICES TO CHILD CARE CENTERS THROUGHOUT THE STATE. OUR PROGRAMS INCLUDES; BIRTH TO FIVE HELPLINE, FUSSY BABY, GOOD FIT COUNSELING CENTER, HARRIS INFANT AND EARLY CHILDHOOD MENTAL HEALTH TRAINING INSTITUTE, SMART SUPPORT, EARLY CHILDHOOD MENTAL HEALTH CONSULTATION AND TRAUMA INFORMED CARE TRAINING. DURING FISCAL YEAR

Name of the organization SOUTHWEST HUMAN DEVELOPMENT	Employer identification number 86-0407179
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2021, GOOD FIT COUNSELING CENTER SERVED 627 CHILDREN; BIRTH TO FIVE

HELPLINE HAD 5,315 CALLS; SMART SUPPORT SERVED 296 CHILD CARE CENTERS;

AND HARRIS INSTITUTE HAD 23 STUDENTS.

EXPENSES \$ 5,079,399. INCLUDING GRANTS OF \$ 0. REVENUE \$ 794,376.

SERVICES FOR CHILDREN WITH DISABILITIES: THE AGENCY PROVIDES A

COMPREHENSIVE LIST OF SERVICES FOR CHILDREN WITH DISABILITIES AND THEIR

FAMILIES. OUR PROFESSIONAL TEAM OF PEDIATRIC SPECIALIST PROVIDE BOARD

INTEGRATED CARE, SPECIFIC SERVICES INCLUDE DEVELOPMENTAL ASSESSMENT,

FEEDING PROGRAMS, AUTISM SERVICES, OCCUPATIONAL, PHYSICAL AND SPEECH

THERAPY, PSYCHOLOGICAL AND COUNSELING SERVICES AND ASSISTIVE TECHNOLOGY

SERVICES. OUR PROGRAMS INCLUDES: ADAPT SHOP (ADAPT), ASSISTIVE

TECHNOLOGY, AUTISM SERVICES, CHILDREN'S DEVELOPMENTAL CENTER (CDC),

DEVELOPMENT ASSESSMENTS, FEEDING SERVICES, INCLUSION PROGRAM,

PSYCHOLOGY AND COUNSELING, SIDE BY SIDE, SMOOTH WAY HOME (SWH), THERAPY

SERVICES (OT,PT, ST), NEWBORN INTENSIVE CARE PROGRAM (NICP), AND

NURSE-FAMILY PARTNERSHIP (NFP). DURING FISCAL YEAR 2021, WE SERVED 310

CHILDREN IN CDC, 67 CHILDREN IN ADAPT, 871 CHILDREN IN NICP, 237 IN NFP

AND 112 CHILD CARE PROVIDERS WITH COACHING AND TRAINING IN OUR

INCLUSION PROGRAM.

EXPENSES \$ 4,582,962. INCLUDING GRANTS OF \$ 0. REVENUE \$ 1,014,803.

FAMILY ASSISTANCE GRANTS: DURING 2021, WE ASSISTED 399 FAMILIES WITH

RENT, UTILITIES AND FAMILY BASIC NEEDS.

EXPENSES \$ 172,317. INCLUDING GRANTS OF \$ 172,317. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 1:

EXECUTIVE COMMITTEE CONSISTS OF THE OFFICERS OF THE BOARD OF DIRECTORS

Name of the organization SOUTHWEST HUMAN DEVELOPMENT	Employer identification number 86-0407179
---	--

(BOARD CHAIR, BOARD VICE CHAIR, SECRETARY, TREASURER AND CHAIR OF THE BOARD DEVELOPMENT AND GOVERNANCE COMMITTEE). THE EXECUTIVE COMMITTEE MAY APPOINT A MEMBER FROM THE BOARD TO SERVE ON THE EXECUTIVE COMMITTEE FOR A SET AMOUNT OF TIME. THE EXECUTIVE COMMITTEE SHALL HAVE THE POWER TO TRANSACT ALL REGULAR BUSINESS OF THE CORPORATION BETWEEN MEETINGS OF THE BOARD. WITHOUT LIMITING SUCH POWER, THE COMMITTEE SHALL TAKE NO ACTIONS CONTRARY TO FORMALLY STATED POLICIES OF THE BOARD. THE EXECUTIVE COMMITTEE SHALL EVALUATE THE PERFORMANCE AND REVIEW AND ESTABLISH THE COMPENSATION OF THE CHIEF EXECUTIVE OFFICER.

THE FINANCE COMMITTEE CONSISTS OF AT LEAST THREE MEMBERS OF THE BOARD OF DIRECTORS WITH THE TREASURER SERVING AS THE CHAIR OF THE FINANCE COMMITTEE. THE FINANCE COMMITTEE, WITH THE BOARD CHAIR, SHALL HAVE THE AUTHORITY TO ACT ON BEHALF OF THE BOARD ON ALL FINANCIAL MATTERS WHICH CAN NOT BE DELAYED UNTIL THE BOARD'S NEXT REGULARLY SCHEDULED MEETING. THE FINANCE COMMITTEE, WITH THE CONSENT OF THE BOARD CHAIR, IS AUTHORIZED TO COMMIT EXPENDITURES UP TO A TOTAL AMOUNT WHICH SHALL BE DETERMINED FROM TIME TO TIME BY THE BOARD. ANY ACTION TAKEN BY SUCH COMMITTEE PURSUANT TO THE FOREGOING AUTHORITY SHALL BE REPORTED TO THE BOARD AT ITS NEXT REGULAR MEETING.

THE HEAD POLICY COUNSEL INCLUDES STUDENT'S PARENTS. COMMITTEES WITHIN THEIR CHARTER MAKE RECOMMENDATIONS WHICH ARE THEN CONSIDERED BY THE COMPLETE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 11B:
THE FORM 990 IS PREPARED BY THE ORGANIZATION'S OUTSIDE PUBLIC ACCOUNTING FIRM BASED ON INFORMATION PROVIDED BY MANAGEMENT. ONCE THE DRAFT OF THE

Name of the organization SOUTHWEST HUMAN DEVELOPMENT	Employer identification number 86-0407179
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RETURN IS PREPARED, IT IS PROVIDED TO THE ORGANIZATION FOR REVIEW WITH ANY

CHANGES BEING INCORPORATED BEFORE IT IS REVIEWED BY THE FINANCE COMMITTEE.

THE FORM 990 IS THEN PROVIDED TO THE GOVERNING BODY PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

ANNUAL CERTIFICATION OF COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY IS

REQUIRED BY DIRECTORS AND KEY EMPLOYEES. ONE OF SOUTHWEST HUMAN

DEVELOPMENT, INC.'S (SWHD) MAJOR PROGRAMS IS HEAD START. UNDER THE HEAD

START ACT, BOARD MEMBERS (OR THEIR RELATIVES OR BUSINESS ASSOCIATES) ARE

NOT ALLOWED TO RECEIVE COMPENSATION FOR SERVICES PERFORMED FOR THE GRANT

RECIPIENT (SWHD). THUS CONFLICTS OF INTEREST ARE STRICTLY FORBIDDEN AND

WHERE CONFLICTS ARISE REQUIRE BOARD MEMBERS LEAVE THE BOARD. SIMILAR

RESTRICTIONS ARE IMPOSED ON KEY EMPLOYEES (AND THEIR RELATIVES) FOR ANY

COMPENSATION BEYOND REASONABLE SALARY AND BENEFITS.

FORM 990, PART VI, SECTION B, LINE 15:

COMPENSATION FOR THE CEO IS REVIEWED ANNUALLY BY THE EXECUTIVE COMMITTEE OF

THE GOVERNING BOARD. COMPARABLE INDUSTRY COMPENSATION SURVEY DATA IS USED

AND MINUTES ARE KEPT DOCUMENTING THE DELIBERATION AND DECISION. THIS WAS

LAST COMPLETED DURING FISCAL 2021.

SENIOR MANAGERS' COMPENSATION, INCLUDING THE CFO, IS ALSO REVIEWED ANNUALLY

BY THE FINANCE COMMITTEE OF THE GOVERNING BOARD. COMPARABLE INDUSTRY

SURVEYS FOR LIKE POSITIONS AT SIMILAR SIZED LOCAL NOT-FOR-PROFIT COMPANIES

IS USED AND MINUTES ARE KEPT DOCUMENTING THE DELIBERATION AND DECISION.

THIS WAS LAST COMPLETED DURING FISCAL 2021.

FORM 990, PART VI, SECTION C, LINE 19:

Name of the organization SOUTHWEST HUMAN DEVELOPMENT	Employer identification number 86-0407179
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THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

LOSS IN EDUCARE ARIZONA	-157,248.
CHANGE IN ESTIMATE OF RESERVE OF SELF INSURED HEALTH	
BENEFITS	1,069,153.
TOTAL TO FORM 990, PART XI, LINE 9	911,905.

FORM 990, PART XI, LINE 2C:

THE FINANCE COMMITTEE OVERSEES THE AUDITED FINANCIAL STATEMENTS. THERE HAS BEEN NO CHANGE IN THIS PROCESS DURING THE CURRENT YEAR.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization **SOUTHWEST HUMAN DEVELOPMENT** Employer identification number **86-0407179**

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
EDUCARE ARIZONA - 26-1778287 1300 N. 48TH STREET PHOENIX, AZ 85008	PROVIDING HIGH QUALITY EARLY LEARNING, FAMILY SUPPORT AND HEALTH CARE	ARIZONA	501(C)(3)	LINE 7	SOUTHWEST HUMAN DEVELOPMENT	X	

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

Schedule R (Form 990) 2020

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses	X	
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) EDUCARE ARIZONA	O	155,872.	ACTUAL COST
(2) EDUCARE ARIZONA	Q	106,966.	ACTUAL COST
(3)			
(4)			
(5)			
(6)			

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) <small>Are all partners sec. 501(c)(3) orgs.?</small>		(f) Share of total income	(g) Share of end-of-year assets	(h) <small>Dispropor- tionate allocations?</small>		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) <small>General or managing partner?</small>		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

