

** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

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

2024

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A For the 2024 calendar year, or tax year beginning JUL 1, 2024 and ending JUN 30, 2025

Form sections B through M: B Check if applicable; C Name of organization; D Employer identification number; E Telephone number; F Name and address of principal officer; G Gross receipts; H(a) Is this a group return; H(b) Are all subordinates included; H(c) Group exemption number; I Tax-exempt status; J Website; K Form of organization; L Year of formation; M State of legal domicile.

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1 Briefly describe the organization's mission; 2-7 Governance; 8-12 Revenue; 13-19 Expenses; 20-22 Net Assets or Fund Balances.

Part II Signature Block

Signature block section containing: Declaration of preparer; Signature of officer (Jeanette Ramos); Signature of preparer (Erin Sparks); Firm information (CliftonLarsonAllen LLP).

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

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Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
SOUTHWEST 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 No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 21,346,311. including grants of \$ 0.) (Revenue \$ 60,717.)
HEAD START AND EARLY HEAD START: THE PROGRAMS WORK WITH INCOME-ELIGIBLE FAMILIES TO PROVIDE A VARIETY OF EDUCATIONAL, HEALTH, DENTAL, NUTRITIONAL AND SOCIAL SERVICE RESOURCES. HEAD START PROVIDES CHILDREN WITH HIGH-QUALITY PRESCHOOL EDUCATION, ALONG WITH HEALTH SCREENINGS, SOCIAL SERVICES AND PARENT TRAINING. EARLY HEAD START HELPS PARENTS WITH CHILD DEVELOPMENT, PARENTING AND LIFE SKILLS DURING THE PRENATAL PERIOD AND IN YEARS BEFORE THEIR BABY IS ELIGIBLE FOR THE PRESCHOOL PROGRAM. EACH OF THESE PROGRAMS HELP FAMILIES LEARN HOW TO ENSURE THEIR CHILDREN ARE READY FOR KINDERGARTEN SUCCESS AND TO SUSTAIN THEIR DEVELOPMENT AND LEARNING PROCESS. TWELVE OF OUR SITES OFFER EXTENDED DAY HOURS THAT OPERATES YEAR-ROUND FROM 7:00AM TO 5:30PM, DIRECTLY ALIGNING WITH OUR MISSION AS THE NATIONAL INSTITUTE FOR EARLY EDUCATION

4b (Code:) (Expenses \$ 20,618,948. including grants of \$ 0.) (Revenue \$ 395,798.)
PROFESSIONAL DEVELOPMENT AND TRAINING AND LITERACY: 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. CORE PROGRAMS INCLUDE LANGUAGE AND LITERACY COMMUNITIES, QUALITY FIRST ACADEMY, QUALITY FIRST ASSESSMENT AND QUALITY FIRST COACHING / INCENTIVES. DURING FISCAL YEAR 2025, WE PROVIDED 8,295 COACHING HOURS TO EARLY CARE AND EDUCATION PROFESSIONALS, TRAINED 1,624 EARLY CARE AND EDUCATION PROFESSIONALS AND

4c (Code:) (Expenses \$ 10,860,201. including grants of \$ 8,707.) (Revenue \$ 0.)
FAMILY SUPPORT SERVICES AND CHILD WELFARE: SOUTHWEST HUMAN DEVELOPMENT OFFERS AN ARRAY OF EDUCATION AND SUPPORT SERVICES 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 INCLUDE FOSTER CARE AND ADOPTIONS STUDIES, HEALTHY FAMILIES, AND KINSHIP CARE AND ADOPTIONS. DURING FISCAL YEAR 2025, THESE PROGRAMS SERVED A MONTHLY AVERAGE OF 1,406 CHILDREN AND PARENTS AND CAREGIVERS, PERFORMED A MONTHLY AVERAGE OF 274 VISITS AND PERFORMED 364 HOME ASSESSMENTS FOR THE FISCAL YEAR.

4d Other program services (Describe on Schedule O.)
(Expenses \$ 12,744,786. including grants of \$ 155,860.) (Revenue \$ 1,235,973.)

4e Total program service expenses 65,570,246.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	X	
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X

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Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding organizational reporting, compensation, tax-exempt bonds, and business transactions.

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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 17 regarding employee counts, tax returns, gross income, foreign accounts, prohibited transactions, and charitable contributions.

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Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes 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 (22), 1b (22), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

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

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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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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			241,294.	0.	18,857.	
(2) JEANETTE RAMOS CFO	50.00 1.00			X			174,440.	0.	24,816.	
(3) ALISON STEIER CO-DIRECTOR MENTAL HEALTH SERVICES	40.00 0.00				X		167,676.	0.	18,823.	
(4) MICHELLE LUNA-KEPNER VICE PRESIDENT OF HUMAN RESOURCES	50.00 0.00				X		175,899.	0.	7,592.	
(5) OTTO REEMELIN CIO	50.00 0.00				X		158,819.	0.	23,406.	
(6) DOUGLAS ALBRECHT CO-DIRECTOR MENTAL HEALTH SERVICES	35.00 0.00				X		157,780.	0.	23,081.	
(7) JACOB ADAMS CHIEF DEVELOPMENT OFFICER	40.00 0.00				X		169,470.	0.	7,253.	
(8) CHRISTINE NOWACZYK CHAIR	2.00 1.00	X		X			0.	0.	0.	
(9) TOM HOOF VICE CHAIR	2.00 0.00	X		X			0.	0.	0.	
(10) JULIE SHAW TREASURER	1.00 0.00	X		X			0.	0.	0.	
(11) ISAIAH WILSON II SECRETARY	1.00 0.00	X		X			0.	0.	0.	
(12) THERESA ESPARZA DIRECTOR	1.00 0.00	X					0.	0.	0.	
(13) MATTHEW FRETZ DIRECTOR	1.00 0.00	X					0.	0.	0.	
(14) BEN GOETTER DIRECTOR	1.00 0.00	X					0.	0.	0.	
(15) TINA GOUNDER DIRECTOR	1.00 0.00	X					0.	0.	0.	
(16) JANEL HOLAS DIRECTOR	1.00 0.00	X					0.	0.	0.	
(17) PETER KOLESAR DIRECTOR	1.00 0.00	X					0.	0.	0.	

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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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) MICHAEL MARSH DIRECTOR	1.00 0.00	X						0.	0.	0.
(19) WILLIAM MCCLUNG DIRECTOR	1.00 0.00	X						0.	0.	0.
(20) BRIDGET OLESIEWICZ DIRECTOR	2.00 0.00	X						0.	0.	0.
(21) DAVID ROTH-GONZALEZ DIRECTOR	1.00 0.00	X						0.	0.	0.
(22) KEVIN SANDLER DIRECTOR	1.00 0.00	X						0.	0.	0.
(23) ANDY SHAW DIRECTOR	1.00 0.00	X						0.	0.	0.
(24) CELESTE TABARES DIRECTOR	1.00 0.00	X						0.	0.	0.
(25) HEMA TATINENI DIRECTOR	1.00 0.00	X						0.	0.	0.
(26) IRENE TAW DIRECTOR	1.00 0.00	X						0.	0.	0.
1b Subtotal								1,245,378.	0.	123,828.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,245,378.	0.	123,828.

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 20

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>		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
CANDELEN, 777 E THOMAS RD, SUITE 200, PHOENIX, AZ 85014	PROGRAM SUBCONTRACTOR	4,380,639.
EASTER SEALS BLAKE FOUNDATION, 7750 E. BROADWAY BLVD, STE A200, TUCSON, AZ 85710	PROGRAM SUBCONTRACTOR	2,182,925.
CHILD & FAMILY RESOURCES, INC. 2800 E BROADWAY BLVD, TUCSON, AZ 85716	PROGRAM SUBCONTRACTOR	1,612,092.
AZ SCHOOL MEALS 1235 S. 48TH ST, TEMPE, AZ 85281	FOOD SERVICE AND DISTRIBUTION	857,631.
CHILDCARE CAREERS LLC, 2000 SIERRA POINT PKWY SUITE 702, BRISBANE, CA 94005	PROGRAM SUBCONTRACTOR	697,937.

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 15

SEE PART VII, SECTION A CONTINUATION SHEETS

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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	225,494.			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	64,460,378.			
	f	All other contributions, gifts, grants, and similar amounts not included above ...	1f	4,098,064.			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 20,646.			
	h	Total. Add lines 1a-1f		68,783,936.			
	Program Service Revenue	2 a	PRIVATE PAYS & INSURANCE PAYMENTS	Business Code 624100	1,654,577.	1,654,577.	
b		CHILDCARE PAYMENTS	624410	37,911.	37,911.		
c							
d							
e							
f		All other program service revenue					
g		Total. Add lines 2a-2f		1,692,488.			
Other Revenue		3	Investment income (including dividends, interest, and other similar amounts)		1,129,113.		1,129,113.
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties		550.		550.	
	6 a	Gross rents	6a	(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	7a	(i) Securities	10,483,217.	27,000.	
				(ii) Other			
	b	Less: cost or other basis and sales expenses	7b	9,965,041.	0.		
	c	Gain or (loss)	7c	518,176.	27,000.		
d	Net gain or (loss)		545,176.		545,176.		
8 a	Gross income from fundraising events (not including \$ 225,494. of contributions reported on line 1c). See Part IV, line 18	8a		43,926.			
				133,801.			
b	Less: direct expenses	8b					
c	Net income or (loss) from fundraising events		-89,875.		-89,875.		
9 a	Gross income from gaming activities. See Part IV, line 19	9a		2,880.			
				4,436.			
b	Less: direct expenses	9b					
c	Net income or (loss) from gaming activities		-1,556.		-1,556.		
10 a	Gross sales of inventory, less returns and allowances	10a					
b	Less: cost of goods sold	10b					
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a	VENDOR DISCOUNTS	Business Code 900099	104,691.		104,691.	
	b	MISCELLANEOUS REVENUE	900099	14,463.		14,463.	
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d		119,154.			
12	Total revenue. See instructions		72,178,986.	1,692,488.	0.	1,702,562.	

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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 X

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	164,567.	164,567.		
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	478,763.		478,763.	
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	40,213,757.	36,054,517.	3,681,063.	478,177.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,499,907.	1,315,386.	167,663.	16,858.
9 Other employee benefits	6,411,895.	5,920,706.	437,002.	54,187.
10 Payroll taxes	2,975,830.	2,642,940.	296,981.	35,909.
11 Fees for services (nonemployees):				
a Management				
b Legal	28,872.		28,872.	
c Accounting	59,630.		59,630.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	92,752.		92,752.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	11,917,986.	10,964,885.	910,560.	42,541.
12 Advertising and promotion	471,719.	231,244.	132,117.	108,358.
13 Office expenses	3,188,297.	2,639,973.	494,198.	54,126.
14 Information technology	1,991,031.	344,414.	1,642,602.	4,015.
15 Royalties				
16 Occupancy	2,027,059.	923,929.	1,103,130.	
17 Travel	991,476.	932,935.	54,959.	3,582.
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	1,381,854.	874,601.	507,253.	
23 Insurance	317,144.		314,481.	2,663.
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 CTR MATERIALS	1,795,738.	1,795,738.		
b TUITION AND TRAINING	565,777.	520,652.	44,852.	273.
c BAD DEBT EXPENSE	294,579.		294,579.	
d EQUIP RENTAL & MAINT	291,016.	179,796.	108,004.	3,216.
e All other expenses	290,916.	63,963.	63,021.	163,932.
25 Total functional expenses. Add lines 1 through 24e	77,450,565.	65,570,246.	10,912,482.	967,837.
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

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Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash - non-interest-bearing	9,183,962.	1	3,837,789.
	2 Savings and temporary cash investments	80,466.	2	87,348.
	3 Pledges and grants receivable, net	244,744.	3	174,165.
	4 Accounts receivable, net	8,372,209.	4	7,089,059.
	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	658,271.	9	614,791.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 22,004,949.		
	b Less: accumulated depreciation	10b 10,452,166.		
	11 Investments - publicly traded securities	12,404,403.	10c	11,552,783.
	12 Investments - other securities. See Part IV, line 11	26,220,961.	11	27,228,904.
	13 Investments - program-related. See Part IV, line 11	7,951,614.	12	
	14 Intangible assets		13	7,830,747.
	15 Other assets. See Part IV, line 11	3,697,558.	14	
16 Total assets. Add lines 1 through 15 (must equal line 33)	68,814,188.	15	3,058,202.	
		16	61,473,788.	
Liabilities	17 Accounts payable and accrued expenses	7,330,809.	17	7,254,070.
	18 Grants payable		18	
	19 Deferred revenue	834,625.	19	460,108.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to 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	6,972,155.	25	4,093,129.
	26 Total liabilities. Add lines 17 through 25	15,137,589.	26	11,807,307.
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	50,653,737.	27	46,985,712.
	28 Net assets with donor restrictions	3,022,862.	28	2,680,769.
	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	53,676,599.	32	49,666,481.
	33 Total liabilities and net assets/fund balances	68,814,188.	33	61,473,788.

Form 990 (2024)

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	72,178,986.
2	Total expenses (must equal Part IX, column (A), line 25)	2	77,450,565.
3	Revenue less expenses. Subtract line 2 from line 1	3	-5,271,579.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	53,676,599.
5	Net unrealized gains (losses) on investments	5	1,382,328.
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	-120,867.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	49,666,481.

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
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: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
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.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____	X	
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 _____	X	

Form 990 (2024)

SCHEDULE A (Form 990)

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

2024

Open to Public Inspection

Table with 2 columns: Name of the organization (SOUTHWEST HUMAN DEVELOPMENT, INCORPORATED) and Employer identification number (86-0407179)

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).
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).
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).
6 [] A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7 [X] 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).
8 [] A community trust described in section 170(b)(1)(A)(vi).
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.
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...
11 [] An organization organized and operated exclusively to test for public safety.
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...
a [] Type I. A supporting organization operated, supervised, or controlled by its supported organization(s)...
b [] Type II. A supporting organization supervised or controlled in connection with its supported organization(s)...
c [] Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s)...
d [] Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated...
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).

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Includes a Total row at the bottom.

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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	63,193,401.	62,031,325.	68,669,841.	82,204,495.	68,824,305.	344,923,367.
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	63,193,401.	62,031,325.	68,669,841.	82,204,495.	68,824,305.	344,923,367.
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.						344,923,367.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4	63,193,401.	62,031,325.	68,669,841.	82,204,495.	68,824,305.	344,923,367.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2,456.	600,813.	919,915.	1,147,374.	1,129,663.	3,800,221.
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.)	169,220.	81,347.	84,034.	84,278.	119,154.	538,033.
11 Total support. Add lines 7 through 10						349,261,621.
12 Gross receipts from related activities, etc. (see instructions)					12	11,255,361.
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 2024 (line 6, column (f), divided by line 11, column (f))	14	98.76 %
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	99.01 %
16a 33 1/3% support test - 2024. 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 - 2023. 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 - 2024. 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 - 2023. 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"/>

Schedule A (Form 990) 2024

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

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b; 12 Other income; 13 Total support.

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

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2024; Row 16: Public support percentage from 2023 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2024; Row 18: Investment income percentage from 2023 Schedule A, Part III, line 17.

19a 33 1/3% support tests - 2024. 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 - 2023. 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 on line 12 of 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).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</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 on 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 on 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 on lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described on line 11a above?		
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
11a		
11b		
11c		

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>		
1		
2		

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>		
1		

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 on 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>		
1		
2		
3		

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 on 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>		
2a		
2b		
3a		
3b		

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 (<i>explain in detail in Part VI</i>):		
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 (describe in Part VI). 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 2024 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-2024	(iii) Distributable Amount for 2024
1	Distributable amount for 2024 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2024 (reasonable cause required - <i>explain in Part VI</i>). See instructions.		
3	Excess distributions carryover, if any, to 2024		
a	From 2019		
b	From 2020		
c	From 2021		
d	From 2022		
e	From 2023		
f	Total of lines 3a through 3e		
g	Applied to under distributions of prior years		
h	Applied to 2024 distributable amount		
i	Carryover from 2019 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2024 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2024 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2024, 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 2024. 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 2025. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2020		
b	Excess from 2021		
c	Excess from 2022		
d	Excess from 2023		
e	Excess from 2024		

SOUTHWEST HUMAN DEVELOPMENT,
INCORPORATED

Schedule A (Form 990) 2024

86-0407179

Page 8

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

2020 AMOUNT: \$ 35,987.
2021 AMOUNT: \$ 18,328.
2022 AMOUNT: \$ 19,014.
2023 AMOUNT: \$ 7,907.
2024 AMOUNT: \$ 14,463.

INSURANCE CLAIMS

2020 AMOUNT: \$ 66,768.
2021 AMOUNT: \$ 6,204.
2022 AMOUNT: \$ 1,937.

VENDOR DISCOUNTS

2020 AMOUNT: \$ 66,465.
2021 AMOUNT: \$ 56,815.
2022 AMOUNT: \$ 63,083.
2023 AMOUNT: \$ 76,371.
2024 AMOUNT: \$ 104,691.

**Schedule B
(Form 990)**

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

Name of the organization SOUTHWEST HUMAN DEVELOPMENT, INCORPORATED	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), 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), 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).

Name of organization SOUTHWEST HUMAN DEVELOPMENT, INCORPORATED	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/>	\$ 28,176,832.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 19,837,806.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 6,117,139.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ 4,701,108.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ 2,268,015.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization SOUTHWEST HUMAN DEVELOPMENT, INCORPORATED	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, INCORPORATED	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
	<div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 20px;"></div>	<div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 20px;"></div>	<div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 20px;"></div>
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
	<div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 20px;"></div>	<div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 20px;"></div>	<div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 20px;"></div>
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
	<div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 20px;"></div>	<div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 20px;"></div>	<div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 20px;"></div>
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
	<div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 20px;"></div>	<div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 20px;"></div>	<div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 20px;"></div>
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D
(Form 990)

(Rev. December 2024)

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

**Open to Public
Inspection**

Name of the organization **SOUTHWEST HUMAN DEVELOPMENT,
INCORPORATED**

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 on line 2a	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, 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?

Yes No

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 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

Yes No

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

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

Schedule D (Form 990) (Rev. 12-2024)

LHA 432051 01-02-25

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 in 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		17,643,499.	8,247,866.	9,395,633.
c Leasehold improvements				
d Equipment		4,344,850.	2,204,300.	2,140,550.
e Other		16,600.		16,600.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				11,552,783.

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, line 12, col. (B))		

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	7,830,747.	COST
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))	7,830,747.	

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, line 15, col. (B))	

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	474,925.
(3) OPERATING LEASE LIABILITIES	1,985,312.
(4) DUE TO FIRST THINGS FIRST	1,632,892.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	4,093,129.

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 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). ACCORDINGLY, NO PROVISION FOR INCOME TAXES HAS BEEN PROVIDED IN THE CONSOLIDATED 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, 2025 AND 2024.

Part XIII Supplemental Information *(continued)*

Multiple horizontal lines for supplemental information.

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))	
		GOLF EVENT (event type)	PLAY FEST (event type)	3 (total number)		
Revenue	1	Gross receipts	162,466.	73,489.	33,465.	269,420.
	2	Less: Contributions	118,540.	73,489.	33,465.	225,494.
	3	Gross income (line 1 minus line 2)	43,926.			43,926.
Direct Expenses	4	Cash prizes			3,900.	3,900.
	5	Noncash prizes				
	6	Rent/facility costs	19,111.	18,111.	2,106.	39,328.
	7	Food and beverages	11,681.	3,644.	5,118.	20,443.
	8	Entertainment	4,922.	13,040.	5,071.	23,033.
	9	Other direct expenses	20,599.	17,477.	9,021.	47,097.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				133,801.
11	Net income summary. Subtract line 10 from line 3, column (d)				-89,875.	

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		
Direct Expenses	2	Cash prizes			
	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 type="checkbox"/> No
7	Direct expense summary. Add lines 2 through 5 in column (d)				
8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

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

SOUTHWEST HUMAN DEVELOPMENT,
INCORPORATED

Schedule G (Form 990)

Part IV Supplemental Information *(continued)*

Multiple horizontal lines for supplemental information.

**SCHEDULE I
(Form 990)**

(Rev. December 2024)
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 instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization **SOUTHWEST HUMAN DEVELOPMENT,
INCORPORATED**

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 noncash 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

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

Schedule I (Form 990) (Rev. 12-2024)

SOUTHWEST HUMAN DEVELOPMENT,

Schedule I (Form 990) (Rev. 12-2024) INCORPORATED

86-0407179

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	48	66,449.	0.	N/A	N/A
UTILITIES ASSISTANCE	23	8,539.	0.	N/A	N/A
BASIC NEEDS OR FAMILY ITEMS	840	89,579.	0.	N/A	N/A

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 RECEIVE FUNDING TO ASSIST THE FAMILIES WE SERVE. WE HAVE AN APPLICATION PROCESS, AND ALL APPLICANTS ARE REQUIRED TO COMPLETE AN APPLICATION AND PROVIDE ADDITIONAL SUPPORT DEPENDING ON THE NEED OF THE FAMILY. THE APPLICATION PROCESS STARTS WITHIN OUR INTERNAL PROGRAMS AND THE NEED IN THE COMMUNITY. THE COMPLETE APPLICATION IS REVIEWED BY THE DIRECTOR OF THE PROGRAM AND THEN FORWARDED TO THE CEO FOR APPROVAL. IN 2025, SWHD ASSISTED 911 FAMILIES WITH RENT, UTILITIES AND BASIC NEEDS OR FAMILY ITEMS.

**SCHEDULE J
(Form 990)**

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Compensation Information

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.

OMB No. 1545-0047

Open to Public Inspection

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

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

Schedule J (Form 990) (Rev. 12-2024)

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 and/or 1099-NEC 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)	226,370.	1,355.	13,569.	10,267.	8,590.	260,151.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) JEANETTE RAMOS CFO	(i)	167,478.	1,272.	5,690.	8,114.	16,702.	199,256.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) ALISON STEIER CO-DIRECTOR MENTAL HEALTH SERVICES	(i)	159,333.	1,241.	7,102.	7,402.	11,421.	186,499.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) MICHELLE LUNA-KEPNER VICE PRESIDENT OF HUMAN RESOURCES	(i)	169,444.	1,311.	5,144.	7,592.	0.	183,491.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) OTTO REEMELIN CIO	(i)	150,749.	1,267.	6,803.	7,715.	15,691.	182,225.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) DOUGLAS ALBRECHT CO-DIRECTOR MENTAL HEALTH SERVICES	(i)	149,730.	1,262.	6,788.	7,390.	15,691.	180,861.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) JACOB ADAMS CHIEF DEVELOPMENT OFFICER	(i)	162,847.	1,369.	5,254.	7,253.	0.	176,723.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

SOUTHWEST HUMAN DEVELOPMENT,

Schedule J (Form 990) (Rev. 12-2024) INCORPORATED

86-0407179

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 EMPLOYEES RECEIVE A YEAR-END HOLIDAY BONUS THAT IS APPROVED BY THE CEO.

Multiple horizontal lines for supplemental information.

**SCHEDULE O
(Form 990)**

(Rev. December 2024)

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 Form 990-EZ.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization	SOUTHWEST HUMAN DEVELOPMENT, INCORPORATED	Employer identification number	86-0407179
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FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
 RESEARCH AND OTHERS HAVE FOUND THAT CHILDREN IN FULL-DAY PRESCHOOL
 PROGRAMS BEGIN KINDERGARTEN BETTER PREPARED THAN CHILDREN IN HALF-DAY
 PROGRAMS. DURING FISCAL YEAR 2025, SOUTHWEST HUMAN DEVELOPMENT'S
 PROGRAMS SERVED 830 CHILDREN AT ITS 20 SITES LOCATED AT THE FOLLOWING
 SCHOOL DISTRICTS: BALSZ, CREIGHTON, OSBORN, AND PARADISE VALLEY. IN
 ADDITION, SOUTHWEST HUMAN DEVELOPMENT SERVED APPROXIMATELY 319 CHILDREN
 IN OUR EXTENDED DAY SITES IN FISCAL YEAR 2025.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:
 PERFORMED 3,438 CHILD CARE ASSESSMENTS. OUR EARLY COMMUNICATION,
 LANGUAGE AND LITERACY PROGRAMS HELP YOUNG CHILDREN BUILD THE SKILLS
 THEY NEED TO BECOME SUCCESSFUL READERS NOW, WHILE LAYING THE FOUNDATION
 FOR LIFELONG LITERACY. DURING FISCAL YEAR 2025, WE SERVED 65,204
 CHILDREN AND PARTNERED WITH 50 MEDICAL PRACTICES. ALSO CENTRAL TO THIS
 WORK IS THE PROFESSIONAL DEVELOPMENT INSTITUTE (PDI) AT EDUCARE
 ARIZONA, WHICH WAS FOUNDED IN 2018 WITH THE VISION TO ACT AS THE
 STATE'S LEADING EARLY LEARNING PROFESSIONAL WORKFORCE DEVELOPMENT
 ENTITY. ITS 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 BRINGS ALL OF THE COMPONENTS NEEDED FOR A
 HIGH-QUALITY EARLY CHILDHOOD EDUCATION PROFESSIONAL DEVELOPMENT TO ONE
 PLACE, ACTING AS A LIVING LABORATORY AND PROVIDING THE OPPORTUNITY FOR
 DIRECT OBSERVATION OF HIGH-QUALITY TEACHING PRACTICES AND ENVIRONMENTS
 AND HANDS-ON LEARNING FOCUSED ON INDIVIDUAL TEACHER AND/OR DIRECTOR
 PROFESSIONAL DEVELOPMENT NEEDS. DURING FISCAL YEAR 2025, THE PDI
 PERFORMED 3,482 COACHING SESSIONS TO CHILD CARE CENTERS, TRAINED 2,393
 EARLY CARE AND EDUCATION PROFESSIONALS. THE SUPPORT LINE RECEIVED 657
 CALLS TO ASSIST CHILD CARE CENTERS AND 53 CHILD CARE CENTERS WERE
 ENROLLED IN BOOKKEEPING SESSIONS.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
 MENTAL HEALTH AND CHILD DEVELOPMENT: THE BIRTH TO FIVE HELPLINE/FUSSY
 BABY PROGRAM, A FREE, STATEWIDE QUESTION LINE, AVAILABLE MONDAY THROUGH
 FRIDAY 8 A.M. TO 8 P.M., FOR PARENTS, CAREGIVERS AND PROFESSIONALS WITH
 QUESTIONS OR CONCERNS ABOUT CHILDREN BIRTH TO 5. WE ALSO PROVIDE MENTAL
 HEALTH CONSULTATION TO EARLY CARE AND EDUCATION PROGRAMS AND PROVIDERS
 THROUGHOUT THE STATE THROUGH OUR SMART SUPPORT PROGRAM. THE AZ STEPS
 PROGRAM PROVIDES TRAINING, CONSULTATION AND SUPPORT TO HELP CHILD CARE
 PROVIDERS PREVENT SUSPENSIONS AND EXPULSIONS WHILE STRENGTHENING THEIR
 ABILITY TO SUPPORT ALL CHILDREN. OUR HARRIS INFANT AND EARLY CHILDHOOD
 MENTAL HEALTH TRAINING INSTITUTE OFFERS TWO INTENSIVE TRAINING PROGRAMS
 FOR MENTAL HEALTH CLINICIANS AND OTHER PROFESSIONALS WORKING WITH YOUNG
 CHILDREN. DURING FISCAL YEAR 2025, THE BIRTH TO FIVE HELPLINE HAD 1,896
 CALLS; SMART SUPPORT PROVIDED 5,116 VISITS TO EARLY CARE AND EDUCATION
 PROGRAMS ACROSS THE STATE, AZ STEPS TRAINED/CONSULTED WITH 475 CHILD
 CARE PROFESSIONALS, AND THE HARRIS PROGRAM GRADUATED 29 STUDENTS.
 EXPENSES \$ 6,594,595. INCLUDING GRANTS OF \$ 0. REVENUE \$ 75,866.

HEALTH AND DEVELOPMENTAL SERVICES (FORMALLY KNOWN AS SERVICES FOR
 CHILDREN WITH DISABILITIES): THE AGENCY PROVIDES A COMPREHENSIVE LIST

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990) (Rev. 12-2024)

LHA 432211 01-15-25

Name of the organization SOUTHWEST HUMAN DEVELOPMENT, INCORPORATED	Employer identification number 86-0407179
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OF SERVICES FOR CHILDREN WITH DISABILITIES AND THEIR FAMILIES. SOUTHWEST HUMAN DEVELOPMENT'S BIRTH TO FIVE CENTER OF EXCELLENCE (COE) PROVIDES COMPREHENSIVE DISABILITIES AND MENTAL HEALTH SERVICES AND SUPPORT FOR YOUNG CHILDREN. THE COE IS FOCUSED ON THE HEALTH AND WELL-BEING OF CHILDREN BIRTH TO FIVE WITH COMPLEX DEVELOPMENTAL DISABILITIES (AUTISM, FEEDING DISORDERS, ABUSE AND TRAUMA) BY PROVIDING STATE-OF-THE-ART, COMPREHENSIVE ASSESSMENT, TREATMENT PLANNING, AND INTERVENTION SERVICES. OUR INTEGRATED MODEL, WHICH BLENDS MEDICAL, DEVELOPMENTAL, AND BEHAVIORAL/MENTAL HEALTH APPROACHES, REFLECTS BEST-PRACTICE IN THE FIELD OF EARLY CHILDHOOD. ADDITIONAL SERVICES/PROGRAMS INCLUDES OUR ADAPT SHOP, SMOOTH WAY HOME FRAGILE INFANT PROGRAM (SWH), WHICH INCLUDE VIRTUAL NEONATAL SUPPORT VINES PROGRAM (VINES), THE HIGH RISK PERINATAL PROGRAM (HRPP), NURSE-FAMILY PARTNERSHIP (NFP), AND THE INCLUSION PROGRAM FOR EARLY CARE AND EDUCATION PROVIDERS. DURING FISCAL YEAR 2025, WE SERVED A MONTHLY AVERAGE OF 777 CHILDREN AND FAMILIES, DEVELOPED CUSTOM EQUIPMENT FOR 212 CHILDREN, PROVIDED 1,393 COCAHNG SESSIONS TO CHILD CARE PROVIDERS, AND PROVIDED 104 TRAINING SESSIONS TO CHILD CARE PROVIDERS. EXPENSES \$ 5,994,331. INCLUDING GRANTS OF \$ 0. REVENUE \$ 1,160,107.

FAMILY ASSISTANCE GRANTS: DURING FISCAL YEAR 2025, SOUTHWEST HUMAN DEVELOPMENT PROVIDED DIRECT FINANCIAL SUPPORT TO 911 FAMILIES RECEIVING SERVICES THROUGH ITS PROGRAMS WITH RENT, UTILITIES, AND FAMILY BASIC NEEDS. EXPENSES \$ 155,860. INCLUDING GRANTS OF \$ 155,860. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 1A:
EXECUTIVE COMMITTEE CONSISTS OF THE OFFICERS OF THE BOARD OF DIRECTORS (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.

FORM 990, PART VI, SECTION B, LINE 11B:
THE FORM 990 IS PREPARED BY THE ORGANIZATION'S OUTSIDE ACCOUNTING FIRM BASED ON INFORMATION PROVIDED BY MANAGEMENT. ONCE THE DRAFT OF THE RETURN IS PREPARED, IT IS PROVIDED TO MANAGEMENT FOR REVIEW. AFTER THE RETURN HAS BEEN REVIEWED BY MANAGEMENT AND ALL NECESSARY CORRECTIONS ARE MADE, THE ENTIRE FORM 990 AND ALL RELATED SCHEDULES ARE PROVIDED TO THE FINANCE COMMITTEE AND REVIEWED AND DISCUSSED DURING A SCHEDULED FINANCE COMMITTEE MEETING. THE ENTIRE FORM 990 AND RELATED SCHEDULES ARE PROVIDED TO THE BOARD OF DIRECTORS FOR REVIEW AND APPROVAL PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 11B:
THE FORM 990 IS PREPARED BY THE ORGANIZATION'S OUTSIDE ACCOUNTING FIRM BASED ON INFORMATION PROVIDED BY MANAGEMENT. ONCE THE DRAFT OF THE RETURN IS PREPARED, IT IS PROVIDED TO MANAGEMENT FOR REVIEW. AFTER THE RETURN HAS BEEN REVIEWED BY MANAGEMENT AND ALL NECESSARY CORRECTIONS ARE MADE, THE ENTIRE FORM 990 AND ALL RELATED SCHEDULES ARE PROVIDED TO THE FINANCE COMMITTEE AND REVIEWED AND DISCUSSED DURING A SCHEDULED FINANCE COMMITTEE MEETING. THE ENTIRE FORM 990 AND RELATED SCHEDULES ARE PROVIDED TO THE

Name of the organization SOUTHWEST HUMAN DEVELOPMENT, INCORPORATED	Employer identification number 86-0407179
BOARD OF DIRECTORS FOR REVIEW AND APPROVAL 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. THE FINANCE COMMITTEE SHALL BE RESPONSIBLE FOR MAKING ALL DECISIONS CONCERNING RESOLUTIONS OF CONFLICTS INVOLVING DIRECTORS OF THE BOARD, THE CHIEF EXECUTIVE OFFICER, AND OTHER MEMBERS OF SENIOR MANAGEMENT. THE CHAIR OF THE BOARD OF DIRECTORS SHALL BE RESPONSIBLE FOR MAKING ALL DECISIONS CONCERNING RESOLUTIONS OF CONFLICTS INVOLVING THE CHAIR OF THE FINANCE COMMITTEE. THE CHIEF EXECUTIVE OFFICER SHALL BE RESPONSIBLE FOR MAKING ALL DECISIONS CONCERNING RESOLUTIONS OF CONFLICTS INVOLVING EMPLOYEES BELOW SENIOR MANAGEMENT LEVEL, SUBJECT TO THE APPROVAL OF THE FINANCE COMMITTEE. A PERSON WHO HAS A CONFLICT OF INTEREST SHALL NOT PARTICIPATE IN OR BE PERMITTED TO HEAR MANAGEMENT'S, THE BOARD, OR THE COMMITTEE'S DISCUSSION OF THE MATTER EXCEPT TO DISCLOSE MATERIAL FACTS AND TO RESPOND TO QUESTIONS. A PERSON WHO HAS A CONFLICT OF INTEREST WITH RESPECT TO A CONTRACT OR TRANSACTION THAT WILL BE VOTED ON AT A MEETING SHALL NOT BE COUNTED IN DETERMINING A QUORUM FOR PURPOSES OF THE VOTE.

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

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 2025.

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

THE ORGANIZATION'S FINANCIAL STATEMENTS ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE. THE GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST.

FORM 990, PART IX, LINE 11G, OTHER FEES:

PROFESSIONAL FEES:

PROGRAM SERVICE EXPENSES	10,964,885.
MANAGEMENT AND GENERAL EXPENSES	910,560.
FUNDRAISING EXPENSES	42,541.
TOTAL EXPENSES	11,917,986.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	11,917,986.

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

LOSS IN EDUCARE ARIZONA	-120,867.
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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)**

(Rev. January 2025)

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.

OMB No. 1545-0047

**Open to Public
Inspection**

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

Name of the organization SOUTHWEST HUMAN DEVELOPMENT, INCORPORATED	Employer identification number 86-0407179
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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) (Rev. 1-2025)

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	83,577.	ACTUAL COSTS
(2) EDUCARE ARIZONA	Q	61,588.	ACTUAL COSTS
(3)			
(4)			
(5)			
(6)			

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Multiple horizontal lines for providing supplemental information.