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

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

A For the 2009 calendar year, or tax year beginning and ending

B Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

Please use IRS label or pntt or type
 See Specific Instructions

C Name of organization
SEWALL CHILD DEVELOPMENT CENTER, INC.
 Doing Business As
 Number and street (or P O box if mail is not delivered to street address) Room/suite
1360 VINE STREET
 City or town, state or country, and ZIP + 4
DENVER, CO 80206

D Employer identification number
84-0413241

E Telephone number
(303) 399-1800

G Gross receipts \$ **3,709,241.**

H(a) Is this a group return for affiliates? Yes No
H(b) Are all affiliates included? Yes No
 If "No," attach a list. (see instructions)
H(c) Group exemption number ▶

I Tax-exempt status: 501(c) (**3**) ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ **WWW.SEWALL.ORG**

K Form of organization Corporation Trust Association Other ▶

L Year of formation **1950** **M State of legal domicile** **CO**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>SEE SCHEDULE O</u>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	19
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	19
	5 Total number of employees (Part V, line 2a)	5	94
	6 Total number of volunteers (estimate if necessary)	6	152
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0.
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	1,905,092.	1,387,308.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,335,075.	2,268,770.
	11 Other revenue (Part VIII, column (A), lines 5, 6, 7c, 9c, 10c, and 11e)	18,207.	903.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<10,537.>	<5,730.>
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	4,247,837.	3,651,251.
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		
	16a Professional fundraising fees (Part IX, column (A), line 11e)	2,851,323.	2,783,922.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 213,768.		
Expenses	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	686,191.	438,234.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,537,514.	3,222,156.
	19 Revenue less expenses. Subtract line 18 from line 12	710,323.	429,095.
	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
Net Assets or Fund Balances	21 Total liabilities (Part X, line 26)	3,971,105.	4,414,788.
	22 Net assets or fund balances. Subtract line 21 from line 20	205,328.	197,518.
		3,765,777.	4,217,270.

Part II Signature Block

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

Sign Here ▶ *Heidi Heissenbuttel* **Signature of officer** **9/8/10** **Date**

▶ **HEIDI HEISSENBUTTEL, CHIEF EXECUTIVE OFFICER**
 Type or print name and title

Paid Preparer's Use Only

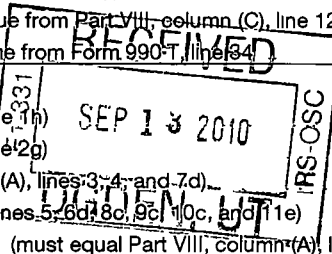
Preparer's signature ▶ *J. Mc Cutcheon* **Date** **8/27/10** Check if self-employed Preparer's identifying number (see instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ **ANTON COLLINS MITCHELL LLP**
303 EAST 17TH AVENUE, SUITE 600
DENVER, CO 80203

EIN ▶ **303-830-1120**
 Phone no ▶ **303-830-1120**

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

SCANNED SEP 24 2010



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Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission: SEWALL'S MISSION IS TO ASSIST ALL CHILDREN (BIRTH TO AGE 5) AND THEIR FAMILIES TO ACHIEVE THEIR HIGHEST POTENTIAL.

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

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 [X] No

If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

SEE SCHEDULE O FOR CONTINUATION(S)

4a (Code:) (Expenses \$ 927,624. including grants of \$ 0.) (Revenue \$ 686,346.) PRESCHOOL- CHILDREN, AGES TWO AND ONE-HALF TO SIX, WITH AND WITHOUT SPECIAL NEEDS, ARE INCLUDED IN THESE CLASSES BASED ON AN INCLUSIVE EDUCATIONAL MODEL, SESSIONS ARE FOUR DAYS WEEKLY FOR HALF A DAY. THERAPIES ARE INTEGRATED INTO CLASSROOM ACTIVITIES IN THE MOST NATURAL WAY POSSIBLE. MANY OF THE CHILDREN GRADUATE TO COMMUNITY SCHOOLS WHERE THE OUTREACH TEAM MAY CONTINUE TO PROVIDE WEEKLY THERAPY. THE "STORYBOOK CURRICULUM" PROVIDES THE BASIS FOR SEWALL'S EARLY INTERVENTION IN PRESCHOOL, AND IS IMPLEMENTED IN A TRANS-DISCIPLINARY, PLAY-BASED APPROACH. THE TRANS-DISCIPLINARY APPROACH ENCOMPASSES COGNITIVE, SOCIAL-EMOTIONAL, SENSORIMOTOR, AND COMMUNICATION AND LANGUAGE PERSPECTIVES. DEVELOPMENT AND LEARNING IS ENCOURAGED ACROSS DOMAINS. THE CURRICULUM FOCUSES ON INCORPORATING ACTIVITIES THAT

4b (Code:) (Expenses \$ 940,461. including grants of \$ 0.) (Revenue \$ 937,390.) HEAD START DISABILITY SERVICES - AS A VENDOR, SEWALL PROVIDES DISABILITY SERVICES TO CHILDREN ENROLLED IN HEAD START CLASSROOMS THROUGHOUT DENVER. SEWALL'S TEAM OF SPECIALISTS CARRIES OUT ACTIVITIES NEEDED TO CONDUCT OBSERVATIONS AS WELL AS TO SCREEN, ASSESS AND DEVELOP INDIVIDUAL EDUCATIONAL PLANS FOR CHILDREN WITH DISABILITIES IN ALL OF THE CITY'S HEAD START SITES. AFTER THEIR ASSESSMENT, THE TEAM CREATES AN APPROPRIATE PLAN OF THERAPY FOR THE CHILD. THE DISABILITY TEAMS ARE BASED AT THE CLAYTON CAMPUS AND AT ROCKY MOUNTAIN SERVICE, EMPLOYMENT, REDEVELOPMENT ("SER").

4c (Code:) (Expenses \$ 320,742. including grants of \$ 0.) (Revenue \$ 300,833.) CHILDCARE - SEWALL'S ACCREDITED CHILDCARE PROGRAM OFFERS FULL-DAY, "WRAP AROUND" CARE FOR CHILDREN TWO TO FIVE YEARS OF AGE. THE CHILDCARE PROGRAM IS A MODEL FOR INTEGRATING CHILDREN WITH AND WITHOUT SPECIAL NEEDS. CHILDREN ENROLLED IN SEWALL'S CHILDCARE PROGRAM ALSO ARE ENROLLED IN A SEWALL PRESCHOOL CLASS FOR PART OF THEIR DAY. LEARNING IS STRENGTHENED AND REINFORCED AS THE CHILD'S INDIVIDUAL PLAN AND CLASS CURRICULUM ARE COMMUNICATED BETWEEN PRESCHOOL AND CHILDCARE STAFF.

4d Other program services. (Describe in Schedule O.) (Expenses \$ 523,599. including grants of \$) (Revenue \$ 344,201.)

4e Total program service expenses \$ 2,712,426.

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 Schedule B, Schedule of Contributors?	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? <i>If "Yes," complete Schedule C, Part II</i>		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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, 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 term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11	Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
	<ul style="list-style-type: none"> • 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> • 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> • 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> • 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> • Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> • 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? <i>If "Yes," complete Schedule D, Part X.</i> 		
12	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i>		X
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII 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
14b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</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>		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
20	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions).		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>		X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	X	

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body		
1b	Enter the number of voting members that are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	a The governing body?	X	
8b	b Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?		X
10b	b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13	Does the organization have a written whistleblower policy?	X	
14	Does the organization have a written document retention and destruction policy?		X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	a The organization's CEO, Executive Director, or top management official	X	
15b	b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		X
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b	b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

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 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **HEIDI HEISSENBUTTEL - (303) 399-1800**
1360 VINE STREET, DENVER, CO 80206

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

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. Use Schedule J-2 if additional space is needed.

• 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. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
WILLIAM C. HOLLAND SECRETARY	1.00	X		X				0.	0.	0.
DR. LISA MILLER ZUFLACHT CHAIR, PROGRAM COMMITTEE	1.00	X		X				0.	0.	0.
KAREN POSSEHL CO-CHAIR, CAP. CAMPAIGN	1.00	X		X				0.	0.	0.
CHUCK FISH DIRECTOR	1.00	X						0.	0.	0.
KEVIN CONROY DIRECTOR	1.00	X						0.	0.	0.
CHARON EARNEST DIRECTOR	1.00	X						0.	0.	0.
GENE KOELBEL DIRECTOR	1.00	X						0.	0.	0.
KRISTI LAMAR DIRECTOR	1.00	X						0.	0.	0.
CATHY LINES, PH.D. DIRECTOR	1.00	X						0.	0.	0.
CARLYN STAMBAUGH DIRECTOR	1.00	X						0.	0.	0.
PETER F. TEDSTROM, CFP DIRECTOR	1.00	X						0.	0.	0.
JASON WALDRON DIRECTOR	1.00	X						0.	0.	0.
JOHN CHAHBANDOUR DIRECTOR	1.00	X						0.	0.	0.
KAREN JOBIN DIRECTOR	1.00	X						0.	0.	0.
STEPHEN MARTIN III CHAIRMAN	1.00			X				0.	0.	0.
MARC KLEINER VICE CHAIR	1.00			X				0.	0.	0.
KACY BROWN ADAMS VICE CHAIR DEVELOPMENT	1.00			X				0.	0.	0.

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
DAVID COHN VICE CHAIR STRAT. PLAN	1.00			X				0.	0.	0.
HEIDI CRUM TREASURER	1.00			X				0.	0.	0.
KATHLEEN KING CHIEF EXECUTIVE OFFICER	40.00			X				85,204.	0.	9,764.
1b Total								85,204.	0.	9,764.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **0**

	Yes	No
3 Did the organization list any former officer, director or 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 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. **NONE**

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0**

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns	1a						
	b Membership dues	1b						
	c Fundraising events	1c	175,826.					
	d Related organizations	1d						
	e Government grants (contributions)	1e						
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1211482.					
	g Noncash contributions included in lines 1a-1f \$							
	h Total. Add lines 1a-1f			1387308.				
	Program Service Revenue	2 a HEADSTART PROGRAM	Business Code	624100	937,390.	937,390.		
b PRESCHOOL			624100	686,346.	686,346.			
c CHILDCARE			624100	300,833.	300,833.			
d OUTPATIENT SERVICES			624100	188,974.	188,974.			
e INFANT			624100	145,662.	145,662.			
f All other program service revenue			624100	9,565.	9,565.			
g Total. Add lines 2a-2f				2268770.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			903.			903.	
	4 Income from investment of tax-exempt bond proceeds							
	5 Royalties							
	6 a Gross Rents	(i) Real	(ii) Personal					
		b Less: rental expenses						
		c Rental income or (loss)						
		d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
		b Less: cost or other basis and sales expenses						
		c Gain or (loss)						
		d Net gain or (loss)						
	8 a Gross income from fundraising events (not including \$ 175,826. of contributions reported on line 1c). See Part IV, line 18	a		52,260.				
		b Less: direct expenses		57,990.				
		c Net income or (loss) from fundraising events			<5,730.>			<5,730.>
	9 a Gross income from gaming activities. See Part IV, line 19	a						
b Less: direct expenses								
c Net income or (loss) from gaming activities								
10 a Gross sales of inventory, less returns and allowances	a							
	b Less: cost of goods sold							
	c Net income or (loss) from sales of inventory							
Miscellaneous Revenue			Business Code					
11 a	a							
	b							
	c							
	d All other revenue							
	e Total. Add lines 11a-11d							
12 Total revenue. See instructions				3651251.	2268770.	0.	<4,827.>	

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) but are not required to complete columns (B), (C), and (D).

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 governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	94,968.	80,723.		14,245.
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	2,363,918.	2,082,234.	163,374.	118,310.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	137,359.	119,512.	10,551.	7,296.
10 Payroll taxes	187,677.	162,862.	13,703.	11,112.
11 Fees for services (non-employees).				
a Management				
b Legal				
c Accounting	37,200.		37,200.	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other	103,896.	64,940.	8,415.	30,541.
12 Advertising and promotion				
13 Office expenses	28,163.	14,723.	3,094.	10,346.
14 Information technology				
15 Royalties				
16 Occupancy	31,873.	24,215.	2,806.	4,852.
17 Travel	21,236.	20,577.	333.	326.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	8,712.	8,421.	150.	141.
20 Interest	9,477.		9,477.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	19,431.	16,059.	1,871.	1,501.
23 Insurance	47,284.	43,014.	1,489.	2,781.
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a SUPPLIES	58,754.	54,506.	1,247.	3,001.
b EQUIPMENT RENTAL & MAIN	38,726.	10,838.	22,373.	5,515.
c BANK CHARGES	11,475.	0.	10,578.	897.
d LAUNDRY	6,752.	6,752.		
e BAD DEBT	6,651.	0.	6,651.	0.
f All other expenses	8,604.	3,050.	2,650.	2,904.
25 Total functional expenses Add lines 1 through 24f	3,222,156.	2,712,426.	295,962.	213,768.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing		1	22,376.
	2 Savings and temporary cash investments	377,775.	2	858,407.
	3 Pledges and grants receivable, net	2,042,353.	3	1,918,991.
	4 Accounts receivable, net	224,078.	4	220,821.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	20,929.	9	21,089.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,130,247.		
	b Less: accumulated depreciation	10b 883,027.	10c	1,247,220.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	106,349.	15	125,884.
16 Total assets. Add lines 1 through 15 (must equal line 34)	3,971,105.	16	4,414,788.	
Liabilities	17 Accounts payable and accrued expenses	205,328.	17	197,518.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		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. Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	205,328.	26	197,518.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	1,410,752.	27	1,334,007.
	28 Temporarily restricted net assets	2,170,576.	28	2,757,379.
	29 Permanently restricted net assets	184,449.	29	125,884.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	3,765,777.	33	4,217,270.	
34 Total liabilities and net assets/fund balances	3,971,105.	34	4,414,788.	

Form 990 (2009)

Part XI Financial Statements and Reporting

1 Accounting method used to prepare the Form 990: Cash Accrual Other _____

If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

b Were the organization's financial statements audited by an independent accountant?

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 in Schedule O.

d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:

Separate basis Consolidated basis Both consolidated and separate basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

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

Form 990 (2009)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization SEWALL CHILD DEVELOPMENT CENTER, INC.	Employer identification number 84-0413241
--	---

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 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I
 - b Type II
 - c Type III - Functionally integrated
 - d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
 - (ii) A family member of a person described in (i) above?
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s).

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2009

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,060,335.	1,103,699.	3,586,131.	1,905,092.	1,387,308.	9,042,565.
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	1,060,335.	1,103,699.	3,586,131.	1,905,092.	1,387,308.	9,042,565.
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)						992,504.
6 Public support. Subtract line 5 from line 4						8,050,061.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	1,060,335.	1,103,699.	3,586,131.	1,905,092.	1,387,308.	9,042,565.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	5,001.	3,598.	13,337.	18,207.	903.	41,046.
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 IV.)	3,099.	15,744.	7,509.	<10,537.>	<5,730.>	10,085.
11 Total support. Add lines 7 through 10						9,093,696.
12 Gross receipts from related activities, etc. (see instructions)					11,278,770.	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	88.52 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	87.15 %
16a 33 1/3% support test - 2009. 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 - 2008. 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 - 2009. 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 IV 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 - 2008. 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 IV 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 or 990-EZ) 2009

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2009. 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 - 2008. 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

Schedule D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Attach to Form 990. See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

SEWALL CHILD DEVELOPMENT CENTER, INC.

Employer identification number

84-0413241

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate contributions, aggregate grants, aggregate value, and two yes/no questions about donor advisement.

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

Table with 2 columns: Question, Held at the End of the Tax Year. Rows include purpose(s) of easements, total number, acreage, and various other details regarding conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Table with 2 columns: Question, Amount. Rows include questions about reporting works of art, historical treasures, or other similar assets held for public exhibition.

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 are a 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 programs
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV
- 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 organization answered "Yes" to 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 XIV 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? Yes No
- b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to 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 year end balance held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment _____ %
 - c Term endowment _____ %

- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- (i) unrelated organizations
 - (ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

- b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?
- 4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		603,421.		603,421.
b Buildings		330,341.	330,341.	0.
c Leasehold improvements		74,051.	53,214.	20,837.
d Equipment		440,119.	438,836.	1,283.
e Other		682,315.	60,636.	621,679.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				1,247,220.

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	3,651,251.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	3,222,156.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	429,095.
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	22,398.
9	Total adjustments (net). Add lines 4 through 8	9	22,398.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	451,493.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	3,673,649.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	22,398.
e	Add lines 2a through 2d	2e	22,398.
3	Subtract line 2e from line 1	3	3,651,251.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	3,651,251.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	3,222,156.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	3,222,156.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	3,222,156.

Part XIV Supplemental Information

Complete this part to 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, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X: EFFECTIVE JANUARY 1, 2009, SEWALL ADOPTED THE

PROVISIONS OF FASB INTERPRETATION NO. 48, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES ("FIN 48"). FIN 48 INTERPRETED FASB STATEMENT OF FINANCIAL ACCOUNTING STANDARDS ("SFAS") NO. 109, ACCOUNTING FOR INCOME TAXES, AND REPLACED SFAS NO. 5, ACCOUNTING FOR CONTINGENCIES, WITH RESPECT TO THE ACCOUNTING FOR ALL TAX POSITIONS TAKEN (OR EXPECTED TO BE TAKEN) ON ANY INCOME TAX RETURN. ON JULY 1, 2009, THE PROVISIONS OF FIN 48 WERE INCORPORATED INTO THE INCOME TAXES TOPIC OF THE FASB ACCOUNTING STANDARDS

Part XIV Supplemental Information (continued)

CODIFICATION. THOSE PROVISIONS APPLY TO ALL OPEN TAX PERIODS IN ALL TAX JURISDICTIONS IN WHICH SEWALL IS REQUIRED TO FILE AN INCOME TAX RETURN. SEWALL DETERMINED THAT NO CUMULATIVE EFFECT ADJUSTMENT WAS NECESSARY UPON ADOPTION OF FIN 48, AND THAT NO UNCERTAIN TAX POSITIONS HAVE BEEN TAKEN (OR ARE EXPECTED TO BE TAKEN) THAT COULD HAVE A MATERIAL EFFECT ON ITS INCOME TAX LIABILITIES. SEWALL BELIEVES THAT IT HAS CONDUCTED ITS OPERATIONS IN ACCORDANCE WITH ITS TAX EXEMPT STATUS, AND THAT ITS TAX EXEMPT STATUS HAS BEEN PROPERLY MAINTAINED. SEWALL'S TAX RETURNS FOR 2006, 2007, 2008 AND 2009 ARE SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE AND STATE TAXING AUTHORITIES.

PART XI, LINE 8 - OTHER ADJUSTMENTS:

CHANGE IN VALUE OF PERPETUAL TRUST - SEE SCHEDULE O: 22398.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN VALUE OF PERPETUAL TRUST - SEE SCHEDULE O: 22398.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. 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))	
		BEACON DINNER (event type)	CHAMPIONS LUNCHEON (event type)	2 (total number)		
Revenue	1	Gross receipts	129,175.	41,511.	57,400.	228,086.
	2	Less: Charitable contributions	102,417.	34,177.	39,232.	175,826.
	3	Gross income (line 1 minus line 2)	26,758.	7,334.	18,168.	52,260.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs			733.	733.
	7	Food and beverages	23,324.	7,333.	6,524.	37,181.
	8	Entertainment			1,200.	1,200.
	9	Other direct expenses	4,235.	1,694.	12,947.	18,876.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				(57,990)
	11	Net income summary. Combine line 3, column (d), and line 10				<5,730.>

Part III Gaming. Complete if the organization answered "Yes" to 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))
Revenue	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. Combine line 1, column (d), and line 7			(_____)

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities. _____		
a Is the organization licensed to operate gaming activities in each of these states?	9a	
b If "No," explain: _____ _____		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b If "Yes," explain: _____ _____		
11 Does the organization operate gaming activities with nonmembers?	11	
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12	

		Yes	No
13 Indicate the percentage of gaming activity operated in:			
a The organization's facility	13a	%	
b An outside facility	13b	%	
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
Name ▶ _____			
Address ▶ _____			
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?			
15a			
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.			
c If "Yes," enter name and address of the third party:			
Name ▶ _____			
Address ▶ _____			
16 Gaming manager information:			
Name ▶ _____			
Gaming manager compensation ▶ \$ _____			
Description of services provided ▶ _____			

<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor			
17 Mandatory distributions:			
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?			
17a			
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____			

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990
Complete to provide information for responses to specific questions on
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▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization

SEWALL CHILD DEVELOPMENT CENTER, INC.

Employer identification number

84-0413241

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

SEWALL CHILD DEVELOPMENT CENTER, INC. ("SEWALL") A NOT-FOR-PROFIT CORPORATION, IS DEDICATED TO ASSISTING CHILDREN WITH SPECIAL NEEDS ASSOCIATED WITH DISABILITIES, DEVELOPMENTAL DELAYS, AND ECONOMIC DISADVANTAGES. SEWALL IS COMMITTED TO HELPING THESE CHILDREN IN AN INCLUSIVE ENVIRONMENT, SERVING CHILDREN BIRTH THROUGH AGE FIVE IN INTEGRATED SETTINGS WITH THEIR TYPICALLY DEVELOPING PEERS.

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

MOTIVATE EACH CHILD, AND AS A RESULT OF THE TEACHER'S ROLE AS FACILITATOR, EACH CHILD HAS INDIVIDUALIZED INSTRUCTION. THE TEAM, INCLUDING AN EARLY CHILDHOOD TEACHER, TEACHING ASSISTANT, EARLY CHILDHOOD SPECIAL EDUCATOR, OCCUPATIONAL THERAPIST, SPEECH/LANGUAGE PATHOLOGIST AND MENTAL HEALTH SPECIALIST PLAN THE CURRICULUM ON A WEEKLY BASIS. USING FAMILIAR STORIES, THE TEAM PROVIDES A THEME-BASED APPROACH TO ENCOURAGE AND SUPPORT EACH CHILD'S GROWTH AND DEVELOPMENT. THE STORYBOOKS REFLECT FAMILY, COMMUNITY, AND CULTURAL DIVERSITY. CHILDREN ENGAGE IN A VARIETY OF ACTIVITIES SUITED TO THEIR DEVELOPMENTAL ABILITIES AND ALL RELATING TO THE SAME CONCEPT. REPETITION OF THESE CONCEPTS ACROSS NUMEROUS AND DIVERSE SITUATIONS ENCOURAGES THE GENERALIZATION OF KNOWLEDGE AND SKILLS.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

INFANT/TODDLER - CHILDREN, FROM BIRTH TO THREE YEARS HAVING IDENTIFIED SPECIAL NEEDS, AND THEIR PARENTS ARE PROVIDED EARLY INTERVENTION SERVICES IN A VARIETY OF SETTINGS INCLUDING HOME, CHILDCARE, AND

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PLAYGROUPS, AMONG OTHERS. THE CHILD'S POTENTIAL IS DEVELOPED WITHIN THE
CONTEXT OF TYPICAL DAILY ACTIVITIES. GROUP SUPPORT HELPS FAMILIES MEET
THE CHALLENGE OF RAISING A CHILD WITH SPECIAL NEEDS. EARLY CHILDHOOD
EDUCATORS CONSIDER PLAY A CHILD'S WORK. PLAYGROUPS FOR CHILDREN UNDER
AGE TWO AND A HALF INCLUDE PARENT/CAREGIVER PARTICIPATION. CHILDREN
OLDER THAN TWO AND A HALF MAY ATTEND PLAYGROUPS WITHOUT THEIR
PARENTS/CAREGIVERS. TEAMS OF EARLY INTERVENTIONISTS, SPECIAL EDUCATORS
AND THERAPISTS FACILITATE INFANT/TODDLER PLAYGROUPS AT SEWALL AND
THROUGHOUT THE DENVER-METRO AREA.

DIAGNOSTIC CLINIC AND OUTPATIENT THERAPY - CHILDREN, BIRTH TO AGE 12
AND THEIR FAMILIES ARE ELIGIBLE FOR INDIVIDUAL SPEECH AND LANGUAGE,
OCCUPATIONAL, PHYSICAL, PLAN, AND/OR FAMILY THERAPY. CHILDREN FROM
BIRTH TO AGE 21 EXHIBITING POTENTIAL DELAYS RECEIVE A COMPREHENSIVE
EVALUATION BY SEWALL'S TRANS-DISCIPLINARY DIAGNOSTIC AND EVALUATION
TEAM. DIAGNOSTIC INFORMATION AND TREATMENT RECOMMENDATIONS ARE
PROVIDED TO THE CHILD'S CAREGIVERS.

TRAINING AND FAMILY OUTREACH - SEWALL PROVIDES WORKSHOPS AND CONSULTANT
SUPPORT TO PRESCHOOL CLASSROOMS AND PROGRAMS IN THE METROPOLITAN DENVER
AREA. IN ADDITION, SEWALL STAFF PARTICIPATE IN COMMUNITY-WIDE EFFORTS
TO IMPROVE THE QUALITY OF EARLY EDUCATION PROGRAMS FOR YOUNG CHILDREN
FROM BIRTH TO FIVE YEARS OF AGE. SEWALL'S FAMILY OUTREACH PARTNERS AND
FAMILY SERVICE WORKERS PARTNER WITH PARENTS TO INVOLVE THEM IN
DECISIONS ABOUT THEIR CHILDREN AND THEIR CHILDREN'S PROGRAMS, AND TO
ASSIST THEM IN HELPING THEIR CHILDREN TO REACH THEIR MAXIMUM POTENTIAL.

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

Schedule O (Form 990) 2009

932211
02-03-10

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990
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THE STAFF ALSO HELPS FAMILIES IDENTIFY OTHER NEEDED RESOURCES IN THE
COMMUNITY.

EXPENSES \$ 523599. INCLUDING GRANTS OF \$ 0. REVENUE \$ 344201.

FORM 990, PART VI, SECTION A, LINE 2: 1. BOARD MEMBERS JOHN CHAHBANDOUR
AND GENE KOEBEL HAVE A FAMILY RELATIONSHIP.

2. BOARD MEMBERS GENE KOEBEL AND CAROLYN STAMBAUGH HAVE A FAMILY
RELATIONSHIP.

THE ABOVE RELATIONSHIPS DO NOT IMPAIR THE INDEPENDENCE OF ANY MEMBER, SINCE
NEITHER THE MEMBER NOR RELATED PARTY WAS INVOLVED IN ANY TRANSACTION
REPORTABLE ON SCHEDULE L.

FORM 990, PART VI, SECTION B, LINE 11: THE DRAFT 990 WAS REVIEWED BY THE
CHIEF EXECUTIVE OFFICER (CEO) AND DISTRIBUTED BY THE CEO TO THE FINANCE
COMMITTEE FOR REVIEW BEFORE SIGNING THE FINAL DOCUMENT. THE CONTRACT
ACCOUNTANT ALSO REVIEWED THE FINANCIAL STATEMENT PORTION OF THE DRAFT.

FORM 990, PART VI, SECTION B, LINE 12C: ALL STAFF, VOLUNTEERS, AND BOARD
MEMBERS MUST AVOID POTENTIAL AND ACTUAL CONFLICTS OF INTEREST, AS WELL AS
PERCEPTIONS OF CONFLICTS OF INTEREST. ANY CONFLICT OF INTEREST, POTENTIAL
CONFLICT OF INTEREST OR THE APPEARANCE OF A CONFLICT OF INTEREST MUST BE
REPORTED TO THE CEO IMMEDIATELY.

MEMBERS OF THE BOARD ARE PROHIBITED FROM ACCEPTING GIFTS, MONEY OR
GRATUITIES FROM THE FOLLOWING:

A. PERSONS RECEIVING BENEFITS OR SERVICES FROM SEWALL;

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B. ANY PERSON OR ENTITY PERFORMING OR SEEKING TO PERFORM SERVICES UNDER
CONTRACT WITH SEWALL; AND

C. PERSONS WHO ARE OTHERWISE IN A POSITION TO BENEFIT FROM THE ACTIONS OF
THE BOARD.

ANY BOARD MEMBER WHO HAS A CONFLICT OF INTEREST MUST ABSTAIN FROM VOTING ON
ANY MATTER TO WHICH THE CONFLICT OF INTEREST APPLIES, AND EACH BOARD MEMBER
MUST FULLY DISCLOSE TO THE CEO AND THEN THE CEO MUST FULLY DISCLOSE TO THE
CHAIRMAN OF THE BOARD, ALL MATERIAL FACTS REGARDING THE CONFLICT OF
INTEREST AND THE CONFLICTED TRANSACTION. ALL STAFF, VOLUNTEERS, AND BOARD
MEMBERS MUST PERIODICALLY SIGN AN ACKNOWLEDGEMENT OF THEIR UNDERSTANDING OF
THE PURPOSES OF THE POLICY AND THEIR AGREEMENT TO MAKE FULL WRITTEN
DISCLOSURE OF ANY MATTER THAT COULD POTENTIALLY BE A CONFLICT OF INTEREST
AS SOON AS THEY LEARN OF IT.

FORM 990, PART VI, SECTION B, LINE 15A: THE CURRENT CEO'S COMPENSATION WAS
DETERMINED AND DOCUMENTED BY THE BOARD OF DIRECTORS AFTER CONDUCTING A
NATIONAL SEARCH OF COMPENSATION FOR SIMILAR POSITIONS IN OTHER NONPROFIT
ORGANIZATIONS IN 2001. THE CEO'S COMPENSATION IS REVIEWED ANNUALLY.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS
GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, FINANCIAL STATEMENTS AND
FORM 990 AVAILABLE TO THE PUBLIC UPON REQUEST. THE REQUESTED INFORMATION
IS SUPPLIED ELECTRONICALLY VIA EMAIL OR A HARD COPY IS SENT VIA REGULAR
MAIL.

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(Form 990)

Department of the Treasury
Internal Revenue Service

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990 PART VI, SECTION B, QUESTION 14:

THE ORGANIZATION BEGAN THE PROCESS OF IMPLEMENTING A DOCUMENT RETENTION
AND DESTRUCTION POLICY DURING 2008. THE SECRETARY OF THE BOARD IS
SPECIFICALLY WORKING ON THIS, BUT THERE IS NO FIRM IMPLEMENTATION DATE
AT THIS POINT.

FORM 990, PART IX, LINE 11G:

OTHER FEES FOR SERVICES

THE ORGANIZATION CONTRACTED WITH A CONSULTANT TO SERVE AS COUNSEL FOR
ITS CAPITAL CAMPAIGN BEGINNING IN 2008. THE REMAINING CONTRACT AMOUNT
WAS PAID IN 2009. THE ORGANIZATION ALSO PAID \$20,539 TO AN INDIVIDUAL
TO ASSIST WITH THE CONTRUCTION PROCESS AND BE ITS REPRESENTIVE DURING
THE CONSTRUCTION PHASE OF THE CAPITAL CAMPAIGN IN 2009.

SCHEDULE D, PART VI, LINE 1E:

THE \$615,285 OF OTHER ASSETS IS COMPRISED OF \$60,636 OF VEHICLES AND
\$621,679 OF CONSTRUCTION IN PROGRESS.

FORM 990, PART X, LINE 15(B)

SEWALL IS THE BENEFICIARY OF AN IRREVOCABLE PERPETUAL TRUST
ADMINISTERED BY A THIRD-PARTY. THE TRUST AGREEMENT PROVIDES FOR THE
DISTRIBUTION OF THE NET INCOME OF THE TRUST TO SEWALL; HOWEVER, SEWALL
WILL NEVER RECEIVE THE ASSETS OF THE TRUST. AT DECEMBER 31, 2009, THE
FAIR VALUE OF THE ASSETS HELD BY THE TRUST WAS \$125,884. THE VALUE OF
THE TRUST INCREASED \$22,398 DURING 2009, AND THE TRUST MADE A
DISTRIBUTION OF \$2,863 TO SEWALL FOR ITS UNRESTRICTED USE.

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

932211
02-03-10

Schedule O (Form 990) 2009

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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Name of the organization

SEWALL CHILD DEVELOPMENT CENTER, INC.

Employer identification number

84-0413241

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
 - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**

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

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits

Type or print	Name of Exempt Organization SEWALL CHILD DEVELOPMENT CENTER, INC.	Employer identification number 84-0413241
File by the due date for filing your return See instructions	Number, street, and room or suite no. If a P O box, see instructions 1360 VINE STREET	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. DENVER, CO 80206	

Check type of return to be filed (file a separate application for each return)

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

KATHLEEN KING

- The books are in the care of ▶ **1360 VINE STREET, DENVER, CO - 80206**
 Telephone No. ▶ **(303) 399-1800** FAX No ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until **AUGUST 15, 2010**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year **2009** or
 ▶ tax year beginning _____, and ending _____

2 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990 PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See Instructions.	3a	\$	
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	N/A

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

LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions

Form **8868** (Rev. 4-2009)

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box **X**
- Note:** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print <small>File by the extended due date for filing the return See instructions</small>	Name of Exempt Organization SEWALL CHILD DEVELOPMENT CENTER, INC.	Employer identification number 84-0413241
	Number, street, and room or suite no. If a P.O. box, see instructions. 1360 VINE STREET	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. DENVER, CO 80206	

- Check type of return to be filed** (File a separate application for each return):
- | | | | | | |
|--|--------------------------------------|---|--------------------------------------|------------------------------------|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 5227 | <input type="checkbox"/> Form 8870 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 4720 | <input type="checkbox"/> Form 6069 | |

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

LONA COLLINS

- The books are in the care of **1360 VINE STREET, DENVER, CO - 80206**
Telephone No. **(303) 399-1800** FAX No.
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

- I request an additional 3-month extension of time until **NOVEMBER 15, 2010.**
- For calendar year **2009**, or other tax year beginning _____, and ending _____.
- If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period
- State in detail why you need the extension
ADDITIONAL TIME IS REQUIRED TO ALLOW THE ORGANIZATION'S GOVERNING BODY TO PERFORM A THOROUGH REVIEW OF THE RETURN AND APPROVE IT FOR FILING.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	8c	\$	N/A

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature *Trendy Desrutt* Title **CPA** Date **8/11/10**