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# Return of Organization Exempt From Income Tax

# 2011

Department of the Treasury  
Internal Revenue Service

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

Open to Public Inspection

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

**A For the 2011 calendar year, or tax year beginning and ending**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C Name of organization</b> <b>SEWALL CHILD DEVELOPMENT CENTER, INC.</b>		<b>D Employer identification number</b> <b>84-0413241</b>
	Doing Business As		<b>E Telephone number</b> <b>(303)399-1800</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>G Gross receipts \$</b> <b>2,951,330.</b>
	<b>1360 VINE STREET</b>		<b>H(a) Is this a group return for affiliates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or country, and ZIP + 4 <b>DENVER, CO 80206</b>		<b>H(b) Are all affiliates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)
<b>F Name and address of principal officer.</b> <b>HEIDI HEISSENBUTTEL</b> <b>SAME AS C ABOVE</b>			<b>H(c) Group exemption number</b>
<b>I Tax-exempt status.</b> <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
<b>J Website:</b> <b>WWW.SEWALL.ORG</b>			
<b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			<b>L Year of formation:</b> <b>1950</b> <b>M State of legal domicile:</b> <b>CO</b>

**Part I Summary**

<b>1</b> Briefly describe the organization's mission or most significant activities. <b>SEE SCHEDULE O</b>			
<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets			
<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>17</b>	
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>17</b>	
<b>5</b> Total number of individuals employed in calendar year 2011 (Part V, line 2a)	<b>5</b>	<b>166</b>	
<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>85</b>	
<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>&lt;4,728.&gt;</b>	
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>&lt;4,728.&gt;</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>950,136.</b>	<b>736,397.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>2,211,869.</b>	<b>2,135,715.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>29.</b>	<b>82.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>&lt;12,761.&gt;</b>	<b>20,654.</b>
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>3,149,273.</b>	<b>2,892,848.</b>	
<b>Expenses</b>	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>	<b>0.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>0.</b>	<b>0.</b>
	<b>16 a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>2,703,010.</b>	<b>2,536,478.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <b>188,670.</b>	<b>0.</b>	<b>0.</b>
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>430,703.</b>	<b>483,069.</b>
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>3,133,713.</b>	<b>3,019,547.</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>15,560.</b>	<b>&lt;126,699.&gt;</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>4,667,694.</b>	<b>4,111,231.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>420,931.</b>	<b>408,028.</b>
		<b>4,246,763.</b>	<b>3,703,203.</b>

**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.

<b>Sign Here</b>	Signature of officer <i>Heidi Heissenbuttel</i>	Date <b>9-19-12</b>
	<b>HEIDI HEISSENBUTTEL, CHIEF EXECUTIVE OFFICER</b>	
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>RANDY WATKINS</b>	Preparer's signature <i>Randy Watkins</i>
	Firm's name <b>ANTON COLLINS MITCHELL LLP</b>	Date <b>9/13/12</b>
	Firm's address <b>303 EAST 17TH AVENUE, SUITE 600 DENVER, CO 80203</b>	Check if self-employed <input type="checkbox"/> PTIN <b>P00916517</b>
		Firm's EIN <b>01-0724563</b>
		Phone no. <b>303-830-1120</b>

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

3 616

SCANNED OCT 01 2012

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

X

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 No X

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 X

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 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.

4a (Code ) (Expenses \$ 803,897. including grants of \$ ) (Revenue \$ 497,551.)

SEE SCHEDULE O

4b (Code ) (Expenses \$ 831,606. including grants of \$ ) (Revenue \$ 872,472.)

SEE SCHEDULE O

4c (Code ) (Expenses \$ 351,162. including grants of \$ ) (Revenue \$ 378,746.)

SEE SCHEDULE O

4d Other program services (Describe in Schedule O.)

(Expenses \$ 536,497. including grants of \$ ) (Revenue \$ 386,946.)

4e Total program service expenses 2,523,162.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> 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>	<b>X</b>	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	<b>X</b>	
<b>3</b> 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>		<b>X</b>
<b>4</b> <b>Section 501(c)(3) organizations.</b> 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>		<b>X</b>
<b>5</b> 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 Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		<b>X</b>
<b>6</b> 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>		<b>X</b>
<b>7</b> 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>		<b>X</b>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		<b>X</b>
<b>9</b> 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>		<b>X</b>
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		<b>X</b>
<b>11</b> 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.		
<b>a</b> 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>	<b>X</b>	
<b>b</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>		<b>X</b>
<b>c</b> 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>		<b>X</b>
<b>d</b> 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>		<b>X</b>
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		<b>X</b>
<b>f</b> 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>	<b>X</b>	
<b>12a</b> 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>	<b>X</b>	
<b>b</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, XII, and XIII is optional</i>		<b>X</b>
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		<b>X</b>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?		<b>X</b>
<b>b</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>		<b>X</b>
<b>15</b> 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, Parts II and IV</i>		<b>X</b>
<b>16</b> 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, Parts III and IV</i>		<b>X</b>
<b>17</b> 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>		<b>X</b>
<b>18</b> 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>	<b>X</b>	
<b>19</b> 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>		<b>X</b>
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		<b>X</b>
<b>b</b> <i>If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?</i>		<b>X</b>

Form 990 (2011)

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization 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 <b>Section 501(c)(3) and 501(c)(4) organizations.</b> 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, 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 (or a family member thereof) 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
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36 <b>Section 501(c)(3) organizations.</b> 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 V** Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
<b>1a</b>	14		
<b>1b</b>	0		
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
<b>2a</b>	166		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
<b>b</b>	If "Yes," enter the name of the foreign country. <input type="checkbox"/> See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
<b>7d</b>			
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the organization make any taxable distributions under section 4966?		
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12		
<b>10a</b>			
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
<b>10b</b>			
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders		
<b>11a</b>			
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
<b>11b</b>			
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
<b>12b</b>			
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O		
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
<b>13b</b>			
<b>c</b>	Enter the amount of reserves on hand		
<b>13c</b>			
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		
<b>14b</b>			

**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.

Check if Schedule O contains a response to any question in this Part VI

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	<b>1a</b> 17		
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent		
	<b>1b</b> 17		
<b>2</b>	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?	<b>X</b>	
<b>3</b>	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?		<b>X</b>
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<b>X</b>
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		<b>X</b>
<b>6</b>	Did the organization have members or stockholders?		<b>X</b>
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		<b>X</b>
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		<b>X</b>
<b>7b</b>			
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	<b>X</b>	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	<b>X</b>	
<b>8a</b>			
<b>8b</b>			
<b>9</b>	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		<b>X</b>

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		<b>X</b>
<b>b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
<b>10b</b>			
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<b>X</b>	
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
<b>11a</b>			
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	<b>X</b>	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>X</b>	
<b>12b</b>			
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	<b>X</b>	
<b>12c</b>			
<b>13</b>	Did the organization have a written whistleblower policy?	<b>X</b>	
<b>14</b>	Did the organization have a written document retention and destruction policy?		<b>X</b>
<b>15</b>	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?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	<b>X</b>	
<b>b</b>	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		<b>X</b>
<b>15a</b>			
<b>15b</b>			
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		<b>X</b>
<b>b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		
<b>16a</b>			
<b>16b</b>			

**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 (Section 501(c)(3)s only) available for public inspection. Indicate how you made 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 made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 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**

Check if Schedule O contains a response to any question in this Part VII

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

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

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

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 neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) STEPHEN MARTIN EX-OFFICIO CHAIRMAN	1.00	X		X			0.	0.	0.	
(2) MARC KLEINER CHAIRMAN	1.00	X		X			0.	0.	0.	
(3) JONCEE FEAKES DIRECTOR	1.00	X					0.	0.	0.	
(4) JONATHAN LURIE DIRECTOR	1.00	X					0.	0.	0.	
(5) HEIDI CRUM DIRECTOR	1.00	X					0.	0.	0.	
(6) WILLIAM C. HOLLAND SECRETARY	1.00	X		X			0.	0.	0.	
(7) KAREN POSSEHL CO-CHAIR, CAP, CAMPAIGN	1.00	X		X			0.	0.	0.	
(8) CHARLES FISH TREASURER	1.00	X		X			0.	0.	0.	
(9) KEVIN CONROY DIRECTOR	1.00	X					0.	0.	0.	
(10) CHARON EARNEST DIRECTOR	1.00	X					0.	0.	0.	
(11) GENE KOELBEL DIRECTOR	1.00	X					0.	0.	0.	
(12) CATHY LINES CHAIR - PROGRAM COMMITTEE	1.00	X		X			0.	0.	0.	
(13) CARLYN STAMBAUGH DIRECTOR	1.00	X					0.	0.	0.	
(14) PETER F. TEDSTROM, CFP DIRECTOR	1.00	X					0.	0.	0.	
(15) JASON WALDRON DIRECTOR	1.00	X					0.	0.	0.	
(16) JOHN CHAHBANDOUR VICE CHAIR STRATEGIC PLANN	1.00	X		X			0.	0.	0.	
(17) KATHRYN HARRIS DIRECTOR	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 (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) HEIDI HEISSEN BUTTEL CEO	40.00			X				82,808.	0.	0.
<b>1b Sub-total</b>								82,808.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								82,808.	0.	0.

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 **0**

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

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 **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	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	105,011.				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	631,386.				
	g Noncash contributions included in lines 1a-1f \$						
	<b>h Total.</b> Add lines 1a-1f			736,397.			
<b>Program Service Revenue</b>	2 a <u>HEADSTART PROGRAM</u>	Business Code 624100	872,472.	872,472.			
	b <u>PRESCHOOL</u>	624100	497,551.	497,551.			
	c <u>CHILDCARE</u>	624100	378,746.	378,746.			
	d <u>INFANT</u>	624100	188,628.	188,628.			
	e <u>OUTPATIENT SERVICES</u>	624100	185,079.	185,079.			
	f All other program service revenue	624100	13,239.	13,239.			
	<b>g Total.</b> Add lines 2a-2f			2135715.			
	3 Investment income (including dividends, interest, and other similar amounts)			82.			82.
4 Income from investment of tax-exempt bond proceeds							
5 Royalties							
<b>Other Revenue</b>	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 \$ 105,011. of contributions reported on line 1c) See Part IV, line 18	a	70,364.				
	b Less direct expenses	b	58,482.				
	c Net income or (loss) from fundraising events			11,882.		11,882.	
	9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b					
	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	b						
c Net income or (loss) from sales of inventory							
<b>Miscellaneous Revenue</b>							
11 a <u>DISTRIBUTIONS</u>	Business Code 900099		13,500.			13,500.	
b <u>NET FROM PARTNERSHIP</u>	900099		<4,728.>		<4,728.>		
c							
d All other revenue							
<b>e Total.</b> Add lines 11a-11d			8,772.				
<b>12 Total revenue.</b> See instructions.			2892848.	2135715.	<4,728.>	25,464.	

**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).

Check if Schedule O contains a response to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	93,559.	11,695.	81,864.	
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	2,126,291.	1,937,300.	96,291.	92,700.
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	137,807.	122,711.	7,179.	7,917.
10 Payroll taxes	178,821.	158,740.	9,951.	10,130.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	42,978.		41,398.	1,580.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	132,725.	74,535.	8,467.	49,723.
12 Advertising and promotion				
13 Office expenses	29,384.	16,512.	1,079.	11,793.
14 Information technology				
15 Royalties				
16 Occupancy	51,767.	45,058.	4,330.	2,379.
17 Travel	19,103.	17,325.	1,411.	367.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	4,682.	4,592.		90.
20 Interest	15,739.		15,739.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	10,020.	8,349.	1,079.	592.
23 Insurance	36,698.	33,444.	1,416.	1,838.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <b>SUPPLIES</b>	74,777.	72,606.	1,129.	1,042.
b <b>EQUIPMENT RENT/MAINT.</b>	32,441.	8,969.	21,436.	2,036.
c <b>BANK CHARGES</b>	11,360.	0.	10,428.	932.
d <b>LAUNDRY</b>	3,454.	3,454.	0.	0.
e All other expenses	17,941.	7,872.	4,518.	5,551.
25 <b>Total functional expenses.</b> Add lines 1 through 24e	3,019,547.	2,523,162.	307,715.	188,670.
26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing	73,341.	<b>1</b>	83,093.
	<b>2</b> Savings and temporary cash investments	1,101,906.	<b>2</b>	984,452.
	<b>3</b> Pledges and grants receivable, net	1,653,770.	<b>3</b>	1,394,750.
	<b>4</b> Accounts receivable, net	246,135.	<b>4</b>	254,052.
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		<b>5</b>	
	<b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		<b>6</b>	
	<b>7</b> Notes and loans receivable, net		<b>7</b>	
	<b>8</b> Inventories for sale or use		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges	14,694.	<b>9</b>	25,346.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 2,130,247.		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> 895,119.	<b>10c</b>	1,235,128.
	<b>11</b> Investments - publicly traded securities	134,700.	<b>11</b>	134,410.
	<b>12</b> Investments - other securities. See Part IV, line 11		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11		<b>13</b>	
	<b>14</b> Intangible assets		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11	198,000.	<b>15</b>	0.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34)	4,667,694.	<b>16</b>	4,111,231.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses	420,931.	<b>17</b>	164,203.
	<b>18</b> Grants payable		<b>18</b>	
	<b>19</b> Deferred revenue		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D		<b>21</b>	
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties		<b>23</b>	243,825.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties		<b>24</b>	
	<b>25</b> 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		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25	420,931.	<b>26</b>	408,028.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets	1,345,721.	<b>27</b>	1,181,989.
	<b>28</b> Temporarily restricted net assets	2,764,324.	<b>28</b>	2,386,804.
	<b>29</b> Permanently restricted net assets	136,718.	<b>29</b>	134,410.
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		<b>32</b>	
<b>33</b> Total net assets or fund balances	4,246,763.	<b>33</b>	3,703,203.	
<b>34</b> Total liabilities and net assets/fund balances	4,667,694.	<b>34</b>	4,111,231.	

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,892,848.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,019,547.
3	Revenue less expenses. Subtract line 2 from line 1	3	<126,699.>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,246,763.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	<416,861.>
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	3,703,203.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response to any question in this Part XII

- 1 Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
- 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 separate basis, consolidated 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 (2011)



**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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3,586,131.	1,905,092.	1,387,308.	950,136.	731,669.	8,560,336.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3	3,586,131.	1,905,092.	1,387,308.	950,136.	731,669.	8,560,336.
<b>5</b> 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)						1,224,960.
<b>6 Public support.</b> Subtract line 5 from line 4						7,335,376.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>7</b> Amounts from line 4	3,586,131.	1,905,092.	1,387,308.	950,136.	731,669.	8,560,336.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	13,337.	18,207.	903.	29.	82.	32,558.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)	7,509.					7,509.
<b>11 Total support.</b> Add lines 7 through 10						8,600,403.
<b>12</b> Gross receipts from related activities, etc. (see instructions)					12	11,279,267.

**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

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	14	85.29 %
<b>15</b> Public support percentage from 2010 Schedule A, Part II, line 14	15	85.70 %

**16a 33 1/3% support test - 2011.** 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

**b 33 1/3% support test - 2010.** 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

**17a 10% -facts-and-circumstances test - 2011.** 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

**b 10% -facts-and-circumstances test - 2010.** 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

**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

**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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support</b> (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total support</b> (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**

<b>15</b> Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2010 Schedule A, Part III, line 15	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2010 Schedule A, Part III, line 17	<b>18</b>	%

**19a 33 1/3% support tests - 2011.** 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 - 2010.** 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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

**2011**  
**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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate 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?  Yes  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?  Yes  No

**Part II Conservation Easements.** Complete if the organization answered "Yes" to 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 (e.g., recreation or education)  Preservation of an historically important land area  
 Protection of natural habitat  Preservation of a certified historic structure  
 Preservation of open space
- 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_
- 4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_
- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  Yes  No
- 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ \_\_\_\_\_
- 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_
- 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?  Yes  No
- 9 In Part XIV, 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" to Form 990, Part IV, line 8

- 1a If the organization elected, as permitted under SFAS 116 (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 XIV, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under SFAS 116 (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) Revenues included in 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 SFAS 116 (ASC 958) relating to these items:
- a Revenues included in Form 990, Part VIII, line 1 ▶ \$ \_\_\_\_\_
- b Assets included in Form 990, Part X ▶ \$ \_\_\_\_\_

**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 the 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                        |
|----|-------------------------------|
| 1c | Beginning balance             |
| 1d | Additions during the year     |
| 1e | Distributions during the year |
| 1f | Ending balance                |
- 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 current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment  \_\_\_\_\_ %
- b Permanent endowment  \_\_\_\_\_ %
- c Temporarily restricted endowment  \_\_\_\_\_ %

The percentages in 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:

- (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 Land, Buildings, and Equipment.** 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		613,100.		613,100.
b Buildings		394,713.	394,364.	349.
c Leasehold improvements				
d Equipment		440,119.	440,119.	0.
e Other		682,315.	60,636.	621,679.
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				<b>1,235,128.</b>

**Part VII Investments - Other Securities.** 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)		
(I)		
<b>Total.</b> (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶		

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Total.</b> (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	

**Part X Other Liabilities.** See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	

FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

**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	2,892,848.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	3,019,547.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	<126,699.>
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	<416,861.>
9	Total adjustments (net) Add lines 4 through 8	9	<416,861.>
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	<543,560.>

**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	2,475,987.
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	<416,861.>
e	Add lines 2a through 2d	2e	<416,861.>
3	Subtract line 2e from line 1	3	2,892,848.
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	2,892,848.

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

1	Total expenses and losses per audited financial statements	1	3,019,547.
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	3,019,547.
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	3,019,547.

**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, LINE 2: SEWALL BELIEVES THAT IT HAS CONDUCTED ITS OPERATIONS**

**IN ACCORDANCE WITH, AND HAS PROPERLY MAINTAINED, ITS TAX-EXEMPT STATUS, AND THAT IT HAS TAKEN NO MATERIAL UNCERTAIN TAX POSITIONS THAT QUALIFY FOR RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS. SEWALL IS NO LONGER SUBJECT TO U.S. FEDERAL, STATE AND LOCAL, OR NON U.S. INCOME TAX EXAMINATIONS BY TAX AUTHORITIES FOR YEARS BEFORE FISCAL 2008.**

**PART XI, LINE 8 - OTHER ADJUSTMENTS:**

Part XIV Supplemental Information (continued)

CHANGE IN VALUE OF PERPETUAL TRUST	1,139.
IMPAIRMENT LOSS ON ECONOMIC INTEREST IN PARTNERSHIP	-198,000.
NET ASSETS RELEASED FROM RESTRICTION	-220,000.
TOTAL TO SCHEDULE D, PART XI, LINE 8	-416,861.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN VALUE OF PERPETUAL TRUST	1,139.
IMPAIRMENT LOSS ON ECONOMIC INTEREST IN PARTERSHIP	-198,000.
NET ASSETS RELEASED FROM RESTRICTION	-220,000.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	-416,861.



**Part II Fundraising Events.** Complete if the organization answered "Yes" to 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))	
		BEACON DINNER (event type)	CHAMPIONS LUNCHEON (event type)	2 (total number)		
Revenue	1	Gross receipts	115,575.	20,132.	39,668.	175,375.
	2	Less: Charitable contributions	63,630.	15,867.	25,514.	105,011.
	3	Gross income (line 1 minus line 2)	51,945.	4,265.	14,154.	70,364.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	58,482.			58,482.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				( 58,482 )
11	Net income summary. Combine line 3, column (d), and line 10				11,882.	

**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			

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?  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: \_\_\_\_\_



**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

OMB No 1545-0047

**2011**

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:**

**PRESCHOOL - CHILDREN, AGES 2 1/2 TO 6, 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. THE "READ, PLAY AND LEARN" 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, COMMUNICATION AND LANGUAGE PERSPECTIVES. DEVELOPMENT AND LEARNING ARE ENCOURAGED ACROSS DOMAINS. THE CURRICULUM FOCUSES ON INCORPORATING ACTIVITIES THAT 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 OR PHYSICAL 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**

Name of the organization

SEWALL CHILD DEVELOPMENT CENTER, INC.

Employer identification number

84-0413241

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 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

HEAD START DISABILITY SERVICES - 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 DENVER HEAD START SITES. AFTER THEIR ASSESSMENT, THE TEAM CREATES AN APPROPRIATE PLAN OF EDUCATIONAL THERAPY FOR THE CHILD. THE DISABILITY TEAMS ARE BASED THROUGH DENVER GREAT KIDS HEAD START AND AT ROCKY MOUNTAIN SERVICE, EMPLOYMENT, REDEVELOPMENT ("SER").

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

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 INCLUDING CHILDREN WITH AND WITHOUT SPECIAL NEEDS IN CLASSROOMS. 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

Name of the organization

SEWALL CHILD DEVELOPMENT CENTER, INC.

Employer identification number

84-0413241

CHILDCARE STAFF.

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

TRANSITIONAL KINDERGARTEN - CHILDREN, AGES 4 TO 6, IN EITHER THEIR PRE-KINDERGARTEN OR KINDERGARTEN YEAR, PARTICIPATE IN THIS PROGRAM.

THE CHILDREN ARE TAUGHT IN AN INCLUSIVE ENVIRONMENT WITH ONLY 15 TO 18 INDIVIDUALS. CHILDREN OF ALL ABILITY LEVELS, LEARN NOT ONLY ACADEMICS NECESSARY FOR THE KINDERGARTEN LEVEL, BUT THE SOCIAL AND EMOTIONAL RELATED SKILLS FOR FUTURE SUCCESS.

INFANT/TODDLER - CHILDREN, FROM BIRTH TO AGE THREE, HAVING IDENTIFIED SPECIAL NEEDS, AND THEIR PARENTS, ARE PROVIDED EARLY INTERVENTION SERVICES IN A VARIETY OF SETTINGS, INCLUDING HOME, CHILDCARE, AND PLAYGROUPS, AMONG OTHERS. THE CHILD'S POTENTIAL IS DEVELOPED WITHIN THE CONTEXT OF TYPICAL DAILY ACTIVITIES. EARLY CHILDHOOD EDUCATORS CONSIDER PLAY A CHILD'S WORK. BEGINNING AT AGE 2, PARENTS MAY ENROLL THEIR CHILD IN A TRANSITIONAL PRESCHOOL AT SEWALL FOR CHILDREN WITHOUT SPECIAL NEEDS.

TRAINING AND FAMILY OUTREACH - SEWALL PROVIDES WORKSHOPS AND CONSULTANT SUPPORT ENTITLED "TEACHING BEYOND NORMAL" TO THE COMMUNITY IN THE METROPOLITAN DENVER AREA. IN ADDITION, SEWALL STAFF PARTICIPATES IN COMMUNITY-WIDE EFFORTS TO IMPROVE THE QUALITY OF EARLY EDUCATION PROGRAMS FOR YOUNG CHILDREN FROM BIRTH TO FIVE YEARS OF AGE. SEWALL'S SOCIAL WORKER PARTNERS 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. THE STAFF ALSO HELPS FAMILIES IDENTIFY OTHER NEEDED RESOURCES IN THE COMMUNITY.

Name of the organization

SEWALL CHILD DEVELOPMENT CENTER, INC.

Employer identification number

84-0413241

DIAGNOSTIC CLINIC AND OUTPATIENT THERAPY - CHILDREN FROM BIRTH TO AGE 12 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.

EXPENSES \$ 536,497. INCLUDING GRANTS OF \$ 0. REVENUE \$ 386,946.

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

132212  
01-23-12

Schedule O (Form 990 or 990-EZ) (2011)

Name of the organization

SEWALL CHILD DEVELOPMENT CENTER, INC.

Employer identification number

84-0413241

## GRATUITIES FROM THE FOLLOWING:

- A. PERSONS RECEIVING BENEFITS OR SERVICES FROM SEWALL;
- 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.

Name of the organization

SEWALL CHILD DEVELOPMENT CENTER, INC.

Employer identification number

84-0413241

## FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

CHANGE IN VALUE OF PERPETUAL TRUST	1,139.
IMPAIRMENT LOSS ON ECONOMIC INTEREST IN PARTNERSHIP	-198,000.
NET ASSETS RELEASED FROM RESTRICTION	-220,000.
TOTAL TO FORM 990, PART XI, LINE 5	-416,861.

## 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.

## SCHEDULE D, PART VI, LINE 1E:

THE \$682,315 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, 2010, THE FAIR VALUE OF THE ASSETS HELD BY THE TRUST WAS \$136,718. THE VALUE OF THE TRUST INCREASED \$13,933 DURING 2010, AND THE TRUST MADE A DISTRIBUTION OF \$3,099 TO SEWALL FOR ITS UNRESTRICTED USE.

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box

**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  File by the due date for filing your return See instructions	Name of exempt organization or other filer, see instructions	Enter filer's identifying number, see instructions	
	SEWALL CHILD DEVELOPMENT CENTER, INC.	<input checked="" type="checkbox"/> Employer identification number (EIN) or	84-0413241
	Number, street, and room or suite no. If a P.O. box, see instructions. 1360 VINE STREET	<input type="checkbox"/> Social security number (SSN)	
City, town or post office, state, and ZIP code. For a foreign address, see instructions. DENVER, CO 80206			

Enter the Return code for the return that this application is for (file a separate application for each return) 0 1

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

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

HEIDI HEISSEN BUTTEL

• 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.

4 I request an additional 3-month extension of time until NOVEMBER 15, 2012.

5 For calendar year 2011, or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

6 If the tax year entered in line 5 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

7 State in detail why you need the extension  
**AUDITED FINANCIAL STATEMENT REPORTS ARE IN FINAL REVIEW AND ARE NEEDED TO PREPARE A COMPLETE AND ACCURATE FORM 990.**

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	\$	0.
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	0.
c	<b>Balance due.</b> Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0.

**Signature and Verification must be completed for Part II only.**

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  Heidi Heissen Buttel Title  CPA Date  1.17.12