

Form **990**

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

**2020**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

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

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>ZERO TO THREE: NATIONAL CENTER FOR INFANTS, TODDLERS AND FAMILIES</b>		<b>D</b> Employer identification number <b>52-1105189</b>
	Doing business as		<b>E</b> Telephone number <b>(202) 638-1144</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	City or town, state or province, country, and ZIP or foreign postal code <b>WASHINGTON, DC 20037</b>		<b>G</b> Gross receipts \$ <b>54,756,520.</b>
<b>F</b> Name and address of principal officer: <b>MATTHEW E. MELMED</b> <b>SAME AS C ABOVE</b>		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions	
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(c)</b> Group exemption number	
<b>J</b> Website: <b>WWW.ZEROTOTHREE.ORG</b>		<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other	
<b>L</b> Year of formation: <b>1977</b>		<b>M</b> State of legal domicile: <b>DC</b>	

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>ZERO TO THREE'S MISSION IS TO ENSURE THAT ALL BABIES AND TODDLERS HAVE A STRONG START IN LIFE. WE</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>23</b>
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>21</b>
	<b>5</b>	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	<b>255</b>
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>22</b>
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>1,815.</b>
<b>7b</b>	Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>0.</b>	
<b>Revenue</b>	<b>8</b>	Contributions and grants (Part VIII, line 1h)	Prior Year: <b>38,907,148.</b> Current Year: <b>43,451,279.</b>
	<b>9</b>	Program service revenue (Part VIII, line 2g)	<b>4,082,581.</b> <b>4,270,138.</b>
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>592,691.</b> <b>1,176,209.</b>
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>1,135,743.</b> <b>545,104.</b>
	<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>44,718,163.</b> <b>49,442,730.</b>
<b>Expenses</b>	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>0.</b> <b>0.</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>23,545,378.</b> <b>24,501,277.</b>
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	<b>0.</b> <b>0.</b>
	<b>16b</b>	Total fundraising expenses (Part IX, column (D), line 25) <b>652,551.</b>	
<b>Net Assets or Fund Balances</b>	<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>24,411,156.</b> <b>24,958,483.</b>
	<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>47,956,534.</b> <b>49,459,760.</b>
	<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	<b>-3,238,371.</b> <b>-17,030.</b>
<b>20</b>	Total assets (Part X, line 16)	Beginning of Current Year: <b>53,483,897.</b> End of Year: <b>57,540,204.</b>	
<b>21</b>	Total liabilities (Part X, line 26)	<b>7,549,929.</b> <b>9,825,960.</b>	
<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	<b>45,933,968.</b> <b>47,714,244.</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.

Sign Here: Signature of officer *[Signature]* Date **4/12/22**  
**MATTHEW E. MELMED, EXECUTIVE DIRECTOR**  
 Type or print name and title

Paid Preparer Use Only: Print/Type preparer's name **FRANK H. SMITH** Preparer's signature *[Signature]* Date **04/12/22** Check if self-employed  PTIN **P00639053**  
 Firm's name **MARCUM, LLP** Firm's EIN **11-1986323**  
 Firm's address **1899 L STREET, NW, SUITE 850 WASHINGTON, DC 20036** Phone no. **(202) 227-4000**

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

ZERO TO THREE: NATIONAL CENTER FOR INFANTS, TODDLERS AND FAMILIES

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: ZERO TO THREE IS THE NEXUS FOR THE MULTIDISCIPLINARY "INFANT AND FAMILY" FIELD BRINGING TOGETHER THE FIELDS OF MEDICINE, MENTAL HEALTH, RESEARCH SCIENCE, CHILD DEVELOPMENT, AND PARENTING EDUCATION. ZERO TO THREE FOCUSES ON THE NEEDS OF THE "WHOLE BABY" IN THE CONTEXT OF THE

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

4a (Code: ) (Expenses \$ 11,132,086. including grants of \$ ) (Revenue \$ 481,387. ) HEALTHY STEPS- HEALTHY STEPS IS AN EVIDENCE-BASED PROGRAM OF ZERO TO THREE, THE NATION'S LEADING NONPROFIT WORKING TO ENSURE ALL BABIES AND TODDLERS HAVE A STRONG START IN LIFE. HEALTHYSTEPS TRANSFORMS THE PROMISE OF PEDIATRIC PRIMARY CARE THROUGH A UNIQUE TEAM-BASED APPROACH THAT INTEGRATES A HEALTHYSTEPS SPECIALIST, A CHILD DEVELOPMENT EXPERT, INTO THE HEALTH CARE TEAM. ALL CHILDREN AGES 0-3 AND THEIR FAMILIES RECEIVE A TIERED MODEL OF SERVICES, FROM UNIVERSAL SCREENING TO RISK-STRATIFIED SUPPORTS, INCLUDING CARE COORDINATION AND ONSITE INTERVENTION, AS NEEDED. THE HEALTHYSTEPS NETWORK HAS GROWN AN AVERAGE OF 17% YEAR-OVER-YEAR SINCE 2017, MORE THAN TRIPLING THE EXPECTED RATE OF GROWTH. THE NETWORK NOW INCLUDES MORE THAN 250 HEALTHYSTEPS SPECIALISTS AT 186 SITES IN 24 STATES, WASHINGTON D.C., AND PUERTO

4b (Code: ) (Expenses \$ 10,649,129. including grants of \$ ) (Revenue \$ 53,130. ) NATIONAL CENTER ON EARLY CHILDHOOD DEVELOPMENT, TEACHING, AND LEARNING (NC ECDTL)- NC ECDTL IS A FEDERALLY-FUNDED NATIONAL TRAINING AND TECHNICAL ASSISTANCE (T/TA) CENTER OPERATING UNDER A FIVE-YEAR GRANT AIMED AT IMPACTING THE TRAINING AND TECHNICAL ASSISTANCE NEEDS OF HEAD START AND CHILD CARE PROGRAMS AND SYSTEMS. THE GOAL OF NC ECDTL IS TO IDENTIFY, DEVELOP, AND PROMOTE THE IMPLEMENTATION OF EVIDENCE-BASED PRACTICES THAT ARE CULTURALLY AND LINGUISTICALLY RESPONSIVE AND LEAD TO POSITIVE CHILD OUTCOMES ACROSS EARLY CHILDHOOD PROGRAMS AND TO SUPPORT STRONG PROFESSIONAL DEVELOPMENT SYSTEMS. ZERO TO THREE IS RESPONSIBLE FOR SETTING THE DIRECTION FOR THE CENTER, PROVIDING OVERALL PROJECT AND FISCAL MANAGEMENT, MANAGING AND GUIDING THE WORK OF THE CENTER SUBCONTRACTORS, AND DELIVERING T/TA SERVICES TO HEAD START AND CHILD

4c (Code: ) (Expenses \$ 9,745,528. including grants of \$ ) (Revenue \$ ) SAFE BABIES COURT TEAM- ZERO TO THREE'S SAFE BABIES COURT TEAM (SBCT) APPROACH APPLIES THE SCIENCE OF EARLY CHILDHOOD DEVELOPMENT IN MEETING THE URGENT NEEDS OF INFANTS AND TODDLERS AND STRENGTHENING THEIR FAMILIES. THE GOAL IS TO ADVANCE THE HEALTH AND WELL-BEING OF VERY YOUNG CHILDREN AND THEIR FAMILIES, SO THEY FLOURISH. THE TARGET POPULATION IS CHILDREN BIRTH TO THREE YEARS OF AGE UNDER COURT JURISDICTION, WHO ARE IN FOSTER CARE OR AT RISK OF REMOVAL, AND THEIR FAMILIES.

SBCTS FOCUS INTENSIVELY ON:

- DRIVING BEST PRACTICES FOR BABIES, TODDLERS, AND THEIR FAMILIES
- REMOVING BARRIERS TO RACIAL EQUITY AND SOCIAL JUSTICE, AND

4d Other program services (Describe on Schedule O.) (Expenses \$ 16,979,059. including grants of \$ ) (Revenue \$ 4,221,203.)

4e Total program service expenses 48,505,802.

**ZERO TO THREE: NATIONAL CENTER FOR  
INFANTS, TODDLERS AND FAMILIES**

**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>1</b>	<b>X</b>	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? .....	<b>2</b>	<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>3</b>		<b>X</b>
<b>4 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>4</b>	<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>5</b>		<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>6</b>		<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>7</b>		<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>8</b>		<b>X</b>
<b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> .....	<b>9</b>		<b>X</b>
<b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> .....	<b>10</b>	<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>11a</b>	<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>11b</b>		<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>11c</b>		<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>11d</b>		<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>11e</b>	<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>11f</b>	<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 and XII</i> .....	<b>12a</b>	<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 and XII is optional</i> .....	<b>12b</b>		<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>13</b>		<b>X</b>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....	<b>14a</b>	<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>14b</b>	<b>X</b>	
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....	<b>15</b>		<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 other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....	<b>16</b>		<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>17</b>		<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>18</b>		<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>19</b>		<b>X</b>
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....	<b>20a</b>		<b>X</b>
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....	<b>20b</b>		
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	<b>21</b>		<b>X</b>





ZERO TO THREE: NATIONAL CENTER FOR  
INFANTS, TODDLERS AND FAMILIES

Form 990 (2020)

52-1105189 Page 4

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

	Yes	No
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....		X
<b>23</b> 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	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) 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>b</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
<b>26</b> Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>30</b> 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
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> 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
<b>33</b> 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
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....		X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		
<b>36 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
<b>37</b> 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
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? .....	X	

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

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

	Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable .....		
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .....		
<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	



ZERO TO THREE: NATIONAL CENTER FOR  
INFANTS, TODDLERS AND FAMILIES

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

		Yes	No
<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		
	2a		255
<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" to line 3b, provide an explanation on Schedule O	X	
<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 See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<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 as charitable contributions?		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?		
<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		
	7d		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<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.</b> Did a donor advised fund maintained by the 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 sponsoring organization make any taxable distributions under section 4966?		
<b>b</b>	Did the sponsoring 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	10a	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	11a	
<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.)	11b	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	12a	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
<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.	13a	
<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	13b	
<b>c</b>	Enter the amount of reserves on hand	13c	
<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 on Schedule O	14b	
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15	X
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X

**ZERO TO THREE: NATIONAL CENTER FOR  
INFANTS, TODDLERS AND FAMILIES**

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

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

**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 on Schedule O.	23	
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent	21	
<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?	2	X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3	X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X
<b>6</b>	Did the organization have members or stockholders?	6	X
<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?	7a	X
<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?	7b	X
<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?	8a	X
<b>b</b>	Each committee with authority to act on behalf of the governing body?	8b	X
<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 on Schedule O	9	X

**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?	10a	X
<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?	10b	
<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?	11a	X
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
<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	12c	X
<b>13</b>	Did the organization have a written whistleblower policy?	13	X
<b>14</b>	Did the organization have a written document retention and destruction policy?	14	X
<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	15a	X
<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).	15b	X
<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?	16a	X
<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?	16b	

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **▶ AL, AK, AZ, AR, CA, CO, CT, FL, GA, HI, IA, ID**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **▶**  
**PIA C. VALDIVIA - (202) 638-1144**  
**1255 23RD STREET, NW, NO. 350, WASHINGTON, DC 20037**

SEE SCHEDULE O FOR FULL LIST OF STATES

**COPY**

ZERO TO THREE: NATIONAL CENTER FOR  
INFANTS, TODDLERS AND FAMILIES

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MATTHEW E. MELMED EXECUTIVE DIRECTOR	50.00	X		X				604,749.	0.	81,627.
(2) RAHIL BRIGGS NATIONAL DIRECTOR, HEALTHY STEPS	40.00					X		409,168.	0.	21,506.
(3) MYRA C. JONES-TAYLOR CHIEF POLICY OFFICER	40.00				X			262,370.	0.	46,324.
(4) LAURA W. SHIFLETT - CHIEF FIN. & ADM. OFFICER - UNTIL 04/2021	40.00			X				268,730.	0.	14,702.
(5) JANICE IM CHIEF PROGRAM OFFICER	40.00			X				247,682.	0.	29,077.
(6) JENNIFER E. TRACEY SR. DIR. OF POLICY & FINANCING	40.00					X		254,962.	0.	15,234.
(7) TRACY Y. CRUDUP CHIEF HUMAN RESOURCES OFFICER	40.00			X				208,080.	0.	42,231.
(8) ERNESTINE BENEDICT CHIEF COMMUNICATIONS OFFICER	40.00			X				211,156.	0.	12,615.
(9) EDIMA ELINewinga CHIEF TECHNOLOGY OFFICER	40.00					X		207,665.	0.	14,506.
(10) PATRICIA A. COLE SENIOR DIRECTOR OF FEDERAL POLICY	40.00					X		168,871.	0.	44,857.
(11) KATHLEEN MCENERNY - FORMER CHIEF DEV. OFFICER - UNTIL 09/2020	40.00						X	169,444.	0.	14,138.
(12) TIMOTHY L. YEAGER DIR. OF PRODUCT MGMT - UNTIL 09/2021	40.00					X		166,471.	0.	12,233.
(13) JOY OSOFSKY BOARD MEMBER & SUBJECT MATTER EXPERT	2.00	X						25,200.	0.	0.
(14) CHANDRA GHOSH IPPEN BOARD MEMBER & AUTHOR	2.00	X						10,177.	0.	0.
(15) BRENDA JONES HARDEN VP & SUBJECT MATTER EXPERT	4.00	X		X				7,100.	0.	0.
(16) WALTER S. GILLIAM - CHAIR OF COMM & SUBJECT MATTER EXPERT	4.00	X						4,500.	0.	0.
(17) CATHERINE E. MONK BOARD MEMBER & SUBJECT MATTER EXPERT	2.00	X						3,500.	0.	0.

ZERO TO THREE: NATIONAL CENTER FOR INFANTS, TODDLERS AND FAMILIES

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) PIA C. VALDIVIA - CHIEF FIN. & ADM. OFFICER - AS OF 05/2021	40.00			X				0.	0.	0.
(19) PAUL SPICER PRESIDENT	4.00	X		X				0.	0.	0.
(20) ROSS THOMPSON IMMEDIATE PAST PRESIDENT	4.00	X		X				0.	0.	0.
(21) BRIAN A. NAPACK SECRETARY/TREASURER	4.00	X		X				0.	0.	0.
(22) ABEL COVARRUBIAS BOARD MEMBER	2.00	X						0.	0.	0.
(23) FELICIA DEHANEY BOARD MEMBER	2.00	X						0.	0.	0.
(24) MARY MARGARET GLEASON BOARD MEMBER	2.00	X						0.	0.	0.
(25) JON KORFMACHER BOARD MEMBER	2.00	X						0.	0.	0.
(26) DONNA LEVIN BOARD MEMBER	2.00	X						0.	0.	0.
<b>1b Subtotal</b>								3,229,825.	0.	349,050.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								3,229,825.	0.	349,050.

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 **62**

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
UNIVERSITY OF WASHINGTON 12455 COLLECTIONS DRIVE, CHICAGO, IL 60695 WESTED	SUBRECIPIENT CONSULTING	1,740,439.
4665 LAMPSON AVENUE, LOS ALAMATOS, CA 90720	CONSULTING SERVICES	916,483.
JAMES BELL ASSOC., INC., 3033 WILSON BLVD., SUITE 650, ARLINGTON, VA 22201	CONSULTING SERVICES	776,563.
GMMB, INC., 3050 K SREET, SUITE 100, NW, WASHINGTON, DC 20007	CONSULTING SERVICES	716,549.
VANDERBILT UNIVERSITY PMB 401591, NASHVILLE, TN 37420	SUBRECIPIENT CONSULTING	700,000.

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 **39**

SEE PART VII, SECTION A CONTINUATION SHEETS







ZERO TO THREE: NATIONAL CENTER FOR  
INFANTS, TODDLERS AND FAMILIES

Form 990 (2020)

52-1105189 Page 9

**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b> Federated campaigns	<b>1a</b> 898.					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>					
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b> 22240098.					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b> 21210283.					
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b> \$					
	<b>h Total.</b> Add lines 1a-1f		43451279.				
Program Service Revenue	<b>2 a</b> TRAINING & CONSULTING	Business Code 541900	1,945,166.	1,945,166.			
	<b>b</b> CONFERENCE & MEETINGS	900099	1,673,016.	1,673,016.			
	<b>c</b> NEW PARENT SUPPORT HV	541900	300,653.	300,653.			
	<b>d</b> MEMBERSHIP DUES	900099	297,946.	297,946.			
	<b>e</b> JOURNAL	511120	53,357.	51,542.	1,815.		
	<b>f</b> All other program service revenue						
	<b>g Total.</b> Add lines 2a-2f		4,270,138.				
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		642,186.			642,186.	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties		31,935.			31,935.	
	<b>6 a</b> Gross rents	<b>6a</b>	(i) Real (ii) Personal				
		<b>b</b> Less: rental expenses	<b>6b</b>				
		<b>c</b> Rental income or (loss)	<b>6c</b>				
	<b>d</b> Net rental income or (loss)						
	<b>7 a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities (ii) Other				
		<b>b</b> Less: cost or other basis and sales expenses	<b>7b</b>				
		<b>c</b> Gain or (loss)	<b>7c</b>				
	<b>d</b> Net gain or (loss)			534,023.		534,023.	
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>					
		<b>b</b> Less: direct expenses	<b>8b</b>				
<b>c</b> Net income or (loss) from fundraising events							
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>9a</b>						
	<b>b</b> Less: direct expenses	<b>9b</b>					
	<b>c</b> Net income or (loss) from gaming activities						
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>		561,811.				
	<b>b</b> Less: cost of goods sold	<b>10b</b>	97,964.				
	<b>c</b> Net income or (loss) from sales of inventory		463,847.	463,847.			
Miscellaneous Revenue	<b>11 a</b> MISCELLANEOUS	Business Code 900099	25,772.			25,772.	
	<b>b</b> HONORARIA	900099	23,550.	23,550.			
	<b>c</b>						
	<b>d</b> All other revenue						
	<b>e Total.</b> Add lines 11a-11d		49,322.				
<b>12 Total revenue.</b> See instructions		49442730.	4,755,720.	1,815.	1233916.		

**ZERO TO THREE: NATIONAL CENTER FOR  
INFANTS, TODDLERS AND FAMILIES**

Form 990 (2020)

52-1105189 Page **10**

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	2,025,169.	822,137.	1,139,037.	63,995.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....	17,948,303.	15,146,758.	2,550,964.	250,581.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	955,430.	843,422.	98,548.	13,460.
<b>9</b> Other employee benefits .....	2,077,920.	1,726,876.	322,504.	28,540.
<b>10</b> Payroll taxes .....	1,494,455.	1,204,531.	266,013.	23,911.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....				
<b>b</b> Legal .....	346,436.		346,436.	
<b>c</b> Accounting .....	90,168.		90,168.	
<b>d</b> Lobbying .....	221,814.	221,814.		
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees .....	82,807.		82,807.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	19,324,698.	18,640,927.	637,268.	46,503.
<b>12</b> Advertising and promotion .....	152,215.	150,065.		2,150.
<b>13</b> Office expenses .....	1,450,305.	1,168,911.	265,117.	16,277.
<b>14</b> Information technology .....	714,684.	395,112.	302,083.	17,489.
<b>15</b> Royalties .....	9,922.	9,922.		
<b>16</b> Occupancy .....	1,511,137.	885,677.	579,640.	45,820.
<b>17</b> Travel .....	93,479.	88,271.	4,119.	1,089.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....	335,536.	316,189.	19,102.	245.
<b>20</b> Interest .....	1,442.		1,442.	
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	383,107.	82,672.	296,068.	4,367.
<b>23</b> Insurance .....	73,255.		73,255.	
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> <b>SUBSCR. &amp; REFERENCE</b> .....	158,277.	101,633.	44,563.	12,081.
<b>b</b> <b>BAD DEBT EXPENSE</b> .....	9,201.		9,201.	
<b>c</b> <b>ALLOC OF MGMT &amp; ADM EXP</b> .....	0.	6,700,885.	-6,826,928.	126,043.
<b>d</b> _____				
<b>e</b> All other expenses _____				
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	49,459,760.	48,505,802.	301,407.	652,551.
<b>26</b> <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)

ZERO TO THREE: NATIONAL CENTER FOR  
INFANTS, TODDLERS AND FAMILIES

Form 990 (2020)

52-1105189 Page 11

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	4,397,521.	<b>1</b>	6,051,615.
	<b>2</b> Savings and temporary cash investments .....	8,352,179.	<b>2</b>	6,863,412.
	<b>3</b> Pledges and grants receivable, net .....	17,902,508.	<b>3</b>	19,055,891.
	<b>4</b> Accounts receivable, net .....	534,028.	<b>4</b>	1,320,904.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....	325,576.	<b>8</b>	237,059.
	<b>9</b> Prepaid expenses and deferred charges .....	453,924.	<b>9</b>	475,232.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 3,647,789.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 3,077,209.		
	<b>11</b> Investments - publicly traded securities .....	20,980,913.	<b>11</b>	22,917,296.
	<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 .....	0.	<b>15</b>	48,215.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	53,483,897.	<b>16</b>	57,540,204.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	5,538,309.	<b>17</b>	7,090,228.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	1,381,631.	<b>19</b>	1,123,570.
	<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> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<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 .....	629,989.	<b>25</b>	1,612,162.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	7,549,929.	<b>26</b>	9,825,960.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	14,626,117.	<b>27</b>	18,078,541.
	<b>28</b> Net assets with donor restrictions .....	31,307,851.	<b>28</b>	29,635,703.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	45,933,968.	<b>32</b>	47,714,244.
<b>33</b> Total liabilities and net assets/fund balances .....	53,483,897.	<b>33</b>	57,540,204.	

Form 990 (2020)

ZERO TO THREE: NATIONAL CENTER FOR  
INFANTS, TODDLERS AND FAMILIES

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	49,442,730.
2	Total expenses (must equal Part IX, column (A), line 25)	2	49,459,760.
3	Revenue less expenses. Subtract line 2 from line 1	3	-17,030.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	45,933,968.
5	Net unrealized gains (losses) on investments	5	1,797,306.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	47,714,244.

**Part XII Financial Statements and Reporting**

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	X
b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	X
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	2c	X
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? _____	3a	X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____	3b	X

Form 990 (2020)



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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**

Open to Public Inspection

Name of the organization **ZERO TO THREE: NATIONAL CENTER FOR INFANTS, TODDLERS AND FAMILIES** Employer identification number **52-1105189**

**Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

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

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

**COPY**

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	56556022.	46733531.	36422109.	38907148.	44208052.	222826862
<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 .....	56556022.	46733531.	36422109.	38907148.	44208052.	222826862
<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) .....						5885853.
<b>6 Public support.</b> Subtract line 5 from line 4.						216941009

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>7</b> Amounts from line 4 .....	56556022.	46733531.	36422109.	38907148.	44208052.	222826862
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	644,304.	698,916.	942,351.	666,722.	674,121.	3626414.
<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 VI.) .....	57,134.	13,676.	13,727.	19,091.	49,322.	152,950.
<b>11 Total support.</b> Add lines 7 through 10						226606226
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	23,524,573.
<b>13 First 5 years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	95.73 %
<b>15</b> Public support percentage from 2019 Schedule A, Part II, line 14 .....	<b>15</b>	87.03 %
<b>16a 33 1/3% support test - 2020.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2019.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2020.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2019.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Table with 7 columns: (a) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income; 13 Total support.

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2019 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2019 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization; b 33 1/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization; 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions



**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls... b A family member... c A 35% controlled entity...

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity... Row 2: Did the organization operate for the benefit of any supported organization other than the supported organization(s)...

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year... Row 2: Were any of the organization's officers, directors, or trustees either (i) appointed or elected... Row 3: By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice...

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). a The organization satisfied the Activities Test... b The organization is the parent of each of its supported organizations... c The organization supported a governmental entity... Row 2: Activities Test. Answer lines 2a and 2b below. a Did substantially all of the organization's activities during the tax year directly further the exempt purposes... b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement... Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees... b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations?





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

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

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

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

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

ZERO TO THREE: NATIONAL CENTER FOR

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

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

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

Schedule A (Form 990 or 990-EZ) 2020

**Part VI**

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

Multiple horizontal lines for supplemental information.

**COPY**

Schedule B

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2020

Name of the organization

ZERO TO THREE: NATIONAL CENTER FOR INFANTS, TODDLERS AND FAMILIES

Employer identification number

52-1105189

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

[X] 501(c)( 3 ) (enter number) organization

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

[ ] 527 political organization

Form 990-PF

[ ] 501(c)(3) exempt private foundation

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

[ ] 501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

Name of organization <b>ZERO TO THREE: NATIONAL CENTER FOR INFANTS, TODDLERS AND FAMILIES</b>	Employer identification number 52-1105189
--	--

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ <u>20,517,951.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ <u>6,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ <u>4,620,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ <u>2,500,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ <u>2,407,300.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ <u>1,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)





Name of organization <b>ZERO TO THREE: NATIONAL CENTER FOR INFANTS, TODDLERS AND FAMILIES</b>	Employer identification number 52-1105189
--	--

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	_____ _____ _____	\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization <b>ZERO TO THREE: NATIONAL CENTER FOR INFANTS, TODDLERS AND FAMILIES</b>	Employer identification number 52-1105189
--	--

**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

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



Name of organization <b>ZERO TO THREE: NATIONAL CENTER FOR INFANTS, TODDLERS AND FAMILIES</b>	Employer identification number 52-1105189
--	--

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

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



SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527
Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization ZERO TO THREE: NATIONAL CENTER FOR INFANTS, TODDLERS AND FAMILIES
Employer identification number 52-1105189

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
2 Political campaign activity expenditures
3 Volunteer hours for political campaign activities

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955
2 Enter the amount of any excise tax incurred by organization managers under section 4955
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?
4a Was a correction made?
b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities
3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b
4 Did the filing organization file Form 1120-POL for this year?
5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments.

Table with 5 columns: (a) Name, (b) Address, (c) EIN, (d) Amount paid from filing organization's funds, (e) Amount of political contributions received and promptly and directly delivered to a separate political organization.

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

Schedule C (Form 990 or 990-EZ) 2020

LHA

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ZERO TO THREE: NATIONAL CENTER FOR

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

- A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check  if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying)	87,175.													
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying)	349,442.													
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b)	436,617.													
<b>d</b>	Other exempt purpose expenditures	49,022,970.													
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d)	49,459,587.													
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f)	250,000.													
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0-	0.													
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0-	0.													
<b>j</b>	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

**4-Year Averaging Period Under Section 501(h)**  
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total
<b>2a</b> Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.
<b>c</b> Total lobbying expenditures	540,556.	432,474.	289,418.	436,617.	1,699,065.
<b>d</b> Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
<b>f</b> Grassroots lobbying expenditures	75,794.	80,194.	35,580.	87,175.	278,743.

Schedule C (Form 990 or 990-EZ) 2020

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

Table with 3 columns: (a) Yes, (a) No, (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation...; 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

Table with 3 columns: Question, Yes, No. Rows include: 1 Were substantially all (90% or more) dues received nondeductible by members?; 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?; 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

Table with 3 columns: Question, Yes, No. Rows include: 1 Dues, assessments and similar amounts from members; 2 Section 162(e) nondeductible lobbying and political expenditures; 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues; 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?; 5 Taxable amount of lobbying and political expenditures

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Blank lines for providing supplemental information as required by the instructions.



SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization ZERO TO THREE: NATIONAL CENTER FOR INFANTS, TODDLERS AND FAMILIES Employer identification number 52-1105189

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 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?

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

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 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, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

Table with 2 columns: \$. Rows include: 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. 1b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

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



ZERO TO THREE: NATIONAL CENTER FOR  
INFANTS, TODDLERS AND FAMILIES

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	6,433,819.	6,224,431.	6,037,467.	5,925,923.	5,539,060.
b Contributions					
c Net investment earnings, gains, and losses	958,328.	341,595.	316,090.	249,560.	521,209.
d Grants or scholarships					
e Other expenditures for facilities and programs	91,139.	132,207.	129,126.	138,016.	134,346.
f Administrative expenses					
g End of year balance	7,301,008.	6,433,819.	6,224,431.	6,037,467.	5,925,923.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  91.0730 %
  - b Permanent endowment  6.1420 %
  - c Term endowment  2.7850 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes | No |
|---|-----|----|
| (i) Unrelated organizations   |     | X  |
| (ii) Related organizations  |     | X  |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b  |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		2,446,067.	2,029,628.	416,439.
d Equipment		257,126.	238,927.	18,199.
e Other		944,596.	808,654.	135,942.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				570,580.





**Part VII Investments - Other Securities.**

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

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

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED RENT AND CONSTRUCTION	
(3) ALLOWANCE	1,593,384.
(4) OTHER LIABILITIES	18,778.
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	1,612,162.

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

ZERO TO THREE: NATIONAL CENTER FOR  
 INFANTS, TODDLERS AND FAMILIES

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	51,255,193.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	1,797,306.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	97,964.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	1,895,270.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	49,359,923.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	82,807.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	82,807.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	49,442,730.

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

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

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	49,474,917.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	97,964.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	97,964.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	49,376,953.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	82,807.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	82,807.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	49,459,760.

**Part XIII Supplemental Information.**

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

**PART V, LINE 4:**

INCOME EARNED ON THE ENDOWMENT FUND IS AVAILABLE FOR USE IN SUPPORTING THE  
 GENERAL ACTIVITIES OF ZERO TO THREE.

**PART X, LINE 2:**

ZERO TO THREE EVALUATED ITS UNCERTAINTY IN INCOME TAXES FOR THE YEAR ENDED  
 SEPTEMBER 30, 2021, AND DETERMINED THAT THERE WERE NO MATTERS THAT WOULD  
 REQUIRE RECOGNITION IN THE FINANCIAL STATEMENTS OR THAT MAY HAVE ANY  
 EFFECT ON ITS TAX-EXEMPT STATUS.

**PART XI, LINE 2D - OTHER ADJUSTMENTS:**

COST OF GOODS SOLD 97,964.

**Part XIII** Supplemental Information *(continued)*

PART XII, LINE 2D - OTHER ADJUSTMENTS:

COST OF GOODS SOLD 97,964.

**COPY**

**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**

Open to Public  
Inspection

Name of the organization  
**ZERO TO THREE: NATIONAL CENTER FOR  
INFANTS, TODDLERS AND FAMILIES**

Employer identification number  
**52-1105189**

**Part I** **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

**1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? .....  Yes  No

**2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

**3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
EUROPE (INCLUDING ICELAND & GREENLAND)	0	2	PROGRAM SERVICES	CONSULTANT & SUBSCRIPTION	24,662.
NORTH AMERICA	0	1	PROGRAM SERVICES	SPEAKER FEES	2,500.
SUB-SAHARAN AFRICA	0	1	PROGRAM SERVICES	CONSULTANT	52,663.
EAST ASIA AND THE PACIFIC	0	1	PROGRAM SERVICES	SPEAKER FEES	1,000.
SOUTH ASIA	0	1	PROGRAM SERVICES	SUBSCRIPTION	15,000.
<b>3 a</b> Subtotal .....	0	6			95,825.
<b>b</b> Total from continuation sheets to Part I .....	0	0			0.
<b>c Totals</b> (add lines 3a and 3b) .....	0	6			95,825.

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

Schedule F (Form 990) 2020

**ZERO TO THREE: NATIONAL CENTER FOR  
INFANTS, TODDLERS AND FAMILIES**

**Part II** **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of noncash assistance	<b>(h)</b> Description of noncash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)

**2** Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ..... ▶ \_\_\_\_\_

**3** Enter total number of other organizations or entities ..... ▶ \_\_\_\_\_



ZERO TO THREE: NATIONAL CENTER FOR  
INFANTS, TODDLERS AND FAMILIES

**Part IV Foreign Forms**

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* .....  Yes  No
  
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* .....  Yes  No
  
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* .....  Yes  No
  
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* .....  Yes  No
  
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* .....  Yes  No
  
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* .....  Yes  No

ZERO TO THREE: NATIONAL CENTER FOR  
INFANTS, TODDLERS AND FAMILIES

**Part V** Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I, LINE 3:

ZERO TO THREE REPORTED THE EXPENDITURES BASED ON THE ACCOUNTING METHOD  
USED IN ITS AUDITED FINANCIAL STATEMENTS WHICH IS ACCRUAL BASIS.



**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2020**

Open to Public Inspection

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

Department of the Treasury  
Internal Revenue Service

Name of the organization **ZERO TO THREE: NATIONAL CENTER FOR INFANTS, TODDLERS AND FAMILIES** Employer identification number **52-1105189**

**Part I Questions Regarding Compensation**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2020

ZERO TO THREE: NATIONAL CENTER FOR  
INFANTS, TODDLERS AND FAMILIES

52-1105189

Schedule J (Form 990) 2020

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) MATTHEW E. MELMED EXECUTIVE DIRECTOR	(i)	587,189.	17,560.	0.	39,671.	41,956.	686,376.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) RAHIL BRIGGS NATIONAL DIRECTOR, HEALTHY STEPS	(i)	409,168.	0.	0.	17,100.	4,406.	430,674.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) MYRA C. JONES-TAYLOR CHIEF POLICY OFFICER	(i)	262,370.	0.	0.	15,949.	30,375.	308,694.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) LAURA W. SHIFLETT - CHIEF FIN. & ADM. OFFICER - UNTIL 04/2021	(i)	268,730.	0.	0.	14,702.	0.	283,432.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) JANICE IM CHIEF PROGRAM OFFICER	(i)	247,682.	0.	0.	18,281.	10,796.	276,759.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) JENNIFER E. TRACEY SR. DIR. OF POLICY & FINANCING	(i)	254,962.	0.	0.	15,234.	0.	270,196.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) TRACY Y. CRUDUP CHIEF HUMAN RESOURCES OFFICER	(i)	208,080.	0.	0.	14,569.	27,662.	250,311.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) ERNESTINE BENEDICT CHIEF COMMUNICATIONS OFFICER	(i)	211,156.	0.	0.	12,615.	0.	223,771.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) EDIMA ELINewingA CHIEF TECHNOLOGY OFFICER	(i)	207,665.	0.	0.	12,506.	2,000.	222,171.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) PATRICIA A. COLE SENIOR DIRECTOR OF FEDERAL POLICY	(i)	168,871.	0.	0.	13,039.	31,818.	213,728.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) KATHLEEN MCENERNY - FORMER CHIEF DEV. OFFICER - UNTIL 09/2020	(i)	169,444.	0.	0.	8,024.	6,114.	183,582.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) TIMOTHY L. YEAGER DIR. OF PRODUCT MGMT - UNTIL 09/2021	(i)	166,471.	0.	0.	7,233.	5,000.	178,704.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**Part III** Supplemental Information

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

**PART I, LINE 4B:**

EFFECTIVE JANUARY 1, 2010, ZERO TO THREE ADOPTED DEFERRED COMPENSATION  
PLANS FOR ITS ELIGIBLE EXECUTIVES UNDER THE IRC SECTIONS 457(F) AND 457(B).  
THE PLAN UNDER SECTION 457(F) IS AN UNFUNDED, NONQUALIFIED DEFERRED  
COMPENSATION PLAN. ZERO TO THREE MAKES NON-ELECTIVE CONTRIBUTIONS UNDER  
THIS PLAN. CONTRIBUTIONS TO THE PLAN ARE VESTED UPON FULFILLMENT BY THE  
EXECUTIVE OF CERTAIN REQUIREMENTS AS SET FORTH IN THE PLAN AGREEMENT. THERE  
WERE NO CONTRIBUTIONS TO THE PLAN FOR THE YEAR ENDED SEPTEMBER 30, 2021.

**PART I, LINE 7:**

THE EXECUTIVE DIRECTOR RECEIVED A BONUS WHICH WAS AWARDED AT THE DISCRETION  
OF THE BOARD.

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

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

Open to Public  
Inspection

Name of the organization	ZERO TO THREE: NATIONAL CENTER FOR INFANTS, TODDLERS AND FAMILIES	Employer identification number	52-1105189
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FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

PROVIDE PARENTS, PROFESSIONALS AND POLICYMAKERS THE KNOWLEDGE AND KNOW-HOW TO NURTURE EARLY DEVELOPMENT. AT ZERO TO THREE WE ENVISION A SOCIETY THAT HAS THE KNOWLEDGE AND WILL TO SUPPORT ALL INFANTS AND TODDLERS IN REACHING THEIR FULL POTENTIAL.

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

FAMILY AND COMMUNITY. ZERO TO THREE PROMOTES DISCOVERY AND APPLICATION OF NEW KNOWLEDGE, STIMULATES EFFECTIVE SERVICES AND RESPONSIVE POLICIES, INCREASES PUBLIC AWARENESS, INFORMS PARENTS, FOSTERS PROFESSIONAL EXCELLENCE AND INSPIRES TOMORROW'S LEADERS.

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

RICO. HEALTHYSTEPS LAUNCHED 18 NEW SITES IN 2020 AND NOW REACHES MORE THAN 300,000 FAMILIES ANNUALLY. TOGETHER, THE NATIONAL NETWORK OF HEALTHYSTEPS SITES AIMS TO REACH MORE THAN 1 MILLION YOUNG CHILDREN AND FAMILIES ANNUALLY BY 2032. VISIT HEALTHYSTEPS.ORG.

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

CARE CONSTITUENTS. DURING FY20, NC ECDTL COMPLETED THE FINAL TASKS OF OUR GRANT. DTL FINALIZED RESOURCES TO SUPPORT THE IMPLEMENTATION OF EVIDENCE - BASED PRACTICES AND ONGOING PROFESSIONAL DEVELOPMENT IN HEAD START PROGRAMS AND ACROSS STATE SYSTEMS. HIGHLIGHTED ACTIVITIES INCLUDE THE DEVELOPMENT AND DISSEMINATION OF OVER 100 NEW AND REVISED RESOURCES AND DELIVERY OF NEARLY 200 VIRTUAL AND FACE-TO-FACE TRAINING EVENTS. IN THE FINAL QUARTERS OF THE YEAR, THE NC ECDTL ADJUSTED OUR CONTENT AND

Name of the organization	ZERO TO THREE: NATIONAL CENTER FOR INFANTS, TODDLERS AND FAMILIES	Employer identification number	52-1105189
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DELIVERY METHODS TO MEET THE NEEDS OF HEAD START AND EARLY HEAD START PROGRAM STAFF AND FAMILIES IMPACTED BY COVID-19. AS THE DEMAND FOR VIRTUAL SUPPORTS GREW, WE SAW THE NUMBER OF USERS OF THE DTL-DEVELOPED IPD LEARNING MANAGEMENT SYSTEM GROW TO OVER 25,000 INDIVIDUAL USERS. NC ECDTL MET THE DEMAND BY CREATING OVER 30 ACCESSIBLE ONLINE COURSES AVAILABLE IN BOTH ENGLISH AND SPANISH, AND AWARDED OVER 49,000 CERTIFICATES AND CEU CREDITS TO IPD USERS. NC ECDTL ADJUSTED PLANS FOR IN-PERSON EDUCATION MANAGERS INSTITUTE (EM!) AND CARRIED OUT AN ENTIRELY VIRTUAL CONFERENCE WHICH REACHED OVER 2,800 LIVE PARTICIPANTS, NEARLY 30,000 POST CONFERENCE VIEWS, AND PROVIDED 4,500 CEUS. DTL ALSO COMPLETED THE FINAL MEETING OF THE OHS/PUBLIC SCHOOLS COLLABORATION DEMONSTRATION PROJECT, BRINGING PUBLIC SCHOOL SYSTEMS AND HEAD START TOGETHER TO IMPROVE COLLABORATIONS FOR KINDERGARTEN READINESS. WE CONTINUED TO EXTEND REACH AND IMPACT FOR A WIDE VARIETY OF HEAD START AND CHILD CARE AUDIENCES VIA WIDELY USED TECHNOLOGY SUCH AS TEXTING THROUGH THE DTL DEVELOPED TEXT4TEACHERS AND TEXT4HOMEVISITORS PLATFORMS, AND MOBILE APPLICATIONS THROUGH THE DTL DEVELOPED ELOF2GO, ELOF@HOME, READYDLL, AND HSTALKS APPS. FINALLY, NC ECDTL CREATED AND DIRECT MAILED MULTIPLE SERIES OF RESOURCE BOXES TO GRANTEES TO ENSURE ACCESS TO MATERIALS WHILE CENTERS WERE CLOSED DUE TO COVID-19. DURING THE FINAL QUARTER AND THE 90-DAY NO-COST EXTENSION, OVER 11,500 RESOURCE BOXES - CONTAINING TRAINING TOOLS, TOOLKITS, PAPERS AND OTHER RESOURCES ON TOPICS SUCH AS SUPPORTS FOR DUAL LANGUAGE LEARNERS, STEAM, TRANSITION TO KINDERGARTEN, PRACTICE-BASED COACHING, AND SOCIAL EMOTIONAL WELLNESS - WERE DISSEMINATED TO EHS AND HS GRANTEES AND TA PROVIDERS.

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

Name of the organization <b>ZERO TO THREE: NATIONAL CENTER FOR INFANTS, TODDLERS AND FAMILIES</b>	Employer identification number <b>52-1105189</b>
---	---

- EMPOWERING PARENTS AND ELEVATING THE PARENT VOICE

EACH SBCT WORKS AT BOTH THE FAMILY AND SYSTEMS LEVEL. FAMILY TEAMS - COMPOSED OF FAMILY MEMBERS, ATTORNEYS, CASEWORKERS, AND SERVICE PROVIDERS - COME TOGETHER AT LEAST ONCE A MONTH TO IDENTIFY AND REMOVE BARRIERS TO REUNIFICATION, HELPING TO EXPEDITE SERVICES AND PERMANENCY FOR INFANTS AND YOUNG CHILDREN. IN ADDITION, ACTIVE COMMUNITY TEAMS - LED BY JUDGES AND COMPOSED OF COMMUNITY STAKEHOLDERS - REVIEW PATTERNS ACROSS COHORTS OF INDIVIDUAL CASES TO ADDRESS STRUCTURAL ISSUES IN THE CHILD WELFARE SYSTEM THAT PREVENT FAMILIES FROM SUCCEEDING.

ZERO TO THREE'S NATIONAL RESOURCE CENTER, FUNDED THROUGH A GRANT FROM HRSA, SUPPORTS IMPLEMENTATION OF SBCTS IN 29 STATES AND 114 SITES ACROSS THE COUNTRY. IN FEDERAL FISCAL YEAR 2021, THE NATIONAL RESOURCE CENTER INITIATED TRAINING AND TECHNICAL ASSISTANCE TO FIVE NEW STATE TEAMS IN AR, NJ, OH, SC, AND WA AND CONTINUED TO STRENGTHEN TWO EXISTING STATE TEAMS IN FL AND TN. THE WORK WITH NEW STATE TEAMS LED TO THE DEVELOPMENT OF TOOLS AND PILOTING NEW TRAINING AND TECHNICAL ASSISTANCE METHODS, INCLUDING A LEARNING COLLABORATIVE (LC). THE TRAINING AND TECHNICAL ASSISTANCE FOCUSED ON FACILITATING THE DEVELOPMENT OF STATE PLANS AND BUILDING THE CAPACITY OF STATE TEAMS TO SUPPORT INSTALLATION OF NEW INFANT-TODDLER COURT TEAMS (ITCTS).

THE 15TH ANNUAL CROSS SITES MEETING, TRANSFORMING SYSTEMS TO ELEVATE FAMILY AND COMMUNITY VOICES, PROMOTE EQUITY, AND INTEGRATE PREVENTION, TOOK PLACE VIRTUALLY FROM AUGUST 17-19, 2021. THE MEETING FEATURED 3 LIVE PLENARY ADDRESSES, 18 LIVE BREAKOUT SESSIONS, A LIVE NETWORKING EVENT, AND 6 BRIEF ON-DEMAND SESSIONS ON SYSTEMS INNOVATIONS. A TOTAL



Name of the organization	ZERO TO THREE: NATIONAL CENTER FOR INFANTS, TODDLERS AND FAMILIES	Employer identification number	52-1105189
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OF 1,537 REGISTRANTS FOR THIS YEAR'S EVENT, REPRESENTING A 53 PERCENT INCREASE IN ATTENDANCE COMPARED WITH THE PREVIOUS YEAR.

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

POLICY CENTER - THE ZERO TO THREE POLICY CENTER IS A NON-PARTISAN, RESEARCH-BASED RESOURCE FOR FEDERAL, STATE, AND LOCAL POLICYMAKERS AND ADVOCATES ON THE UNIQUE DEVELOPMENTAL NEEDS OF INFANTS AND TODDLERS, AND HOW TO TRANSLATE AND ACT ON CURRENT RESEARCH AND BEST PRACTICES TO PROMOTE GOOD HEALTH, STRONG FAMILIES, AND POSITIVE EARLY LEARNING EXPERIENCES FOR ALL INFANTS AND TODDLERS IN OUR NATION, WITH SPECIAL EMPHASIS ON THOSE FROM HISTORICALLY UNDERSERVED FAMILIES AND COMMUNITIES. THE POLICY CENTER'S DAY-TO-DAY WORK INVOLVES POLICY AND LEGISLATIVE ANALYSIS AT THE FEDERAL, STATE, AND LOCAL LEVEL AND THE PROVISION OF TECHNICAL ASSISTANCE TO ALL 50 STATES AND THE DISTRICT OF COLUMBIA ON A RANGE OF ISSUES AFFECTING INFANTS, TODDLERS, AND THEIR FAMILIES, INCLUDING INFANT AND EARLY CHILDHOOD MENTAL HEALTH (IECMH), TRANSFORMING CHILD WELFARE SYSTEMS, EQUITABLE EARLY CHILDHOOD SYSTEMS, PAID LEAVE, EARLY HEAD START AND CHILD CARE, AND FAMILY ECONOMIC SECURITY. THOUGH ITS ANNUAL STATE OF BABIES YEARBOOK, PARTNERS, ADVOCATES, AND POLICYMAKERS HAVE ACCESS TO ACTIONABLE DATA ON KEY INDICATORS OF WELL-BEING FOR INFANTS AND TODDLERS NATIONALLY AND AT THE STATE LEVEL WITH PARTICULAR ATTENTION TO DISPARITIES BY RACE, INCOME, AND GEOGRAPHY. ZERO TO THREE'S THINK BABIES BRINGS NATIONWIDE ATTENTION TO WHAT BABIES AND FAMILIES NEED TO THRIVE, INCLUDING HIGH QUALITY, AFFORDABLE CHILD CARE, TIME FOR PARENTS TO BOND WITH THE BABIES, HEALTHY EMOTIONAL DEVELOPMENT, AND STRONG PHYSICAL HEALTH AND NUTRITION. THE INITIATIVE'S SIGNATURE EVENT, STROLLING THUNDER, BRINGS BABIES AND FAMILIES TO WASHINGTON, DC AND STATE CAPITALS ACROSS THE

Name of the organization ZERO TO THREE: NATIONAL CENTER FOR INFANTS, TODDLERS AND FAMILIES	Employer identification number 52-1105189
---	--

COUNTRY TO CONNECT THEM WITH THEIR ELECTED OFFICIALS AND URGE THEM TO ADVANCE POLICIES AND MAKE INVESTMENTS IN OUR NATION'S VERY YOUNGEST CHILDREN AND THEIR FAMILIES.

EXPENSES \$ 9,527,836. INCLUDING GRANTS OF \$ 0. REVENUE \$ 202,146.

TRAINING, CONSULTING PROFESSIONAL AND MEMBER SERVICES - ZERO TO THREE SUPPORTS PROFESSIONALS WHO SERVE FAMILIES WITH YOUNG CHILDREN THROUGH ITS PROFESSIONAL DEVELOPMENT, CERTIFICATIONS, CONSULTING, AND ASSOCIATED RESOURCES. THE ZERO TO THREE SIGNATURE EVENT SERIES IS HEADLINED BY ZERO TO THREE'S VIRTUAL CONFERENCE WHICH IS THE GO-TO EVENT FOR PROFESSIONALS FROM ACROSS THE EARLY CHILDHOOD FIELD. IT GATHERS OVER 2,500 ATTENDEES AND OFFERS A RANGE OF ONLINE LEARNING EXPERIENCES FEATURING THE VERY LATEST RESEARCH, PROMISING PRACTICES, AND POLICY STRATEGIES. ALL CONTENT IS GROUNDED IN THE DOMAINS FROM THE ZERO TO THREE COMPETENCIES FOR PRENATAL TO AGE 5 PROFESSIONALS, WITH AN EXPLICIT FOCUS ON ADDRESSING AND ADVANCING EQUITY. ZERO TO THREE ALSO PROVIDES AN ADDITIONAL ARRAY OF IN-PERSON AND ONLINE PROFESSIONAL DEVELOPMENT AND TRAINING-OF-TRAINERS CERTIFICATION PROGRAMS FOR EARLY CHILDHOOD PROFESSIONALS. ALL MATERIALS ARE EVIDENCED-BASED AND FOCUS ON WORK WITH CHILDREN UNDER 5 YEARS OLD (INCLUDING THE PRENATAL PERIOD) WITH TOPICS INCLUDING INFANT AND EARLY CHILDHOOD MENTAL HEALTH, ZERO TO THREE'S INFANT MENTAL HEALTH DIAGNOSTIC TOOL, DC:0-5, EARLY BRAIN DEVELOPMENT, CRITICAL COMPETENCIES FOR INFANT-TODDLER EDUCATORS, REFLECTIVE SUPERVISION, AND COACHING. ZERO TO THREE ALSO DIRECTLY PROVIDES TECHNICAL ASSISTANCE TO BUILD, IMPLEMENT, AND ENHANCE CROSS-SECTOR EARLY CHILDHOOD SYSTEMS AND WORKFORCE SUPPORTS. IN ADDITION, ZERO TO THREE PROVIDES RESOURCES, TRAINING VIDEOS, TOOLS, AND CURRICULA THROUGH THE ZERO TO THREE ONLINE BOOKSTORE. THE ZERO TO THREE





Name of the organization <b>ZERO TO THREE: NATIONAL CENTER FOR INFANTS, TODDLERS AND FAMILIES</b>	Employer identification number <b>52-1105189</b>
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JOURNAL, PUBLISHED FOUR TIMES PER YEAR, IS THE PREMIER MULTI-DISCIPLINARY PUBLICATION FOR EARLY CHILDHOOD PROFESSIONALS, HIGHLIGHTING RESEARCH AND PROMISING PRACTICE ACROSS THE SPECTRUM OF EARLY CHILDHOOD. ZERO TO THREE MEMBERSHIP, WITH OVER 3,500 PROFESSIONALS, SERVES CROSS-DISCIPLINARY EARLY CHILDHOOD PROFESSIONALS WITH A VARIETY OF BENEFITS WHICH INCLUDE THE ZERO TO THREE JOURNAL, RESOURCE DISCOUNTS, FREE VIRTUAL PROFESSIONAL DEVELOPMENT EVENTS, EXCLUSIVE ONLINE RESOURCES, AND MORE.

EXPENSES \$ 3,808,628. INCLUDING GRANTS OF \$ 0. REVENUE \$ 3,592,297.

FEDERAL SYSTEMS TECHNICAL ASSISTANCE - ZERO TO THREE PROVIDES TECHNICAL ASSISTANCE UNDER A NUMBER OF FEDERALLY FUNDED INITIATIVES IN SUPPORT OF IMPROVING EARLY CHILDHOOD OUTCOMES. ZERO TO THREE OPERATES THE PROGRAMMATIC ASSISTANCE FOR TRIBAL HOME VISITING (PATH) TECHNICAL ASSISTANCE CENTER, WHICH AIMS TO INCREASE TRIBAL MIECHV AND TRIBAL EARLY LEARNING INITIATIVE (TELI) GRANTEES' CAPACITY TO IMPLEMENT HIGH QUALITY, HOME VISITING CHILDHOOD SYSTEMS SERVING AMERICAN INDIAN AND ALASKA NATIVE FAMILIES. UNDER THE HEALTHY START PROGRAM, ZERO TO THREE SUPPORTS GRANTEES IN THEIR EFFORTS TO REDUCE THE RATE OF INFANT MORTALITY AND IMPROVE PERINATAL OUTCOMES THROUGH TECHNICAL ASSISTANCE AND TRAINING. ZERO TO THREE ALSO SUPPORTS THE EARLY CHILDHOOD COMPREHENSIVE SYSTEMS COLLABORATIVE THAT HELPS IMPACT GRANTEES INNOVATE AND IMPROVE THEIR APPROACHES TO CHILD DEVELOPMENT HEALTH AND WELL-BEING.

EXPENSES \$ 1,657,371. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

COMMUNICATION - ZERO TO THREE COMMUNICATES THE OUTCOMES OF ITS ACTIVITIES AND CHILD DEVELOPMENT INFORMATION ON A BROAD ARRAY OF



Name of the organization	ZERO TO THREE: NATIONAL CENTER FOR INFANTS, TODDLERS AND FAMILIES	Employer identification number	52-1105189
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TOPICS. PLEASE SEE OUR WEBSITE WWW.ZEROTOTHREE.ORG.

EXPENSES \$ 538,797. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

MILITARY FAMILY PROJECTS - ZERO TO THREE SUPPORTS MILITARY AND VETERAN FAMILIES WITH YOUNG CHILDREN THROUGH A VARIETY OF PROJECTS, FOCUSING ON MITIGATING THE POTENTIAL IMPACT OF TRAUMA AND STRESS. ZERO TO THREE PROVIDES TRAINING AND REFLECTIVE CONSULTATION TO THE ARMY'S NEW PARENT SUPPORT PROGRAM. ZERO TO THREE SUPPORTS THE WORK OF THE NATIONAL CENTER FOR CHILD TRAUMATIC STRESS WITH A FOCUS ON PROFESSIONAL DEVELOPMENT FOR HOME VISITORS SUPPORTING MILITARY FAMILIES AND CHILDREN. MILITARY FAMILY PROJECTS ALSO DEVELOPS RESOURCES FOR MILITARY-CONNECTED FAMILIES INCLUDING THE APP BABIES ON THE HOMEFRONT. MILITARY FAMILY PROJECTS ALSO SUPPORTS IMPLEMENTING HEALTHYSTEPS AT MILITARY PEDIATRIC CLINICS.

EXPENSES \$ 409,065. INCLUDING GRANTS OF \$ 0. REVENUE \$ 5,000.

OTHER NATIONAL CENTERS FOR HEAD START AND CHILD CARE PROJECTS - OTHER NATIONAL CENTERS FOR HEAD START AND CHILD CARE PROJECTS ZERO TO THREE SUPPORTS THE WORK OF THE NATIONAL CENTER FOR EARLY CHILDHOOD AND WELLNESS AS A SUB-RECIPIENT TO AMERICAN ACADEMY OF PEDIATRICS AND THE WORK OF THE NATIONAL CENTER ON PERFORMANCE MANAGEMENT AND FISCAL OPERATIONS AS A SUB-RECIPIENT TO UNIVERSITY OF MASSACHUSETTS' DONOHUE INSTITUTE. ZERO TO THREE'S FOCUS FOR EACH IS IN SUPPORT OF EARLY CHILDHOOD DEVELOPMENT AND PROGRAMMATIC OPERATIONS.

EXPENSES \$ 303,228. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

PARENTING RESOURCES - ZERO TO THREE'S PARENTING RESOURCES TEAM TRANSLATES THE RESEARCH AND SCIENCE OF EARLY CHILDHOOD AND PARENTING INTO ACTIONABLE RESOURCES AND POSITIVE PARENTING GUIDANCE FOR ALL OF

Name of the organization	ZERO TO THREE: NATIONAL CENTER FOR INFANTS, TODDLERS AND FAMILIES	Employer identification number	52-1105189
--------------------------	---	--------------------------------	------------

THE CAREGIVERS SURROUNDING A CHILD (PARENTS, GRANDPARENTS, AND EARLY CHILDHOOD PROFESSIONALS). THIS YEAR, PARENTING RESOURCES PILOTED AND EVALUATED A NEW PARENT EDUCATION CURRICULUM AND IS DEVELOPING AN EARLY MATH CURRICULUM FOR CHILDREN AGED 30-48 MONTHS.

EXPENSES \$ 294,608. INCLUDING GRANTS OF \$ 0. REVENUE \$ 321,892.

LEADERSHIP DEVELOPMENT - THE ZERO TO THREE FELLOWSHIP IS THE NATION'S OLDEST LEADERSHIP DEVELOPMENT FELLOWSHIP PROGRAM FOCUSED ON STRENGTHENING THE CAPACITY OF DIVERSE, MULTIDISCIPLINARY, EARLY AND MID-CAREER PROFESSIONALS TO TRANSFORM PROGRAMS, SYSTEMS, AND POLICIES TO ENSURE THAT INFANTS AND TODDLERS HAVE A STRONG START IN LIFE.

DURING ITS 30+ YEARS HISTORY, OVER 300 FELLOWS HAVE COMPLETED THE FELLOWSHIP TO BECOME MEMBERS OF THE ACADEMY OF ZERO TO THREE FELLOWS.

THIS ALUMNI NETWORK OF LEADERS ACROSS THE UNITED STATES AND AROUND THE WORLD ARE MAKING A DIFFERENCE IN THE LIVES OF INFANTS, YOUNG CHILDREN, AND FAMILIES THROUGH INNOVATIVE, VISIONARY LEADERSHIP.

EXPENSES \$ 226,217. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

WESTERN OFFICE POLICY ANALYSIS AND PROGRAM CONSULTATION - ZERO TO THREE'S (ZTT) CALIFORNIA OFFICE FOCUSES ON POLICY AND PROGRAM CONSULTATION IN CALIFORNIA. ZTT CALIFORNIA HAS BEEN CONTRACTED TO LEAD THE STATEWIDE HOME VISITING LEARNING AND PRACTICE INNOVATION HUB ACTIVITIES. ZTT CALIFORNIA WILL BE IMPLEMENTING MULTIPLE COMMUNITIES OF LEARNING FOR HOME VISITING PROVIDERS. THE CALIFORNIA OFFICE IS ESSENTIAL TO PROVIDING THE "BABY VOICE" TO INFORM STATE POLICIES AND SYSTEMS CHANGE, BUILDING COLLABORATION AND CAPACITIES AMONG THE STATE'S EARLY CHILDHOOD PROFESSIONALS AND CONNECTING TO CALIFORNIA PARENTS AND FAMILIES.

Name of the organization	ZERO TO THREE: NATIONAL CENTER FOR INFANTS, TODDLERS AND FAMILIES	Employer identification number	52-1105189
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EXPENSES \$ 213,309. INCLUDING GRANTS OF \$ 0. REVENUE \$ 99,868.

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

ZERO TO THREE'S BOARD DELEGATES AUTHORITY TO ACT ON BEHALF OF THE BOARD TO A TEN-MEMBER EXECUTIVE COMMITTEE IN BETWEEN BOARD MEETINGS. THE EXECUTIVE COMMITTEE MAY EXERCISE ALL POWERS OF THE BOARD, WHEN THE BOARD IS NOT IN SESSION, EXCEPT SUCH POWERS OF THE BOARD, IF ANY, AS THE BOARD MAY SPECIFICALLY RESERVE FOR ITSELF OR AS MAY BE RESERVED IN THE ARTICLES OF INCORPORATION, PROVIDED THAT THE BOARD IS NOTIFIED OF COMMITTEE ACTIONS ON A REGULAR BASIS.

FORM 990, PART VI, SECTION B, LINE 11B:

THE DRAFT IRS FORM 990 IS PRESENTED TO THE FINANCE COMMITTEE OF THE BOARD OF DIRECTORS FOR PART VI, REVIEW AND APPROVAL. THEY HAVE THE OPPORTUNITY TO REVIEW THE FILING AND ASK QUESTIONS FOR SECTION B, CLARIFICATION. A COPY OF THE DRAFT IRS FORM 990 IS THEN DISTRIBUTED TO ALL BOARD MEMBERS LINE 11 B VIA EMAIL PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE.

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

THE CONFLICT OF INTEREST POLICY IS ISSUED TO ALL STAFF AS PART OF THE PERSONNEL POLICIES A PART VI, ND PROCEDURES MANUAL. CONFLICT OF INTEREST DISCLOSURE FORMS ARE REQUESTED ANNUALLY FROM ALL STAFF BY THE HUMAN RESOURCES DEPARTMENT. STAFF MEMBERS ARE ADVISED TO NOTIFY THEIR SUPERVISOR WHENEVER THERE IS A POTENTIAL CONFLICT OF INTEREST. ANY CONFLICT OF INTEREST SITUATION IS FIRST REVIEWED BY THE SUPERVISOR WITH THE HUMAN RESOURCES DIRECTOR. IF A DETERMINATION IS NOT ABLE TO BE MADE AS TO WHETHER THERE IS A CONFLICT OF INTEREST, IT THEN GOES TO THE EXECUTIVE MANAGEMENT TEAM FOR REVIEW AND DETERMINATION. BOARD MEMBERS ARE ALSO ASKED TO REVIEW

Name of the organization	ZERO TO THREE: NATIONAL CENTER FOR INFANTS, TODDLERS AND FAMILIES	Employer identification number	52-1105189
--------------------------	---	--------------------------------	------------

AND SIGN CONFLICT OF INTEREST STATEMENTS ANNUALLY. IF A CONFLICT OF INTEREST IS FOUND, ZERO TO THREE REQUESTS THE EMPLOYEE OR BOARD MEMBER TO REMOVE THEMSELVES FROM ANY DECISION-MAKING PROCESS WHERE THIS CONFLICT WOULD EXIST.

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

THE PRESIDENT, VICE PRESIDENT, TREASURER, AND PAST PRESIDENT OF THE BOARD OF DIRECTORS FORM A PERSONNEL COMMITTEE AND CONDUCT THE PERFORMANCE REVIEW AND DETERMINE COMPENSATION AND SALARY ADJUSTMENTS FOR THE EXECUTIVE DIRECTOR. THE BOARD PERIODICALLY CONTRACTS FOR A COMPENSATION STUDY BY AN INDEPENDENT COMPENSATION CONSULTANT WHICH INCLUDES AN ANALYSIS OF SIMILAR INDUSTRY COMPARISONS AND BENCHMARKS TO ENSURE APPROPRIATE COMPENSATION LEVELS ARE MAINTAINED. THE EXECUTIVE DIRECTOR CONDUCTS THE PERFORMANCE REVIEW FOR THE CHIEF FINANCIAL AND ADMINISTRATIVE OFFICER AND OTHER SENIOR MEMBERS OF MANAGEMENT AND SETS COMPENSATION THAT ALIGNED TO SALARY BENCHMARK DATA PROVIDED BY ZERO TO THREE'S HUMAN RESOURCES STAFF FROM ANNUAL SURVEYS.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AL, AK, AZ, AR, CA, CO, CT, FL, GA, HI, IA, ID, IL, IN, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NH, NJ, NM, NY, NC, ND, NE, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VA, VT, WA, WV, WI, WY

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

ZERO TO THREE PLACES ITS ANNUAL REPORT, AUDITED FINANCIAL STATEMENTS, AND IRS FORM 990 ON ITS WEBSITE FOR PUBLIC ACCESS AT WWW.ZEROTOTHREE.ORG. THE IRS FORM 990 IS ALSO AVAILABLE AT WWW.GUIDESTAR.ORG. ZERO TO THREE DOES NOT CURRENTLY MAKE ITS GOVERNING DOCUMENTS, 990-T, NOR CONFLICT OF INTEREST POLICY AVAILABLE TO THE PUBLIC.

Name of the organization	ZERO TO THREE: NATIONAL CENTER FOR INFANTS, TODDLERS AND FAMILIES	Employer identification number	52-1105189
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## FORM 990, PART IX, LINE 11G, OTHER FEES:

## SUBCONTRACTORS:

PROGRAM SERVICE EXPENSES	11,796,960.
MANAGEMENT AND GENERAL EXPENSES	246,533.
FUNDRAISING EXPENSES	29,583.
TOTAL EXPENSES	12,073,076.

## CONTRACTORS:

PROGRAM SERVICE EXPENSES	4,254,312.
MANAGEMENT AND GENERAL EXPENSES	241,812.
FUNDRAISING EXPENSES	10,471.
TOTAL EXPENSES	4,506,595.

## CONSULTANTS:

PROGRAM SERVICE EXPENSES	2,218,706.
MANAGEMENT AND GENERAL EXPENSES	126,110.
FUNDRAISING EXPENSES	5,461.
TOTAL EXPENSES	2,350,277.

## TEMPORARY HELP:

PROGRAM SERVICE EXPENSES	145,055.
MANAGEMENT AND GENERAL EXPENSES	8,245.
FUNDRAISING EXPENSES	357.
TOTAL EXPENSES	153,657.

## RECRUITMENT FEES:

PROGRAM SERVICE EXPENSES	87,592.
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Name of the organization	ZERO TO THREE: NATIONAL CENTER FOR INFANTS, TODDLERS AND FAMILIES	Employer identification number	52-1105189
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MANAGEMENT AND GENERAL EXPENSES	4,979.
FUNDRAISING EXPENSES	216.
TOTAL EXPENSES	92,787.

HONORARIA & STIPENDS:

PROGRAM SERVICE EXPENSES	138,302.
MANAGEMENT AND GENERAL EXPENSES	9,589.
FUNDRAISING EXPENSES	415.
TOTAL EXPENSES	148,306.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	19,324,698.

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