

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2021

Department of the Treasury
Internal Revenue Service

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

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

Open to Public Inspection

A For the **2021** calendar year, or tax year beginning **OCT 1, 2021** and ending **SEP 30, 2022**

B Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization ZERO TO THREE: NATIONAL CENTER FOR INFANTS, TODDLERS AND FAMILIES		D Employer identification number 52-1105189
	Doing business as		E Telephone number (202) 638-1144
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 63,538,801.
	2445 M STREET NW	600	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions
City or town, state or province, country, and ZIP or foreign postal code WASHINGTON, DC 20037		H(c) Group exemption number ▶	
F Name and address of principal officer: MATTHEW E. MELMED SAME AS C ABOVE			
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: ▶ WWW.ZEROTOTHREE.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: 1977 M State of legal domicile: DC

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: ZERO TO THREE'S MISSION IS TO ENSURE THAT ALL BABIES AND TODDLERS HAVE A STRONG START IN LIFE. WE		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	22
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	21
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	234
	6 Total number of volunteers (estimate if necessary)	6	21
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	12,305.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 43,451,279.	Current Year 56,195,500.
	9 Program service revenue (Part VIII, line 2g)	4,270,138.	3,773,162.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,176,209.	1,172,523.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	545,104.	632,789.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	49,442,730.	61,773,974.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	24,501,277.	25,672,006.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 936,725.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	24,958,483.	24,664,033.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	49,459,760.	50,336,039.	
19 Revenue less expenses. Subtract line 18 from line 12	-17,030.	11,437,935.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 57,540,204.	End of Year 68,745,640.
	21 Total liabilities (Part X, line 26)	9,825,960.	14,159,137.
	22 Net assets or fund balances. Subtract line 21 from line 20	47,714,244.	54,586,503.

Part II Signature Block

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

Sign Here	Signature of officer		Date		
	MATTHEW E. MELMED, EXECUTIVE DIRECTOR Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	FRANK H. SMITH	FRANK H. SMITH	04/11/23	<input type="checkbox"/>	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

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions. ZERO TO THREE: NATIONAL CENTER FOR INFANTS, TODDLERS AND FAMILIES	Taxpayer identification number (TIN) 52-1105189
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 2445 M STREET NW, 600	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. WASHINGTON, DC 20037	

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

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

PIA C. VALDIVIA

- The books are in the care of ▶ **2445 M STREET NW, 600 - WASHINGTON, DC 20037**

Telephone No. ▶ **(202) 638-1144** Fax No. ▶ _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **AUGUST 15, 2023**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year _____ or
- ▶ tax year beginning **OCT 1, 2021**, and ending **SEP 30, 2022**.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

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 \$ 10,852,039. including grants of \$) (Revenue \$ 63,635.) 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

4b (Code:) (Expenses \$ 8,829,964. including grants of \$) (Revenue \$ 0.) 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 \$ 8,466,369. including grants of \$) (Revenue \$ 397,000.) HEALTHYSTEPS 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. HEALTHYSTEPS LAUNCHED 28 NEW SITES IN 2022 AND THE NATIONAL NETWORK NOW INCLUDES OVER 230 SITES IN 24 STATES AND WASHINGTON D.C., WHICH COLLECTIVELY REACH MORE THAN 350,000 YOUNG CHILDREN ANNUALLY. TOGETHER, THE NATIONAL NETWORK OF HEALTHYSTEPS SITES AIMS TO REACH MORE

4d Other program services (Describe on Schedule O.) (Expenses \$ 14,123,690. including grants of \$) (Revenue \$ 3,873,829.)

4e Total program service expenses 42,272,062.

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

Part IV Checklist of Required Schedules

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

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

Part IV Checklist of Required Schedules *(continued)*

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	212	
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X	

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

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

		Yes	No
2a	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		234
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
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	
4a	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	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).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	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	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	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	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		7d
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.		
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	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		
15	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 the instructions and file Form 4720, Schedule N.		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		X
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.		

**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
1a Enter the number of voting members of the governing body at the end of the tax year	1a	22		
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.				
b Enter the number of voting members included on line 1a, above, who are independent	1b	21		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			X
3 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
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6 Did the organization have members or stockholders?	6			X
7a 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 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
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?	8a		X	
b Each committee with authority to act on behalf of the governing body?	8b		X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9			X

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

			Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a			X
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			
11a 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 Describe on Schedule O the process, if any, used by the organization to review this Form 990.				
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c		X	
13 Did the organization have a written whistleblower policy?	13		X	
14 Did the organization have a written document retention and destruction policy?	14		X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
a The organization's CEO, Executive Director, or top management official	15a		X	
b Other officers or key employees of the organization	15b			X
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.				
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a			X
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
2445 M STREET NW, 600, WASHINGTON, DC 20037

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 the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MATTHEW E. MELMED EXECUTIVE DIRECTOR	50.00	X		X			605,266.	0.	94,584.	
(2) RAHIL BRIGGS NATIONAL DIRECTOR, HEALTHY STEPS	40.00				X		398,572.	0.	30,280.	
(3) JANICE IM CHIEF PROGRAM OFFICER	40.00			X			269,723.	0.	54,277.	
(4) MYRA C. JONES-TAYLOR CHIEF POLICY OFFICER (TO 11/21)	40.00			X			240,844.	0.	48,205.	
(5) TRACY Y. CRUDUP CHIEF HUMAN RESOURCES OFFICER	40.00			X			202,899.	0.	75,807.	
(6) JENNIFER E. TRACEY SR. DIR. OF POLICY & FINANCING	40.00				X		252,985.	0.	15,056.	
(7) ERNESTINE BENEDICT CHIEF COMMUNICATIONS OFFICER	40.00			X			208,697.	0.	12,468.	
(8) EDIMA ELINewinga CHIEF TECHNOLOGY OFFICER	40.00				X		206,450.	0.	14,360.	
(9) PATRICIA A. COLE SENIOR DIRECTOR OF FEDERAL POLICY	40.00				X		164,774.	0.	50,956.	
(10) ROSE-ELLA SLAVIN CONTROLLER (TO 2/22)	40.00				X		170,583.	0.	15,143.	
(11) PIA C. VALDIVIA CHIEF FIN. & ADM. OFFICER	40.00			X			144,999.	0.	15,493.	
(12) CANDACE WINKLER CHIEF DEVELOPMENT OFFICER (AS OF 9/2)	40.00			X			67,415.	0.	2,824.	
(13) JOY OSOFSKY BOARD MEMBER & SUBJECT MATTER EXPERT	2.00	X					22,118.	0.	0.	
(14) CHANDRA GHOSH IPPEN BOARD MEMBER & AUTHOR	2.00	X					8,006.	0.	0.	
(15) BRENDA JONES HARDEN PRESIDENT & SUB MATTER EXPERT	4.00	X		X			6,000.	0.	0.	
(16) CATHERINE E. MONK BOARD MEMBER & SUBJECT MATTER EXPERT	2.00	X					1,000.	0.	0.	
(17) MIRIAM CALDERON CHIEF POLICY OFFICER (AS OF 4/22)	40.00			X			0.	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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) PAUL SPICER IMMED. PAST PRESIDENT	4.00	X		X				0.	0.	0.
(19) WALTER S. GILLIAM VICE PRESIDENT	4.00	X		X				0.	0.	0.
(20) EUGENE STEIN SECRETARY/TREASURER	4.00	X		X				0.	0.	0.
(21) LEE BEERS BOARD MEMBER	2.00	X						0.	0.	0.
(22) ABEL COVARRUBIAS BOARD MEMBER	2.00	X						0.	0.	0.
(23) FELICIA DEHANEY BOARD MEMBER	4.00	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) TAMMY MANN BOARD MEMBER	2.00	X						0.	0.	0.
1b Subtotal								2,970,331.	0.	429,453.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								2,970,331.	0.	429,453.

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 69

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	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>	4	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>	5	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	SUBRECIPIENT CONSULTING	2,426,196.
JAMES BELL ASSOC., INC., 2000 15TH STREET NORTH, SUITE 100, ARLINGTON, VA 22201	SUBRECIPIENT CONSULTING	1,019,800.
RTI INTERNATIONAL PO BOX 900002, RALEIGH, NC 27675-9000	SUBRECIPIENT CONSULTING	941,227.
CENTER FOR CHILDREN & YOUTH JUSTICE, 300 ELLIOTT AVENUE WEST, SUITE 360, SEATTLE,	CONSULTING SERVICES	914,859.
PARTNERSHIP FOR AMERICA'S CHILDREN, 5335 WISCONSIN AVE NW, SUITE 440, #4028,	SUBRECIPIENT CONSULTING	550,000.

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 49

SEE PART VII, SECTION A CONTINUATION SHEETS

ZERO TO THREE: NATIONAL CENTER FOR
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Part VIII Statement of Revenue

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

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a						
	b Membership dues	1b						
	c Fundraising events	1c						
	d Related organizations	1d						
	e Government grants (contributions)	1e	22609034.					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	33586466.					
	g Noncash contributions included in lines 1a-1f	1g	\$					
	h Total. Add lines 1a-1f			56195500.				
Program Service Revenue	2 a CONFERENCE & MEETINGS	Business Code	900099	1,697,571.	1,697,571.			
	b TRAINING & CONSULTING		541900	1,419,093.	1,419,093.			
	c NEW PARENT SUPPORT HV		541900	315,001.	315,001.			
	d MEMBERSHIP DUES		900099	276,988.	276,988.			
	e JOURNAL		511120	64,509.	52,204.	12,305.		
	f All other program service revenue							
	g Total. Add lines 2a-2f			3,773,162.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			753,464.			753,464.	
	4 Income from investment of tax-exempt bond proceeds							
	5 Royalties			28,739.			28,739.	
	6 a Gross rents	6a	(i) Real					
			(ii) Personal					
	b Less: rental expenses	6b						
	c Rental income or (loss)	6c						
	d Net rental income or (loss)							
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	2070617.	16,660.			
			(ii) Other					
				1651738.	16,480.			
				418,879.	180.			
	d Net gain or (loss)			419,059.			419,059.	
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a							
b Less: direct expenses	8b							
c Net income or (loss) from fundraising events								
9 a Gross income from gaming activities. See Part IV, line 19	9a							
b Less: direct expenses	9b							
c Net income or (loss) from gaming activities								
10 a Gross sales of inventory, less returns and allowances	10a		561,301.					
			96,609.					
				464,692.	464,692.			
c Net income or (loss) from sales of inventory								
Miscellaneous Revenue	11 a PROCEEDS FROM CANCELLA	Business Code	900099	129,507.	129,507.			
	b HONORARIA FOR SERVICES		900099	4,975.	4,975.			
	c MISCELLANEOUS		900099	4,876.			4,876.	
	d All other revenue							
	e Total. Add lines 11a-11d			139,358.				
12 Total revenue. See instructions			61773974.	4,360,031.	12,305.	1206138.		

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

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	2,222,209.	839,885.	1,309,857.	72,467.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	18,354,478.	15,352,110.	2,621,690.	380,678.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,071,685.	898,030.	150,144.	23,511.
9 Other employee benefits	2,472,575.	2,016,234.	410,389.	45,952.
10 Payroll taxes	1,551,059.	1,228,439.	288,497.	34,123.
11 Fees for services (nonemployees):				
a Management				
b Legal	179,663.	111,081.	68,582.	
c Accounting	114,651.		114,651.	
d Lobbying	244,641.	244,641.		
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	80,051.		80,051.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	20,178,154.	19,232,971.	662,190.	282,993.
12 Advertising and promotion	183,505.	178,042.	3,313.	2,150.
13 Office expenses	877,694.	655,317.	178,659.	43,718.
14 Information technology	1,010,188.	423,889.	574,761.	11,538.
15 Royalties	12,107.	12,107.		
16 Occupancy	590,679.	222,525.	355,125.	13,029.
17 Travel	584,861.	557,805.	21,441.	5,615.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	213,179.	190,806.	22,136.	237.
20 Interest	3,509.	900.	2,609.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	121,065.		121,065.	
23 Insurance	84,634.		84,634.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a DUES & SUBSCRIPTIONS	181,895.	107,280.	53,901.	20,714.
b MISCELLANEOUS	3,557.		3,557.	
c _____				
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	50,336,039.	42,272,062.	7,127,252.	936,725.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

ZERO TO THREE: NATIONAL CENTER FOR
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Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	6,051,615.	1	22,890,281.
	2 Savings and temporary cash investments	6,863,412.	2	10,047,740.
	3 Pledges and grants receivable, net	19,055,891.	3	9,957,407.
	4 Accounts receivable, net	1,320,904.	4	405,135.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	237,059.	8	190,011.
	9 Prepaid expenses and deferred charges	475,232.	9	109,982.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,960,634.		
	b Less: accumulated depreciation	10b 325,066.		
	11 Investments - publicly traded securities	570,580.	10c	1,635,568.
	12 Investments - other securities. See Part IV, line 11	22,917,296.	11	19,014,165.
	13 Investments - program-related. See Part IV, line 11		12	
	14 Intangible assets	0.	13	
	15 Other assets. See Part IV, line 11	48,215.	14	4,447,136.
16 Total assets. Add lines 1 through 15 (must equal line 33)	57,540,204.	15	48,215.	
		16	68,745,640.	
Liabilities	17 Accounts payable and accrued expenses	7,090,228.	17	7,413,639.
	18 Grants payable		18	
	19 Deferred revenue	1,123,570.	19	413,460.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	1,612,162.	25	6,332,038.
	26 Total liabilities. Add lines 17 through 25	9,825,960.	26	14,159,137.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	18,078,541.	27	15,260,965.
	28 Net assets with donor restrictions	29,635,703.	28	39,325,538.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	47,714,244.	32	54,586,503.
	33 Total liabilities and net assets/fund balances	57,540,204.	33	68,745,640.

Form 990 (2021)

**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	61,773,974.
2 Total expenses (must equal Part IX, column (A), line 25)	2	50,336,039.
3 Revenue less expenses. Subtract line 2 from line 1	3	11,437,935.
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	47,714,244.
5 Net unrealized gains (losses) on investments	5	-4,565,676.
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	54,586,503.

Part XII Financial Statements and Reporting

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

		Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
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			
b Were the organization's financial statements audited by an independent accountant?	2b	X	
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			
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?	2c	X	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	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	

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

2021

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).)
- 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s).

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

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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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	46733531.	36422109.	38907148.	44208052.	56195500.	222466340
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	46733531.	36422109.	38907148.	44208052.	56195500.	222466340
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						6892260.
6 Public support. Subtract line 5 from line 4.						215574080

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	46733531.	36422109.	38907148.	44208052.	56195500.	222466340
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	698,916.	942,351.	666,722.	674,121.	782,203.	3764313.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	13,676.	13,727.	19,091.	49,322.	139,358.	235,174.
11 Total support. Add lines 7 through 10						226465827
12 Gross receipts from related activities, etc. (see instructions)					12	23,174,647.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))	14	95.19	%
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	95.73	%
16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input checked="" type="checkbox"/>
b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2021. 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 - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

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

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

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4 Amounts paid to acquire exempt-use assets	4
5 Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6 Other distributions (<i>describe in Part VI</i>). See instructions.	6
7 Total annual distributions. Add lines 1 through 6.	7
8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9 Distributable amount for 2021 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-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2021			
a From 2016			
b From 2017			
c From 2018			
d From 2019			
e From 2020			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017			
b Excess from 2018			
c Excess from 2019			
d Excess from 2020			
e Excess from 2021			

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

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

OTHER INCOME

Lined area for providing explanations for other income.

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2021

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

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

Name of organization ZERO TO THREE: NATIONAL CENTER FOR INFANTS, TODDLERS AND FAMILIES	Employer identification number 52-1105189
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ <u>21,000,000.</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>19,710,523.</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>5,000,000.</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>4,300,000.</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>2,404,800.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization ZERO TO THREE: NATIONAL CENTER FOR INFANTS, TODDLERS AND FAMILIES	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 ZERO TO THREE: NATIONAL CENTER FOR INFANTS, TODDLERS AND FAMILIES	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
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE C
(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2021

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? Yes No
- 4a Was a correction made? Yes No
- 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? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

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

Schedule C (Form 990) 2021

LHA

132041 11-03-21

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												
1a	Total lobbying expenditures to influence public opinion (grassroots lobbying)	118,901.													
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	315,307.													
c	Total lobbying expenditures (add lines 1a and 1b)	434,208.													
d	Other exempt purpose expenditures	49,901,831.													
e	Total exempt purpose expenditures (add lines 1c and 1d)	50,336,039.													
f	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.														
g	Grassroots nontaxable amount (enter 25% of line 1f)	250,000.													
h	Subtract line 1g from line 1a. If zero or less, enter -0-	0.													
i	Subtract line 1f from line 1c. If zero or less, enter -0-	0.													
j	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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
2a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.
c Total lobbying expenditures	432,474.	289,418.	436,617.	434,208.	1,592,717.
d Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
f Grassroots lobbying expenditures	80,194.	35,580.	87,175.	118,901.	321,850.

Schedule C (Form 990) 2021

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)).

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total. Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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."

1 Dues, assessments and similar amounts from members	1
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	
a Current year	2a
b Carryover from last year	2b
c Total	2c
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3
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?	4
5 Taxable amount of lobbying and political expenditures. See instructions	5

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.

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

2021

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: Revenue, Assets. 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) 2021

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	7,301,008.	6,433,819.	6,224,431.	6,037,467.	5,925,923.
b Contributions					
c Net investment earnings, gains, and losses	-1,139,460.	958,328.	341,595.	316,090.	249,560.
d Grants or scholarships					
e Other expenditures for facilities and programs	91,139.	91,139.	132,207.	129,126.	138,016.
f Administrative expenses					
g End of year balance	6,070,409.	7,301,008.	6,433,819.	6,224,431.	6,037,467.

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment **▶ 91.2557 %**
 - b** Permanent endowment **▶ 7.3874 %**
 - c** Term endowment **▶ 1.3569 %**
- 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?
- 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		1,172,637.	41,880.	1,130,757.
d Equipment		202,939.	54,990.	147,949.
e Other		585,058.	228,196.	356,862.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,635,568.

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

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (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)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) OTHER LIABILITIES	5,747.
(3) LEASE LIABILITY	6,326,291.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	6,332,038.

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.

1	Total revenue, gains, and other support per audited financial statements		1	57,224,676.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-4,565,676.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	96,609.	
e	Add lines 2a through 2d	2e	-4,469,067.	
3	Subtract line 2e from line 1	3	61,693,743.	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	80,051.	
b	Other (Describe in Part XIII.)	4b	180.	
c	Add lines 4a and 4b	4c	80,231.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	61,773,974.	

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.

1	Total expenses and losses per audited financial statements		1	50,352,417.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	96,429.	
e	Add lines 2a through 2d	2e	96,429.	
3	Subtract line 2e from line 1	3	50,255,988.	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	80,051.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	80,051.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	50,336,039.	

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, 2022, 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 ON PART VIII 96,609.

Part XIII Supplemental Information *(continued)*

PART XI, LINE 4B - OTHER ADJUSTMENTS:

GAIN ON DISPOSAL OF FIXED ASSETS ON PART VIII 180.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

COST OF GOODS SOLD ON PART VIII 96,609.

GAIN ON DISPOSAL OF FIXED ASSETS ON PART VIII -180.

TOTAL TO SCHEDULE D, PART XII, LINE 2D 96,429.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2021

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

Name of the organization **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 **1b**

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? **2**

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

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input 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 **7**

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 **8**

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

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

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Schedule J (Form 990) 2021

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

52-1105189

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) MATTHEW E. MELMED EXECUTIVE DIRECTOR	(i)	587,706.	17,560.	0.	45,655.	48,929.	699,850.	699,850.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) RAHIL BRIGGS NATIONAL DIRECTOR, HEALTHY STEPS	(i)	398,572.	0.	0.	17,400.	12,880.	428,852.	428,852.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) JANICE IM CHIEF PROGRAM OFFICER	(i)	269,723.	0.	0.	42,113.	12,164.	324,000.	324,000.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) MYRA C. JONES-TAYLOR CHIEF POLICY OFFICER (TO 11/21)	(i)	240,844.	0.	0.	14,025.	34,180.	289,049.	289,049.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) TRACY Y. CRUDUP CHIEF HUMAN RESOURCES OFFICER	(i)	202,899.	0.	0.	38,694.	37,113.	278,706.	278,706.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) JENNIFER E. TRACEY SR. DIR. OF POLICY & FINANCING	(i)	252,985.	0.	0.	15,056.	0.	268,041.	268,041.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) ERNESTINE BENEDICT CHIEF COMMUNICATIONS OFFICER	(i)	208,697.	0.	0.	12,468.	0.	221,165.	221,165.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) EDIMA ELINewingA CHIEF TECHNOLOGY OFFICER	(i)	206,450.	0.	0.	12,360.	2,000.	220,810.	220,810.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) PATRICIA A. COLE SENIOR DIRECTOR OF FEDERAL POLICY	(i)	164,774.	0.	0.	13,868.	37,088.	215,730.	215,730.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) ROSE-ELLA SLAVIN CONTROLLER (TO 2/22)	(i)	170,583.	0.	0.	10,143.	5,000.	185,726.	185,726.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) PIA C. VALDIVIA CHIEF FIN. & ADM. OFFICER	(i)	144,999.	0.	0.	0.	15,493.	160,492.	160,492.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 7:

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

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

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:

- 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 30 STATES AND 129 SITES

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

Schedule O (Form 990) 2021

Name of the organization	ZERO TO THREE: NATIONAL CENTER FOR INFANTS, TODDLERS AND FAMILIES	Employer identification number	52-1105189
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ACROSS THE COUNTRY. IN FEDERAL FISCAL YEAR 2022, THE NATIONAL RESOURCE CENTER PROVIDED IMPLEMENTATION SUPPORT TO NEW SITES IN FL, TN AND WA, SUPPORTING THEIR STATEWIDE EXPANSION EFFORTS. TRAINING AND TECHNICAL ASSISTANCE (TTA) FOCUSED ON FACILITATING THE DEVELOPMENT OF STATE PLANS AND BUILDING THE CAPACITY OF STATE TEAMS TO SUPPORT SUSTAINABILITY AND THE INSTALLATION OF NEW INFANT-TODDLER COURT TEAMS (ITCTS). THE WORK OF THE NATIONAL RESOURCE CENTER LED TO THE DEVELOPMENT OF NEW RESOURCES AND TOOLS SUCH AS THE SUSTAINABILITY TOOLKIT, SUPPORTING SUSTAINABILITY FOR INFANT-TODDLER COURT TEAMS: A FEDERAL FUNDING GUIDE; POLICY FRAMEWORK, STRENGTHENING FAMILIES WITH INFANTS AND TODDLERS: A POLICY FRAMEWORK; AND TTA TOOL STATE/SITE TEAM DEVELOPMENT ROADMAPS.

THE 16TH ANNUAL CROSS SITES MEETING, IMPACT THROUGH LEADERSHIP, PARTNERSHIP, AND STEWARDSHIP, TOOK PLACE VIRTUALLY FROM AUGUST 16-17, 2022. THE MEETING FEATURED 2 LIVE PLENARY ADDRESSES, 16 LIVE BREAKOUT SESSIONS, AND 2 ROLE SPECIFIC PRE-CONFERENCE SESSIONS. A TOTAL OF 1,151 PEOPLE REGISTERED FOR THE VIRTUAL MEETING.

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

CARE CONSTITUENTS. THE OVERALL GOAL FOR THE DTL CENTER IS TO PROVIDE PROFESSIONAL DEVELOPMENT THAT REFLECTS CURRENT EVIDENCE AND LEADS TO IMPROVED SCHOOL READINESS FOR ALL INFANTS, TODDLERS, AND PRESCHOOLERS ENROLLED IN HEAD START AND EARLY HEAD START PROGRAM OPTIONS. THAT GOAL HAS DRIVEN THE WORK OF DTL AND HAS SHAPED OUR APPROACH TO ADDRESSING SEVERAL PRIORITY AREAS THIS YEAR. OUR REACH CONTINUES TO GROW FOR EACH OF OUR AUDIENCES OF EARLY HEAD START AND HEAD START GRANTEE STAFF, HEAD START REGIONAL TA PROVIDERS, CHILDCARE STAKEHOLDERS, AND FEDERAL STAFF IN NEW AND INNOVATIVE WAYS THAT CONTINUE TO BE RESPONSIVE DURING

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PANDEMIC RECOVERY AND WORKFORCE CHALLENGES. OVER THE COURSE OF THIS YEAR, DTL REACHED 4,429 PEOPLE WHILE PROVIDING PROFESSIONAL DEVELOPMENT TO REGIONS, NEARLY 23,000 PEOPLE THROUGH LIVE NATIONAL WEBINARS, OVER 15,000 PEOPLE VIEWING ON-DEMAND TRAINING EVENTS, AND OVER 20,580 ACTIVE USERS ACCESSING COURSE CONTENT IN THE INDIVIDUALIZED PROFESSIONAL DEVELOPMENT (IPD) PORTFOLIO ON THE HEAD START EARLY LEARNING AND KNOWLEDGE CENTER (ECLKC). IN ADDITION, WE HAVE WORKED DILIGENTLY TO BUILD ON AND ENHANCE EXISTING INVESTMENTS BY OHS, SUCH AS THE HEAD START COACHING COMPANION (OVER 1,200 NEW USERS), RESOURCES IN EARLY EDUCATOR CENTRAL, PLATFORMS TO ADDRESS SCHOOL READINESS TEACHING PRACTICES LIKE THE TEACHER TIME SERIES AND BABYTALKS.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:
 THAN 1 MILLION YOUNG CHILDREN AND FAMILIES ANNUALLY BY 2032. VISIT HEALTHYSTEPS.ORG.

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

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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 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 \$ 7,610,370. INCLUDING GRANTS OF \$ 0. REVENUE \$ 2,063.

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

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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 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 \$ 3,181,593. INCLUDING GRANTS OF \$ 0. REVENUE \$ 3,547,365.

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

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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 \$ 1,573,362. 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 TOPICS. PLEASE SEE OUR WEBSITE WWW.ZEROTOTHREE.ORG.

EXPENSES \$ 631,977. 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 \$ 360,830. INCLUDING GRANTS OF \$ 0. REVENUE \$ 318,001.

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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 THE CAREGIVERS SURROUNDING A CHILD (PARENTS, GRANDPARENTS, AND EARLY CHILDHOOD PROFESSIONALS). PARENTING RESOURCES DEVELOPED A 22-UNIT EARLY MATH CURRICULUM FOR CHILDREN AGES 30-48 MONTHS AND PILOTED AT 6 EARLY EDUCATION SITES. PARENTING RESOURCES ALSO PILOTED ITS 10-UNIT PARENT EDUCATION CURRICULUM AT 15 SITES NATIONWIDE.

EXPENSES \$ 319,795. INCLUDING GRANTS OF \$ 0. REVENUE \$ 6,400.

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 \$ 210,080. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

OTHER NATIONAL CENTERS FOR HEAD START AND CHILD CARE PROJECTS ZERO TO THREE SUPPORTS THE WORK OF THE NATIONAL CENTER ON PERFORMANCE MANAGEMENT AND FISCAL OPERATIONS AS A SUB-RECIPIENT TO UNIVERSITY OF MASSACHUSETTS' DONOHUE INSTITUTE; THE NATIONAL CENTER OF EXCELLENCE FOR INFANT AND CHILDHOOD MENTAL HEALTH AS A SUB-RECIPIENT TO GEORGETOWN UNIVERSITY CENTER FOR CHILD AND HUMAN DEVELOPMENT; THE GRANDFAMILIES &

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KINSHIP SUPPORT NETWORK: A NATIONAL TECHNICAL ASSISTANCE CENTER AS A SUB-RECIPIENT TO GENERATIONS UNITED; THE EARLY CHILDHOOD PERSONNEL EQUITY CENTER AS A SUB-RECIPIENT TO UNIVERSITY OF CONNECTICUT HEALTH CENTER; MATERNAL, INFANT, AND EARLY CHILDHOOD HOME VISITING AS A SUB-RECIPIENT TO DS FEDERAL; AND THE NATIONAL CHILD TRAUMATIC STRESS NETWORK AS A SUBRECIPIENT TO UNIVERSITY OF CALIFORNIA LOS ANGELES.

EXPENSES \$ 145,857. 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 IS LEADING THE EXPANSION OF HEALTHYSTEPS PROGRAMS. 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.

EXPENSES \$ 89,826. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

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

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

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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 AND 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 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

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

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

SUBCONTRACTORS:

PROGRAM SERVICE EXPENSES	12,815,133.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	12,815,133.

CONTRACTORS:

PROGRAM SERVICE EXPENSES	3,904,161.
MANAGEMENT AND GENERAL EXPENSES	-85,056.
FUNDRAISING EXPENSES	20,158.
TOTAL EXPENSES	3,839,263.

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

PROGRAM SERVICE EXPENSES	2,165,873.
MANAGEMENT AND GENERAL EXPENSES	406,710.
FUNDRAISING EXPENSES	236,667.
TOTAL EXPENSES	2,809,250.

TEMPORARY HELP:

PROGRAM SERVICE EXPENSES	146,601.
MANAGEMENT AND GENERAL EXPENSES	266,456.
FUNDRAISING EXPENSES	26,168.
TOTAL EXPENSES	439,225.

RECRUITMENT FEES:

PROGRAM SERVICE EXPENSES	58,500.
MANAGEMENT AND GENERAL EXPENSES	76,080.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	134,580.

HONORARIA & STIPENDS:

PROGRAM SERVICE EXPENSES	142,703.
MANAGEMENT AND GENERAL EXPENSES	-2,000.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	140,703.

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	20,178,154.
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Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

For calendar year 2021 or other tax year beginning OCT 1, 2021, and ending SEP 30, 2022

2021

Department of the Treasury
Internal Revenue Service

▶ **Go to www.irs.gov/Form990T for instructions and the latest information.**
▶ **Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).**

Open to Public Inspection for
501(c)(3) Organizations Only

<p>A <input checked="" type="checkbox"/> Check box if address changed.</p> <p>B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a) <input type="checkbox"/> 529A</p>	Print or Type	<p>Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) ZERO TO THREE: NATIONAL CENTER FOR INFANTS, TODDLERS AND FAMILIES</p> <p>Number, street, and room or suite no. If a P.O. box, see instructions. 2445 M STREET NW, 600</p> <p>City or town, state or province, country, and ZIP or foreign postal code WASHINGTON, DC 20037</p>	<p>D Employer identification number 52-1105189</p> <p>E Group exemption number (see instructions)</p> <p>F <input type="checkbox"/> Check box if an amended return.</p>
<p>C Book value of all assets at end of year ▶ 68,745,640.</p>			

G Check organization type ▶ 501(c) corporation 501(c) trust 401(a) trust Other trust

H Check if filing only to ▶ Claim credit from Form 8941 Claim a refund shown on Form 2439

I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation ▶

J Enter the number of attached Schedules A (Form 990-T) ▶ **1**

K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ Yes No
If "Yes," enter the name and identifying number of the parent corporation. ▶

L The books are in care of ▶ **PIA C. VALDIVIA** Telephone number ▶ **(202) 638-1144**

Part I Total Unrelated Business Taxable Income

1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	1	1,000.
2 Reserved	2	
3 Add lines 1 and 2	3	1,000.
4 Charitable contributions (see instructions for limitation rules)	4	0.
5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	5	1,000.
6 Deduction for net operating loss. See instructions	6	
7 Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5	7	1,000.
8 Specific deduction (generally \$1,000, but see instructions for exceptions)	8	1,000.
9 Trusts. Section 199A deduction. See instructions	9	
10 Total deductions. Add lines 8 and 9	10	1,000.
11 Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	11	0.

Part II Tax Computation

1 Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21)	1	0.
2 Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	2	
3 Proxy tax. See instructions	3	
4 Other tax amounts. See instructions	4	
5 Alternative minimum tax (trusts only)	5	
6 Tax on noncompliant facility income. See instructions	6	
7 Total. Add lines 3 through 6 to line 1 or 2, whichever applies	7	0.

LHA For Paperwork Reduction Act Notice, see instructions.

Part III Tax and Payments	
1a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a
b Other credits (see instructions)	1b
c General business credit. Attach Form 3800 (see instructions)	1c
d Credit for prior year minimum tax (attach Form 8801 or 8827)	1d
e Total credits. Add lines 1a through 1d	1e
2 Subtract line 1e from Part II, line 7	2 0.
3 Other amounts due. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach statement)	3
4 Total tax. Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here	4 0.
5 Current net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4	5 0.
6a Payments: A 2020 overpayment credited to 2021	6a
b 2021 estimated tax payments. Check if section 643(g) election applies	6b
c Tax deposited with Form 8868	6c
d Foreign organizations: Tax paid or withheld at source (see instructions)	6d
e Backup withholding (see instructions)	6e
f Credit for small employer health insurance premiums (attach Form 8941)	6f
g Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439	6g
<input type="checkbox"/> Form 4136 <input type="checkbox"/> Other	Total
7 Total payments. Add lines 6a through 6g	7
8 Estimated tax penalty (see instructions). Check if Form 2220 is attached	8
9 Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	9
10 Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	10
11 Enter the amount of line 10 you want: Credited to 2022 estimated tax	11

Part IV Statements Regarding Certain Activities and Other Information (see instructions)			
1 At any time during the 2021 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here	Yes		No
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?			X
3 Enter the amount of tax-exempt interest received or accrued during the tax year		\$	
4 Enter available pre-2018 NOL carryovers here		\$	
5 Post-2017 NOL carryovers. Enter available Business Activity Code and post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.			
Business Activity Code	Available post-2017 NOL carryover		
541800	\$ 6,801.		
6a Did the organization change its method of accounting? (see instructions)			X
b If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V			

Part V Supplemental Information

Provide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.

Sign Here	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 taxpayer) is based on all information of which preparer has any knowledge.				
		Date	EXECUTIVE DIRECTOR	May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	FRANK H. SMITH	FRANK H. SMITH	04/11/23		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		

Application for Automatic Extension of Time To File an Exempt Organization Return

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions. ZERO TO THREE: NATIONAL CENTER FOR INFANTS, TODDLERS AND FAMILIES	Taxpayer identification number (TIN) 52-1105189
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 2445 M STREET NW, 600	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. WASHINGTON, DC 20037	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 7

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

PIA C. VALDIVIA

- The books are in the care of ▶ **2445 M STREET NW, 600 - WASHINGTON, DC 20037**

Telephone No. ▶ **(202) 638-1144** Fax No. ▶ _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **AUGUST 15, 2023**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year _____ or
- ▶ tax year beginning **OCT 1, 2021**, and ending **SEP 30, 2022**.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

LHA **For Privacy Act and Paperwork Reduction Act Notice, see instructions.**

Form **8868** (Rev. 1-2022)

**SCHEDULE A
(Form 990-T)**

Department of the Treasury
Internal Revenue Service

**Unrelated Business Taxable Income
From an Unrelated Trade or Business**

▶ Go to www.irs.gov/Form990T for instructions and the latest information.
▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

1

OMB No. 1545-0047

2021

Open to Public Inspection for
501(c)(3) Organizations Only

A Name of the organization ZERO TO THREE: NATIONAL CENTER FOR INFANTS, TODDLERS AND FAMILIES	B Employer identification number 52-1105189
C Unrelated business activity code (see instructions) ▶ 541800	D Sequence: 1 of 1

E Describe the unrelated trade or business ▶ **ADVERTISING**

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales _____			
b Less returns and allowances _____ c Balance ▶	1c		
2 Cost of goods sold (Part III, line 8)	2		
3 Gross profit. Subtract line 2 from line 1c	3		
4 a Capital gain net income (attach Sch D (Form 1041 or Form 1120)). See instructions	4a		
b Net gain (loss) (Form 4797) (attach Form 4797). See instructions)	4b		
c Capital loss deduction for trusts	4c		
5 Income (loss) from a partnership or an S corporation (attach statement)	5		
6 Rent income (Part IV)	6		
7 Unrelated debt-financed income (Part V)	7		
8 Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8		
9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	9		
10 Exploited exempt activity income (Part VIII)	10	10,955.	10,955.
11 Advertising income (Part IX)	11	1,350.	1,341.
12 Other income (see instructions; attach statement)	12		
13 Total. Combine lines 3 through 12	13	12,305.	9. 12,296.

Part II Deductions Not Taken Elsewhere See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

1 Compensation of officers, directors, and trustees (Part X)	1		
2 Salaries and wages	2		
3 Repairs and maintenance	3		
4 Bad debts	4		
5 Interest (attach statement). See instructions	5		
6 Taxes and licenses	6		250.
7 Depreciation (attach Form 4562). See instructions	7		
8 Less depreciation claimed in Part III and elsewhere on return	8a		8b
9 Depletion	9		
10 Contributions to deferred compensation plans	10		
11 Employee benefit programs	11		
12 Excess exempt expenses (Part VIII)	12		4,559.
13 Excess readership costs (Part IX)	13		472.
14 Other deductions (attach statement)	14	SEE STATEMENT 1	2,015.
15 Total deductions. Add lines 1 through 14	15		7,296.
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	16		5,000.
17 Deduction for net operating loss. See instructions	17	STMT 2 STMT 4	4,000.
18 Unrelated business taxable income. Subtract line 17 from line 16	18		1,000.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2021

Part III Cost of Goods Sold Enter method of inventory valuation ▶

1 Inventory at beginning of year	1	
2 Purchases	2	
3 Cost of labor	3	
4 Additional section 263A costs (attach statement)	4	
5 Other costs (attach statement)	5	
6 Total. Add lines 1 through 5	6	
7 Inventory at end of year	7	
8 Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2	8	
9 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.

A _____

B _____

C _____

D _____

	A	B	C	D
2 Rent received or accrued				
a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)				
b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)				
c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				
3 Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A) ▶ 0.				
4 Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)				
5 Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B) ▶ 0.				

Part V Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.

A _____

B _____

C _____

D _____

	A	B	C	D
2 Gross income from or allocable to debt-financed property				
3 Deductions directly connected with or allocable to debt-financed property				
a Straight line depreciation (attach statement)				
b Other deductions (attach statement)				
c Total deductions (add lines 3a and 3b, columns A through D)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement)				
5 Average adjusted basis of or allocable to debt-financed property (attach statement)				
6 Divide line 4 by line 5	%	%	%	%
7 Gross income reportable. Multiply line 2 by line 6				
8 Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) ▶ 0.				
9 Allocable deductions. Multiply line 3c by line 6				
10 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) ▶ 0.				
11 Total dividends-received deductions included in line 10 ▶ 0.				

Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations (see instructions)

		Exempt Controlled Organizations			
1. Name of controlled organization	2. Employer identification number	3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					
Nonexempt Controlled Organizations					
7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10	
(1)					
(2)					
(3)					
(4)					
			Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)	
Totals			0.	0.	

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				
		Add amounts in column 2. Enter here and on Part I, line 9, column (A)		Add amounts in column 5. Enter here and on Part I, line 9, column (B)
Totals		0.		0.

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1	Description of exploited activity: <u>ADVERTISING</u> -		
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	2	10,955.
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	3	0.
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	4	10,955.
5	Gross income from activity that is not unrelated business income	5	0.
6	Expenses attributable to income entered on line 5	6	4,559.
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7	4,559.

Part IX Advertising Income

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

A ZERO TO THREE JOURNAL

B

C

D

Enter amounts for each periodical listed above in the corresponding column.

	A	B	C	D
2 Gross advertising income	1,350.			
Add columns A through D. Enter here and on Part I, line 11, column (A)				1,350.

a				
3 Direct advertising costs by periodical	9.			
a Add columns A through D. Enter here and on Part I, line 11, column (B)				9.

4 Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8	1,341.			
5 Readership costs	475.			
6 Circulation income	3.			
7 Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter zero	472.			
8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7	472.			
a Add line 8, columns A through D. Enter the greater of the line 8a, columns total or zero here and on Part II, line 13				472.

Part X Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on Part II, line 1			0.

Part XI Supplemental Information (see instructions)

FORM 990-T (A)	OTHER DEDUCTIONS	STATEMENT 1
DESCRIPTION		AMOUNT
TAX PREPARATION FEE		2,015.
TOTAL TO SCHEDULE A, PART II, LINE 14		2,015.

FORM 990-T (A)	POST 2017 NOL SCHEDULE	STATEMENT 2
PRIOR YEAR POST 2017 NOL	NOL DEDUCTION	CARRYFORWARD OF POST 2017 NOL
6,801.	4,000.	2,801.

990-T SCH A	POST-2017 NET OPERATING LOSS DEDUCTION			STATEMENT 3
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
09/30/19	6,443.	0.	6,443.	6,443.
09/30/21	358.	0.	358.	358.
NOL CARRYOVER AVAILABLE THIS YEAR			6,801.	6,801.

SCH A (990-T)	SCHEDULE A NOL DETAIL	STATEMENT 4
TAXABLE INCOME FROM ALL ENTITIES		5,000.
THIS ENTITIES PORTION OF TAXABLE INCOME		5,000.
THIS ENTITIES PERCENTAGE OF PRE-2018 NET OPERATING LOSS		100.00%
THIS ENTITIES ALLOWED PRE-2018 NET OPERATING LOSS		0.
TAXABLE INCOME AFTER PRE-2018 NET OPERATING LOSS		5,000.
80% INCOME LIMITATION		4,000.
POST-2017 AVAILABLE		6,801.
LESSER OF POST-2017 NET OPERATING LOSS OR 80% LIMITATION		4,000.

FORM 990-T (A) PART VIII - EXPENSES NOT DIRECTLY CONNECTED STATEMENT 5
 WITH PRODUCTION OF UNRELATED BUSINESS INCOME

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
SALARIES & BENEFITS		2,059.	
PRINTING & DESIGN		516.	
POSTAGE & SHIPPING		1,131.	
OTHER ASSOCIATED COSTS		690.	
OVERHEAD		163.	
- SUBTOTAL -	1		4,559.
TOTAL OF FORM 990-T, SCHEDULE A, PART VIII, COLUMN 6			4,559.