

PUBLIC INSPECTION COPY

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

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

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.

2022

Open to Public Inspection

A For the 2022 calendar year, or tax year beginning **OCT 1, 2022** and ending **SEP 30, 2023**

<p>B Check if applicable:</p> <p><input type="checkbox"/> Address change</p> <p><input type="checkbox"/> Name change</p> <p><input type="checkbox"/> Initial return</p> <p><input type="checkbox"/> Final return/terminated</p> <p><input type="checkbox"/> Amended return</p> <p><input type="checkbox"/> Application pending</p>	<p>C Name of organization ZERO TO THREE NATIONAL CENTER FOR INFANTS TODDLERS AND FAMILIES</p> <p>Doing business as</p> <p>Number and street (or P.O. box if mail is not delivered to street address) Room/suite 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>F Name and address of principal officer: PIA C. VALDIVIA SAME AS C ABOVE</p>	<p>D Employer identification number 52-1105189</p> <p>E Telephone number 202-638-1144</p> <p>G Gross receipts \$ 89,781,315.</p> <p>H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions</p> <p>H(c) Group exemption number</p>
<p>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</p>		
<p>J Website: WWW.ZEROTOTHREE.ORG</p>		
<p>K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other</p>		
		<p>L Year of formation: 1977 M State of legal domicile: DC</p>

Part I Summary

	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.		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
Activities & Governance	3	Number of voting members of the governing body (Part VI, line 1a)	3	21
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	19
	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	245
	6	Total number of volunteers (estimate if necessary)	6	21
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	746.
	7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.
	Revenue	8	Contributions and grants (Part VIII, line 1h)	56,195,500.
9		Program service revenue (Part VIII, line 2g)	3,773,162.	3,134,404.
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,172,523.	911,029.
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	632,789.	623,001.
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	61,773,974.	82,879,324.
Expenses		13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	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)	25,672,006.	27,332,213.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) 487,795.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	24,664,033.	24,442,969.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	50,336,039.	51,775,182.
	19	Revenue less expenses. Subtract line 18 from line 12	11,437,935.	31,104,142.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	68,745,640.	100,819,385.
	21	Total liabilities (Part X, line 26)	14,159,137.	13,559,846.
	22	Net assets or fund balances. Subtract line 21 from line 20	54,586,503.	87,259,539.

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 PIA C. VALDIVIA, CHIEF FIN. & ADM. OFFICER	Date
	Type or print name and title	
Paid Preparer Use Only	Print/Type preparer's name LORI ROTHE YOKOBOSKY, CPA	Preparer's signature LORI ROTHE YOKOBOSKY
	Firm's name COHNREZNICK LLP	Date 07/23/24
	Firm's address 7501 WISCONSIN AVENUE, SUITE 400E BETHESDA, MD 20814	Check if self-employed <input type="checkbox"/> PTIN P01273422
		Firm's EIN 22-1478099
		Phone no. 301-652-9100

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

ZERO TO THREE NATIONAL CENTER FOR
INFANTS TODDLERS AND FAMILIES

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
AT ZERO TO THREE WE PROVIDE PARENTS, PROFESSIONALS, AND POLICYMAKERS
THE KNOWLEDGE AND KNOW-HOW TO NURTURE EARLY DEVELOPMENT. WE ENVISION A
SOCIETY THAT HAS THE KNOWLEDGE AND WILL TO SUPPORT ALL INFANTS AND
TODDLERS IN REACHING THEIR FULL POTENTIAL.

2 Did the organization undertake any significant program services during the year which were not listed on the
prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O.

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

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

4a (Code:) (Expenses \$ 6,940,118. including grants of \$) (Revenue \$ 25,356.)
SAFE BABIES' GOAL IS TO PREVENT MALTREATMENT AND NEGLECT OF BABIES AND
TODDLERS, AND TO KEEP THEIR FAMILIES TOGETHER. SAFE BABIES' TARGET
POPULATION INCLUDES NEWBORN CHILDREN TO THREE YEARS OF AGE UNDER COURT
JURISDICTION, WHO ARE IN FOSTER CARE OR AT RISK OF REMOVAL, AND THEIR
FAMILIES. WE WORK TO BUILD COORDINATED AND ALIGNED EARLY CHILDHOOD
SYSTEMS TO SUPPORT A SAFER PATH FOR FAMILIES TO FLOURISH AND THRIVE,
FOCUSING INTENSIVELY ON:
- DRIVING BEST PRACTICES FOR BABIES, TODDLERS, AND THEIR FAMILIES
- REMOVING BARRIERS TO RACIAL EQUITY AND SOCIAL JUSTICE
- EMPOWERING PARENTS AND ELEVATING THE PARENT VOICE

TEAMS WORK AT BOTH THE FAMILY AND SYSTEMS LEVEL.

4b (Code:) (Expenses \$ 9,708,370. including grants of \$) (Revenue \$)
NATIONAL CENTER ON EARLY CHILDHOOD DEVELOPMENT, TEACHING, AND LEARNING
(NC ECDTL) IS A FEDERALLY FUNDED NATIONAL TRAINING AND TECHNICAL
ASSISTANCE (T/TA) CENTER OPERATING UNDER A FIVE-YEAR COOPERATIVE
AGREEMENT THAT ADDRESSES THE TRAINING AND TECHNICAL ASSISTANCE NEEDS OF
HEAD START AND CHILDCARE PROGRAMS AND SYSTEMS. THE GOAL OF NC ECDTL IS
TO IDENTIFY, DEVELOP, AND PROMOTE IMPLEMENTATION OF EVIDENCE-BASED
PRACTICES THAT ARE CULTURALLY AND LINGUISTICALLY RESPONSIVE AND LEAD TO
POSITIVE CHILD OUTCOMES ACROSS EARLY CHILDHOOD PROGRAMS AS WELL AS
SUPPORT STRONG PROFESSIONAL DEVELOPMENT SYSTEMS. ZERO TO THREE PROVIDES
OVERALL PROJECT AND FISCAL MANAGEMENT, MANAGING AND GUIDING THE WORK OF
THE CENTER SUBCONTRACTORS, AND DELIVERING T/TA SERVICES TO HEAD
START/EARLY HEAD START AND CHILDCARE CONSTITUENTS. ZERO TO THREE AND

4c (Code:) (Expenses \$ 9,333,799. including grants of \$) (Revenue \$ 531,922.)
HEALTHYSTEPS IS AN EVIDENCE-BASED PROGRAM THAT WORKS TO TRANSFORM THE
PROMISE OF PEDIATRIC PRIMARY CARE THROUGH A UNIQUE TEAM-BASED APPROACH
THAT INTEGRATES A CHILD DEVELOPMENT EXPERT ("HEALTHYSTEPS SPECIALIST")
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. IN 2023, HEALTHYSTEPS GREW TO INCLUDE 261
SITES IN 25 STATES AND WASHINGTON, DC, REACHING APPROXIMATELY 405,000
CHILDREN. TOGETHER, THE NATIONAL NETWORK OF HEALTHYSTEPS SITES AIMS TO
REACH MORE THAN 1 MILLION YOUNG CHILDREN AND FAMILIES ANNUALLY BY 2032.
VISIT HEALTHYSTEPS.ORG.

4d Other program services (Describe on Schedule O.)
(Expenses \$ 16,395,265. including grants of \$) (Revenue \$ 3,187,032.)

4e Total program service expenses 42,377,552.

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>	<input checked="" type="checkbox"/>	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	<input checked="" type="checkbox"/>	
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>		<input checked="" type="checkbox"/>
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>	<input checked="" type="checkbox"/>	
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>		<input checked="" type="checkbox"/>
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>		<input checked="" type="checkbox"/>
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>		<input checked="" type="checkbox"/>
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>		<input checked="" type="checkbox"/>
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>		<input checked="" type="checkbox"/>
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>	<input checked="" type="checkbox"/>	
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>	<input checked="" type="checkbox"/>	
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>		<input checked="" type="checkbox"/>
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>		<input checked="" type="checkbox"/>
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>		<input checked="" type="checkbox"/>
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<input checked="" type="checkbox"/>	
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>	<input checked="" type="checkbox"/>	
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>	<input checked="" type="checkbox"/>	
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>		<input checked="" type="checkbox"/>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		<input checked="" type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the United States?		<input checked="" type="checkbox"/>
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>		<input checked="" type="checkbox"/>
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>		<input checked="" type="checkbox"/>
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>		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
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>		<input checked="" type="checkbox"/>
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>		<input checked="" type="checkbox"/>
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		<input checked="" type="checkbox"/>
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		<input checked="" type="checkbox"/>

**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 271		
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		245
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	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? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	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? <i>If "No," provide an explanation on Schedule O</i>		
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, or any disqualified or other person 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.		

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

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

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 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.		
	1a 21		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 19		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		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?		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?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		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?		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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	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	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	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	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		X
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
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?		

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MATTHEW E. MELMED EXECUTIVE DIRECTOR	50.00	X		X				686,992.	0.	27,711.
(2) RAHIL BRIGGS NATIONAL DIRECTOR, HEALTHY STEPS	40.00				X			393,370.	0.	29,635.
(3) PIA C. VALDIVIA CHIEF FIN. & ADM. OFFICER	40.00			X				251,960.	0.	29,517.
(4) TRACY Y. CRUDUP CHIEF HUMAN RESOURCES OFFICER	40.00			X				230,199.	0.	48,421.
(5) JENNIFER E. TRACEY SR. DIR. OF POLICY & FINANCING	40.00				X			260,577.	0.	14,352.
(6) JANICE IM CHIEF PROGRAM OFFICER	40.00			X				252,392.	0.	19,520.
(7) CANDACE WINKLER CHIEF DEVELOPMENT OFFICER (AS OF 9/2)	40.00			X				226,601.	0.	15,543.
(8) MIRIAM CALDERON CHIEF POLICY OFFICER (AS OF 4/22)	40.00			X				201,421.	0.	29,203.
(9) ERNESTINE BENEDICT CHIEF COMMUNICATIONS OFFICER	40.00			X				216,150.	0.	12,375.
(10) PATRICIA A. COLE SENIOR DIRECTOR OF FEDERAL POLICY	40.00				X			169,967.	0.	48,294.
(11) ALIZ AGOSTON SR. PROCUREMENT AND BUSINESS ADMIN D	40.00				X			165,522.	0.	23,266.
(12) JANIE HUDDLESTON SAFE BABIES AND EC SYSTEMS NATIONAL	40.00				X			164,200.	0.	20,055.
(13) JOY OSOFSKY BOARD MEMBER & SUBJECT MATTER EXPERT	2.00	X						21,583.	0.	0.
(14) BRENDA JONES HARDEN PRESIDENT & SUB MATTER EXPERT	4.00	X		X				6,200.	0.	0.
(15) CHANDRA GHOSH IPPEN BOARD MEMBER & AUTHOR	2.00	X						5,885.	0.	0.
(16) CATHERINE E. MONK BOARD MEMBER & SUBJECT MATTER EXPERT	2.00	X						5,000.	0.	0.
(17) KATHRYN HIRSH-PASEK BOARD MEMBER	2.00	X						2,000.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) MICHELLE SARCHE BOARD MEMBER	2.00	X						2,000.	0.	0.
(19) MARY MARGARET GLEASON BOARD MEMBER	2.00	X						1,000.	0.	0.
(20) ABEL COVARRUBIAS BOARD MEMBER	2.00	X						0.	0.	0.
(21) ANDREW MELTZOFF BOARD MEMBER	2.00	X						0.	0.	0.
(22) BARBARA THOMPSON BOARD MEMBER	2.00	X						0.	0.	0.
(23) EUGENE STEIN SECRETARY/TREASURER	4.00	X		X				0.	0.	0.
(24) FELICIA DEHANEY BOARD MEMBER	4.00	X						0.	0.	0.
(25) H. MARCEL WRIGHT BOARD MEMBER	2.00	X						0.	0.	0.
(26) HELEN RAIKES BOARD MEMBER	2.00	X						0.	0.	0.
1b Subtotal								3,263,019.	0.	317,892.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								3,263,019.	0.	317,892.

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 79

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	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? If "Yes," complete Schedule J for such individual	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? If "Yes," complete Schedule J for such person	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 , 4300 ROOSEVELT WAY NE FLOOR 3, SEATTLE, WA 98105	SUBRECIPIENT CONSULTING SERVICES	2,250,293.
JAMES BELL ASSOCIATES, 2000 15TH STREET NORTH STE 10, ARLINGTON, VA 22201	SUBRECIPIENT CONSULTING SERVICES	1,135,664.
GMMB, 3050 K STREET NW, SUITE 100, WASHINGTON, DC 20007	CONSULTING SERVICES	617,500.
NORDIC CONSULTING PARTNERS, MSC 7579 P.O. BOX 415000, NASHVILLE, TN 37241-7579	CONSULTING SERVICES	565,453.
CHILD TRENDS, INC, 12300 TWINBROOK PARKWAY SUITE 235, ROCKVILLE, MD 20852	SUBRECIPIENT CONSULTING SERVICES	524,362.

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 43

SEE PART VII, SECTION A CONTINUATION SHEETS

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Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	24,232,889.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	53,978,001.				
	g Noncash contributions included in lines 1a-1f	1g	\$				
	h Total. Add lines 1a-1f			78,210,890.			
Program Service Revenue	2 a TRAINING AND CONSULTING FEES	Business Code					
		541900	1,603,272.	1,603,272.			
	b CONFERENCES INCOME	900099	1,232,520.	1,232,520.			
	c MEMBERSHIP DUES	900099	242,852.	242,852.			
	d JOURNAL	513120	48,290.	47,544.	746.		
	e VIRTUAL EVENTS	900099	7,470.	7,470.			
	f All other program service revenue						
	g Total. Add lines 2a-2f			3,134,404.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		1,241,394.			1241394.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties		25,703.	25,703.			
	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				
			(ii) Other				
				6,519,580.			
	b Less: cost or other basis and sales expenses	7b	6,849,945.				
	c Gain or (loss)	7c	-330,365.				
	d Net gain or (loss)			-330,365.		-330,365.	
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	586,634.					
b Less: cost of goods sold	10b	52,046.					
c Net income or (loss) from sales of inventory			534,588.	534,588.			
Miscellaneous Revenue	11 a REBATE REVENUE	Business Code					
		900099	48,008.	36,314.		11,694.	
	b HONORARIA	900099	13,869.	13,869.			
	c _____						
	d All other revenue	900099	833.	178.		655.	
e Total. Add lines 11a-11d			62,710.				
12 Total revenue. See instructions			82,879,324.	3,744,310.	746.	923,378.	

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Part IX Statement of Functional Expenses

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

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

	(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	2,517,330.	2,001,489.	479,315.	36,526.
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	19,528,683.	15,413,071.	3,834,334.	281,278.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,081,841.	928,194.	136,705.	16,942.
9 Other employee benefits	2,593,826.	2,225,439.	327,766.	40,621.
10 Payroll taxes	1,610,533.	1,381,798.	203,513.	25,222.
11 Fees for services (nonemployees):				
a Management				
b Legal	179,154.		179,154.	
c Accounting	388,237.		388,237.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	73,729.		73,729.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	17,486,830.	16,362,854.	1,122,725.	1,251.
12 Advertising and promotion	224,723.	174,681.	47,046.	2,996.
13 Office expenses	534,733.	393,061.	121,777.	19,895.
14 Information technology	2,582,517.	1,517,114.	1,045,885.	19,518.
15 Royalties	11,925.	8,814.	2,347.	764.
16 Occupancy	20,900.	456.	20,438.	6.
17 Travel	1,423,865.	1,315,216.	96,413.	12,236.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	189,352.	168,831.	20,311.	210.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	245,051.	5,349.	239,635.	67.
23 Insurance	98,967.	73,149.	19,475.	6,343.
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 LEASE EXPENSES	451,611.	9,858.	441,630.	123.
b TRAINING & DEVELOPMENT	252,124.	186,350.	49,614.	16,160.
c PAYROLL SERVICES	160,110.	123,769.	36,341.	
d CREDIT CARD FEES	67,364.	49,790.	13,256.	4,318.
e All other expenses	51,777.	38,269.	10,189.	3,319.
25 Total functional expenses. Add lines 1 through 24e	51,775,182.	42,377,552.	8,909,835.	487,795.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

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Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash - non-interest-bearing	22,890,281.	1	31,875,946.
	2 Savings and temporary cash investments	10,047,740.	2	26,381,362.
	3 Pledges and grants receivable, net	9,957,407.	3	14,901,452.
	4 Accounts receivable, net	405,135.	4	522,398.
	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	190,011.	8	277,302.
	9 Prepaid expenses and deferred charges	109,982.	9	291,792.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,054,265.		
	b Less: accumulated depreciation	10b 570,117.	1,635,568.	10c 1,484,148.
	11 Investments - publicly traded securities	19,014,165.	11	20,944,927.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets	4,447,136.	14	4,091,843.
	15 Other assets. See Part IV, line 11	48,215.	15	48,215.
16 Total assets. Add lines 1 through 15 (must equal line 33)	68,745,640.	16	100,819,385.	
Liabilities	17 Accounts payable and accrued expenses	7,413,639.	17	7,036,507.
	18 Grants payable		18	
	19 Deferred revenue	413,460.	19	100,728.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	6,332,038.	25	6,422,611.
	26 Total liabilities. Add lines 17 through 25	14,159,137.	26	13,559,846.
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	15,260,965.	27	33,315,394.
	28 Net assets with donor restrictions	39,325,538.	28	53,944,145.
	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	54,586,503.	32	87,259,539.
33 Total liabilities and net assets/fund balances	68,745,640.	33	100,819,385.	

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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	82,879,324.
2	Total expenses (must equal Part IX, column (A), line 25)	2	51,775,182.
3	Revenue less expenses. Subtract line 2 from line 1	3	31,104,142.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	54,586,503.
5	Net unrealized gains (losses) on investments	5	1,568,894.
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	87,259,539.

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____	X	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____	X	

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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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	36422109.	38907148.	44208052.	56195500.	78742812.	254475621
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	36422109.	38907148.	44208052.	56195500.	78742812.	254475621
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)						2324202.
6 Public support. Subtract line 5 from line 4.						252151419

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	36422109.	38907148.	44208052.	56195500.	78742812.	254475621
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	942,351.	666,722.	674,121.	782,203.	1267094.	4332491.
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.)	13,727.	19,091.	49,322.	139,358.	60,510.	282,008.
11 Total support. Add lines 7 through 10						259090120
12 Gross receipts from related activities, etc. (see instructions)					12	19,027,491.
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 2022 (line 6, column (f), divided by line 11, column (f))	14	97.32	%
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	95.19	%
16a 33 1/3% support test - 2022. 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 - 2021. 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 - 2022. 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 - 2021. 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"/>

ZERO TO THREE NATIONAL CENTER FOR
INFANTS TODDLERS AND FAMILIES

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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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 2022 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2022. 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 - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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

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?	11a	
b A family member of a person described on line 11a above?	11b	
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>	11c	

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	
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>	2	
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>	3	

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	2a	
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>	2b	
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>	3a	
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>	3b	

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

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

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

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

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

ZERO TO THREE NATIONAL CENTER FOR
INFANTS TODDLERS AND FAMILIES

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 2022 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-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2022			
a From 2017			
b From 2018			
c From 2019			
d From 2020			
e From 2021			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, 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 2022. 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 2023. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018			
b Excess from 2019			
c Excess from 2020			
d Excess from 2021			
e Excess from 2022			

SCHEDULE C
(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2022

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
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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) 2022**

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)	85,434.													
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	197,218.													
c	Total lobbying expenditures (add lines 1a and 1b)	282,652.													
d	Other exempt purpose expenditures	51,492,530.													
e	Total exempt purpose expenditures (add lines 1c and 1d)	51,775,182.													
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) 2019	(b) 2020	(c) 2021	(d) 2022	(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	289,418.	436,617.	434,208.	282,652.	1,442,895.
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	35,580.	87,175.	118,901.	85,434.	327,090.

Schedule C (Form 990) 2022

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

Table with 4 columns: Description, (a) Yes, (a) No, (b) Amount. Rows include questions about lobbying activities like volunteers, paid staff, media, mailings, etc.

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

Table with 3 columns: Question, Yes, No. Rows include questions about dues, lobbying expenditures, and carryover.

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

Table with 3 columns: Question, Yes, No. Rows include questions about dues, section 162(e) expenditures, and carryover.

Part IV Supplemental Information

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

Blank lines for providing supplemental information.

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

2022

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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year _____

4 Number of states where property subject to conservation easement is located _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

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.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 \$ _____

(ii) Assets included in Form 990, Part X \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 \$ _____

b Assets included in Form 990, Part X \$ _____

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

Schedule D (Form 990) 2022

**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) LEASE LIABILITY	6,422,611.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	6,422,611.

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	84,426,535.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	1,568,894.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	52,046.
e	Add lines 2a through 2d	2e	1,620,940.
3	Subtract line 2e from line 1	3	82,805,595.
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	73,729.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	73,729.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	82,879,324.

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	51,753,499.
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	52,046.
e	Add lines 2a through 2d	2e	52,046.
3	Subtract line 2e from line 1	3	51,701,453.
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	73,729.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	73,729.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	51,775,182.

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 FOLLOWS THE AUTHORITATIVE GUIDANCE RELATING TO ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES INCLUDED IN FASB ASC TOPIC 740, INCOME TAXES. THESE PROVISIONS PROVIDE CONSISTENT GUIDANCE FOR THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED IN AN ENTITY'S FINANCIAL STATEMENTS AND PRESCRIBE A THRESHOLD OF "MORE LIKELY THAN NOT" FOR RECOGNITION AND DERECOGNITION OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. ZERO TO THREE EVALUATED ITS UNCERTAINTY IN INCOME TAXES FOR THE

Part XIII Supplemental Information (continued)

YEAR ENDED SEPTEMBER 30, 2023, 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. AS OF SEPTEMBER 30, 2023, THERE ARE NO TAX EXAMINATIONS PENDING OR IN PROCESS. IT IS ZERO TO THREE'S POLICY TO RECOGNIZE INTEREST AND/OR PENALTIES RELATED TO UNCERTAINTY IN INCOME TAXES, IF ANY, IN INCOME TAX OR INTEREST EXPENSE. AS OF SEPTEMBER 30, 2023, ZERO TO THREE HAD NO ACCRUALS FOR INTEREST AND/OR PENALTIES. TAX YEARS PRIOR TO 2019 ARE NO LONGER SUBJECT TO EXAMINATION BY THE IRS OR THE TAX JURISDICTION OF THE DISTRICT OF COLUMBIA.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

COST OF GOODS SOLD 52,046.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

COST OF GOOD SOLD 52,046.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No. 1545-0047

2022

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 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		

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

Schedule J (Form 990) 2022

ZERO TO THREE NATIONAL CENTER FOR
INFANTS TODDLERS AND FAMILIES

52-1105189

Schedule J (Form 990) 2022

Page 2

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)	607,310.	72,560.	7,122.	24,400.	3,311.	714,703.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) RAHIL BRIGGS NATIONAL DIRECTOR, HEALTHY STEPS	(i)	392,486.	74.	810.	18,300.	11,335.	423,005.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) PIA C. VALDIVIA CHIEF FIN. & ADM. OFFICER	(i)	231,451.	20,000.	509.	8,457.	21,060.	281,477.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) TRACY Y. CRUDUP CHIEF HUMAN RESOURCES OFFICER	(i)	208,378.	20,000.	1,821.	15,477.	32,944.	278,620.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) JENNIFER E. TRACEY SR. DIR. OF POLICY & FINANCING	(i)	259,767.	0.	810.	14,352.	0.	274,929.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) JANICE IM CHIEF PROGRAM OFFICER	(i)	251,641.	0.	751.	8,186.	11,334.	271,912.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) CANDACE WINKLER CHIEF DEVELOPMENT OFFICER (AS OF 9/2)	(i)	225,485.	0.	1,116.	3,583.	11,960.	242,144.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) MIRIAM CALDERON CHIEF POLICY OFFICER (AS OF 4/22)	(i)	200,736.	0.	685.	0.	29,203.	230,624.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) ERNESTINE BENEDICT CHIEF COMMUNICATIONS OFFICER	(i)	215,466.	0.	684.	12,375.	0.	228,525.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) PATRICIA A. COLE SENIOR DIRECTOR OF FEDERAL POLICY	(i)	165,235.	0.	4,732.	13,831.	34,463.	218,261.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) ALIZ AGOSTON SR. PROCUREMENT AND BUSINESS ADMIN D	(i)	160,062.	4,950.	510.	2,132.	21,134.	188,788.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) JANIE HUDDLESTON SAFE BABIES AND EC SYSTEMS NATIONAL	(i)	160,038.	0.	4,162.	9,297.	10,758.	184,255.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 7:

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

OTHER BONUSES ARE BASED ON ANALYSIS OF HISTORICALLY AWARDED AMOUNTS.

**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

2022

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:

ZERO TO THREE BRINGS TOGETHER THE FIELDS OF MEDICINE, MENTAL HEALTH, RESEARCH SCIENCE, CHILD DEVELOPMENT, AND PARENTING EDUCATION TO MEET THE NEEDS OF THE WHOLE BABY IN THE CONTEXT OF THE FAMILY AND COMMUNITY. ZERO TO THREE PROMOTES THE DISCOVERY AND APPLICATION OF NEW KNOWLEDGE, STIMULATES EFFECTIVE SERVICES AND RESPONSIVE POLICIES, INCREASES PUBLIC AWARENESS, INFORMS PARENTS AND CAREGIVERS, FOSTERS PROFESSIONAL EXCELLENCE, AND INSPIRES TOMORROW'S LEADERS.

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

FAMILY TEAMS - COMPOSED OF FAMILY MEMBERS, ATTORNEYS, CASEWORKERS, AND SERVICE PROVIDERS - COME TOGETHER TO IDENTIFY AND REMOVE BARRIERS TO REUNIFICATION, HELPING TO EXPEDITE SERVICES AND PERMANENCY FOR INFANTS AND YOUNG CHILDREN. 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.

OUR INFANT-TODDLER COURT TEAMS NATIONAL RESOURCE CENTER, FUNDED IN PART THROUGH A HRSA COOPERATIVE AGREEMENT SUPPORTS IMPLEMENTATION OF COURT TEAMS IN 30 STATES AND 140 SITES ACROSS THE COUNTRY. THE NATIONAL RESOURCE CENTER PROVIDES IMPLEMENTATION SUPPORT TO TRAINING AND TECHNICAL ASSISTANCE (T/TA) 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

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

Schedule O (Form 990) 2022

232211 10-28-22

Name of the organization ZERO TO THREE NATIONAL CENTER FOR INFANTS TODDLERS AND FAMILIES	Employer identification number 52-1105189
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(ITCTS). THE NATIONAL RESOURCE CENTER ALSO DEVELOPS NEW RESOURCES AND TOOLS.

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

OUR PARTNERS PROVIDE EVIDENCE BASED, INNOVATIVE PROFESSIONAL DEVELOPMENT THAT CONTINUES TO BE RESPONSIVE DURING PANDEMIC RECOVERY AND WORKFORCE CHALLENGES AND LEADS TO IMPROVED SCHOOL READINESS FOR ALL INFANTS, TODDLERS, AND PRESCHOOLERS. NC ECCTL AUDIENCES INCLUDE EARLY HEAD START AND HEAD START GRANTEE STAFF, HEAD START REGIONAL TA PROVIDERS, CHILDCARE STAKEHOLDERS, AND FEDERAL STAFF.

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 WHICH ADVOCATES ON THE UNIQUE DEVELOPMENTAL NEEDS OF INFANTS AND TODDLERS. THE POLICY CENTER PROVIDES GUIDANCE ON 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 WORK INCLUDES POLICY AND LEGISLATIVE ANALYSIS AT THE FEDERAL, STATE, AND LOCAL LEVELS, AND THE PROVISION OF TECHNICAL ASSISTANCE TO ALL 50 STATES AND THE DISTRICT OF COLUMBIA ON A RANGE OF ISSUES AFFECTING INFANTS, TODDLERS, AND THEIR FAMILIES (E.G., INFANT AND EARLY CHILDHOOD MENTAL HEALTH (IECMH), CHILD WELFARE, EQUITABLE EARLY CHILDHOOD SYSTEMS, PAID LEAVE, EARLY HEAD START AND CHILDCARE, AND FAMILY ECONOMIC SECURITY).

EXPENSES \$ 8,680,290. INCLUDING GRANTS OF \$ 0. REVENUE \$ 6,613.

Name of the organization ZERO TO THREE NATIONAL CENTER FOR INFANTS TODDLERS AND FAMILIES	Employer identification number 52-1105189
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PROFESSIONAL INNOVATIONS: ZERO TO THREE SUPPORTS PROFESSIONALS ACROSS ROLES AND DISCIPLINES WHO SERVE FAMILIES WITH YOUNG CHILDREN THROUGH ITS TRAINING, CONSULTING, PROFESSIONAL AND MEMBER SERVICES, PROFESSIONAL DEVELOPMENT, CERTIFICATIONS, AND ASSOCIATED RESOURCES. ZERO TO THREE'S SIGNATURE LEARN EVENT SERIES IS HEADLINED BY AN ANNUAL CONFERENCE SERVING THE NEEDS OF OVER 2,500 PROFESSIONALS EACH YEAR FROM ACROSS THE EARLY CHILDHOOD FIELD. THE CONFERENCE FEATURES CURRENT RESEARCH, PROMISING PRACTICES, AND POLICY STRATEGIES. ALL CONTENT IS GROUNDED IN THE DOMAINS FROM THE ZERO TO THREE COMPETENCIES FOR PRENATAL TO AGE 5 PROFESSIONALS, WITH AN EXPLICIT FOCUS ON ADDRESSING AND ADVANCING EQUITY. ZERO TO THREE ALSO PROVIDES AN ARRAY OF IN-PERSON AND ONLINE PROFESSIONAL DEVELOPMENT AND TRAINING-OF-TRAINERS CERTIFICATION PROGRAMS FOR EARLY CHILDHOOD PROFESSIONALS. ALL MATERIALS ARE EVIDENCE-BASED AND FOCUS ON CHILDREN PRENATAL TO 5 YEARS OLD 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 BOOKSTORES. ZERO TO THREE OFFERS A MEMBERSHIP TO 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, ETC.

EXPENSES \$ 3,306,427. INCLUDING GRANTS OF \$ 0. REVENUE \$ 3,172,138.

Name of the organization ZERO TO THREE NATIONAL CENTER FOR INFANTS TODDLERS AND FAMILIES	Employer identification number 52-1105189
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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 II (PATH II) TECHNICAL ASSISTANCE CENTER, WHICH AIMS TO INCREASE TRIBAL MATERNAL, INFANT, AND EARLY CHILDHOOD HOME VISITING (MIECHV) AND TRIBAL EARLY LEARNING INITIATIVE (TELI) GRANTEE'S CAPACITY TO IMPLEMENT HIGH QUALITY, HOME VISITING CHILDHOOD SYSTEMS SERVING AMERICAN INDIAN AND NATIVE ALASKAN FAMILIES.

-ZERO TO THREE LEADS THE EARLY CHILDHOOD DEVELOPMENTAL HEALTH SYSTEMS (ECDHS) EVIDENCE TO IMPACT CENTER - A PROGRAM FOCUSED ON BUILDING EARLY CHILDHOOD SYSTEMS TO IMPROVE AND STRENGTHEN THE HEALTH AND WELL-BEING OF BABIES AND TODDLERS IN STATES AND COMMUNITIES EXPERIENCING HIGH POVERTY LEVELS.

-ZERO TO THREE ALSO PROVIDES OUR UNIQUE EXPERTISE TO FEDERALLY FUNDED PROJECTS LED BY OTHER AGENCIES INCLUDING 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 & 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

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

EXPENSES \$ 1,443,813. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

COMMUNICATIONS - ZERO TO THREE'S COMMUNICATIONS DEPARTMENT SUPPORTS THE OVERALL MISSION OF THE ORGANIZATION BY PUBLICIZING CHILD DEVELOPMENT INFORMATION, THE IMPORTANCE OF THE EARLIEST YEARS TO LIFE OUTCOMES OF BABIES AND TODDLERS, BEST PRACTICES, CURRENT RESEARCH, AND OUTCOMES OF THE ORGANIZATION'S ACTIVITIES ON A BROAD ARRAY OF TOPICS. PLEASE SEE OUR WEBSITE - WWW.ZEROTOTHREE.ORG.

EXPENSES \$ 306,716. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

MILITARY FAMILY PROJECTS - ZERO TO THREE'S MILITARY FAMILY PROJECTS (MFP) SUPPORTS MILITARY AND VETERAN FAMILIES WITH YOUNG CHILDREN THROUGH A VARIETY OF INITIATIVES AND RESOURCES, FOCUSING ON MITIGATING THE POTENTIAL IMPACT OF THE UNIQUE TRAUMAS AND STRESSORS OF MILITARY LIFE. ZERO TO THREE PROVIDES TRAINING AND REFLECTIVE CONSULTATION TO THE ARMY'S NEW PARENT SUPPORT PROGRAM; 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; AND SUPPORTS IMPLEMENTING HEALTHYSTEPS AT MILITARY PEDIATRIC CLINICS. MFP RESOURCES THAT DIRECTLY SUPPORT MILITARY FAMILIES INCLUDE THE BABIES ON THE HOMEFRONT APP THAT KEEPS FAMILIES CONNECTED DURING DEPLOYMENTS OR OTHER SEPARATIONS.

EXPENSES \$ 475,467. INCLUDING GRANTS OF \$ 0. REVENUE \$ 4,431.

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

Name of the organization	ZERO TO THREE NATIONAL CENTER FOR INFANTS TODDLERS AND FAMILIES	Employer identification number	52-1105189
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THE CAREGIVERS SURROUNDING A CHILD (PARENTS, GRANDPARENTS, AND EARLY CHILDHOOD PROFESSIONALS). RECENTLY DEVELOPED RESOURCES INCLUDE A 22-UNIT EARLY MATH CURRICULUM FOR CHILDREN AGES 30-48 MONTHS PILOTED AT 6 EARLY EDUCATION SITES AND A 10-UNIT PARENT EDUCATION CURRICULUM PILOTED AT 15 SITES NATIONWIDE.

EXPENSES \$ 429,257. INCLUDING GRANTS OF \$ 0. REVENUE \$ 1,350.

LEADERSHIP DEVELOPMENT - ZERO TO THREE'S LEADERSHIP DEVELOPMENT INITIATIVE (LDI) INCLUDES THE ZERO TO THREE FELLOWSHIP AND ALUMNI NETWORK ACADEMY OF FELLOWS. 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 OF 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. LDI ALSO PROMOTES THE IMPORTANCE OF INFANT AND EARLY CHILDHOOD MENTAL HEALTH (IECMH) BY RECOGNIZING EMERGING IECMH LEADERS IN POLICY, PRACTICE, AND RESEARCH.

EXPENSES \$ 280,820. INCLUDING GRANTS OF \$ 0. REVENUE \$ 2,500.

CALIFORNIA OFFICE POLICY ANALYSIS AND PROGRAMS CONSULTATION- ZERO TO THREE'S (ZTT) CALIFORNIA OFFICE FOCUSES ON POLICY AND PROGRAM CONSULTATION IN CALIFORNIA. WE MAINTAIN THIS OFFICE AS CALIFORNIA IS THE MOST POPULOUS AND DIVERSE STATE IN THE NATION, AND CAN SERVE AS A

Name of the organization	ZERO TO THREE NATIONAL CENTER FOR INFANTS TODDLERS AND FAMILIES	Employer identification number	52-1105189
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BELLWETHER FOR OUR NATIONAL WORK. ZTT CALIFORNIA IS LEADING THE EXPANSION OF HEALTHYSTEPS PROGRAMS. THE CALIFORNIA OFFICE IS ALSO 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 \$ 1,472,475. 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 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

Name of the organization ZERO TO THREE NATIONAL CENTER FOR INFANTS TODDLERS AND FAMILIES	Employer identification number 52-1105189
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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 TO 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 ORGANIZATIONS FOR INDUSTRY COMPARISONS AND BENCHMARKS TO ENSURE APPROPRIATE COMPENSATION LEVELS ARE MAINTAINED. THE EXECUTIVE DIRECTOR CONDUCTS THE PERFORMANCE REVIEW FOR THE CHIEF FINANCIAL AND ADMINISTRATIVE OFFICER AND OTHER SENIOR MEMBERS OF MANAGEMENT AND SETS COMPENSATION THAT ALIGNS WITH 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

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 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	8,802,612.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	8,802,612.

PAYROLL PROCESSING FEES :

PROGRAM SERVICE EXPENSES	40,230.
MANAGEMENT AND GENERAL EXPENSES	49,482.
FUNDRAISING EXPENSES	1,224.
TOTAL EXPENSES	90,936.

IT CONSULTING SERVICES:

PROGRAM SERVICE EXPENSES	1,023,578.
MANAGEMENT AND GENERAL EXPENSES	300,543.
FUNDRAISING EXPENSES	4.
TOTAL EXPENSES	1,324,125.

TEMP SERVICES :

PROGRAM SERVICE EXPENSES	306,541.
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Name of the organization	ZERO TO THREE NATIONAL CENTER FOR INFANTS TODDLERS AND FAMILIES	Employer identification number	52-1105189
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MANAGEMENT AND GENERAL EXPENSES 90,007.

FUNDRAISING EXPENSES 1.

TOTAL EXPENSES 396,549.

OTHER CONTRACTED SERVICES:

PROGRAM SERVICE EXPENSES 6,189,893.

MANAGEMENT AND GENERAL EXPENSES 682,693.

FUNDRAISING EXPENSES 22.

TOTAL EXPENSES 6,872,608.

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 17,486,830.

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

For calendar year 2022 or other tax year beginning **OCT 1, 2022**, and ending **SEP 30, 2023**

2022

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 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 100,819,385.</p>			
<p>G Check organization type <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust <input type="checkbox"/> State college/university</p>			
<p>H Check if filing only to <input type="checkbox"/> Claim credit from Form 8941 <input type="checkbox"/> Claim a refund shown on Form 2439</p>			
<p>I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation <input type="checkbox"/></p>			
<p>J Enter the number of attached Schedules A (Form 990-T) 1</p>			
<p>K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," enter the name and identifying number of the parent corporation.</p>			
<p>L The books are in care of PIA C VALDIVIA</p>		<p>Telephone number 202-638-1144</p>	

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

Part II Tax Computation		
1	Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21)	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)	
3	Proxy tax. See instructions	
4	Other tax amounts. See instructions	
5	Alternative minimum tax (trusts only)	
6	Tax on noncompliant facility income. See instructions	
7	Total. Add lines 3 through 6 to line 1 or 2, whichever applies	0.

LHA For Paperwork Reduction Act Notice, see instructions.

FORM 990-T

PRE-2018 NET OPERATING LOSS DEDUCTION

STATEMENT 1

<u>TAX YEAR</u>	<u>LOSS SUSTAINED</u>	<u>LOSS PREVIOUSLY APPLIED</u>	<u>LOSS REMAINING</u>	<u>AVAILABLE THIS YEAR</u>
09/30/18	6,801.	4,000.	2,801.	2,801.
NOL CARRYOVER AVAILABLE THIS YEAR			2,801.	2,801.

**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

2022

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			
2 Cost of goods sold (Part III, line 8)	1c			
3 Gross profit. Subtract line 2 from line 1c	2			
	3			
4 a Capital gain net income (attach Schedule 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			
11 Advertising income (Part IX)	11	746.		746.
12 Other income (see instructions; attach statement)	12			
13 Total. Combine lines 3 through 12	13	746.		746.

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)				
2 Salaries and wages				
3 Repairs and maintenance				
4 Bad debts				
5 Interest (attach statement). See instructions				
6 Taxes and licenses				250.
7 Depreciation (attach Form 4562). See instructions	7			
8 Less depreciation claimed in Part III and elsewhere on return	8a			
9 Depletion				
10 Contributions to deferred compensation plans				
11 Employee benefit programs				
12 Excess exempt expenses (Part VIII)				
13 Excess readership costs (Part IX)				
14 Other deductions (attach statement) SEE STATEMENT 2				2,500.
15 Total deductions. Add lines 1 through 14				2,750.
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)				-2,004.
17 Deduction for net operating loss. See instructions				0.
18 Unrelated business taxable income. Subtract line 17 from line 16				-2,004.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2022

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)

1. Name of controlled organization		2. Employer identification number	Exempt Controlled Organizations			6. Deductions directly connected with income in column 5
			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	
(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: _____		
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	2	
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	3	
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	4	
5	Gross income from activity that is not unrelated business income	5	
6	Expenses attributable to income entered on line 5	6	
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	

FORM 990-T (A)

OTHER DEDUCTIONS

STATEMENT 2

DESCRIPTION

AMOUNT

TAX PREP FEES

2,500.

TOTAL TO SCHEDULE A, PART II, LINE 14

2,500.

990-T SCH A

POST-2017 NET OPERATING LOSS DEDUCTION

STATEMENT 3

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
09/30/18	6,801.	4,000.	2,801.	2,801.
09/30/19	6,443.	0.	6,443.	6,443.
09/30/21	358.	0.	358.	358.
NOL CARRYOVER AVAILABLE THIS YEAR			9,602.	9,602.