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Department of the Treasury

## **Return of Organization Exempt From Income Tax**

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.

Inspection

Internal	Reven	ue Service					
A F	or th	e 2023 calendar year, or tax year beginning 01-01-2023 , and ending 12-3	1-2023				
	dress	pplicable: C Name of organization CHILD TRENDS INC ange		<b>D Employe</b> 13-2982		ication number	
O Ini	tial re	Doing business as					
_		n/terminated		E Telephone	number		
		d return Number and street (or P.O. box if mail is not delivered to street address) Room/su 12300 TWINBROOK PARKWAY 235	ite	(240) 22	2-9200		
	pcac.	City or town, state or province, country, and ZIP or foreign postal code		- (210) 22	.5 5200		
		ROCKVILLE, MD 20852		<b>G</b> Gross rec	eipts \$ 5	6,560,280	
		F Name and address of principal officer: NATALIA PANE	<b>H(a)</b> Is the	nis a group ret	urn for		
		12300 TWINBROOK PARKWAY 235		ordinates?		□Yes <a>✓</a> No	
		ROCKVILLE, MD 20852	H(b) Are incl	all subordinate uded?	es	☐ Yes ☐No	
<b>I</b> Tax	(-exer	npt status: 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or 527		No," attach a li		instructions.	
J W	ebsit	e: WWW.CHILDTRENDS.ORG	H(c) Gro	up exemption	number		
<b>K</b> Form	n of o	rganization: 🗹 Corporation 🗌 Trust 🔲 Association 🗍 Other	<b>L</b> Year of for	mation: 1979	<b>M</b> State	of legal domicile: NY	
		Communication					
Pa	art I 1 I	Summary  Briefly describe the organization's mission or most significant activities:					
Φ		IMPROVING THE LIVES OF CHILDREN BY CONDUCTING RESEARCH AND PROVIDING	SCIENCE-BA	ASED INFORMA	ATION.		
E .							
Ĕ							
Activities & Governance	2	Check this box $\ \square$				•	
5	3	Number of voting members of the governing body (Part VI, line 1a)		•	3	10	
S		Number of independent voting members of the governing body (Part VI, line 1b) $$ .		•	4	9	
MTe	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)		•	5	301	
€		Total number of volunteers (estimate if necessary)			6	10	
A		Total unrelated business revenue from Part VIII, column (C), line 12		•	7a	0	
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11			7b	0	
			P	rior Year		Current Year	
2		Contributions and grants (Part VIII, line 1h)		42,492,80		38,925,691	
Revenue		Program service revenue (Part VIII, line 2g)		679,6	_	670,713	
æ		Investment income (Part VIII, column (A), lines 3, 4, and 7d )		-40,4	_	810,587	
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		42.422.0	0	984	
		Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		43,132,0	_	40,407,975	
		Grants and similar amounts paid (Part IX, column (A), lines 1–3 )			0	0	
		Benefits paid to or for members (Part IX, column (A), line 4)		20 511 5	0	0	
88		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		26,544,6		33,898,849	
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)			0	0	
쫎		Total fundraising expenses (Part IX, column (D), line 25) 1,815,082				10.510.150	
Solid		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		8,933,39	_	10,510,463	
		Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)		35,478,00	_	44,409,312	
. 00	19	Revenue less expenses. Subtract line 18 from line 12		7,654,0	_	-4,001,337	
Net Assets or Fund Balances			Beginnin	g of Current Ye	ar	End of Year	
sse	20	Total assets (Part X, line 16)		26,373,28	87	23,887,595	
ĕΞ	21	Total liabilities (Part V. line 36)		====			
<b>*</b> *	21	Total liabilities (Part X, line 26)		5,510,98	81	6,191,759	

**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.

	ı			- · ·	2024-05-10	
Sign		Signature of officer			Date	
Here		VATALIA PANE PRESIDENT  Type or print name and title				
Paid		Print/Type preparer's name	Preparer's signature	Date 2024-05-10	Check if	PTIN P01365820
Prep	oarer	Firm's name MARCUM LLP	<b>-</b>	l .	Firm's EIN 11-	1986323
use	Only	Timis address 1099 L STREET NW S	Phone no. (202) 227-4000			
		WASHINGTON, DC 2	20036			
May th	ne IRS c	liscuss this return with the preparer	shown above? See Instructions.			. 🗸 Yes 🗌 No
For P	aperwo	ork Reduction Act Notice, see the	separate instructions.	Cat. I	No. 11282Y	Form <b>990</b> (2023)
			——————————————————————————————————————			
Form	990 (20	23)				Page 2
Par	t III	Statement of Program Service	e Accomplishments			
		Check if Schedule O contains a respo	onse or note to any line in this Pa	rt III		
1	Briefly	describe the organization's mission:				
CHILD THAT SYNTH	REN BY AFFECT HESIZES	IS, INC. (CHILD TRENDS) IS A NONP CONDUCTING RESEARCH AND PROVE CHILDREN AND THEIR FAMILIES. IN BYTHE AND DISSEMINATES RESEARCH; DE THE FIELD.	VIDING SCIENCE-BASED INFORM ADVANCING ITS MISSION, CHIL	ATION TO IMPROVE T D TRENDS COLLECTS	THE DECISIONS AND ANALYZE	S, PROGRAMS AND POLICIES ES DATA; CONDUCTS,
2	Did the	organization undertake any significa	ant program services during the v	ear which were not lis	sted on	
		or Form 990 or 990-EZ?				🗆 Yes 🔽 No
	•	" describe these new services on Sch	nedule O			
		organization cease conducting, or m		conducts any progra	ım	
•	services	· ·	iake significant changes in now it	conducts, any progra		. Yes 🗸 No
		" describe these changes on Schedul				. Tes and
_	•	3				
4	Section	e the organization's program service 501(c)(3) and 501(c)(4) organization venue, if any, for each program servio	ons are required to report the amo			
4a	(Code:	) (Expenses \$	15,429,462 including grants of	· \$	) (Revenue \$	450,170 )
	,	) (Expenses 4	midding grants or	T	, (σ.σ.ιασ ψ	.55,2,0 )

EARLY CHILDHOOD DEVELOPMENTTHE NATIONAL EARLY CARE AND EDUCATION (ECE) WORKFORCE CENTER (THE CENTER) IS FOCUSED ON EQUITY AND JUSTICE FOR THE ECE WORKFORCE. THE CENTER UNDERTAKES ENGAGEMENT, RESEARCH, RESEARCH-TO-PRACTICE, TECHNICAL ASSISTANCE, AND COMMUNICATIONS ACTIVITIES THAT ARE DESIGNED TO DISRUPT CURRENT PRACTICES AND STRUCTURES AND MOVE TOWARD EQUITABLE AND SUSTAINABLE SYSTEMS TO ADVANCE THE ECE WORKFORCE AND FIELD. CHILD TRENDS (CT), AND OUR CORE PARTNERS THE BUILD INITIATIVE (BUILD), THE CENTER FOR THE STUDY OF CHILD CARE EMPLOYMENT (CSCCE), THE UNIVERSITY OF DELAWARE (UD), THE UNIVERSITY OF MASSACHUSETTS BOSTON (UMB), AND ZERO TO THREE (ZTT) ALONG WITH ADDITIONAL COLLABORATING PARTNERS IN OUR LEARNING THROUGH ACTION CONSORTIUM (CONSORTIUM) FORM AN INTERDISCIPLINARY TEÁM THAT DRAWS ON OUR COLLECTIVE STRENGTHS TO IMPLEMENT THIS BOLD AGENDA. THE NATIONAL ECE WORKFORCE CENTER HAS FOUR OBJECTIVES: 1) STRENGTHEN SYSTEM-WIDE COORDINATION (INCLUDING GOAL-SETTING AMONG KEY STAKEHOLDERS IN THE FIELD), IN COLLABORATION WITH EARLY EDUCATORS TO ENSURE EQUITABLE EXPERIENCES FOR THE WORKFORCE ACROSS SETTINGS AND PROGRAMS, 2) IDENTIFY INNOVATIVE SOLUTIONS THAT CAN BE TAILORED, SCALED, AND SUSTAINED TO CREATE EQUITABLE CAREER ADVANCEMENT AND COMPENSATION SYSTEMS, 3) ADVANCE THE WELL-BEING OF THE WORKFORCE THROUGH IMPROVED OPPORTUNITIES AND REDUCED BARRIERS FOR CAREER ADVANCEMENT AND EQUITABLE COMPENSATION THAT ALIGN WITH EDUCATORS PERSONAL AND CULTURAL VALUES AND ASPIRATIONS, AND 4) IMPROVE EQUITABLE ACCESS TO HIGHLY QUALIFIED EDUCATORS FOR YOUNG CHILDREN AND THEIR FAMILIES.THE STRUCTURE OF THE CENTER ENSURES, LEVERAGES, AND REINFORCES CONNECTIONS BETWEEN RESEARCH AND PRACTICE. THE RESEARCH AND KNOWLEDGE DEVELOPMENT ACTIVITY FOCUSES ON PRODUCING, PROMOTING, AND SHARING RIGOROUS RESEARCH, WITH A SPECIFIC FOCUS ON ACTIONABLE SOLUTIONS. THE TECHNICAL ASSISTANCE ACTIVITY OCCURS THROUGH THE PROVISION OF TAILORED, RESPONSIVE, AND COLLABORATIVE SUPPORT TO LEADERS IN STATES, COMMUNITIES, TRIBES, AND TERRITORIES, PROGRAMS, AND OTHER SYSTEMS TO SUPPORT TRANSFORMATION THAT DRAWS ON STRENGTHS, ASSETS, AND INNOVATION TO ADDRESS ECE WORKFORCE CHALLENGES AND DISPARITIES. THE CENTER CONNECTS THESE TWO ACTIVITIES THROUGH A RESEARCH-TO-PRACTICE ACTIVITY, A UNIQUE COMPONENT OF THE CENTER THAT IS VITAL TO ITS SUCCESS. THIS ACTIVITY SERVES AS A BI-DIRECTIONAL FEEDBACK LOOP BETWEEN RESEARCH, TECHNICAL ASSISTANCE, AND THE ECE FIELD MORE GENERALLY TO ENSURE THE CENTER DOES NOT OPERATE IN SILOS, IN ADDITION TO FACILITATING PROCESSES, THE RESEARCH-TO-PRACTICE ACTIVITY ALSO UNDERTAKES TASKS SUCH AS BUILDING THE CAPACITY OF THE ECE FIELD THROUGH AN INTEGRATED RESEARCH AND POLICY FELLOWSHIP PROGRAM TOGETHER, OUR CORE AND COLLABORATING PARTNERS RELY ON YEARS OF NATIONAL, REGIONAL, STATE, AND LOCAL COLLABORATIONS TO OPERATIONALIZE THE ACTIVITIES AND TASKS OF THE CENTER IN A WAY THAT ESTABLISHES IT AS THE NATION'S LEADING RESOURCE ON THE ECE WORKFORCE.THE ACTIVITIES AND TASKS CENTER THE EXPERIENCES OF ECE EDUCATORS AND ACKNOWLEDGE THE HISTORICAL INEQUITIES THAT HAVE BEEN A CHALLENGE TO PREVIOUS REFORM EFFORTS SURROUNDING CAREER PREPARATION, ADVANCEMENT, AND COMPENSATION. WE BELIEVE THAT COLLABORATING WITH EDUCATORS, ELEVATING THEIR EXPERTISE, SUPPORTING THEIR LEADERSHIP, AND CO-CREATING SYSTEMS-STRENGTHENING STRATEGIES ARE KEY TO FACILITATING THE WORK OF THE CENTER AND MAKING SUSTAINED CHANGE IN THE ECE FIELD UNDERSTANDING THE ROLE OF LICENSING IN EARLY CARE AND EDUCATION: ALTHOUGH LICENSING HAS HISTORICALLY BEEN VIEWED AS THE FOUNDATION OF QUALITY, MORE RECENT WORK HAS CONCEPTUALIZED LICENSING IS AN IMPORTANT PART OF THE LARGER EARLY CARE AND EDUCATION (ECE) SYSTEM ALL ALONG THE QUALITY CONTINUUM (MAXWELL & STARR, 2019). THIS 5-YEAR PROJECT, UNDERSTANDING THE ROLE OF LICENSING IN EARLY CARE AND EDUCATION, IS DESIGNED TO SYNTHESIZE THE LITERATURE, REFINE A CONCEPTUAL FRAMEWORK, ASSESS THE INFORMATION NEEDS OF STATES AND TERRITORIES REGARDING THEIR LICENSING SYSTEMS, IDENTIFY GAPS, AND CONDUCT RESEARCH TO ADDRESS GAPS AND BUILD KNOWLEDGE OF THE ROLE OF LICENSING IN ECE.GATES PREK DATA FRAMEWORK: TO MEET THE NEEDS OF THE FOUNDATION TO BUILD CAPACITY FOR USING HIGH-QUALITY PRE-KINDERGARTEN DATA TO DRIVE IMPROVEMENT, CHILD TRENDS PROPOSES TO ENGAGE IN A SERIES OF ACTIVITIES UNDER THREE MAIN TASKS. THESE ACTIVITIES INCLUDE TASK 1: DEVELOPING A NATIONAL FRAMEWORK, TASK 2: EXAMINING STATES' CAPACITY TO IMPLEMENT THE FRAMEWORK, AND TASK 3: BUILDING AWARENESS OF THIS WORK THROUGH A SET OF PUBLIC GOODS (I.E., PRODUCTS AND RESOURCES) THAT CAN BE DISSEMINATED BROADLY. THE PRIMARY OBJECTIVE FOR THIS TASK WILL BE TO DEVELOP A DATA SYSTEMS FRAMEWORK FOR STATE LEADERS TO STRENGTHEN THE COORDINATION AND USE OF DATA TO IMPROVE THE ACCESS, QUALITY, AND ADMINISTRATION OF PRE-K PROGRAMS, WITH AN EMPHASIS ON ASSESSING THE EQUITY OF PRACTICES AND POLICIES. THE FRAMEWORK WILL INCLUDE A SET OF AGREED-UPON ESSENTIAL QUESTIONS, ASSOCIATED STANDARDS OUTLINING WHAT DATA NEEDS TO BE COLLECTED AND HOW TO ANSWER THESE QUESTIONS, AND METRICS THAT CAN BE USED TO EVALUATE PROGRESS. THIS FRAMEWORK WILL ENSURE THAT DATA STANDARDS AND METRICS HAVE A FOCUS ON EQUITY, INCLUDING EOUITABLE ACCESS TO PRE-KINDERGARTEN, AND CULTURALLY AND LINGUISTICALLY INCLUSIVE POLICIES AND PRACTICES, DEFINING THIS FOCUS ON EOUITY WILL BE DONE AS AN INITIAL STEP WITH THE CONSORTIUM MEMBERS, WITH CHILD TRENDS DRAWING UPON THEIR OWN EXISTING DEFINITIONS, FRAMEWORKS, AND GUIDING PRINCIPLES TO BEGIN THIS CONVERSATION. ACCESS TO PRE-KINDERGARTEN MEANS THAT PARENTS CAN EASILY ENROLL THEIR CHILD IN A PROCRAM THAT SUPPORTS THE CHILD'S DEVELOPMENTAL NEEDS RECAUSE THERE ARE HIGH-OHALITY OPTIONS AVAILARLE. THIS ERAMEWORK WILL ALSO

CONSIDER HOW PRE-KINDERGARTEN DATA CAN BE COORDINATED WITH OTHER STATE-LEVEL DATA SYSTEMS, SUCH AS STATE LONGITUDINAL DATA SYSTEMS, OR EARLY CHILDHOOD INTEGRATED DATA SYSTEMS, TO CAPTURE LONG-TERM TRENDS FOR CHILDREN WHO PARTICIPATED IN PRE-K PROGRAMS. TO INFORM THE DEVELOPMENT OF THE FRAMEWORK, INCLUDING EACH OF THE COMPONENTS (I.E., ESSENTIAL QUESTIONS, DATA STANDARDS, AND METRICS), CHILD TRENDS WILL CONVENE A NATIONAL CONSORTIUM OF EXPERTS AND STAKEHOLDERS. STAKEHOLDERS WILL INCLUDE INDIVIDUALS WHOSE LIVED EXPERIENCES CAN PROVIDE IMPORTANT CONTEXT FOR THE WORK AND HELP IDENTITY STRUCTURAL INEQUITIES, BIAS, AND DISCRIMINATORY PRACTICES AND POLICIES THE DATA FRAMEWORK CAN ADDRESS. STAKEHOLDERS WILL ALSO INCLUDE REPRESENTATIVES FROM STATES THAT MAY SERVE AS EARLY ADOPTERS OF THE FRAMEWORK TO HELP INFORM ITS FEASIBILITY AND EFFECTIVENESS TO SUPPORT STATES' NEEDS. FOLLOWING THE DEVELOPMENT OF THE FRAMEWORK, CHILD TRENDS, IN CONSULTATION WITH THE CONSORTIUM, WILL CREATE A PLANNING GUIDE TO SUPPORT STATE LEADERS INTERESTED IN IMPLEMENTING THE FRAMEWORK AND RECOMMENDED DATA STANDARDS AND METRICS.

**4b** (Code: ) (Expenses \$ 3,468,637 including grants of \$ ) (Revenue \$ 39,117)

POPULATION-FOCUSED RESEARCH HISPANIC CENTER 2023-2028:HISPANICS REPRESENT THE LARGEST AND ONE OF THE FASTEST-GROWING MINORITY POPULATION SUBGROUPS IN THE UNITED STATES. HISPANICS ALSO HAVE ONE OF THE HIGHEST POVERTY RATES. TO HELP PROGRAMS AND POLICIES BETTER SERVE LOW-INCOME HISPANIC CHILDREN AND FAMILIES, CHILD TRENDS AND ABT ASSOCIATES TOGETHER WITH UNIVERSITY PARTNERS, LAUNCHED THE NATIONAL RESEARCH CENTER ON HISPANIC CHILDREN & FAMILIES (CENTER). THE CENTER WAS ESTABLISHED IN 2013 BY A FIVE-YEAR COOPERATIVE AGREEMENT FROM THE OFFICE OF PLANNING, RESEARCH & EVALUATION, AN OFFICE OF THE ADMINISTRATION FOR CHILDREN & FAMILIES IN THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES. THE CENTER IS A HUB, CONDUCTING, TRANSLATING, AND PROVIDING RESEARCH-BASED INFORMATION ACROSS THREE PRIORITY AREASPOVERTY REDUCTION AND SELF-SUFFICIENCY, HEALTHY MARRIAGE AND RESPONSIBLE FATHERHOOD, AND EARLY CARE AND EDUCATION. THE CENTER HAS THREE PRIMARY GOALS: 1) ADVANCE A CUTTING-EDGE RESEARCH AGENDA, 2) BUILD RESEARCH CAPACITY, AND 3) IMPLEMENT AN INNOVATIVE COMMUNICATION AND DISSEMINATION APPROACH. IN 2018, CHILD TRENDS IN PARTNERSHIP WITH THE NATIONAL OPINION RESEARCH CENTER (NORC), UNIVERSITY OF MARYLAND, COLLEGE PARK (UMD), UNIVERSITY OF NORTH CAROLINA, GREENSBORO (UNCG), AND DUKE UNIVERSITY, WAS AWARDED AN ADDITIONAL S-YEAR PROJECT TO BUILD ON WORK WE BEGAN IN 2013 WITH THE ESTABLISHMENT OF THE NATIONAL RESEARCH CENTER ON HISPANIC CHILDREN & FAMILIES. THE CENTER HAS THREE PRIMARY GOALS: 1) ADVANCE A RIGOROUS RESEARCH AGENDA; 2) BUILD RESEARCH CAPACITY; AND 3) DISSEMINATE WORK TO AN INCREASING AUDIENCE OF STAKEHOLDERS. OUR FOCUS WILL BE LOW-INCOME HISPANIC CHILDREN AND FAMILIES. POVERTY CENTER & RACE EQUITY: THIS UNRESTRICTED GRANT IS GAME-CHANGING FOR CHILD TRENDS. IT WILL ENABLE US TO ACCELERATE OUR EFFORTS TO COMBAT CHILD POVERTY AND PROMOTE EQUITY FOR CHILDREN AND YOUTH OF COLOR. ACROSS OUR WORK, WE SEE THE LONGSTANDING TOXIC THREATS THAT POVERTY AND RACIAL INJUSTICE POSE TO MILLIONS OF CHILDREN AND YOUTH OR WORKS. AND WE

**4c** (Code: ) (Expenses \$ 2,900,714 including grants of \$ ) (Revenue \$ 27,179 )

CHILD WELFAREJIM CASEY INITIATIVE SELF-EVALUATION AND DATABASE: SINCE 2016, CHILD TRENDS HAS SERVED AS THE EVALUATION PARTNER TO THE JIM CASEY YOUTH OPPORTUNITIES INITIATIVE. CHILD TRENDS OPERATES AND MANAGES THE JIM CASEY YOUTH OPPORTUNITIES INITIATIVE DATABASES (THE OPPORTUNITY PASSPORT DATA SYSTEM (OPDS) AND THE OPPORTUNITY PASSPORT PARTICIPANT SURVEY (OPPS), CONDUCTS ALL ANALYSES OF THE DATA, AND PROVIDES ALL ASPECTS OF SITE-LEVEL AND INITIATIVE-LEVEL EVALUATION TRAINING AND TECHNICAL ASSISTANCE. WE ARE RESPONSIBLE FOR INITIATIVE-LEVEL ADMINISTRATION OF THE BI-ANNUAL OPPS (APRIL AND OCTOBER), PROVIDING ASSISTANCE TO ALL SITES TO ENSURE THAT PARTICIPATING YOUNG PEOPLE RESPOND TO THE OPPS. CHILD TRENDS PROVIDES FULL SUPPORT OF ALL SELF-EVALUATION ACTIVITIES OF THE JIM CASEY INITIATIVE, INCLUDING INITIATING, DESIGNING, AND CONDUCTING ANALYSES OF ALL JIM CASEY INITIATIVE DATA, AND PROVIDING ALL SITE-LEVEL AND INITIATIVE-LEVEL TRAINING AND TECHNICAL ASSISTANCE RELATED TO THE USE OF THE INFORMATION COLLECTED IN THE DATABASES. IN ADDITION TO COLLECTING, MAINTAINING, AND ANALYZING THE OPPS AND OPDS DATA, CHILD TRENDS IS RESPONSIBLE FOR REFINING THE JIM CASEY POLICY MATRICES, SUPPORTING SITES IN THEIR EFFORTS TO COLLECT AND INPUT POLICY INFORMATION INTO OPDS, AND COLLECTING INFORMATION ON IMPLEMENTATION VARIABILITY OF THE OPPORTUNITY PASSPORT ACROSS THE JIM CASEY SITES. FINALLY, CHILD TRENDS, IN CLOSE COLLABORATION WITH JIM CASEY STAFF, DEVELOPS A VARIETY OF PRODUCTS TO WIDELY DISSEMINATE AND COMMUNICATE FINDINGS FROM THE ANALYSES TO INTERNAL AND EXTERNAL AND DEVELOPS.

(Code: ) (Expenses \$ 2,173,180 including grants of \$ ) (Revenue \$ 9,285 )

SEXUAL AND REPRODUCTIVE HEALTHPREIS MANHOOD SISTERHOOD EVALUATION: CHILD TRENDS, ALONG WITH OUR PARTNERS AT PROMUNDO AND THE LATIN AMERICAN YOUTH CENTER (LAYC), PROPOSES TO RIGOROUSLY EVALUATE MANHOOD 2.0/SISTERHOOD 2.0, AN INNOVATIVE GENDER-SYNCHRONIZED AND GENDER-TRANSFORMATIVE SEXUAL HEALTH PROGRAM. THE PROGRAM COMBINES EXISTING CONTENT FROM THE PREVIOUSLY PILOT-TESTED GENDER-TRANSFORMATIVE MANHOOD 2.0 AND SISTERHOOD 2.0 CURRICULA AND HAS BEEN CREATED FOR INDIVIDUALS OF ALL GENDER IDENTITIES AND SEXUAL ORIENTATIONS. THE PROGRAM IS DESIGNED TO SHIFT UNEQUAL GENDER ATTITUDES AND BEHAVIORS AND PROVIDE SKILL-BUILDING ON MAINTAINING HEALTHY RELATIONSHIPS, MAKING HEALTHY AND INFORMED DECISIONS AROUND SEX, AND AVOIDING RISKY SEXUAL BEHAVIORS. THE OVERARCHING GOAL OF THIS PROJECT IS TO REDUCE DISPARITIES IN UNINTENDED ADOLESCENT PREGNANCY AND SEXUALLY TRANSMITTED INFECTIONS (STIS) BY PILOTING AND RIGOROUSLY EVALUATING THE MANHOOD 2.0/SISTERHOOD 2.0 PROGRAM AND DISSEMINATING FINDINGS, ALONG WITH THE MANUALIZED AND PACKAGED INTERVENTION, TO KEY STAKEHOLDERS AND PROGRAM IMPLEMENTORS. THE TARGET POPULATION FOR THIS STUDY WILL BE BLACK AND LATINO ADOLESCENTS AGES 15-19 IN METROPOLITAN WASHINGTON, DC, A REGION WITH SOME OF THE HIGHEST STI AND TEEN BIRTH RATES IN THE COUNTRY, AS WELL AS DISPROPORTIONATELY HIGH TEEN BIRTH RATES AMONG YOUTH OF COLOR.EL CAMINO: RIGOROUS EVALUATION: CHILD TRENDS, WITH OUR PARTNERS AT IDENTITY AND THE UNIVERSITY OF MARYLAND (UMD), ARE RIGOROUSLY EVALUATING EL CAMINO, AN INNOVATIVE GOAL SETTING, SEXUAL RISK REDUCTION INTERVENTION DEVELOPED FOR AND WITH LATINX TEENS. THE OVERARCHING GOAL OF EL CAMINO IS TO AVOID AND REDUCE RISKY SEXUAL BEHAVIORS PREVENT TEEN PREGNANCY, AND REDUCE STIS BY ALIGNING TEENS' BEHAVIORS WITH THEIR FUTURE GOALS, MEANINGFULLY CONTRIBUTING TO THEIR OPTIMAL HEALTH. THIS STUDY IS BUILDING UPON OUR FORMATIVE RESEARCH, SPANNING FIVE YEARS, AND PROMISING PRELIMINARY FINDINGS, TO DETERMINE IF A TEEN-FOCUSED, GOAL-SETTING MODEL CAN YIELD SIGNIFICANT IMPROVEMENTS IN SEXUAL HEALTH BEHAVIORS AMONG LATINX TEENS. IN THIS PROJECT, THE STUDY TEAM WILL COMPLETE THREE PRIMARY OBJECTIVES: 1) IMPLEMENT EL CAMINO IN SCHOOLS WITH HIGH LATINX POPULATIONS DISPROPORTIONATELY IMPACTED BY TEEN PREGNANCY IN MONTGOMERY COUNTY, MD; 2) CONDUCT A RIGOROUS QUASI-EXPERIMENTAL MIXED METHODS DESIGN EVALUATION OF EL CAMINO; AND 3) DISSEMINATE FINDINGS TO OTHER PUBLIC HEALTH AND HEALTH EDUCATION PROFESSIONALS INTERESTED IN IMPLEMENTING SIMILAR EFFORTS.

(Code: ) (Expenses \$ 2,106,540 including grants of \$ ) (Revenue \$ 41,007 )

EDUCATIONCDC SCHOOL-BASED HIV PREVENTION:AS PART OF THE NETWORK OF GRANTS SUPPORTED UNDER THE PROMOTING ADOLESCENT HEALTH THROUGH SCHOOL-BASED HIV PREVENTION OPPORTUNITY, CHILD TRENDS IS ASSISTING EACH OF THE FIFTY STATES IN CREATING THE POLICY CONTEXT THAT CAN SUPPORT EFFECTIVE SHE, SHS, AND SSE TO: (1) REDUCE HIV INFECTION AND OTHER STDS; (2) REDUCE SEXUAL RISK BEHAVIORS AMONG ADOLESCENTS, AND; (3) REDUCE DISPARITIES AMONG ADOLESCENT SUBGROUPS (E.G., BY RACE, SEXUAL ORIENTATION, ETC.) FOR HIV INFECTIONS, STDS, AND SEXUAL RISK BEHAVIORS. AS THE TECHNICAL ASSISTANCE PROVIDER TO STATES, OUR ROLE IS TO HELP COORDINATE MULTI-DISCIPLINARY TEAMS IN EACH STATE TO CONSIDER THEIR CURRENT POLICY CONTEXT, UNDERSTAND BEST PRACTICES, DEVELOP MODEL POLICIES, AND ASSESS THE GAPS BETWEEN THE CURRENT CONTEXT, AND POLICIES THAT WILL DRIVE TOWARDS THE MORE EVIDENCE-BASED POLICY RELATED TO ADOLESCENT STD/HIV AND PREGNANCY PREVENTION.

(Code: ) (Expenses \$ 2,033,578 including grants of \$ ) (Revenue \$ 4,374 )

PARENTING & FAMILY DYNAMICSOPA R2P:CHILD TRENDS, CHAPIN HALL, AND HEALTHY TEEN NETWORK ARE PARTNERING TO MAKE RESEARCH AND RESOURCES EASILY ACCESSIBLE TO YOUTH-SERVING PROFESSIONALS IN THE SYSTEMS THAT SERVE THE MOST VULNERABLE YOUTH POPULATIONS THROUGH A CENTER FOR PROFESSIONAL DEVELOPMENT ON PROMOTING ADOLESCENT HEALTH AND PREVENTING PREGNANCY AMONG VULNERABLE YOUTH (THE CENTER). ALTHOUGH THE TEEN PREGNANCY RATE IN THE GENERAL POPULATION IS DECREASING, RESEARCH INDICATES THAT YOUTH IN FOSTER CARE, YOUTH WITH JUVENILE JUSTICE EXPERIENCE, YOUTH EXPERIENCING HOMELESSNESS, AND OPPORTUNITY YOUTH (YOUTH WHO ARE NOT WORKING AND NOT IN SCHOOL, ALSO REFERRED TO AS DISCONNECTED YOUTH) ARE MORE LIKELY TO BE VULNERABLE TO EXPERIENCE A TEEN PREGNANCY THAN THEIR PEERS IN THE GENERAL POPULATION. TO REDUCE TEEN PREGNANCY AMONG VULNERABLE YOUTH, PROFESSIONALS MUST ADDRESS RISK FOR PREGNANCY AND PROMOTE PROTECTIVE FACTORS TO HELP YOUTH ACHIEVE OPTIMAL HEATH. THIS PROJECT IS DESIGNED TO ADDRESS A GAP IN RESOURCES FOR PROFESSIONALS IN SYSTEMS THAT WORK WITH A DESCRIPCH ALLIANCE OF DESCRIPCIEDS. PROFESSIONALS WHO WORK IN SYSTEMS WITH YOUTH (YOUTH INCLUDING PRACTICE).

AND POLICY EXPERTS), YOUTH THAT REPRESENT THE FOUR AREAS OF VULNERABILITY IDENTIFIED FOR THIS CENTER, COLLABORATORS, AND OPA, THE CENTER WILL DEVELOP EVIDENCE-INFORMED RESEARCH-TO-PRACTICE RESOURCES ROOTED IN THE LITERATURE ON IMPLEMENTATION RESEARCH. THE CENTER'S MAIN OBJECTIVES INCLUDE GATHERING, SYNTHESIZING, AND DISSEMINATING INFORMATION ABOUT EFFECTIVE AND PROMISING ADOLESCENT HEALTH PROMOTION AND PREGNANCY PREVENTION POLICIES AND PRACTICES THROUGH A DIVERSE RANGE OF TRADITIONAL AND INNOVATIVE APPROACHES; EQUIPPING PROFESSIONALS WHO WORK IN SYSTEMS THAT SERVE VULNERABLE YOUTH WITH CONSISTENT AND ACCURATE KNOWLEDGE AND RESOURCES TO ADDRESS PROFESSIONALS WHO WORK IN STSTEMS THAT SERVE VOLNERABLE TOUTH WITH CONSISTENT AND ACCOUNTER KNOWLEDGE AND RESOURCES TO ADDRESS PREGNANCY PREVENTION AND BROADER HEALTHCARE NEEDS; AND FACILITATING A DIALOGUE ON OPTIMAL HEALTH AND TEEN PREGNANCY PREVENTION BETWEEN RESEARCHERS AND PROFESSIONALS. TO DO SO, THE CENTER WILL ASSESS NEEDS, PRIORITIZE, TRANSLATE RESEARCH, AND DISSEMINATE RESOURCES USING METHODS ROOTED IN EVIDENCE AND IMPLEMENTATION RESEARCH. THE CENTER'S ACTIVITIES WILL BE GUIDED BY THE BRIDGE FRAMEWORK TO TRANSLATE RESEARCH TO PRACTICE IN YOUTH SERVICES AND HUMAN-CENTERED DESIGN, WHICH USES AN ITERATIVE PROCESS THAT CENTERS ON RESEARCH-TO-PRACTICE GAPS, RIGOROUS RESEARCH, UTILITY, TESTING, TRAINING AND TECHNICAL ASSISTANCE, AND EVALUATION.MAST RED CENTERIN 2018, CHILD TRENDS, PUBLIC STRATEGIES, AND THE NATIONAL CENTER FOR FAMILY AND MARRIAGE RESEARCH AT BOWLING GREEN STATE UNIVERSITY WORKED WITH US DEPARTMENT OF HEALTH AND HUMAN SERVICES, OFFICE OF PLANNING RESEARCH AND EVALUATION TO ESTABLISH THE MARRIAGE STRENGTHENING RESEARCH AND DISSEMINATION CENTER (CENTER). THE CENTER SERVES AS A NEXUS BETWEEN RESEARCH ON MARRIAGE AND FAMILIES IN THE U.S. AND PROGRAMMATIC APPROACHES DESIGNED TO SUPPORT HEALTHY MARRIAGES AND FAMILIES, PARTICULARLY FOR THOSE MOST IN NEED. THE CENTER HAS THREE INTERLINKED, ORGANIZATIONAL OBJECTIVES: 1) TO ADVANCE THE RESEARCH AND EVALUATION KNOWLEDGE BASE RELEVANT TO MARRIAGE AND RELATIONSHIPS; 2) TO BUILD AND SUPPORT CAPACITY FOR RESEARCH AND EVALUATION; AND 3) TO TRANSLATE AND DISSEMINATE EXISTING AND EMERGING RESEARCH AND EVALUATION.

	(Code: YOUTH DEVELOPMENT	) (Expenses \$	1,716,959	including grants of \$	) (Revenue \$	15,857 )
	(Code: CLIENT COMMUNICATION	) (Expenses \$ S & STRATEGIC CC	•	including grants of \$	) (Revenue \$	83,724 )
4d	Other program service (Expenses \$	es (Describe in S 8,935,640	chedule O.) including grants of s	\$	) (Revenue \$	154,247 )
4e	Total program servi	ce expenses	30,734,453	<u> </u>	,	, ,

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Form 990 (2023)

Pai	tiv Checklist of Required Schedules			rage <b>L</b>
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions. 🧐	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4	Yes	
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? If "Yes," complete Schedule C, Part III	5		No
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,</i> Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i> complete Schedule D, Part III	8		No
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? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or $X$ , as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
	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> 2	11b		No
	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? If "Yes," complete Schedule D, Part VIII	11c		No
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? If "Yes," complete Schedule D, Part IX	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
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)? If "Yes," complete Schedule D, Part X	11f	Yes	

12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule $E$	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b		No
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? If "Yes," complete Schedule F, Parts II and IV	15		No
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? If "Yes," complete Schedule F, Parts III and IV	16		No
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? If "Yes," complete Schedule G, Part I. See instructions	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No

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Pa	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? If "Yes," complete Schedule I, Parts I and III	22		No
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	Yes	
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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
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? If "Yes," complete Schedule L, Part I	25b		No
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? If "Yes," complete Schedule L, Part II	26		No
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</i> ,Part III	27		No
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,"</i> complete Schedule L, Part IV	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28a 28b		No No
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>			No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule ${\tt M}$	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			No

2/13/	24, 9:02 AM Child Trends Incorporated - Full Filling - Nonprolit Explorer - ProPublica	. 20 .		110
31	contributions? If "Yes," complete Schedule M	30		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete</i>	31		No
	Schedule N, Part II	32		No
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		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
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 $512(b)(13)$ ? If "Yes," complete Schedule R, Part V, line 2	35b		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
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? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes	
Pa	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   91			
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	Yes	• (2225)
			01111 99	<b>0</b> (2023)
Pa	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
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			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	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)?	4a		No
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?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	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?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	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?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			
	required?	7g		
h		7g 7h		

9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	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:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
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.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
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			
c	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
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?	15		No
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.	16		No
17	<b>Section 501(c)(21) organizations.</b> 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.	17		
	990 (2023)  RTVI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "N lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.	o" resp	onse to	Page <b>6</b>
Se	Check if Schedule O contains a response or note to any line in this Part VI			
- 50		•		<b>✓</b>
1a	action A. Governing Body and Flanagement		Yes	No
	Enter the number of voting members of the governing body at the end of the tax year 10		Yes	
			Yes	
b	Enter the number of voting members of the governing body at the end of the tax year  If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or		Yes	
	Enter the number of voting members of the governing body at the end of the tax year  If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.  Enter the number of voting members included in line 1a, above, who are independent	2	Yes	
	Enter the number of voting members of the governing body at the end of the tax year  If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.  Enter the number of voting members included in line 1a, above, who are independent  Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other		Yes	No
2	Enter the number of voting members of the governing body at the end of the tax year  If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.  Enter the number of voting members included in line 1a, above, who are independent  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?  Did the organization delegate control over management duties customarily performed by or under the direct supervision		Yes	No No
2	Enter the number of voting members of the governing body at the end of the tax year  If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.  Enter the number of voting members included in line 1a, above, who are independent  1b  9  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?  Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	Yes	No No
2 3 4 5 6	Enter the number of voting members of the governing body at the end of the tax year  If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.  Enter the number of voting members included in line 1a, above, who are independent  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?  Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?  Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  Did the organization become aware during the year of a significant diversion of the organization's assets?  Did the organization have members or stockholders?	3	Yes	No No No
2 3 4 5 6 7a	Enter the number of voting members of the governing body at the end of the tax year  If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.  Enter the number of voting members included in line 1a, above, who are independent  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?  Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?  Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  Did the organization become aware during the year of a significant diversion of the organization's assets?  Did the organization have members or stockholders?  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?	3 4 5	Yes	No No No No
2 3 4 5 6 7a	Enter the number of voting members of the governing body at the end of the tax year  If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.  Enter the number of voting members included in line 1a, above, who are independent  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?  Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?  Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  Did the organization become aware during the year of a significant diversion of the organization's assets?  Did the organization have members or stockholders?  Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more	3 4 5 6	Yes	No No No No No
2 3 4 5 6 7a	Enter the number of voting members of the governing body at the end of the tax year  If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.  Enter the number of voting members included in line 1a, above, who are independent  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?  Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?  Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  Did the organization become aware during the year of a significant diversion of the organization's assets?  Did the organization have members or stockholders?  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?  Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	3 4 5 6	Yes	No No No No No No No No
2 3 4 5 6 7a b	Enter the number of voting members of the governing body at the end of the tax year  If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.  Enter the number of voting members included in line 1a, above, who are independent  Ib 9  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?  Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?  Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  Did the organization become aware during the year of a significant diversion of the organization's assets?  Did the organization have members or stockholders?  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?  Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  Did the organization contemporaneously document the meetings held or written actions undertaken during the year by	3 4 5 6	Yes	No No No No No No No No
2 3 4 5 6 7a b	Enter the number of voting members of the governing body at the end of the tax year  If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.  Enter the number of voting members included in line 1a, above, who are independent  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?  Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?  Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  Did the organization become aware during the year of a significant diversion of the organization's assets?  Did the organization have members or stockholders?  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?  Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	3 4 5 6 7a 7b		No No No No No No No No

									_		Yes	No
10a	Did the organization have local chapters, branches,	or affi	iliates	?						10a		No
b	If "Yes," did the organization have written policies a and branches to ensure their operations are consist								iliates,	10b		
11a	Has the organization provided a complete copy of the form?									11a	Yes	
b	Describe on Schedule O the process, if any, used by	the o	rganiz	zation to revie	w thi	s For	rm 990		.			
12a	Did the organization have a written conflict of intere	st pol	icy? I	f "No," go to li	ne 13	3.			ľ	12a	Yes	
b	Were officers, directors, or trustees, and key emplo								rise to	12b	Yes	
c	Did the organization regularly and consistently mon Schedule O how this was done								be on	12c	Yes	
13	Did the organization have a written whistleblower p	olicy?								13	Yes	
14	Did the organization have a written document reter	tion a	nd de	struction polic	y? .				. [	14	Yes	
15	Did the process for determining compensation of th persons, comparability data, and contemporaneous								endent			
а	The organization's CEO, Executive Director, or top n	nanage	ement	official .						15a	Yes	
b	Other officers or key employees of the organization								. [	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process on	Sched	ule O.	See instruction	ons.							
16a	Did the organization invest in, contribute assets to, taxable entity during the year?	or par	ticipa •	te in a joint ve	entur	e or	similar • •	arrangement with	n a • •	16a		No
b	If "Yes," did the organization follow a written policy in joint venture arrangements under applicable feder status with respect to such arrangements?	ral tax	x law,	and take step	s to s	safeg	guard t			16b		
Se	ection C. Disclosure											
17	List the states with which a copy of this Form 990 is	requi	ired to	be filed	MD							_
18	Section 6104 requires an organization to make its F 501(c)(3)s only) available for public inspection. Ind	orm 1	023 ( now vo	1024 or 1024- ou made these	A, if	appli lable	icable),	990, and 990-T ( k all that apply.	section			
	Own website Another's website		-									
19	Describe in Schedule O whether (and if so, how) the policy, and financial statements available to the pub	orgai	nizatio	on made its go				•	erest			
20	State the name, address, and telephone number of NATALIA PANE 12300 TWINBROOK PARKWAY SUIT	the pe	erson	who possesse	s the	orga	anizatio	n's books and rec	ords:			
	WATALIA FANE 12300 FWINDROOK FARRWAT 3011	L 233	ICC	CKVILLE, MD	2003.	2 (2-	10) 223	7 7200		F	orm <b>99</b>	<b>0</b> (2023)
												,
				Page 7 —								
Form	990 (2023)											Da 7
	t VII Compensation of Officers, Director	s Tru	stee	s Key Emn	love	96	High	est Compensat	ed Emn	loves	<u> </u>	Page <b>7</b>
ı aı	and Independent Contractors	s, 11 u	3.00	s, kcy Linp	ioyc	cs,	mgm	est compensat	.cu Linp	loyce	,	
	Check if Schedule O contains a response or											
	ection A. Officers, Directors, Trustees, Key											
year.	omplete this table for all persons required to be listed	і. Керс	ort co	mpensation fo	r the	cale	endar y	ear ending with or	within the	e orga	nization	's tax
•	List all of the organization's <b>current</b> officers, directo mpensation. Enter -0- in columns (D), (E), and (F) if					ls or	organi	zations), regardle	ss of amo	unt		
	List all of the organization's <b>current</b> key employees,	•										
who r	List the organization's five <b>current</b> highest compensa received reportable compensation (box 5 of Form W- organization and any related organizations.										n \$100,0	000 from
• L	ist all of the organization's <b>former</b> officers, key emp portable compensation from the organization and any				isate	d em	nployee	s who received m	ore than \$	\$100,0	00	
	ist all of the organization's <b>former directors or tru</b> nization, more than \$10,000 of reportable compensat								trustee of	the		
See t	the instructions for the order in which to list the person	ns ab	ove.									
	Check this box if neither the organization nor any rela	ited or	rganiz	ation compen	sated	any	currer	t officer, director,	or trustee	è.		
	(A) (B) Name and title Average hours p		one	tion (do not c box, unless pe	neck erson	is b	oth an	( <b>D</b> ) Reportable compensation	(E) Reports compens	able sation	Estir	<b>F)</b> nated unt of
	week (	ırc		ficer and a dir			•	from the organization	from rel organiza			her ensation
	for rela	ed	악파	Institutional	<u>₽</u> ,	Sey les	High	(W-2/1099-	(W-2/1	099-	fron	n the
	organizai below do	tted	Sign of the contract of the co	Institutional Trustee;	rec rec	en	Highest Highest	MISC/1099- NEC)	MISC/1 NEC			ization elated
	line)		ğ E	,		Key employee	8 8		1.20	,		izations
			Individual trustee or director			у <u>ө</u> ө	Highest compens					
		1	8				ens					

		-		ated			
(1) CAROL EMIG	37.50						
PRESIDENT - UNTIL 6/23		Х	Х		281,948	0	30,010
(2) NATALIA PANE	37.50						
PRESIDENT AS OF 7/23	•••••	Х	Х		346,578	0	59,884
(3) RON RICHTER	1.00						
CHAIR		Х	х		0	0	0
(4) DAN CARDINALI	1.00						
VICE CHAIR	•••••	Х	Х		0	0	0
(5) SUSAN CUNNINGHAM SECRETARY	1.00	Х	х		0	0	0
(6) CHARLES REDMOND	1.00						
TREASURER	•••••	Х	Х		0	0	0
(7) FRED BOLLORER BOARD MEMBER - UNTIL 11/23	1.00	Х			0	0	0
(8) ALEJANDRA CEJA BOARD MEMBER - UNTIL 12/23	1.00	х			0	0	0
(9) MAURA CORRIGAN BOARD MEMBER - UNTIL 12/23	1.00	х			0	0	0
(10) DANIEL JACOBSON BOARD MEMBER	1.00	х			0	0	0
(11) LISA KARLISH BOARD MEMBER	1.00	х			0	0	0
(12) SHANTEL MEEK BOARD MEMBER	1.00	Х			0	0	0
(13) LUCRETIA MURPHY BOARD MEMBER	1.00	Х			0	0	0
(14) DAVID SYLVESTER BOARD MEMBER AS OF 1/23	1.00	Х			0	0	0
(15) LINA GUZMAN	37.50		х		274,131	0	53,156
CHIEF STRATEGY OFFICER							
(16) DEBORAH CAHILL CHIEF RESEARCH OFFICER	37.50		х		248,255	0	49,504
(17) LA-TASHA PATEL	37.50		Х		225,621	0	9,195
CHIEF FINANCIAL OFFICER							

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<b>(A)</b> Name and title	( <b>B</b> ) Average hours per week (list	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount o other
	any hours for related organizations below dotted line)	Former Highest compensate employee Key employee Officer Officer Individual trustee or director	organization (W-2/1099- MISC/1099- NEC)	organizations (W-2/1099- MISC/1099- NEC)	compensati from the organizatio and relate organizatio

			•	•	-	•	•		
					Pe				
(18) JODY FRANKLIN	37.50								
VP STRAT. COMM. & OUTREACH - UNTIL 12/23				Х			252,563	0	35,504
(19) KATHRYN TOUT	37.50								
VP FOR ECD & PARTNERS				Х			242,155	0	26,112
(20) TAMARA HALLE	37.50								
SR. RESEARCH SCHOLAR					Х		228,839	0	24,757
(21) KARIN MALM	37.50								
SR. RESEARCH SCHOLAR					Х		225,533	0	44,496
(22) MINDY SCOTT	37.50								
SR. RESEARCH SCHOLAR					Х		214,054	0	42,979
(23) MAVIS SANDERS	37.50								
SR. RESEARCH SCHOLAR					Х		210,318	0	47,369
(24) TYREASA WASHINGTON	37.50								
SR. PROGRAM AREA DIRECTOR		<b>.</b>			Х		209,887	0	31,360
			1						
1b Sub-Total				H					
c Total from continuation sheets to Part d Total (add lines 1b and 1c)	•			┢		-	2,959,882	0	454,326
2 Total number of individuals (including by									.5 1/520

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 114

			Yes	No		
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on					
	line 1a? If "Yes," complete Schedule J for such individual	3		No		
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	Yes			
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		No		

#### **Section B. Independent Contractors**

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>B)</b> Description of services	<b>(C)</b> Compensation
THIRD SECTOR NEW ENGLAND INC	SUBCONTRACTOR-DIGITAL CAMPAIGN	1,253,140
89 SOUTH STREET SUITE 700 BOSTON, MA 02111		
ZERO TO THREE	SUBCONTRACTOR-RESEARCH	646,514
2445 M STREET NW SUITE 600 WASHINGTON, DC 20037		
THE REGENTS OF THE UNIVERSITY OF CALIFOR	SUBCONTRACTOR-RESEARCH	497,594
1608 FOURTH STREET SUITE 201 BERKLEY, CA 94710		
FSI STRATEGIES INC	IT SERVICES	378,102
1595 SPRING HILL ROAD SUITE 550 VIENNA, VA 22182		
LATIN AMERICAN YOUTH CENTER	SUBCONTRACTOR-YOUTH SERVICES	323,057
1419 COLUMBIA RD NW WASHINGTON, DC 20009		
2 Total number of independent contractors (including but not limited to those I compensation from the organization 25	isted above) who received more than \$100,000 of	

Form **990** (2023)

Form 990 (2023)							Page <b>S</b>
Part VIII Statemen							
Check if Sch	nedule O	contains a resp	ponse or note to any	/ line in this Part VIII  (A)  Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Federated campaigns		1a		<b>.</b>	revenue		312 314
Contributions, Sifts, Grants, and Membership dues OtherAmt		1b					
Similar Arfao[HRsdraising events .		1c					
<b>d</b> Related organizations		1d					
<b>e</b> Government grants (contr	ibutions)	1e					
All other contributions, gif and similar amounts not in above		1f					
6,516,478 <b>g</b> Noncash contributions incl	uded in	1					
lines 1a - 1f:\$		1g					
<b>h Total.</b> Add lines 1a-1f			• 38,925,691				
			Business Code				
2a GENERAL SUPPORT SI	ĒRV.		900099	669,713	669,713		
Program Service Revenue			900099	1,000	1,000		
E -							
Ser 1							
ogram							
f All other program s	service re	evenue.					
<b>9 Total.</b> Add lines 2	a-2f <b></b>		670,713	<u>_</u>	<u> </u>		
3 Investment income similar amounts) .	(includin	g dividends, in	terest, and other	411,804			411,804
4 Income from investi	ment of t	tax-exempt bor	4 .				
<b>5</b> Royalties		1	i ·				
<b>6a</b> Gross rents	6a	(i) Real	(ii) Personal				
<b>b</b> Less: rental expenses	6b						
c Rental income or (loss)	6с						
d Net rental income	or (loss)	)					
7a Gross amount from sales of assets other than inventory	7a	i) Securities 16,551,088	(ii) Other				
b Less: cost or other basis and sales expenses	7b	16,152,305					
	7c	398,783					
d Net gain or (loss)				398,783			398,783
Gross income from fur (not including \$ contributions reported		of					

2/13	0/24, 9.02 AIVI		Cilia Henas II	icorporateu - Fuii Fii	ing - Nonpront Exploi	ei - Fiorublica	
	See Part IV, line 18	8a					
	<b>b</b> Less: direct expenses	8b					
	<b>c</b> Net income or (loss) from fundraising	g eve	ents				
	9a Gross income from gaming activities. See Part IV, line 19  b Less: direct expenses	9a 9b					
	c Net income or (loss) from gaming a		es				
	<b>10a</b> Gross sales of inventory, less returns and allowances	10a 10b					
	11aOTHER		Business Code 900099	984			984
	b						
Oth	er <b>R</b> evenueMiscAmt						
	<b>d</b> All other revenue						
	e Total. Add lines 11a-11d			984			
	<b>12 Total revenue.</b> See instructions .			40,407,975	670,713	0	811,571

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Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must c	omplete all columns.	All other organization	ons must complete colu	ımn (A).			
Check if Schedule O contains a response or note to any line in this Part IX							
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses			
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21							
2 Grants and other assistance to domestic individuals. See Part IV, line 22							
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16							
<b>4</b> Benefits paid to or for members							
<b>5</b> Compensation of current officers, directors, trustees, and key employees	2,059,617	330,538	1,695,939	33,140			
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)							
<b>7</b> Other salaries and wages	24,848,577	16,900,055	6,627,618	1,320,904			
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,063,599	1,404,691	549,791	109,117			
9 Other employee benefits	3,007,895	1,980,372	877,919	149,604			
<b>10</b> Payroll taxes	1,919,161	1,238,067	583,741	97,353			
11 Fees for services (non-employees):							
a Management							
<b>b</b> Legal	2,700	1,648	935	117			
<b>c</b> Accounting	94,146	57,470	32,601	4,07			
<b>d</b> Lobbying							
e Professional fundraising services. See Part IV, line 17							
<b>f</b> Investment management fees	34,694	20,816	12,143	1,735			
a Other (If line 11a amount exceeds 10% of line 25 column	6 809 021	6 541 988	267 033				

:	(A) amount, list line 11g expenses on Schedule O)	0,000,022	0,0.2,500	20.,000	
12	Advertising and promotion				
13	Office expenses	262,776	170,995	81,583	10,198
14	Information technology	828,451	271,667	537,628	19,156
15	Royalties				
16	Occupancy	1,073,656	655,396	371,786	46,474
17	Travel	326,061	281,055	44,192	814
18	Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19	Conferences, conventions, and meetings	30,180	29,733	397	50
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	228,103	139,242	78,987	9,874
23	Insurance	105,882	65,513	35,628	4,741
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
	a STIPENDS	437,564	437,447	104	13
	<b>b</b> MEMBERSHIPS	137,248	108,725	25,354	3,169
	c OTHER EXPENSES	63,730	50,095	12,121	1,514
	d RECRUITMENT	58,039	35,429	20,098	2,512
	e All other expenses	18,212	13,511	4,179	522
25	<b>Total functional expenses.</b> Add lines 1 through 24e	44,409,312	30,734,453	11,859,777	1,815,082
26	<b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here				
	if following SOP 98-2 (ASC 958-720).				

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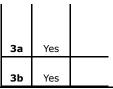
Form 990 (2023)
Part X Balance Sheet

P	ап х	Balance Sneet						
		Check if Schedule O contains a response or not	te to ar	ny line in this Part IX			🗆	
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year	
	1	Cash-non-interest-bearing			3,822,841	1	3,419,133	
	2	Savings and temporary cash investments .				2	1,627,706	
	3	Pledges and grants receivable, net	6,679,085	3	5,250,177			
	4	Accounts receivable, net	1,370,956	4	2,980,209			
	5	Loans and other receivables from any current o trustee, key employee, creator or founder, subs controlled entity or family member of any of the		5				
	6	Loans and other receivables from other disquali section $4958(f)(1)$ , and persons described in s		6				
60	7	Notes and loans receivable, net		7				
ssets	8	Inventories for sale or use	nventories for sale or use					
Ş	9	Prepaid expenses and deferred charges			253,118	9	138,275	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	865,422				
	b	Less: accumulated depreciation	10b	462,742	375,285	<b>10</b> c	402,680	
	11	Investments—publicly traded securities .			12,633,812	11	9,620,641	
	12	Investments—other securities. See Part IV, line	11 .			12		
	13	Investments—program-related. See Part IV, line		13				
	14	Intangible assets		14				
	15	Other assets. See Part IV, line 11		[	1,238,190	15	448,774	
	16	Total assets. Add lines 1 through 15 (must eq	ual line	: 33)	26,373,287	16	23,887,595	

2/13	3/24, 9	:02 AM Child Trends Incorporated - Full Filing - Nonprofit Explorer - Pro	Publica			
	17	Accounts payable and accrued expenses	17		4,	,872,182
	18	Grants payable	18			
	19	Deferred revenue	19			635,076
	20	Tax-exempt bond liabilities	20			
60	21	Escrow or custodial account liability. Complete Part IV of Schedule D	21			
Liabilities	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				
<u></u>			22			
	23	Secured mortgages and notes payable to unrelated third parties	23			
	24	Unsecured notes and loans payable to unrelated third parties	24			604 F04
	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	25			684,501
	26	<b>Total liabilities.</b> Add lines 17 through 25 5,510,981	26		6,	,191,759
sacus		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.	-		44	040 040
Sali	27	Net assets without donor restrictions	27			919,919
d B	28	Net assets with donor restrictions	28		5,	775,917
Assets or Fund Balances	29	Organizations that do not follow FASB ASC 958, check here ▶ □ and complete lines 29 through 33.  Capital stock or trust principal, or current funds	29			
2	30	Paid-in or capital surplus, or land, building or equipment fund	30			
se	31	Retained earnings, endowment, accumulated income, or other funds	31			
	32	Total net assets or fund balances	32		17,	695,836
Net	33	Total liabilities and net assets/fund balances	33		23	,887,595
	n 990 art XI	(2023)  Reconcilliation of Net Assets				Page <b>12</b>
		Check if Schedule O contains a response or note to any line in this Part XI				
_			_			
1		al revenue (must equal Part VIII, column (A), line 12)	1			,407,975
2		al expenses (must equal Part IX, column (A), line 25)	2			,409,312
3		renue less expenses. Subtract line 2 from line 1	3			,001,337
4		assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		20,	,862,306
5		unrealized gains (losses) on investments	5			834,867
6		nated services and use of facilities	6			
7		estment expenses	7 8			
8 9		or period adjustments	9			
1(		assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10		17	,695,836
	art XII	, , , , , , , , , , , , , , , , , , , ,	10		17,	,055,050
	art /(ii	Check if Schedule O contains a response or note to any line in this Part XII				
		Check in Schedule O Contains a response of note to any line in this Part XII		- 1	Yes	No
	۸۵۵	ounting method used to prepare the Form 990:				
1	If t	ounting method used to prepare the Form 990:				
2	If 'Y	re the organization's financial statements compiled or reviewed by an independent accountant? 'es,' check a box below to indicate whether the financial statements for the year were compiled or reviewed arate basis, consolidated basis, or both:	on a	2a		No
	(	Separate basis Consolidated basis Both consolidated and separate basis				
ŀ	If ``	re the organization's financial statements audited by an independent accountant? 'es,' check a box below to indicate whether the financial statements for the year were audited on a separate solidated basis, or both:	basis,	2b	Yes	
	•	Separate basis Consolidated basis Both consolidated and separate basis				
•		Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight he audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Yes	

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

- **3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?
  - b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.



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Form 990 (2023)

Additional Data Return to Form

Software ID: Software Version:

Form 990, Special Condition Description:

efile Public Visual Render

ObjectId: 202411349349300546 - Submission: 2024-05-13

TIN: 13-2982969

### SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

## **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

► Go to <u>www.irs.gov/Form990</u> for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

	e of ti	he organization					Employer identific	ation number
CHILD	IKLINL	55 INC					13-2982969	
	rt I			us (All organization			See instructions.	
	rganiz	zation is not a private for		•	,			
1		A church, convention of	•				(A)(i).	
2		A school described in s	section 170(b)	(1)(A)(ii). (Attach Sch	nedule E (Form	າ 990).)		
3		A hospital or a coopera	itive hospital ser	vice organization desc	ribed in <b>sectio</b>	on 170(b)(1)(A)(	iii).	
4		A medical research org name, city, and state:	janization operat	ted in conjunction with	a hospital des	cribed in <b>section</b> 1	L70(b)(1)(A)(iii). E	nter the hospital's
5		An organization operat			rsity owned or	operated by a gov	ernmental unit descri	bed in <b>section</b>
6		A federal, state, or local	al government o	r governmental unit de	scribed in <b>sec</b>	tion 170(b)(1)(A	a)(v).	
7	$\checkmark$	An organization that no section 170(b)(1)(A			s support from	n a governmental u	nit or from the genera	al public described in
8		A community trust des	cribed in <b>sectio</b>	n 170(b)(1)(A)(vi).	(Complete Par	t II.)		
9		An agricultural researd non-land grant college	of agriculture. S	See instructions. Enter	the name, city	, and state of the o	college or university:	
10		An organization that no from activities related investment income and 30, 1975. See <b>section</b>	to its exempt fui d unrelated busir	nctións—subject to cer ness taxable income (le	tain exceptions	s, and (2) no more	than 33 1/3% of its su	upport from gross
11		An organization organi	zed and operate	d exclusively to test fo	r public safety.	See section 509	(a)(4).	
12		An organization organi more publicly supporte on lines 12a through 1	ed organizations	described in section 5	<b>09(a)(1)</b> or s	section 509(a)(2)	). See section 509(a	
а		Type I. A supporting organization(s) the porcomplete Part IV, Se	organization ope wer to regularly	rated, supervised, or coappoint or elect a majo	ontrolled by its	s supported organiz	zation(s), typically by	giving the supported nization. <b>You must</b>
b		Type II. A supporting management of the su must complete Part	organization sup pporting organiz	pervised or controlled i ration vested in the sar				
С		Type III functionally supported organization	integrated. A	supporting organizatio				ted with, its
d		Type III non-function functionally integrated instructions). You must	. The organization	on generally must satis	fy a distributio	n requirement and		
е		Check this box if the o integrated, or Type III				e IRS that it is a Ty	pe I, Type II, Type III	functionally
f	Enter	r the number of supporte	ed organizations				<u> </u>	
g		ide the following informa		<del>'''                                  </del>	T'		() A	(-2) Annount of
	(1)	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))		rganization listed rning document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
Tota								
	aperv	work Reduction Act No or 990-EZ.	otice, see the I	nstructions for	Cat. No. 112	285F	Schedule	A (Form 990) 2023
				Pa	ge 2 ———			
Sche	dule A	(Form 990) 2023						Da 3
	rt II	<u> </u>		zations Described				

Section A. Public Support

If the organization failed to qualify under the tests listed below, please complete Part III.)

organization's tax-exempt purpose Gross receipts from activities that are

12/13/	24, 9:02 AM	Child T	Frends Incorporate	ed - Full Filing - N	Ionprofit Explorer -	ProPublica		
	not an unrelated trade of pushiess	I	İ	I	Ī	Ī	1	
4	under section 513 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	<b>Total.</b> 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.							
С	Add lines 7a and 7b							
8	<b>Public support.</b> (Subtract line 7c							
Se	from line 6.)	<u> </u>	<u> </u>			l	1	
	endar year					T		
	fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	<b>(c)</b> 2021	(d) 2022	<b>(e)</b> 2023	(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.							
С	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,							
14	11, and 12.) First 5 years. If the Form 990 is for t	he organization's	first, second, thir	d. fourth, or fifth	tax vear as a sect	ion 501(c)(3) orga	anization.	check
	this box and <b>stop here</b>	_						
Se	ection C. Computation of Public						<u></u>	
15	Public support percentage for 2023 (lin	ne 8, column (f) c	livided by line 13,	, column (f))		15		
16	Public support percentage from 2022 S					16		
	ction D. Computation of Invest							
17	Investment income percentage for 20	<b>23</b> (line 10c, colu	mn (f) divided by	line 13, column	(f))	17		
18	Investment income percentage from 2					18		
102	33 1/3% support tests-2023. If the						e 17 is not	-
134								
	more than 33 1/3%, check this box and		organization gual	ifies as a publicly	supported organi:	zation	🕨 🗆	
b	more than 33 1/3%, check this box and 33 1/3% support tests—2022. If the	stop here. The	organization qual not check a box	ifies as a publicly on line 14 or line	supported organi 19a, and line 16 i	zation s more than 33 1/3	▶ □ s% and line	e 18 is
b	<b>33</b> 1/3% support tests—2022. If the	d <b>stop here.</b> The e organization did	not check a box	on line 14 or line	19a, and line 16 i	s more than 33 1/3	% and line	e 18 is
b 20	33 1/3% support tests—2022. If the not more than 33 1/3%, check this box	d stop here. The e organization did and stop here.	not check a box The organization	on line 14 or line qualifies as a pul	19a, and line 16 i	s more than 33 1/3	3% and line	e 18 is
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	determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
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)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support			
5a	to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.  Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in <b>Part VI</b> , 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).	4c 5a		
b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
С	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?	5c		
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? If "Yes," provide detail in <b>Part VI</b> .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).	8		
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))? If "Yes," provide detail in <b>Part VI</b> .	9a		
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? If "Yes," provide detail in <b>Part VI</b> .	9b		
С	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? If "Yes," provide detail in <b>Part VI.</b>	9c		
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)? If "Yes," answer line 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10b		
	Schedule A	(Forn	990)	2023
	Page 5			
	rage 5			
Sched	dule A (Form 990) 2023		F	Page <b>5</b>
Par	Supporting Organizations (continued)			
			Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?			
а	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 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in <b>Part VI</b> .	11c		
Se	ction B. Type I Supporting Organizations			
			Yes	No
1	Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> 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 directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
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? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2		

					Yes	No	
1	Were a majority of the organization's directors or trustees during the tax year also a n	najorit	y of the directors or trustees of				
	each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how supporting organization was vested in the same persons that controlled or managed to	contr	ol or management of the	1			
		ne sup	porteu organization(s).				
<u>Se</u>	ction 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 fif	th month of the organization's		165	NO	
-	tax year, (i) a written notice describing the type and amount of support provided durir	ng 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 documents in effect on the date of notification, to the extent not previously provided?		ganization's governing	-			
_	Were any of the organization's officers, directors, or trustees either (i) appointed or el		h	1			
2	organization(s) or (ii) serving on the governing body of a supported organization? If "i						
	organization maintained a close and continuous working relationship with the supported organization(s).						
3	By reason of the relationship described in line 2 above, did the organization's supported						
	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? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.						
- 60							
1	ction E. Type III Functionally-Integrated Supporting Organizations  Check the box next to the method that the organization used to satisfy the Integral Pa	art Tes	t during the year (see instruct	ions):			
a	The organization satisfied the Activities Test. Complete <b>line 2</b> below.			,			
b	The organization is the parent of each of its supported organizations. Complete	line	3 helow.				
С	The organization supported a governmental entity. Describe in <b>Part VI</b> how yo			inctru	ctions)		
·	The organization supported a governmental entity. Describe in <b>Part VI</b> now yo	ս Տսբլ	orted a government entity (see	: IIISti u	Ctions)		
2	Activities Test. Answer lines 2a and 2b below.				Yes	No	
а	Did substantially all of the organization's activities during the tax year directly further	the ex	remnt nurnoses of the		165	NO	
_	supported organization(s) to which the organization was responsive? If "Yes," then in	Part \	/I identify those supported				
	<b>organizations and explain</b> how these activities directly furthered their exempt purp responsive to those supported organizations, and how the organization determined the						
	substantially all of its activities.			2a			
b	Did the activities described on line 2a, above constitute activities that, but for the organization's supported organization(s) would have been engaged in? If "Yes,"						
	the organization's supported organization(s) would have been engaged in: If Fes, the organization's position that its supported organization(s) would have engaged in the						
	organization's involvement.			2b			
3	Parent of Supported Organizations. <b>Answer lines 3a and 3b below.</b>						
а	Did the organization have the power to regularly appoint or elect a majority of the offithe supported organizations? If "Yes" or "No", provide details in <b>Part VI.</b>	icers, o	directors, or trustees of each of	3a			
			-d				
D	Did the organization exercise a substantial degree of direction over the policies, progra supported organizations? <i>If "Yes," describe in Part VI. the role played by the organizations?</i>			3b			
			Schedule A		n 990)	2023	
				•	•		
	Page 6						
Sched	lule A (Form 990) 2023				F	age <b>6</b>	
Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting O	rgan	izations				
1	Check here if the organization satisfied the Integral Part Test as a qualifying tru	st on I	Nov. 20, 1970 (explain in <b>Part \</b>	/I). Se	e		
	instructions. All other Type III non-functionally integrated supporting organization	tions	<u>'</u>				
	Section A - Adjusted Net Income		(A) Prior Year		rent Yea onal)	r	
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	6					
	income or for management, conservation, or maintenance of property held for production of income (see instructions)						
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) Cur	rent Yea	r	
_	Coccion D Finningin ASSET AMOUNT				onal)		
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short	_					
	tax year or assets held for part of year):	1					
	Average monthly value of securities	1a 1b					
	Average monthly cash balances  Fair market value of other non-exemptatics assets						
C	Fair market value of other non-exempt-use assets	1c	i l				

d	Total (add lines 1a, 1b, and 1c)	1d		
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):			
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		Current Year
1 2		1 2		Current Year
1 2 3	Adjusted net income for prior year (from Section A, line 8, Column A)			Current Year
	Adjusted net income for prior year (from Section A, line 8, Column A) Enter 85% of line 1	2		Current Year
3	Adjusted net income for prior year (from Section A, line 8, Column A)  Enter 85% of line 1  Minimum asset amount for prior year (from Section B, line 8, Column A)	2		Current Year
3	Adjusted net income for prior year (from Section A, line 8, Column A)  Enter 85% of line 1  Minimum asset amount for prior year (from Section B, line 8, Column A)  Enter greater of line 2 or line 3	3 4		Current Year
3 4 5	Adjusted net income for prior year (from Section A, line 8, Column A)  Enter 85% of line 1  Minimum asset amount for prior year (from Section B, line 8, Column A)  Enter greater of line 2 or line 3  Income tax imposed in prior year  Distributable Amount. Subtract line 5 from line 4, unless subject to emergency	2 3 4 5 6	ed Type III supporting orga	

Schedule A (Form 990) 2023

—— Page 7 **–** 

Section D - Distributions		Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1	
Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5	
6 Other distributions (describe in <b>Part VI</b> ). 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 (provide details in Part VI). See instructions	8	
9 Distributable amount for 2023 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-2023	(iii) Distributable Amount for 2023
1 Distributable amount for 2023 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2023 (reasonable cause required explain in Part VI). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2023:			
<b>a</b> From 2018			
<b>b</b> From 2019			
<b>c</b> From 2020			
<b>d</b> From 2021			
<b>e</b> From 2022			
f Total of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
h Applied to 2023 distributable amount			
<ul> <li>Carryover from 2018 not applied (see instructions)</li> </ul>			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2023 from Section D, line 7:			

12/13/24, 9:02 AM	Child Trends Incorporated - Full Fili	ing - Nonprofit Explorer - ProPເ	ublica
Ψ			I
a Applied to underdistributions of prior years			
<b>b</b> Applied to 2023 distributable amount			

Applied to underdistributions of prior years		
<b>b</b> Applied to 2023 distributable amount		
c Remainder. Subtract lines 4a and 4b from line 4.		
5 Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions.		
<b>6</b> Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.		
<b>7 Excess distributions carryover to 2024.</b> Add lines 3j and 4c.		
8 Breakdown of line 7:		
a Excess from 2019		
<b>b</b> Excess from 2020		
c Excess from 2021		
<b>d</b> Excess from 2022		
e Excess from 2023		adula A (Farm 000) (2022)

Schedule A (Form 990) (2023)

Schedule A (Form 990) 2023

Page 8

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

Return Reference	Explanation
	OTHER INCOME - 2019 AMOUNT: \$ 336. 2020 AMOUNT: \$ 1,198. 2021 AMOUNT: \$ 1,644. 2022 AMOUNT: \$ 3,051. 2023 AMOUNT: \$ 984.

Schedule A (Form 990) 2023

**Additional Data** 

**Return to Form** 

**Software ID: Software Version:** 

efile Public Visual Render	ObjectId: 202411349349300546 - Submiss	ion: 2024-05-13		TIN: 13-2982969
Schedule B	Schedule of Co	ontributors		OMB No. 1545-0047
(Form 990) Department of the Treasury nternal Revenue Service	► Attach to Form 990, 9 ► Go to <u>www.irs.gov/Form990</u>			2023
Name of the organization CHILD TRENDS INC				identification number
Organization type (check o	ne):		13-298296	9
Filers of:	Section:			
Form 990 or 990-EZ	☐ 501(c)( ) (enter number) organization			
	4947(a)(1) nonexempt charitable trust	<b>not</b> treated as a private fou	ndation	
	☐ 527 political organization			
Form 990-PF	☐ 501(c)(3) exempt private foundation			
	4947(a)(1) nonexempt charitable trust	treated as a private foundat	ion	
	☐ 501(c)(3) taxable private foundation			
under sections 509(a received from any or 990, Part VIII, line 1h	described in section 501(c)(3) filing Form 990 (1)(1) and 170(b)(1)(A)(vi), that checked Schede contributor, during the year, total contributor, or (ii) Form 990-EZ, line 1. Complete Parts described in section 501(c)(7), (8), or (10) filing	dule A (Form 990 or 990-EZ ons of the greater of <b>(1)</b> \$5,0 I and II.	), Part Îİ, line 13 000 or <b>(2)</b> 2% of	s, 16a, or 16b, and that f the amount on (i) Form
during the year, total	contributions of more than \$1,000 exclusively orevention of cruelty to children or animals.	y for religious, charitable, so		
during the year, cont If this box is checked purpose. Don't comp	described in section 501(c)(7), (8), or (10) filing ibutions exclusively for religious, charitable, or the total contributions that were lete any of the parts unless the <b>General Rule</b> etc., contributions totaling \$5,000 or more du	etc., purposes, but no such received during the year for applies to this organization	contributions to an exclusively in the because it reco	taled more than \$1,000 religious, charitable, etc eived <i>nonexclusively</i>
990-EZ, or 990-PF), but it <b>m</b>	at isn't covered by the General Rule and/or th <b>ust</b> answer "No" on Part IV, line 2, of its Form line 2, to certify that it doesn't meet the filing	n 990; or check the box on li	ne H of its Form	
For Paperwork Reduction Act N for Form 990, 990-EZ, or 990-PF.	otice, see the Instructions	Cat. No. 30613X	S	chedule B (Form 990) (202
	Page 2	2 ————		
Schedule B (Form 990) (202	3)		Page <b>2</b>	

Name of organization

Employer identification number

13-2302303

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional spa	ce is needed.	
Contributor (a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED		\$ RESTRICTED	Person Payroll Noncash
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(Complete Part II for noncash contributions.)  (d)  Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
			Schedule B (Form 990) (2023)
Schodula P	(Form 990) (2023)		Dogg 3
Name of org		Employer identification	Page 3
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.	13-2982969	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received

(a)	(h) Purpose of gift	(c) Use of gift	(0.5	ntion of how gift is held
	Transferee's name, address, and 2	(e) Transfer of gift ZIP 4  ———————————————————————————————————	Relationship of transferor to	o transferee
Part I				
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Descri	ption of how gift is held
	Transferee's name, address, and 2	(e) Transfer of gift ZIP 4	Relationship of transferor to	o transferee
-				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Descri	ption of how gift is held
Part III	Exclusively religious, charitable, etc., cont than \$1,000 for the year from any one cont organizations completing Part III, enter the year. (Enter this information once. See inst Use duplicate copies of Part III if additional sp	ributor. Complete columns (a) the total of exclusively religious, cluctions.)   \$	arough (e) and the followin	g line entry. For
CHILD TRE	NDS INC		13-2982969	
	B (Form 990) (2023) rganization	Page 4	Employor idea	Page 4
	1		<u> </u>	Schedule B (Form 990) (2023)
-			\$	
(a) No. from Part I	(b) Description of noncash	property given	(c) FMV (or estimate) (See instructions)	(d) Date received
•			\$	
(a) No. from Part I	(b) Description of noncash	property given	(c) FMV (or estimate) (See instructions)	(d) Date received
- Faili			(See instructions)	
(a) No. from Part I	(b) Description of noncash		(c) FMV (or estimate) (See instructions)	(d) Date received
Part I	-		(See instructions)	Date 16061V60
(a) No. from	(b) Description of noncash	property given	(c) FMV (or estimate)	(d) Date received
Part I	-		(See instructions)	
(a) No. from	(b) Description of noncash	property given	(c) FMV (or estimate)	(d) Date received
-				

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Part I	(2) . 2. 6000 0. 8		(0, 000 0. g	(a) Booonphon or non girt io noid
_				_
			\	
	Transferee's name, address, and 2		e) Transfer of gift Relatio	onship of transferor to transferee
		<u> </u>		
(a) No. from Part I	(b) Purpose of gift		(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and 2	ZIP 4	e) Transfer of gift Relatio	onship of transferor to transferee
		_		Schedule B (Form 990) (2023
Addition	al Data			Return to Form

Software ID: Software Version:

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ObjectId: 202411349349300546 - Submission: 2024-05-13

**TIN: 13-2982969**OMB No. 1545-0047

### SCHEDULE C (Form 990)

Department of the Treasury Internal Revenue Service

# **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

2022

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Go to <a href="www.irs.gov/Form990">www.irs.gov/Form990</a> for instructions and the latest information.

Open to Public Inspection

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.

	ne of the organization LD TRENDS INC			E	mployer identi	fication nun	ıber
CHI	ED TRENDS INC			1	3-2982969		
ar	t I-A Complete if the	organization is exe	mpt under section 501(c) o	or is a section	527 organiza	ation.	
L	Provide a description of the "political campaign activities"		d indirect political campaign activit	ties in Part IV. See	instructions for	definition of	
2	Political campaign activity	expenditures. See instruc	tions		<b>&gt;</b> \$		
3			e instructions				
Par	t I-B Complete if the	organization is exe	mpt under section 501(c)(	3).			
ı.	Enter the amount of any e	xcise tax incurred by the	organization under section 4955		<b>&gt;</b> \$		
2	Enter the amount of any e	xcise tax incurred by orga	anization managers under section	4955	> \$		
3	If the organization incurred	d a section 4955 tax, did i	it file Form 4720 for this year?			☐ Yes	□ No
4a	Was a correction made?					☐ Yes	□ No
b	If "Yes," describe in Part I\	<i>l</i> .					
ar	t I-C Complete if the	organization is exe	mpt under section 501(c),	except section	1 501(c)(3).		
L	Enter the amount directly	expended by the filing org	ganization for section 527 exempt	function activities	\$ <b>▶</b> \$		
2			contributed to other organizations				
	function activities				+		
3	Total exempt function expe	enditures. Add lines 1 and	2. Enter here and on Form 1120-	POL, line 17b	<b>&gt;</b> \$		
4	Total exempt function expe	enditures. Add lines 1 and file <b>Form 1120-POL</b> for t	2. Enter here and on Form 1120-this year?	POL, line 17b	<b>&gt;</b> \$	☐ Yes	□ No
	Total exempt function expe Did the filing organization Enter the names, addresse organization made paymer of political contributions re	enditures. Add lines 1 and file <b>Form 1120-POL</b> for the sand employer identificants. For each organization ceived that were promptly	2. Enter here and on Form 1120-	POL, line 17b 27 political organi m the filing organi rate political organ	zations to which zation's funds. A	Yes the filing	□ <b>No</b> amount
4 5	Total exempt function expe Did the filing organization Enter the names, addresse organization made paymer of political contributions re	enditures. Add lines 1 and file <b>Form 1120-POL</b> for the sand employer identificants. For each organization ceived that were promptly	2. Enter here and on Form 1120-this year?tion number (EIN) of all section 5: listed, enter the amount paid fror y and directly delivered to a separ	27 political organi m the filing organi rate political organ mation in Part IV.	zations to which zation's funds. A	Yes the filing Also enter the a separate se	amount egregated  ount of outributions d promptly delivered te political n. If none,
4 5	Total exempt function expension Did the filing organization Enter the names, addresse organization made paymer of political contributions refund or a political action contribution or a political action contribution.	enditures. Add lines 1 and file <b>Form 1120-POL</b> for the sand employer identificants. For each organization ceived that were promptly ommittee (PAC). If additional and the sand  this year?	27 political organi m the filing organi rate political organ mation in Part IV.	zations to which zation's funds. A lization, such as nount paid from organization's. If none, enter	Tes the filing Also enter the a separate se  (e) Am political cor received an and directly to a separa organizatio	amount egregated  ount of outributions d promptly delivered te political n. If none,	
4 5 (a)	Total exempt function expension Did the filing organization Enter the names, addresse organization made paymer of political contributions refund or a political action contribution or a political action contribution.	enditures. Add lines 1 and file <b>Form 1120-POL</b> for the sand employer identificants. For each organization ceived that were promptly ommittee (PAC). If additional and the sand  this year?	27 political organi m the filing organi rate political organ mation in Part IV.	zations to which zation's funds. A lization, such as nount paid from organization's. If none, enter	Tes the filing Also enter the a separate se  (e) Am political cor received an and directly to a separa organizatio	amount egregated  ount of outributions d promptly delivered te political n. If none,	
(a)	Total exempt function expension Did the filing organization Enter the names, addresse organization made paymer of political contributions refund or a political action contribution or a political action contribution.	enditures. Add lines 1 and file <b>Form 1120-POL</b> for the sand employer identificants. For each organization ceived that were promptly ommittee (PAC). If additional and the sand  this year?	27 political organi m the filing organi rate political organ mation in Part IV.	zations to which zation's funds. A lization, such as nount paid from organization's. If none, enter	Tes the filing Also enter the a separate se  (e) Am political cor received an and directly to a separa organizatio	amount egregated  ount of outributions d promptly delivered te political n. If none,	
(a)	Total exempt function expension Did the filing organization Enter the names, addresse organization made paymer of political contributions refund or a political action contribution or a political action contribution.	enditures. Add lines 1 and file <b>Form 1120-POL</b> for the sand employer identificants. For each organization ceived that were promptly ommittee (PAC). If additional and the sand  this year?	27 political organi m the filing organi rate political organ mation in Part IV.	zations to which zation's funds. A lization, such as nount paid from organization's. If none, enter	Tes the filing Also enter the a separate se  (e) Am political cor received an and directly to a separa organizatio	amount egregated  ount of outributions d promptly delivered te political n. If none,	
(a)	Total exempt function expension Did the filing organization Enter the names, addresse organization made paymer of political contributions refund or a political action contribution or a political action contribution.	enditures. Add lines 1 and file <b>Form 1120-POL</b> for the sand employer identificants. For each organization ceived that were promptly ommittee (PAC). If additional and the sand  this year?	27 political organi m the filing organi rate political organ mation in Part IV.	zations to which zation's funds. A lization, such as nount paid from organization's. If none, enter	Tes the filing Also enter the a separate se  (e) Am political cor received an and directly to a separa organizatio	amount egregated  ount of outributions d promptly delivered te political n. If none,	
(a)	Total exempt function expension Did the filing organization Enter the names, addresse organization made paymer of political contributions refund or a political action contribution or a political action contribution.	enditures. Add lines 1 and file <b>Form 1120-POL</b> for the sand employer identificants. For each organization ceived that were promptly ommittee (PAC). If additional and the sand  this year?	27 political organi m the filing organi rate political organ mation in Part IV.	zations to which zation's funds. A lization, such as nount paid from organization's. If none, enter	Tes the filing Also enter the a separate se  (e) Am political cor received an and directly to a separa organizatio	amount egregated  ount of outributions d promptly delivered te political n. If none,	

Schedule C (Form 990) 2022

Page **2** 

	SECTION SOT(11/).					
A	Check if the filing organization belongs to an a	5	n Part IV each af	filiated group me	ember's name	, address, EIN,
В	$\hbox{expenses, and share of excess lobbying}$ Check $lacktriangle$ if the filing organization checked box A		vicione apply			
<u> </u>			visions apply.	(	a) Filing	(b) Affiliated group
	Limits on Lobbying (The term "expenditures" means		red \	org	anization's totals	totals
					to tails	
_	Total lobbying expenditures to influence public opinior	, ,,				
b c	Total lobbying expenditures to influence a legislative by Total lobbying expenditures (add lines 1a and 1b)					
d	Other exempt purpose expenditures				44,409,313	
e	Total exempt purpose expenditures (add lines 1c and				44,409,313	
f	Lobbying nontaxable amount. Enter the amount from	the following table in bo	th		1,000,000	
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxab	le amount is:	¬		
	, , , , ,	20% of the amount on line 16				
		\$100,000 plus 15% of the ex	cess over \$500,000	<del>.  </del>		
		\$175,000 plus 10% of the ex				
		\$225,000 plus 5% of the exc				
	Over \$17,000,000	\$1,000,000.		$\dashv$ $\vdash$		
g	Grassroots nontaxable amount (enter 25% of line 1f)				250,000	
h	,				0	
i	Subtract line 1f from line 1c. If zero or less, enter -0-			4730	0	
J	If there is an amount other than zero on either line 1h section 4911 tax for this year?	,		, ,		☐ Yes ☐ No
						_
	(Some organizations that made a s columns below. See th	ne separate instruct	ions for lines	2a through 2		e five
	Lobbying Expe	nditures During 4-Y	<u>ear Averagin</u>	g Period 		
	Calendar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	( <b>d</b> ) 2022	(e) Total
2a	Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,	4,000,000
b	Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
с	Total lobbying expenditures					
d	Grassroots nontaxable amount	250,000	250,000	250,000	250,0	1,000,000
е	Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
f	Grassroots lobbying expenditures					
<del>·</del>	Grassioots lobbying expenditures	L		I	Schedule (	C (Form 990) 2022
		———— Page 3 —				
Sch	edule C (Form 990) 2022					Page <b>3</b>
Pa	art II-B Complete if the organization is ex		n 501(c)(3) a	nd has NOT f	iled	
_	Form 5768 (election under section				(a)	(b)
	each "Yes" response on lines 1a through 1i below, prov vity.	vide in Part IV a detailed	description of the	e lobbying	Van I Ni	A a
	·				Yes   No	Amount
1	During the year, did the filing organization attempt t including any attempt to influence public opinion on					
а	Volunteers?					
b	Paid staff or management (include compensation in	expenses reported on lin	es 1c through 1i)	)?		
c						1
d e						
-	and the contract of t				- •	•

2/13/	24, 9:02 AM	Child Trends Incorporated - Full Filing - Nonprofit Explorer - Pro	Publica	ı			
- f	, ,	lobbying purposes?					
g g	-	eir staffs, government officials, or a legislative body?					
h	•	s, conventions, speeches, lectures, or any similar means?					
i	Other activities?						
j	Total. Add lines 1c through 1i						
2a	Did the activities in line 1 cause	the organization to be not described in section 501(c)(3)?					
b	If "Yes," enter the amount of any	tax incurred under section 4912					
С	If "Yes," enter the amount of any	tax incurred by organization managers under section 4912					
d	If the filing organization incurred	a section 4912 tax, did it file Form 4720 for this year?					
Par	<u>-</u>	ganization is exempt under section 501(c)(4), section 501(c)	(5), o	r secti	on		
	501(c)(6).					Yes	No
1	Were substantially all (90% or m	ore) dues received nondeductible by members?			1		
2	Did the organization make only in	n-house lobbying expenditures of \$2,000 or less?		<b>—</b>	2		
3	Did the organization agree to car	ry over lobbying and political expenditures from the prior year?		🕇	3		
1		mounts from members	1				
2		bying and political expenditures (do not include amounts of political					
а	Current year		2a				
b	Carryover from last year		2b				
С	Total		2c				
3	Aggregate amount reported in se	ection 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	3				
4	the organization agree to carryov	unt on line 2c exceeds the amount on line 3, what portion of the excess does ver to the reasonable estimate of nondeductible lobbying and political					
5		political expenditures. See Instructions	5				
Pa	art IV Supplemental Info	·	1				
	vide the descriptions required for F	Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); o, complete this part for any additional information.	Part II-	A, lines	1 and	1 2 (se	ee
	Return Reference	Explanation					
<u> </u>		·	Sched	ule C (F	orm	990)	2022
				(:		,	

Additional Data Return to Form

Software ID: Software Version:

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ObjectId: 202411349349300546 - Submission: 2024-05-13

TIN: 13-2982969

**Supplemental Financial Statements** 

OMB No. 1545-0047

**SCHEDULE D** (Form 990)

► 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.

	Revenue Service Go to <u>www.irs.gov/Form990</u> for instructions and the latest info	rmation	-	spection
	me of the organization	Employer iden		
	LD TRENDS INC	Linployer iden	tilleation	number
		13-2982969		
Pa	rt I Organizations Maintaining Donor Advised Funds or Other Similar Funds of	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 advisors in writing that the assets held in donor advisors organization's property, subject to the organization's exclusive legal control?			Yes No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose private benefit?	be used only for conferring imperm	issible	Yes 🗆 No
Pa	t 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).			
	, , , , , , , , , , , , , , , , , , , ,	n historically impor	tant land :	area
		, ,		area
	Protection of natural habitat  Preservation of a	certified historic st	ructure	
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the fo easement on the last day of the tax year.			of the Year
а	Total number of conservation easements	2a	tile zila e	i the real
b	Total acreage restricted by conservation easements	2b		
	<del>-</del>	-		
С	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 tax year	the organization o	luring the	
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 and enforcement of the conservation easements it holds?		Yes	□ No
	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing of			
6		onservation easen	ients duni	ig the year
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing consert \$\blue{\subset}\$ \\$	rvation easements	during the	e year
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 1	70(h)(4)(B)(i)		
	and section 170(h)(4)(B)(ii)?		☐ Yes	□ No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expe balance sheet, and include, if applicable, the text of the footnote to the organization's financial stat the organization's accounting for conservation easements.	nse statement, an	d	
Par	TIII Organizations Maintaining Collections of Art, Historical Treasures, or Oth Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	ner Similar Ass	ets.	
1a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement historical treasures, or other similar assets held for public exhibition, education, or research in furth 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 a historical treasures, or other similar assets held for public exhibition, education, or research in furth			
(	following amounts relating to these items:  i) Revenue included on Form 990, Part VIII, line 1	▶\$		
	i)Assets included in Form 990, Part X			
2	If the organization received or held works of art, historical treasures, or other similar assets for fina following amounts required to be reported under FASB ASC 958 relating to these items:		the	
а	Revenue included on Form 990, Part VIII, line 1	<b>&gt;</b> \$		
b	Assets included in Form 990, Part X	▶\$		

Cat. No. 52283D

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Schedule D (Form 990) 2022

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Sched	dule D	(Form 990) 2022									Page <b>2</b>
Part	III	<b>Organizations Maintaining Co</b>	llections of	Art, Histo	rical Tre	easures, e	or Other	Similar Ass	ets (conti	nued)	
3		the organization's acquisition, accessio (check all that apply):	n, and other re	cords, check	any of tl	ne following	that are a	significant us	e of its colle	ection	
а		Public exhibition		d		Loan or exc	hange prog	grams			
b		Scholarly research		е		Other					
С		Preservation for future generations									
4	Provid Part X	le a description of the organization's co IIII.	llections and ex	kplain how th	ney furthe	er the organ	nization's e	xempt purpose	e in		
5		g the year, did the organization solicit os to be sold to raise funds rather than to							☐ Yes	□ No	
Par	t IV	<b>Escrow and Custodial Arrange</b> Complete if the organization answline 21.		n Form 99	0, Part I	V, line 9, d	or reporte	d an amount	t on Form	990, P	art X,
1a		organization an agent, trustee, custod ed on Form 990, Part X?							☐ Yes	□ No	
b	If "Ye	s," explain the arrangement in Part XII	and complete	the following	g table:			Am	ount		-
c	Begin	ning balance					1c				_
d	Additi	ons during the year					1d				-
е	Distrib	outions during the year					1e				_
f	Endin	g balance					1f				_
2a	Did th	e organization include an amount on Fo	orm 990, Part X	(, line 21, fo	escrow	or custodial	account li	ability?	☐ Yes	□ No	
b	If "Yes	s," explain the arrangement in Part XIII	. Check here if	the explana	tion has l	oeen provid	ed in Part	XIII			
Pai	rt V	Endowment Funds.	1 1157 11	F 00							
		Complete if the organization answ	(a) Current y		D, Part 1 Prior year		years back	(d) Three years	s back (e) F	our years	back
1a	Beginni	ing of year balance	(4)	(4)	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	(0)	,	(=)	(-)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
b (	Contrib	utions									
c I	Net inv	estment earnings, gains, and losses									
d (	Grants	or scholarships									
		expenditures for facilities ograms									
f	Admini	strative expenses									
		year balance									
2		le the estimated percentage of the curr designated or guasi-endowment	ent year end ba	alance (line	1g, colum	ın (a)) held	as:		1		
b		anent endowment ►									
c		endowment •									
		ercentages on lines 2a, 2b, and 2c show	ıld equal 100%								
3а		ere endowment funds not in the possestization by:	ssion of the org	janization th	at are he	ld and admi	nistered fo	r the		Yes	No
	<b>(i)</b> Ur	related organizations					-		3a(i)		
		elated organizations							3a(ii)		
р 4		s" on 3a(ii), are the related organization ibe in Part XIII the intended uses of the	•						3b		
	t VI	Land, Buildings, and Equipme		chaowinen	Turius.						
1 (11		Complete if the organization answ		n Form 99	0, Part I	V, line 11a	a. See For	m 990, Part	X, line 10		
	Descri	ption of property (a) Cost or ot (investm		Cost or othe	er basis (ot	her) <b>(c)</b> A	ccumulated	depreciation	<b>(d)</b> Bo	ok value	
1a	Land										
b I	Building	gs									
c I	Leaseh	old improvements			301	.,043		213,846			87,197
d I	Equipm	ent			75	5,552		67,681			7,871
						3,827		181,215		3	07,612
Tota	I. Add I	ines 1a through 1e. (Column (d) must	equal Form 990	), Part X, col	umn (B),	line 10(c).	)	•	dulo D (Eo		02,680

chedule D (Form 990) 2022

Schedule D (Form 990) 2022

Complete if the organization answered "Yes" on Form 990, I  (a) Description of security or category	(b)		(c) Method of valuation:
(including name of security)	Book value		t or end-of-year market value
1) Financial derivatives			
2) Closely-held equity interests			
A)			
В)			
C)			
D)			
E)			
F)			
G)			
H)			
Total. (Column (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, I	Part IV.	line 11c. See Fo	orm 990, Part X, line 13.
(a) Description of investment		(b) Book value	(c) Method of valuation: Cost or end-of-year market val
(1)			·
(2)			
3)			
(4)			
(5)			
(6)			
7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)	•		
Part IX Other Assets.  Complete if the organization answered 'Yes' on Form 990, P	art IV, I	ine 11d. See Fo	
(a) Description			(b) Book valu
2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
			•
Part X Other Liabilities.			
Complete if the organization answered 'Yes' on Form 990, P	art IV I	ine 11e or 11f S	See Form 990. Part X line 25

1-7:	l l
DEFERRED RENT AND CONSTRUCTION ALLOWANCE	550,222
DEFERRED COMPENSATION	134,279
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	<b>▶</b> 684,501

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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2022

		rage

Schedule D (Form 990) 2022 Page **4** 

	` '				
Pa	rt XI Reconciliation of Revenue per Audited Financial Statem Complete if the organization answered 'Yes' on Form 990, Par			eturn.	
1	Total revenue, gains, and other support per audited financial statements .			1	41,291,149
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	834,867		
b	Donated services and use of facilities	2b	83,000		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines <b>2a</b> through <b>2d</b>			2e	917,867
3	Subtract line <b>2e</b> from line <b>1</b>			3	40,373,282
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b .	4a	34,693		
b	Other (Describe in Part XIII.)	4b			
c	Add lines <b>4a</b> and <b>4b</b>			4c	34,693
5	Total revenue. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12.)	) .		5	40,407,975
Pai	Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered 'Yes' on Form 990, Par		• •	Return.	
1	Total expenses and losses per audited financial statements			1	44,457,620
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	83,000		
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d	٠.		2e	83,000
3	Subtract line <b>2e</b> from line <b>1</b>			3	44,374,620
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	34,693		
b	Other (Describe in Part XIII.)	4b			
c	Add lines <b>4a</b> and <b>4b</b>			4c	34,693
5	Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 18	.) .		5	44,409,313
Do	rt YIII Sunnlemental Information			<del></del>	

#### 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.

Return Reference	Explanation
,	CHILD TRENDS IS EXEMPT FROM THE PAYMENT OF TAXES ON INCOME OTHER THAN NET UNRELATED BUSINESS INCOME UNDER SECTION 501(3) OF THE IRC. FOR THE YEARS ENDED DECEMBER 31, 2023 AND 2022, NO PROVISION FOR INCOME TAXES WAS MADE, AS CHILD TRENDS HAD NO NET UNRELATED BUSINESS INCOME.

Schedule D (Form 990) 2022

Additional Data Return to Form

Software ID: Software Version:

efile Public Visual Render ObjectId: 202411349349300546 - Submission: 2024-05-13 TIN: 13-2982969 **Compensation Information** OMB No. 1545-0047 Schedule J (Form 990) 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 <u>www.irs.gov/Form990</u> for instructions and the latest information. Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization CHILD TRENDS INC 13-2982969 **Questions Regarding Compensation** Yes No 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.  $\hfill \Box$  Housing allowance or residence for personal use First-class or charter travel Travel for companions Payments for business use of personal residence Tax idemnification and gross-up payments Health or social club dues or initiation fees Personal services (e.g., maid, chauffeur, chef) Discretionary spending account 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 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a? . 2 2 Indicate which, if any, of the following the filing 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. Compensation committee Written employment contract Independent compensation consultant Compensation survey or study V **V** Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a Receive a severance payment or change-of-control payment? . . . No 4b No Participate in, or receive payment from, an equity-based compensation arrangement? . . . 4c No If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 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: The organization? . . . . . . . No 5a Any related organization? 5b No If "Yes," on line 5a or 5b, describe in Part III. 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: No 6a 6b Nο If "Yes," on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III 7 Yes Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe 8 No 

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Page 2 -

Schedule J (Form 990) 2023 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 are not listed on Form 990, Part VII.

(A) Name and Title		of W-2, 1099-MIS and/or 1099-NEC		(C) Retirement and other	(D) Nontaxable benefits	columns	(F) Compensation in	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	deferred compensation		(B)(i)-(D)	column (B) reported as deferred on prior Form 990
1 NATALIA PANE PRESIDENT AS OF 7/23	(i)	331,578	15,000	0	32,987	26,897	406,462	0
	(ii)	0	0	0	0	0	0	0
2 LINA GUZMAN CHIEF STRATEGY OFFICER	(i)	264,131	10,000	0	26,179	26,977	327,287	0
	(ii)	0	0	0	0	0	0	0
3 CAROL EMIG PRESIDENT - UNTIL 6/23	(i)	231,948	50,000	0	19,406	10,604	311,958	0
	(ii)	0	0	0	0	0	0	0
4 DEBORAH CAHILL CHIEF RESEARCH OFFICER	(i)	248,255	0	0	24,682	24,822	297,759	0
	(ii)	0	0	0	0	0	0	0
5 JODY FRANKLIN VP STRAT. COMM. & OUTREACH - UNTIL 1	(i)	252,563	0	0	24,696	10,808	288,067	0
	(ii)	0		 0		0	0	

	(ii)	0				0	0	
7 KATHRYN TOUT VP FOR ECD & PARTNERS	(i)	242,155	0	0	24,072	2,040	268,267	0
	(ii)	0				0	0	
8 MAVIS SANDERS SR. RESEARCH SCHOLAR	(i)	210,318	0	0	20,533	26,836	257,687	0
	(ii)	0		<b></b>	<b></b>	0	0	 0
9 MINDY SCOTT SR. RESEARCH SCHOLAR	(i)	214,054	0	0	21,053	21,926	257,033	0
	(ii)	0				0	0	
10 TAMARA HALLE SR. RESEARCH SCHOLAR	(i)	228,839	0	0	22,743	2,014	253,596	0
	(ii)	0				0	0	
11 TYREASA WASHINGTON SR. PROGRAM AREA DIRECTOR	(i)	209,887	0	0	20,703	10,657	241,247	0
	(ii)	0					0	
12 LA-TASHA PATEL CHIEF FINANCIAL OFFICER	(i)	225,621	0	0	7,014	2,181	234,816	0
	(ii)	0	0	0	0	0	0	0
							Schedule J (Fo	orm 990) 2023
		_					•	·
		P	age 3					
Schedule J (Form 990) 2023								Page <b>3</b>
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.

Explanation

CAROL EMIG, PRESIDENT UNTIL 6/23, NATALIA PANE, PRESIDENT AS OF 7/23, AND LINA GUZMAN, CHIEF STRATEGY OFFICER, RECEIVED INCENTIVE PAYMENTS DURING THE YEAR ENDED DECEMBER 31, 2023. THESE PAYMENTS WERE AWARDED BASED ON PERFORMANCE AND WERE REVIEWED AND APPROVED BY THE EXECUTIVE COMMITTEE AND BOARD OF DIRECTORS.

Schedule J (Form 990) 2023

270,029

**Additional Data** 

PART I, LINE 7

Return Reference

Return to Form

Software ID: Software Version: efile Public Visual Render

ObjectId: 202411349349300546 - Submission: 2024-05-13

TIN: 13-2982969

OMB No. 1545-0047

2023

Open to Public Inspection

### 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 990-EZ.

Go to <u>www.irs.gov/Form990</u> for the latest information.

Name of the organization CHILD TRENDS INC

Employer identification number

13-2982969

Return Reference	Explanation
Reference	
PART VI, SECTION B,	THE FEDERAL FORM 990 DRAFT IS REVIEWED BY THE CHIEF FINANCIAL OFFICER AND THE PRESIDENT. THE FINAL DRAFT OF THE FEDERAL FORM 990 IS REVIEWED BY THE FINANCE COMMITTEE OF THE BOARD OF DIRECTORS. PRIOR TO FILING THE RETURN WITH THE INTERNAL REVENUE SERVICE, A FINAL DRAFT OF THE FEDERAL FORM 990 IS PROVIDED VIA EMAIL TO THE ENTIRE BOARD OF DIRECTORS.
PART VI, SECTION B, LINE 12C	THERE IS A COMMITTEE OF RFP EVALUATORS WHO CONSIDER POTENTIAL CONFLICTS OF INTEREST THAT MAY EXIST WITH POTENTIAL NEW FUNDERS. THE CHIEF RESEARCH OFFICER (CRO) AND DIRECTOR OF BUSINESS DEVELOPMENT AND OPERATIONS (DBDO) REGULARLY REVIEW NEW FUNDER RELATIONSHIPS, VENDOR RELATIONSHIPS AND BOARD OF DIRECTORS RELATIONSHIPS TO BE SURE TO AVOID ANY POTENTIAL CONFLICTS OF INTEREST. SERVICE ON THE BOARD OF DIRECTORS IS A VOLUNTEER SERVICE, ACCORDINGLY, THERE IS NO COMPENSATION PAID TO BOARD MEMBERS. THE CRO AND THE DBDO ALSO REQUEST THE EMPLOYEES TO DISCLOSE ANY POTENTIAL CONFLICTS AT THE END OF EACH YEAR. UPON RECEIPT OF A COMPLETED DISCLOSURE, THE APPROPRIATE REVIEWER WILL DETERMINE WHETHER AN ACTUAL, POTENTIAL, OR PERCEIVED CONFLICT OF INTEREST EXISTS. DISCLOSURES IDENTIFIED BY THE DBDO AS BEING BELOW THE THRESHOLD FOR SIGNIFICANT FINANCIAL INTEREST AND WHICH REPRESENT NO CONFLICT OF INTEREST WILL BE ALLOWED TO PROCEED WITHOUT SPECIAL SAFEGUARDS OR OVERSIGHT, I.E., NO MANAGEMENT PLAN WILL BE NEEDED. THE DBDO WILL INFORM HUMAN RESOURCES AND THE INDIVIDUAL IN WRITING THAT THE PROPOSED ACTIVITY WILL BE PERMITTED WITHOUT MANAGEMENT OR OVERSIGHT. WHERE A SIGNIFICANT FINANCIAL INTEREST IS INVOLVED, THE DBDO WILL WORK WITH THE CRO, PRESIDENT, HR, AND THE INDIVIDUAL TO DEVELOP A MANAGEMENT PLAN. THE MANAGEMENT PLAN WILL ADDRESS SPECIFIC ACTIONS TO BE UNDERTAKEN TO AVOID ANY POTENTIAL CONFLICT GIVEN THE FINANCIAL INTEREST, MEASURES OF OVERSIGHT AND ACCOUNTABILITY, NOTICES TO ENSURE FULL TRANSPARENCY WITHIN AND OUTSIDE THE ORGANIZATION AS APPROPRIATE, SIGNING BY ALL PARTIES TO COMPLY WITH THE PLAN, AND PENALTIES FOR ANYONE FOUND NOT TO BE FOLLOWING THE PLAN. THE PLAN MUST BE APPROVED BY THE CRO. AN INDIVIDUAL CAN EXPECT DISPOSITION WITHIN A REASONABLE AMOUNT OF TIME (NORMALLY, 45 CALENDAR DAYS) PROVIDED THE REVIEWER HAS RECEIVED A FULL AND ACCURATE DISCLOSURE FROM THE INDIVIDUAL.
PART VI, SECTION B, LINE 15	SALARY REVIEWS UTILIZING AVAILABLE MARKET DATA ARE CONDUCTED ON AN ONGOING BASIS TO DETERMINE THE COMPETITIVENESS OF STAFF AND EXECUTIVE SALARIES. EVERY TWO YEARS, OR MORE REGULARLY AS DETERMINED NECESSARY, A COMPENSATION CONSULTANT IS USED TO CONDUCT AN ORGANIZATION WIDE SALARY RANGE REVIEW AGAINST MARKET DATA. A SUMMARY REVIEW IS PROVIDED TO THE PRESIDENT, CHIEF RESEARCH OFFICER AND CHIEF FINANCIAL OFFICER FOR REVIEW, AND ANY ADJUSTMENTS ARE MADE TO THE EXISTING SALARY BANDS AS NECESSARY. SALARY INCREASES ARE DETERMINED BASED ON POSITION AND PROMOTION (TIED TO PERFORMANCE AND EXPERIENCE). A SALARY ESCALATION PERCENTAGE IS INCLUDED IN THE ANNUAL BUDGET FOR POSITIONS AND PROMOTION INCREASES AND PRESENTED TO THE BOARD OF DIRECTORS FOR APPROVAL. THE EXECUTIVE COMMITTEE RECOMMENDS THE PRESIDENT'S SALARY. THE SALARIES OF THE PRESIDENT'S DIRECT REPORTS ARE PROVIDED TO THE EXECUTIVE COMMITTEE FOR REVIEW AND APPROVAL. THE LAST COMPENSATION STUDY WAS PERFORMED IN NOVEMBER 2023 AND IMPLEMENTED ON JANUARY 1, 2024.
,	CHILD TRENDS MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.
PART IX, LINE 11G	CONSULTANTS: PROGRAM SERVICE EXPENSES 437,358. MANAGEMENT AND GENERAL EXPENSES 93,502. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 530,860. SUBCONTRACTORS: PROGRAM SERVICE EXPENSES 5,913,895. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 5,913,895. OUTSIDE SERVICES - CONSULTANTS: PROGRAM SERVICE EXPENSES 190,735. MANAGEMENT AND GENERAL EXPENSES 173,531. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 364,266.

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Schedule O (Form 990) 2023

**Additional Data** 

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