

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

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

2024

Department of the Treasury
Internal Revenue Service

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

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

Open to Public Inspection

A For the 2024 calendar year, or tax year beginning **JUL 1, 2024** and ending **JUN 30, 2025**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization EDUCARE DC		D Employer identification number 27-2481956
	Doing business as		E Telephone number 202-727-5604
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 21,421,920.
	640 ANACOSTIA AVE NE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code WASHINGTON, DC 20019		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions
F Name and address of principal officer: JAMAL BERRY SAME AS C ABOVE			H(c) Group exemption number
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)() (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: WWW. EDUCAREDC.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			L Year of formation: 2010 M State of legal domicile: DC

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO ELIMINATE THE OPPORTUNITY GAP WITH HIGH-QUALITY EARLY LEARNING FOR CHILDREN PRENATAL TO AGE 5.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	13
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	13
	5 Total number of individuals employed in calendar year 2024 (Part V, line 2a)	5	175
	6 Total number of volunteers (estimate if necessary)	6	18
	7 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.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	17,163,043.	19,993,556.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	82,051.	135,538.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	435,733.	1,147,973.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	0.	0.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	17,680,827.	21,277,067.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	435,227.	440,420.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	9,336,543.	11,022,549.
	b Total fundraising expenses (Part IX, column (D), line 25)	82,000.	89,400.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	369,208.	
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	5,938,724.	6,660,253.
Net Assets or Fund Balances	19 Revenue less expenses. Subtract line 18 from line 12	15,792,494.	18,212,622.
	20 Total assets (Part X, line 16)	1,888,333.	3,064,445.
	21 Total liabilities (Part X, line 26)	Beginning of Current Year	End of Year
	22 Net assets or fund balances. Subtract line 21 from line 20	27,177,922.	29,743,414.
		5,373,483.	5,528,264.
		21,804,439.	24,215,150.

Part II Signature Block

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

Sign Here	Signature of officer <i>Jamal Berry</i>	Date 2/27/2026			
	Type or print name and title JAMAL BERRY, PRESIDENT & CEO				
Paid Preparer Use Only	Preparer's name ELIZABETH W. HELLER	Preparer's signature <i>Elizabeth Heller</i>	Date 02/24/2026	Check if self-employed <input type="checkbox"/>	PTIN P00397829
	Firm's name GELMAN, ROSENBERG & FREEDMAN			Firm's EIN 52-1392008	
Firm's address 4550 MONTGOMERY AVE SUITE 800N BETHESDA, MD 20814-2930			Phone no. 301-951-9090		

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: EDUCARE DC'S MISSION IS TO ELIMINATE THE OPPORTUNITY GAP FOR YOUNG CHILDREN LIVING IN POVERTY AND GIVE THEM THE SKILLS NECESSARY FOR SUCCESS IN KINDERGARTEN AND BEYOND. WE WORK AT THE INTERSECTION OF PRACTICE, POLICY, AND RESEARCH TO CREATE A FUTURE (SEE SCHEDULE O)

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

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

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

4a (Code:) (Expenses \$ 10,569,807. including grants of \$ 440,420.) (Revenue \$ 135,538.) EARLY HEAD START AND HEAD START EDUCARE RUNS AN EARLY HEAD START (INFANT-TODDLER) AND HEAD START (PRE-KINDERGARTEN) PROGRAM FOR CHILDREN RANGING IN AGE FROM 6 WEEKS TO 5 YEARS ACROSS TWO EDUCARE DC SCHOOL SITES. OUR INFANT-TODDLER PROGRAM, FOR CHILDREN AGES 6 WEEKS TO 3 YEARS, IS DESIGNED TO PROVIDE CHILDREN WITH HIGH-QUALITY INTERACTIONS AND CARING ATTENTION FROM THEIR TEACHERS. THE PRE-KINDERGARTEN PROGRAM USES A PLAY-BASED CURRICULUM TO ENSURE THE 3-, 4- AND 5-YEAR-OLD STUDENTS ARE READY TO LEARN AND SUCCEED IN KINDERGARTEN AND BEYOND. TEACHERS DESIGN LEARNING UNITS BASED ON THE CHILDREN'S INTERESTS. THE PHILOSOPHY BEHIND THIS CURRICULUM, WHICH IS ALIGNED WITH THE DISTRICT OF COLUMBIA EARLY LEARNING STANDARDS FOR PRE-KINDERGARTEN (SEE SCHEDULE O)

4b (Code:) (Expenses \$ 2,101,126. including grants of \$) (Revenue \$) COMPREHENSIVE SERVICES: COMPREHENSIVE HEALTH AND WELLNESS SERVICES ARE A CRITICAL COMPONENT OF OUR WORK. CHILDREN MUST BE HEALTHY TO LEARN AND DEVELOP WELL AND, IN TURN, A QUALITY EARLY LEARNING EXPERIENCE RESULTS IN BETTER LONG-TERM HEALTH. EDUCARE DC OFFERS VITAL HEALTH AND WELLNESS SUPPORT TO OUR CHILDREN AND FAMILIES INCLUDING: DEVELOPMENTAL SCREENINGS, ASSISTANCE ENROLLING IN MEDICAID AND WIC, MANAGEMENT OF CHRONIC CONDITIONS, ON-SITE THERAPEUTIC SERVICES, ON-SITE HEARING, VISION, AND DENTAL SCREENINGS, COORDINATION WITH MEDICAL PROVIDERS FOR IMMUNIZATIONS AND WELL-BABY CHECKS, AND REFERRALS TO SPECIALISTS WHEN NEEDED. THE COMPREHENSIVE HEALTH PHILOSOPHY IS INFUSED THROUGH EDUCARE'S PROGRAM WITH DAILY HEALTH CHECKS OF EACH CHILD CONDUCTED (SEE SCHEDULE O)

4c (Code:) (Expenses \$ 1,466,963. including grants of \$) (Revenue \$) FAMILY ENGAGEMENT SERVICES: FAMILY ENGAGEMENT IS A CRITICAL COMPONENT OF EDUCARE DC'S PROGRAMMING. EDUCARE DC'S FAMILY ENGAGEMENT TEAM WORKS WITH FAMILIES TO BUILD MUTUALLY RESPECTFUL, GOAL-ORIENTED RELATIONSHIPS THAT SUPPORT FAMILY WELLBEING. THIS APPROACH IS BASED ON THE PRINCIPLE THAT OUR SCHOOL CAN ONLY ADDRESS A CHILD'S NEEDS WITHIN THE CONTEXT OF THE ENTIRE FAMILY. THIS TWO-GENERATION APPROACH ENABLES PARENTS TO SEE AND BELIEVE IN THEMSELVES AS COMMUNITY LEADERS, SKILLED ADVOCATES, AND THE PRIMARY DRIVERS OF THEIR CHILDREN'S EDUCATION AT EDUCARE DC AND BEYOND.

TO ACHIEVE THIS GOAL, OUR FACULTY AND STAFF BUILD SUPPORTIVE RELATIONSHIPS THROUGH INTENSIVE, FREQUENT, AND (SEE SCHEDULE O)

4d Other program services (Describe on Schedule O.) (Expenses \$ 1,288,547. including grants of \$) (Revenue \$)

4e Total program service expenses 15,426,443.

Part IV Checklist of Required Schedules

Table with columns for question number, Yes, and No. Contains 21 main questions and sub-questions (a-f) regarding organizational requirements and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding organizational reporting, compensation, bond issues, and transactions.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Table with columns for question number, description, and Yes/No checkboxes. Includes questions 2a through 17 regarding employee counts, tax returns, gross income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (13), 1b (13), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NONE
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection.
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
JAMAL BERRY - 202-727-5604
640 ANACOSTIA AVE NE, WASHINGTON, DC 20019

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JAMAL BERRY PRESIDENT AND CEO	40.00			X			212,335.	0.	25,581.	
(2) RONNELL NATHANIEL VP OF PROGRAMS	40.00				X		151,226.	0.	17,780.	
(3) BARBARA LEDYARD VP OF ADMIN./TREASURER	40.00			X			156,350.	0.	6,850.	
(4) RICHARD NDUMA SR. DIR. FINANCE/ TREASURER	40.00			X			133,319.	0.	7,669.	
(5) TALIA M NEWMAN EHS PARTNERSHIP DIRECTOR	40.00				X		107,615.	0.	14,036.	
(6) KRYSTINA L JOHNSON SCHOOL DIRECTOR - PARKSIDE	40.00				X		102,634.	0.	12,174.	
(7) ANGELA J WILLIAMS SCHOOL DIRECTOR - IDEA	40.00				X		102,656.	0.	10,794.	
(8) RICK CALDER BOARD CHAIR	4.00	X		X			0.	0.	0.	
(9) BRENDA JONES HARDEN VICE-CHAIR	2.00	X		X			0.	0.	0.	
(10) ZUNNOBIA HAKIR SECRETARY	2.00	X		X			0.	0.	0.	
(11) CHARIS DRANT DIRECTOR, (UNTIL 06/10/2025)	2.00	X					0.	0.	0.	
(12) ANGEL ELLIOTT DIRECTOR	2.00	X					0.	0.	0.	
(13) PETER FARRELL DIRECTOR	2.00	X					0.	0.	0.	
(14) LESLEY POOLE DIRECTOR	2.00	X					0.	0.	0.	
(15) JESSIE RASMUSSEN DIRECTOR	3.00	X					0.	0.	0.	
(16) RACHEL SCHUMACHER DIRECTOR	2.00	X					0.	0.	0.	
(17) LEIGH SIMS DIRECTOR	2.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) CHARLES SONG DIRECTOR	2.00	X						0.	0.	0.
(19) KHOSI MATHIAS DIRECTOR	2.00	X						0.	0.	0.
(20) TIFARAH ALLEN DIRECTOR	2.00	X						0.	0.	0.
(21) JAN BOYKINS DIRECTOR	2.00	X						0.	0.	0.
1b Subtotal								966,135.	0.	94,884.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								966,135.	0.	94,884.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 8

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
MARCUM LLP, 750 THIRD AVE., 11TH FLOOR, NEW YORK, NY 10017	ACCOUNTING AND HR	294,096.
ALIGNSTAFFING, 111 K ST. NE, 4TH FLOOR, WASHINGTON, DC 20002	TEMP STAFFING	290,371.
KIDDIES KOLLEGE 1130 VARNEY ST. SE, WASHINGTON, DC 20032	PARTNER	262,886.
NATIONAL SPEECH/LANGUAGE THERAPY CENTER INC 5606 SHIELDS DRIVE, BETHESDA, MD 20817	SPEECH/OCCUPATIONAL THERAPY AND BEHAVIOR	247,304.
CORBETT CONSTRUCTION 2810 DORR AVENUE, FAIRFAX, VA 22031	RENOVATIONS/CONSTRUCTION	193,509.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 13

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	10,760,977.				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	9,232,579.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 183,597.				
	h Total. Add lines 1a-1f		19,993,556.				
Program Service Revenue	2 a PRIVATE PAY ENROLLMENT	Business Code					
		900099	134,149.	134,149.			
	b PARENT COPAYS	900099	1,389.	1,389.			
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
g Total. Add lines 2a-2f		135,538.					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		241,441.			241,441.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses ...	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities				
			(ii) Other				
				1,051,385.			
	b Less: cost or other basis and sales expenses	7b	144,853.				
	c Gain or (loss)	7c	906,532.				
	d Net gain or (loss)		906,532.			906,532.	
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a _____	Business Code					
	b _____						
	c _____						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions		21,277,067.	135,538.	0.	1147973.		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	440,420.	440,420.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	580,787.	238,257.	241,090.	101,440.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	8,954,162.	7,719,070.	1,166,576.	68,516.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	157,445.	137,798.	19,011.	636.
9 Other employee benefits	490,054.	420,202.	69,760.	92.
10 Payroll taxes	840,101.	702,556.	123,463.	14,082.
11 Fees for services (nonemployees):				
a Management				
b Legal	124.	103.	16.	5.
c Accounting	245,714.	203,966.	32,211.	9,537.
d Lobbying				
e Professional fundraising services. See Part IV, line 17	89,400.			89,400.
f Investment management fees	18,213.		18,213.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	1,867,650.	1,762,489.	66,269.	38,892.
12 Advertising and promotion				
13 Office expenses	412,896.	366,640.	34,652.	11,604.
14 Information technology	341,750.	269,583.	70,593.	1,574.
15 Royalties				
16 Occupancy	1,055,284.	832,070.	210,307.	12,907.
17 Travel	51,722.	25,928.	23,656.	2,138.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	243,983.	122,305.	111,590.	10,088.
20 Interest	7,991.	6,999.	935.	57.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	372,725.	326,435.	43,613.	2,677.
23 Insurance	110,664.	96,920.	12,949.	795.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a CHILD SERVICES	886,273.	884,952.	1,321.	
b TRAINING	400,854.	262,545.	135,396.	2,913.
c FOOD RELATED COSTS	380,999.	380,999.		
d CONSTRUCTION COST	136,400.	136,400.		
e All other expenses	127,011.	89,806.	35,350.	1,855.
25 Total functional expenses. Add lines 1 through 24e	18,212,622.	15,426,443.	2,416,971.	369,208.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	3,193,568.	1	1,889,494.
	2 Savings and temporary cash investments	668,214.	2	2,926,583.
	3 Pledges and grants receivable, net	977,529.	3	828,301.
	4 Accounts receivable, net	1,250,284.	4	2,339,208.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	265,036.	9	312,230.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 3,079,347.		
	b Less: accumulated depreciation	10b 1,624,916.		
	11 Investments - publicly traded securities	4,566,534.	11	5,770,416.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	14,624,985.	15	14,222,751.
16 Total assets. Add lines 1 through 15 (must equal line 33)	27,177,922.	16	29,743,414.	
Liabilities	17 Accounts payable and accrued expenses	735,616.	17	1,140,168.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	298,921.	23	213,391.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	4,338,946.	25	4,174,705.
	26 Total liabilities. Add lines 17 through 25	5,373,483.	26	5,528,264.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	20,171,586.	27	21,723,548.
	28 Net assets with donor restrictions	1,632,853.	28	2,491,602.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	21,804,439.	32	24,215,150.
33 Total liabilities and net assets/fund balances	27,177,922.	33	29,743,414.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	21,277,067.
2	Total expenses (must equal Part IX, column (A), line 25)	2	18,212,622.
3	Revenue less expenses. Subtract line 2 from line 1	3	3,064,445.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	21,804,439.
5	Net unrealized gains (losses) on investments	5	-653,734.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	24,215,150.

Part XII Financial Statements and Reporting

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

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

Form 990 (2024)

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	14867710.	14012049.	14481029.	17163043.	19993556.	80517387.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	14867710.	14012049.	14481029.	17163043.	19993556.	80517387.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						4103394.
6 Public support. Subtract line 5 from line 4.						76413993.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4	14867710.	14012049.	14481029.	17163043.	19993556.	80517387.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	133.	4,290.	143,078.	173,283.	241,441.	562,225.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)		249.				249.
11 Total support. Add lines 7 through 10						81079861.
12 Gross receipts from related activities, etc. (see instructions)					12	240,552.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f))	14	94.25 %
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	93.75 %
16a 33 1/3% support test - 2024. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33 1/3% support test - 2023. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2024. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

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

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

Section A. Public Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support.

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

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f)) 15%. Row 16: Public support percentage from 2023 Schedule A, Part III, line 15 16%.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f)) 17%. Row 18: Investment income percentage from 2023 Schedule A, Part III, line 17 18%.

19a 33 1/3% support tests - 2024. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2023. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? Row 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?

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

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

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

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

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

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

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	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 2024 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-2024	(iii) Distributable Amount for 2024
1	Distributable amount for 2024 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2024 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2024		
a	From 2019		
b	From 2020		
c	From 2021		
d	From 2022		
e	From 2023		
f	Total of lines 3a through 3e		
g	Applied to under distributions of prior years		
h	Applied to 2024 distributable amount		
i	Carryover from 2019 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2024 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2024 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2025. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2020		
b	Excess from 2021		
c	Excess from 2022		
d	Excess from 2023		
e	Excess from 2024		

Part VI

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

Lined area for supplemental information.

Schedule B (Form 990)

(Rev. December 2024) Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

Name of the organization

EDUCARE DC

Employer identification number

27-2481956

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

[] 527 political organization

Form 990-PF

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

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

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

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

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

General Rule

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

Special Rules

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

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

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

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

Name of organization EDUCARE DC	Employer identification number 27-2481956
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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ <u>10,430,401.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ <u>1,450,100.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ <u>1,331,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ <u>701,822.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization EDUCARE DC	Employer identification number 27-2481956
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Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of organization EDUCARE DC	Employer identification number 27-2481956
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE C
(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2024

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

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

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

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

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

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

Name of organization EDUCARE DC	Employer identification number (EIN) 27-2481956
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

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

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b \$ _____
- 4 Did the filing organization file Form 1120-POL for this year? Yes No
- 5 Enter the names, addresses, and EINs of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)	0.													
b Total lobbying expenditures to influence a legislative body (direct lobbying)	0.													
c Total lobbying expenditures (add lines 1a and 1b)	0.													
d Other exempt purpose expenditures	18,105,009.													
e Total exempt purpose expenditures (add lines 1c and 1d)	18,105,009.													
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.													
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">IF the amount on line 1e, column (a) or (b), is:</th> <th>THEN the lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	IF the amount on line 1e, column (a) or (b), is:	THEN the lobbying nontaxable amount is:	not over \$500,000	20% of the amount on line 1e.	over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	over \$17,000,000	\$1,000,000.		
IF the amount on line 1e, column (a) or (b), is:	THEN the lobbying nontaxable amount is:													
not over \$500,000	20% of the amount on line 1e.													
over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
over \$17,000,000	\$1,000,000.													
g Grassroots nontaxable amount (enter 25% of line 1f)	250,000.													
h Subtract line 1g from line 1a. If zero or less, enter -0-	0.													
i Subtract line 1f from line 1c. If zero or less, enter -0-	0.													
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) Total
2a Lobbying nontaxable amount	798,026.	864,280.	934,538.	1,000,000.	3,596,844.
b Lobbying ceiling amount (150% of line 2a, column(e))					5,395,266.
c Total lobbying expenditures					
d Grassroots nontaxable amount	199,507.	216,070.	233,635.	250,000.	899,212.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,348,818.
f Grassroots lobbying expenditures					

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

Table with 3 columns: (a) Yes, (a) No, (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation...; 2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?; 2b If "Yes," enter the amount of any tax incurred under section 4912; 2c If "Yes," enter the amount of any tax incurred by organization managers under section 4912; 2d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?

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

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

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

Table with 2 columns: Question, Amount. Rows include: 1 Dues, assessments, and similar amounts from members; 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid); 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues; 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures next year?; 5 Taxable amount of lobbying and political expenditures. See instructions.

Part IV Supplemental Information

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

Blank lines for providing supplemental information.

SCHEDULE D
(Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

EDUCARE DC

Employer identification number

27-2481956

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

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

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

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

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

Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(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 expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

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

(ii) Assets included in Form 990, Part X

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

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

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

Schedule D (Form 990) (Rev. 12-2024)

LHA 432051 01-02-25

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		2,389,183.	949,661.	1,439,522.
d Equipment		675,164.	660,255.	14,909.
e Other		15,000.	15,000.	0.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				1,454,431.

Part VII Investments - Other Securities

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets

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

(a) Description	(b) Book value
(1) RIGHT OF USE ASSET	14,222,751.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	14,222,751.

Part X Other Liabilities

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) OPERATING LEASE LIABILITY	4,174,705.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	4,174,705.

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

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		(event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts				
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d)				
11 Net income summary. Subtract line 10 from line 3, column (d)					

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1 Gross revenue			
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d)					
8 Net gaming income summary. Subtract line 7 from line 1, column (d)					

9 Enter the state(s) in which the organization conducts gaming activities: _____
a Is the organization licensed to conduct gaming activities in each of these states? Yes No
b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name _____

Address _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____
- c If "Yes," enter the name and address of the third party:

Name _____

Address _____

16 Gaming manager information:

Name _____

Gaming manager compensation \$ _____

Description of services provided _____

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: ELEVATE

(I) ADDRESS OF FUNDRAISER:

1201 CONNECTICUT AVE NW #503, WASHINGTON, DC 20036

**SCHEDULE I
(Form 990)**

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.

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

OMB No. 1545-0047

Open to Public
Inspection

Name of the organization

EDUCARE DC

Employer identification number
27-2481956

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
NATIONAL CHILDREN'S CENTER INC 3400 MARTIN LUTHER KING JR. AVENUE, WASHINGTON, DC 20032	54-0260523	501(C)(3)	440,420.	0.			EHS PROGRAM SUPPORT

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **1**
- 3** Enter total number of other organizations listed in the line 1 table **0**

For Paperwork Reduction Act Notice, see the Instructions for Form 990. **Schedule I (Form 990) (Rev. 12-2024)**

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:
ONGOING MONITORING
 EDUCARE DC CONDUCTS THE FOLLOWING ON EITHER A MONTHLY OR ANNUAL BASIS: (1) REVIEW MONTHLY FINANCIAL AND PERFORMANCE REPORTS REQUIRED UNDER THE SUBAWARD AGREEMENT; (2) PERFORM ANNUAL MONITORING REVIEWS OF THE SUBRECIPIENT'S PROGRAM AND FISCAL OPERATIONS, INCLUDING REVIEWING ACCOUNTING PROCESSES, COST ALLOCATION, BANK RECONCILIATION, CASH FORECASTING; (3) RECEIVE A COPY OF AND FOLLOW UP AS NEEDED ON ANNUAL AUDITS AND ENSURE THAT THE SUBRECIPIENT TAKES APPROPRIATE ACTION ON ANY AUDIT FINDINGS OR DEFICIENCIES; AND (4) WILL ISSUE A MANAGEMENT DECISION, IF NECESSARY, ON AUDIT FINDINGS RELATING TO THE FEDERAL FUNDS AWARDED TO THE SUBRECIPIENT.
TERMS AND CONDITIONS OF THE SUBAWARD AGREEMENT
 THE SUBRECIPIENT AGREEMENT ALLOWS EDUCARE DC TO HAVE EFFECTIVE CONTRACTUAL CONTROL OVER THE SUBRECIPIENT'S ACTIVITIES AND ALLOWS FOR LEGAL REMEDIES AGAINST THE SUBRECIPIENT. PER UNIFORM GUIDANCE STANDARDS, EDUCARE DC MONITORS REIMBURSEMENTS MONTHLY TO ENSURE THAT REIMBURSEMENT REQUESTS

Part IV Supplemental Information

INCLUDE BACKUP DOCUMENTATION AND ARE USED FOR AUTHORIZED PURPOSES, IN COMPLIANCE WITH APPLICABLE FEDERAL LAW AND THE TERMS AND CONDITIONS OF THE SUBAWARD.

Lined area for supplemental information.

**SCHEDULE J
(Form 990)**

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No. 1545-0047

Open to Public
Inspection

Name of the organization

EDUCARE DC

Employer identification number

27-2481956

Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (such as maid, chauffeur, chef)		
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	
3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
a Receive a severance payment or change-of-control payment?	4a	<input checked="" type="checkbox"/>
b Participate in or receive payment from a supplemental nonqualified retirement plan?	4b	<input checked="" type="checkbox"/>
c Participate in or receive payment from an equity-based compensation arrangement?	4c	<input checked="" type="checkbox"/>
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a The organization?	5a	<input checked="" type="checkbox"/>
b Any related organization?	5b	<input checked="" type="checkbox"/>
If "Yes" on line 5a or 5b, describe in Part III.		
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a The organization?	6a	<input checked="" type="checkbox"/>
b Any related organization?	6b	<input checked="" type="checkbox"/>
If "Yes" on line 6a or 6b, describe in Part III.		
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7	<input checked="" type="checkbox"/>
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	<input checked="" type="checkbox"/>
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

Schedule J (Form 990) (Rev. 12-2024)

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

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation				(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(iv) Other reportable compensation				
(1) JAMAL BERRY PRESIDENT AND CEO	(i) 202,335.	(ii) 10,000.	(iii) 0.	(iv) 0.	5,424.	20,157.	237,916.	0.
(2) RONNELL NATHANIEL VP OF PROGRAMS	(i) 151,226.	(ii) 0.	(iii) 0.	(iv) 0.	2,280.	15,500.	169,006.	0.
(3) BARBARA LEDYARD VP OF ADMIN./TREASURER	(i) 154,850.	(ii) 1,500.	(iii) 0.	(iv) 0.	1,759.	5,091.	163,200.	0.
(i)								
(ii)								
(i)								
(ii)								
(i)								
(ii)								
(i)								
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(i)								
(ii)								
(i)								
(ii)								
(i)								
(ii)								

Part III Supplemental Information

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

PART I, LINE 7:

THE FOLLOWING INDIVIDUALS RECEIVED PERFORMANCE BASED BONUSES DURING THE YEAR:

JAMAL BERRY	\$10,000
BARBARA LEDYARD	\$1,500
TALIA M NEWMAN	\$2,500

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2024

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Complete if the organizations answered "Yes" on Form 990, Part IV, line 29 or 30.
Attach to Form 990.

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

Name of the organization: **EDUCARE DC** Employer identification number: **27-2481956**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	2	183,597.	FMV
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29** **0**

	Yes	No
30a During the year, did the organization receive by contribution any property reported on Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2024

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

THE NUMBER IN COLUMN (B) REPRESENTS THE NUMBER OF CONTRIBUTIONS.

Lined area for supplemental information.

**SCHEDULE O
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

EDUCARE DC

Employer identification number

27-2481956

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
WHERE ALL CHILDREN, IN PARTICULAR CHILDREN WHO ARE HISTORICALLY
UNDERSERVED CAN HAVE ACCESS TO HIGH-QUALITY EARLY CHILDHOOD EDUCATION
THAT UNLOCKS THEIR FULL POTENTIAL.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
AND THE DISTRICT OF COLUMBIA COMMON CORE EARLY LEARNING STANDARDS, IS
THAT YOUNG CHILDREN LEARN BEST BY DOING; POSITIVE INTERACTIONS AND
RELATIONSHIPS WITH ADULTS ARE CRITICAL FOUNDATIONS FOR SUCCESSFUL
LEARNING; SOCIAL-EMOTIONAL SKILLS ARE SIGNIFICANT FACTORS IN SCHOOL
SUCCESS; THE PHYSICAL ENVIRONMENT AFFECTS THE QUALITY OF LEARNING
INTERACTIONS; AND TEACHER-FAMILY PARTNERSHIPS SUPPORT DEVELOPMENT AND
LEARNING. TO ACCOMPLISH THESE OBJECTIVES, THE CURRICULUM ADDRESSES FOUR
AREAS OF DEVELOPMENT: SOCIAL-EMOTIONAL, PHYSICAL, COGNITIVE, AND
LANGUAGE. IN EACH AREA, THERE IS AN EMPHASIS ON AGE-APPROPRIATE
ASSESSMENTS, WEEKLY LESSON PLANNING, PROGRAM PLANNING, TEACHER
SUPERVISION, AND FAMILY ENGAGEMENT. THREE TEACHERS WORK WITH 16-20
CHILDREN, ALLOWING EACH CHILD TO RECEIVE INDIVIDUALIZED ATTENTION AND
INSTRUCTION. THE PROGRAMS ARE FUNDED IN PART BY THE EARLY HEAD START
AND HEAD START FEDERAL PROGRAMS.

EDUCARE DC'S FLAGSHIP EARLY LEARNING CENTER IS LOCATED IN DC'S WARD 7
NEIGHBORHOOD OF PARKSIDE-KENILWORTH. WE ARE FORTUNATE TO BE HOUSED IN A
STATE-OF-THE-ART BUILDING THAT WAS CUSTOM BUILT FOR OUR WORK, INCLUDING
OUR ROLE AS A TRAINING AND DEMONSTRATION SITE. TO THAT END, OUR 32,000
SQUARE FOOT FACILITY WAS DESIGNED WITH WINDOWS INTO EVERY CLASSROOM AND
SEPARATE OBSERVATION ROOMS THAT ALLOW FOR OBSERVATION WITH MINIMAL
CLASSROOM DISRUPTION. EDUCARE DC'S PARKSIDE LOCATION COMPRISES 14
CLASSROOMS, EACH SHARING A BATHROOM WITH ITS NEIGHBOR AND EACH WITH
DIRECT ACCESS TO OUTDOOR PLAY SPACE. OUR COMPREHENSIVE SERVICES MANAGER
HAS A SMALL HEALTH SUITE AND THERE IS ALSO A DEDICATED LACTATION ROOM
FOR NURSING PARENTS AND STAFF. OUR SCHOOL HAS TWO DEDICATED TRAINING
ROOMS THAT CAN BE COMBINED INTO ONE LARGE ROOM. THIS SPACE IS MOST
OFTEN UTILIZED FOR PROFESSIONAL DEVELOPMENT (INTERNAL AND EXTERNAL) AND
COMMUNITY MEETINGS. OUR SCHOOL ALSO HAS TWO INDOOR GROSS MOTOR ROOMS
FOR ACTIVE PLAY IN INCLEMENT WEATHER, A PARENT RESOURCE AREA EQUIPPED
WITH COMPUTERS AND MEETING SPACE, AND AN INNER COURTYARD WHICH HOSTS
OUR SCHOOL VEGETABLE GARDEN AND BUTTERFLY HABITAT.

OUR PROGRAM EXPANDED IN 2021 AS WE OPENED A SECOND SCHOOL SITE,
ESTABLISHED A NEW SUBRECIPIENT PARTNERSHIP AND LAUNCHED A PRENATAL
PROGRAM. THIS EXPANDED PROGRAMMING ALLOWS EDUCARE DC TO SERVE AN
ADDITIONAL 120 YOUNG CHILDREN. OUR SECOND SITE IS CO-LOCATED AT IDEA
PUBLIC CHARTER SCHOOL, A HIGH SCHOOL IN DC'S WARD 7. EDUCARE DC'S IDEA
LOCATION COMPRISES 10 CLASSROOMS WITH THE CAPACITY TO FOR UP TO 80
CHILDREN AND SERVES EXCLUSIVELY INFANTS AND TODDLERS. THE SPACE WAS
DESIGNED AND RENOVATED WITH MANY OF THE SAME FEATURES AS OUR FLAGSHIP
LOCATION (INCLUDING DIRECT ACCESS TO OUTDOOR PLAY SPACES, CHILD-SIZED
FIXTURES, AND CLASSROOM OBSERVATION ROOMS) AND IT PROVIDES THE SAME
HIGH-QUALITY, RESEARCH-BASED EARLY LEARNING THAT EDUCARE DC IS KNOWN
FOR. THE PROGRAM SERVES A DUAL PURPOSE AS HANDS-ON TRAINING FACILITY
FOR HIGH SCHOOL STUDENTS ENROLLED IN IDEA'S CHILD DEVELOPMENT ASSOCIATE

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

Schedule O (Form 990) (Rev. 12-2024)

LHA 432211 01-15-25

Name of the organization EDUCARE DC	Employer identification number 27-2481956
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(CDA) PROGRAM. BY ENSURING THE NEXT GENERATION OF EARLY EDUCATORS ARE SKILLED, KNOWLEDGEABLE, WELL-PREPARED, WE HOPE TO STRENGTHEN THE EARLY CARE AND EDUCATION SECTOR MORE BROADLY.

EARLY HEAD START SUBRECIPIENT:

AS A PART OF EDUCARE DC'S EARLY HEAD START GRANT, WE ARE PARTNERING WITH NATIONAL CHILDREN'S CENTER (NCC) TO OPERATE TWO INFANT-TODDLER CLASSROOMS AT THEIR CENTER, SERVING UP TO 16 CHILDREN. NCC IS ONE OF THE LARGER EARLY LEARNING PROVIDERS IN DC'S WARD 8 AND IS PARTNERING WITH EDUCARE DC TO OPERATE A COMPREHENSIVE CHILDCARE PROGRAM.

EARLY HEAD START (EHS) PARTNERSHIPS

IN 2020, EDUCARE DC RECEIVED A NEW GRANT FROM THE OFFICE OF HEAD START, WHICH ALLOWED US TO EXPAND OUR PROGRAM TO SERVE AN ADDITIONAL 120 CHILDREN AT A NEW, SECOND SITE AND WITH AN ADDITIONAL PARTNER, FOR A TOTAL OF 424 CHILDREN, PRENATAL TO AGE FIVE, AND THEIR FAMILIES. THIS INCLUDES 160 CHILDREN AT OUR FLAGSHIP CENTER IN PARKSIDE-KENILWORTH, AND 144 CHILDREN AT OUR EARLY HEAD START-CHILD CARE PARTNERSHIPS IN WARDS 7 AND 8.

EARLY HEAD START-CHILD CARE PARTNERSHIP (CCP):

EDUCARE DC'S CCP PROGRAM IS FUNDED THROUGH A FIVE-YEAR FEDERAL GRANT FROM THE ADMINISTRATION FOR CHILDREN AND FAMILIES (ACF) WITHIN THE U. S. DEPARTMENT OF HEALTH AND HUMAN SERVICES. THROUGH THIS PROGRAM, EDUCARE DC PARTNERS WITH OTHER CHILD CARE PROGRAMS IN D.C.'S WARDS 7 AND 8 TO SERVE 144 INFANTS AND TODDLERS AND THEIR FAMILIES. THE PROGRAM ENABLES EDUCARE TO PARTNER WITH CHILD CARE PROVIDERS TO IMPLEMENT EARLY HEAD START'S HIGH-QUALITY STANDARDS IN CLASSROOMS AND TO ADD NEW SERVICES INCLUDING HEALTH, ORAL HEALTH, NUTRITION, MENTAL HEALTH, AND SUPPORTS FOR CHILDREN WITH SPECIAL NEEDS. THE PROGRAM ALSO PROVIDES FAMILY ENGAGEMENT SERVICES, DESIGNED TO HELP LOW-INCOME FAMILIES BUILD POSITIVE RELATIONSHIPS WITH THEIR CHILDREN AND ACHIEVE SELF-SUFFICIENCY, AS WELL AS FACILITY ENHANCEMENTS.

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

BY CLASSROOM TEACHERS, THREE HEALTHY MEALS EACH DAY DESIGNED IN CONSULTATION WITH A NUTRITION SPECIALIST, AND A SCHOOL GARDEN AS A SOURCE OF FOOD AND LEARNING FOR CHILDREN AND FAMILIES.

IN ADDITION, OUR COMPREHENSIVE SERVICES TEAM USES FORMAL EVALUATIONS AND ONGOING TEACHER AND PARENT OBSERVATIONS TO IDENTIFY CHILDREN WHO MAY HAVE A DEVELOPMENTAL DELAY OR WOULD BENEFIT FROM INDIVIDUALIZED HEALTH OR MENTAL/BEHAVIORAL HEALTH SUPPORT. IF A CHILD APPEARS TO HAVE A DEVELOPMENTAL DELAY, OUR TEAM CONDUCTS ADDITIONAL ASSESSMENTS AND MAY REFER THE CHILD TO DC HEALTHY START OR STRONG START EARLY INTERVENTION PROGRAMS. ANY PLANS, SUPPORTS, OR INTERVENTIONS PUT IN PLACE ARE HIGHLY TAILORED TO THAT CHILD'S SPECIFIC NEEDS. GIVEN THE INTERDISCIPLINARY NATURE OF OUR PROGRAM, NEEDS THAT ARE IDENTIFIED FOR EACH CHILD ARE HOLISTICALLY SUPPORTED THROUGH OUR TEACHING PRACTICES AND WORK BY OUR FAMILY ENGAGEMENT TEAM, INCLUDING THROUGH THE ANNUAL FAMILY GOAL-SETTING PROCESS.

PRENATAL PROGRAM:

IN 2021, EDUCARE DC LAUNCHED OUR PRENATAL PROGRAM, MOMS2BE. SERVING UP TO 24 EXPECTANT MOTHERS EACH YEAR, MOMS2BE EMPOWERS MOTHERS THROUGH THE CONTINUUM OF PREGNANCY, CHILDBIRTH, AND PARENTING AN INFANT. OUR GOAL

Name of the organization EDUCARE DC	Employer identification number 27-2481956
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IS TO SUPPORT MOTHERS AND THEIR BABIES BY ENSURING THEY HAVE ACCESS TO QUALITY HEALTHCARE, PARENTING AND BIRTHING CLASSES, SUPPORT AND COACHING FROM EXPERTS, AND CONNECTION WITH OTHER MOTHERS. LED BY A DEDICATED STAFF, THE PROGRAM OFFERS: A SEQUENCED CURRICULUM AROUND PREGNANCY, INFANT DEVELOPMENTAL SCIENCE, AND PARENTING; ONE-ON-ONE MEETINGS WITH A PERINATAL COORDINATOR TO SET UP PERSONAL GOALS; ASSISTANCE ACCESSING TO PRENATAL CARE, INCLUDING ADDITIONAL SUPPORTS FOR ACCESS AS PRE- AND POSTNATAL SCREENER; POSSIBILITY FOR ENROLLMENT AND TRANSITION OF INFANT (6 WEEKS OR OLDER) TO AN EARLY HEAD START PROGRAM AT EDUCARE DC OR ONE OF OUR CHILDCARE PARTNER PROGRAMS.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:
 INTENTIONAL INTERACTIONS WITH PARENTS/FAMILIES. WE ALSO COLLABORATE WITH PARENTS AS PARTNERS IN THE EDUCATION OF THEIR CHILDREN AND SUPPORT THEM IN DEVELOPING STRONG, NURTURING RELATIONSHIPS WITH THEIR CHILDREN. THIS SUPPORT INCLUDES INCREASING PARENTS' KNOWLEDGE OF HEALTHY PARENT-CHILD RELATIONSHIPS, CHILD DEVELOPMENT, AND EXPECTATIONS FOR SCHOOL READINESS. EDUCARE DC ALSO SHARES DATA ON CHILDREN'S PROGRESS TO SUPPORT FURTHER LEARNING BOTH AT SCHOOL AND AT HOME. TO FURTHER SUPPORT PARENTS AS THEY NURTURE THEIR CHILDREN'S POTENTIAL AND STRIVE TOWARD THEIR OWN PERSONAL GOALS, THE SCHOOL OFFERS ACCESS TO COMPUTERS, RESOURCES FOR FAMILIES EXPERIENCING HOMELESSNESS, AND COUNSELING AND SUPPORT FOR PERSONAL OR DOMESTIC CRISES. THESE PROGRAMS AND RESOURCES ARE VITAL TO ENSURING THAT PARENTS HAVE THE HELP THEY NEED TO CREATE A SAFE AND STABLE ENVIRONMENT FOR THEIR CHILDREN AND THEMSELVES.

OUR FAMILY ENGAGEMENT STRATEGY ALSO INVOLVES THE GOVERNANCE STRUCTURE OF EDUCARE DC. PARENTS PLAY AN ACTIVE ROLE BOTH THROUGH PARENT MEMBERSHIP ON THE BOARD OF DIRECTORS AND OUR PARENT POLICY COUNCIL, WHICH PLAYS A LARGE ROLE IN SCHOOL GOVERNANCE. THE PARENT POLICY COUNCIL APPROVES THE SCHOOL'S BUDGET, PROGRAM/CALENDAR CHANGES, AND STAFF HIRING DECISIONS. BY BUILDING PARENT/FAMILY SKILLS AND COMPETENCIES, EDUCARE DC NOT ONLY PROMOTES LEARNING AT HOME, BUT HELPS PARENTS BECOME EFFECTIVE ADVOCATES FOR THEIR CHILDREN AT EDUCARE DC AND STRENGTHENS THEIR SKILLS TO BE CONTRIBUTING TO CITIZENS AND WORKERS IN THE COMMUNITY.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
 ADVOCACY:
 EDUCARE DC WORKS TO LEVERAGE OUR STRENGTH AS A DEMONSTRATION SITE, EARLY LEARNING PRACTITIONER, AND RESEARCH ORGANIZATION. BY DESIGN, EDUCARE DC IS UNIQUELY POSITIONED AT THIS INTERSECTION OF PRACTICE, POLICY, AND RESEARCH. WE FEEL IT IS OUR RESPONSIBILITY AS A LEADER IN THE FIELD TO ADVOCATE FOR BETTER POLICY AND IDENTIFY AREAS WHERE IMPROVEMENTS CAN BE MADE FOR BETTER FUNDING AND BETTER QUALITY FOR CHILDREN.

RESEARCH:
 EDUCARE DC EXTENSIVELY UTILIZES DATA TO TRACK PROGRAM PROGRESS AND OUTCOMES TO ENSURE THAT OUR PROGRAM IS ACHIEVING ITS INTENDED RESULTS AND REACHING OUR ANNUAL QUALITY GOALS. TO SUPPORT THIS WORK, EDUCARE DC WORKS WITH A LOCAL EVALUATION PARTNER (LEP), HEADED BY ZACHARY PRICE OF TOWSON/BOWIE STATE UNIVERSITY. THE LEP TEAM CONDUCTS A SERIES OF 12 ASSESSMENTS THROUGHOUT THE SCHOOL YEAR, COLLECTING DATA TO DOCUMENT CHILD OUTCOMES AND CLASSROOM QUALITY, WHICH INFORMS CLASSROOM PRACTICE, FAMILY ENGAGEMENT WORK, ADVOCACY, AND MORE. OUR DATA IS ALSO SHARED

Name of the organization EDUCARE DC	Employer identification number 27-2481956
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WITH THE FRANK PORTER GRAHAM CHILD DEVELOPMENT INSTITUTE AT THE UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL (FPG), WHICH SERVICES AS THE NATIONAL EVALUATION PARTNER (NEP) FOR THE 25-SCHOOL EDUCARE LEARNING NETWORK (ELN). FPG IS LEADING TWO STUDIES INVOLVING THE EDUCARE MODEL - THE EDUCARE NATIONAL EVALUATION AND THE EDUCARE FOLLOW-UP STUDY - AND SUPPORTS ADDITIONAL EVALUATIONS LED BY NETWORK PARTNERS. IT ALSO SUPPORTS OTHER RESEARCH INITIATIVES IN THE EARLY LEARNING SPACE.

EXTERNAL TRAINING:

EDUCARE DC SERVES AN ESSENTIAL PRACTICES OF EDUCARE TRAINING HUB, DELIVERING RESEARCH-BASED TRAINING AND PRACTICAL INSTRUCTION TO OTHER EARLY LEARNING PROVIDERS IN ORDER TO IMPROVE PROGRAM PRACTICE AND ULTIMATELY DELIVER STRONGER OUTCOMES. TRAININGS CURRENTLY OFFERED INCLUDE: HIGH-QUALITY TEACHING PRACTICES, DATA UTILIZATION, EMBEDDED PROFESSIONAL DEVELOPMENT, AND INTENSIVE FAMILY ENGAGEMENT.

EARLY EDUCATOR FELLOWSHIP:

EDUCARE DC ALSO OPERATES THE EARLY EDUCATOR FELLOWSHIP PROGRAM. THIS YEAR-LONG, COMPETITIVE ENTRY PROGRAM WAS CREATED TO FILL A CRITICAL GAP IN WORKFORCE DEVELOPMENT NOT ADDRESSED THROUGH OTHER WORK. THE FELLOWSHIP IS DESIGNED TO BUILD THE SOCIAL AND PROFESSIONAL CAPITAL OF EARLY CHILDHOOD EDUCATORS. CORE TO THE EXPERIENCE IS AUTHENTIC OPPORTUNITIES FOR FELLOWS TO EXERCISE THEIR VOICE AS EXPERTS AND ADVOCATES FOR EARLY CHILDHOOD AND TO THEIR PROFESSIONAL NETWORK AND SKILLS. THE PROGRAM PRIMARILY TARGETS EARLY EDUCATORS WHO A) HAVE COMPLETED OR ARE ENROLLED IN AN ASSOCIATE'S DEGREE PROGRAM, AND WHO B) WORK IN VARIETY OF PROVIDER SETTINGS SERVING MOSTLY LOW- INCOME CHILDREN.

PROFESSIONAL DEVELOPMENT

PROFESSIONAL DEVELOPMENT IS AN ESSENTIAL ASPECT OF OUR WORK. EDUCARE DC PROVIDES TRAINING AND PROFESSIONAL DEVELOPMENT FOR OUR OWN TEACHERS THROUGH A SERIES OF TRAININGS CALLED THE ESSENTIAL PRACTICES OF EDUCARE". THESE TRAININGS ARE ALSO OFFERED TO AREA EARLY CHILDHOOD EDUCATORS IN PARTNERSHIP WITH THE OFFICE OF THE SCHOOL SUPERINTENDENT (OSSE). TRAINING PROVIDES PRACTICAL INSTRUCTION TO CENTER AND SCHOOL-BASED PROGRAMS ON HOW TO IMPROVE PROGRAM PRACTICE AND ULTIMATELY DELIVER STRONGER OUTCOMES FOR CHILDREN AND FAMILIES. PRACTITIONERS WILL DEVELOP THEIR KNOWLEDGE, BEHAVIOR AND PRACTICES TO MEET THE INCREASINGLY RIGOROUS QUALITY STANDARDS IN EARLY EDUCATION.

IN ADDITION TO STAFF TRAINING, EDUCARE DC RUNS A PROFESSIONAL DEVELOPMENT INSTITUTE (PDI). THE PROFESSIONAL DEVELOPMENT INSTITUTE (PDI) IS A 30-DAY HANDS-ON TRAINING PROGRAM DEDICATED TO SUPPORTING ENTRY LEVEL TEACHERS IN THE EARLY CHILDHOOD EDUCATION FIELD. THE PDI IS AN IDEAL OPPORTUNITY FOR THOSE INTERESTED IN PURSUING A CAREER IN EARLY CHILDHOOD EDUCATION. THE INSTITUTE PROVIDES TEACHERS WITH ONE MONTH OF PAID TRAINING. FOLLOWING SUCCESSFUL COMPLETION OF THE PDI, TEACHERS WILL HAVE THE OPPORTUNITY TO JOIN THE EDUCARE DC STAFF AS TRAVELING TEACHER AIDES.

DURING THE PROFESSIONAL DEVELOPMENT INSTITUTE, TEACHERS WILL ENHANCE THEIR KNOWLEDGE IN TO BE BETTER EQUIPPED TO PROVIDE HIGH QUALITY EDUCATION AND CARE FOR THE CHILDREN IN OUR SCHOOLS. TRAINING COURSES INCLUDE OSSE (LICENSING) MANDATED HEALTH AND SAFETY TRAININGS, THE ESSENTIAL PRACTICES OF EDUCARE AND FOUNDATIONS OF SUCCESS.

Name of the organization EDUCARE DC	Employer identification number 27-2481956
EXPENSES \$ 1,288,547. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.	

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

THE FORM 990 WAS PREPARED BY OUTSIDE ACCOUNTANTS. THE BOARD OF DIRECTORS THEN REVIEWED, COMMENTED AND APPROVED THE FORM 990 BEFORE IT WAS FINALIZED AND FILED.

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

THE CONFLICT OF INTEREST POLICY ADDRESSES TRANSACTIONS AND ARRANGEMENTS INVOLVING EDUCARE DC'S DIRECTORS, OFFICERS, MEMBERS OF ANY COMMITTEE OF EDUCARE DC'S BOARD OF DIRECTORS WITH AUTHORITY TO ACT ON BEHALF OF THE BOARD OF DIRECTORS, AND EDUCARE DC'S EXECUTIVE EMPLOYEES (E.G. PRESIDENT AND CEO, VICE PRESIDENT OF PROGRAMS, VICE PRESIDENT OF ADMINISTRATION, VICE PRESIDENT OF DEVELOPMENT AND COMMUNICATIONS AND SENIOR DIRECTOR OF FINANCE) AND ANY OTHER MANAGER OR SUPERVISOR IDENTIFIED BY THE BOARD OF DIRECTORS OR THE PRESIDENT CEO AS EXERCISING SUBSTANTIAL INFLUENCE OVER THE OPERATIONS OF EDUCARE DC. THE POLICY IDENTIFIES A POTENTIAL CONFLICT OF INTEREST WITH RESPECT TO A TRANSACTION OR ARRANGEMENT INVOLVING EDUCARE DC WHENEVER HE OR SHE, OR ANY OF HIS OR HER FAMILY:

* RECEIVES COMPENSATION DIRECTLY OR INDIRECTLY FROM EDUCARE DC AND THE TRANSACTION OR ARRANGEMENT INVOLVES SUCH COMPENSATION.

* HAS OR ANTICIPATES HAVING ANY FINANCIAL INTEREST, INCLUDING OWNERSHIP INTEREST, INVESTMENT INTEREST, OR COMPENSATION ARRANGEMENT.

* MANAGEMENT ROLE-SERVES OR ANTICIPATES SERVING AS A DIRECTOR, TRUSTEE, OR OFFICER OF ANY ENTITY OR INDIVIDUAL THAT EITHER:

(1) SELLS GOODS OR SERVICES TO, OR PURCHASES SERVICES FROM EDUCARE DC, OR

(2) HAS ANY OTHER TRANSACTION OR ARRANGEMENT WITH EDUCARE DC.

* POSITIONS WITH GRANT APPLICANT - SERVES OR ANTICIPATES SERVING AS A DIRECTOR, TRUSTEE, OR OFFICER OF ANY ENTITY THAT RECEIVES OR SEEKS GRANT FUNDING FOR EDUCARE, DC.

* FINANCIAL RELATIONSHIPS WITH GRANT APPLICANTS-HAS OR ANTICIPATES HAVING A FINANCIAL RELATIONSHIP, INCLUDING AS AN EMPLOYEE OR A PAID CONSULTANT, WITH THE GRANT APPLICANT.

* CONFLICTS OF INTEREST ARE REVIEWED BY THE PRESIDENT OF THE BOARD AND PRESENTED TO THE BOARD OF DIRECTORS. PERSONS WHO DISCLOSE ACTUAL AND POTENTIAL CONFLICTS AND/OR WHOM IT HAS BEEN IDENTIFIED THAT A CONFLICT OF INTEREST EXIST RECUSES HIMSELF OR HERSELF FROM VOTING ON ANY TRANSACTION OR ARRANGEMENT IN WHICH HE OR SHE HAS A POTENTIAL OR ACTUAL CONFLICT OF INTEREST AND IS NOT PRESENT WHEN ANY SUCH VOTE IS TAKEN.

* A CONFLICT OF INTEREST POLICY FOR STAFF IS ALSO INCLUDED IN THE EMPLOYEE HANDBOOK WHICH IS SIGNED BY STAFF EACH YEAR.

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

THE CEO'S COMPENSATION ARRANGEMENT HAS BEEN APPROVED IN ADVANCE BY OUR BOARD OF DIRECTORS, WHICH IS COMPOSED OF INDIVIDUALS WHO DO NOT HAVE A CONFLICT OF INTEREST CONCERNING THE TRANSACTION. PRIOR TO MAKING ITS DETERMINATION, THE BOARD OBTAINED AND RELIED UPON APPROPRIATE COMPARABLE DATA. THIS ANALYSIS OF DATA WAS ORIGINALLY BASED ON THE EXPERTISE OF A RETAINED SEARCH FIRM THAT UTILIZED COMPARABLE MARKET DATA FOR SALARIES AND OTHER COMPENSATION. USING COMPARABLE MARKET DATA, THE BOARD CONDUCTED AN INTERNAL COMPENSATION REVIEW AND CONFIRMED THAT THE CEO'S SALARY WAS BELOW THE COMPARABLE RATE. THE BOARD DOCUMENTED THE BASIS FOR ITS DETERMINATION AT THE TIME THAT IT MADE THE DETERMINATION. A COMPENSATION STUDY WAS PERFORMED FOR ALL POSITIONS IN APRIL OF 2025 BY SMITHPILOT, AN INDEPENDENT CONTRACTOR.

Name of the organization EDUCARE DC	Employer identification number 27-2481956
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FORM 990, PART VI, SECTION C, LINE 19:
 EDUCARE DC'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE MADE
 AVAILABLE TO THE PUBLIC UPON REQUEST.

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

TEMPORARY STAFFING:

PROGRAM SERVICE EXPENSES	646,086.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	646,086.

SERVICE DELIVERY STDUY:

PROGRAM SERVICE EXPENSES	186,050.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	186,050.

HR SERVICES:

PROGRAM SERVICE EXPENSES	133,140.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	133,140.

PROFESSIONAL SERVICES:

PROGRAM SERVICE EXPENSES	797,213.
MANAGEMENT AND GENERAL EXPENSES	66,269.
FUNDRAISING EXPENSES	38,892.
TOTAL EXPENSES	902,374.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	1,867,650.