465320551	02/25/2019	9:51	AM
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990 Form

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public.

2017 Open to Public

OMB No. 1545-0047

Department of the Treasury Do not enter social security numbers on this form as it may be made public. Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.							C	Open to Inspect										
A	For th	ne 2017 calei	ndar year, or	tax ye	ear be			7/01/1		, and ending	-	6/30/1						
в	Check if	applicable: C I	C Name of organization D Employer identification number									r						
	Address	change			HA	RMONY	DC	PUBLI	IC	CHARTER	SCHO	OOLS						
$\overline{\Box}$	Name ch	nange	Doing business as												46-5		51	
		· / /	Number and street	•		nail is not deliv	ered	to street add	iress)				Room/suite		Telephone		7500	
	Initial ret Final retu		62 T STR City or town, state		_	ntry and ZIP o	r fore	eign nostal co	ode					÷	202-	529-	7500	
	terminate	d		•	100, 000	nay, and zh o									_		0 27	7 224
\Box	Amended	I m hum	WASHINGT Name and address	_	inal offic	er.		DC 200	002				1	G	Gross rec	eipts \$	2,37	7,334
Ē	Applicatio												H(a) Is this a	group i	return for s	ubordinate	s? 🗌 Yes	XNo
	, ppcut		NIYAZI 62 T ST				7						H(b) Are all s	ubordir	natae inclu	ded2	T Yes	
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<u> </u>	-					()											,	
-	Website	mpt status; '			501(c)		(insert no.)		4947(a)(1) or		527				•		
			X Corporation			Association		Other 🕨					H(c) Group e ear of formation:		_		of legal domi	cile: DC
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Ă	70	Total number	of volunteers		from	Port VIII o	/	nn (C) line				•••••••••••			7a			0
	/a	Not unrelated	l business re	venue	nom	from Form						•••••	•••••	• • • •	7b			0
	<u> </u>	Net unrelated	Dusiness tax	able ir	come	TOTT FORM	990	0-1, III - 3				<u></u>	Prior `	Year	1.0		Current Yes	
	8	Contributions	and grants (F	Part VI	II. line	1h)						Г	3	87,	410		639	,611
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cpenses			fundraising fee															0
(bel	b	Total fundrais	sing expenses	(Part	IX, col	lumn (D), li	ne 2	25) 🕨				0	ALAPTIC TO THE PLATE					
й	17	Other expens	ses (Part IX, c	olumn	(A), li	nes 11a-11	1d, 1	11f–24e)							062			8,094
										ne 25)			2,0				2,319	
	19	Revenue less	s expenses. S	ubtrac	t line 1	18 from line	12								559			3,212
Net Assets or Fund Balances												F	Beginning of (_			End of Yea	
Sect	20		(Part X, line 1									····· -			483			5,193
A B	21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20									857			,355					
					tract li	ine 21 from	line	e 20	<u></u>				1	14,	626		232	,838
	art II		ature Bloc															
U	nder pe	nalties of perjur	ry, I declare that	t I have	e exami	ined this retu	im, i	including ac	ccom	panying schedul information of w	es and	l statements, a	and to the best	of my	/ knowled	lge and	belief, it is	
		T N	ele. Declaration	or prep	barer (o			is based o		Information of w	vilicit p		ity knowledge.					
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BEDFORD, PA

Britling Statement of Program Service Accomplishments Check If Schedule O contains a response or note to any line in this Part III Befly decrobe the organizations mission: SEE SCHEDULE O Ib the organization undertake any significant program services during the year which were not listed on the profer Form 980 or 960-E27 If "res" decombere are an encises on Schedule 0. Ib Oth the organization undertake any significant dranges in how it conducts, any program services, as measured by expresses. Section 501(c)(2) and 501(c)(4) organizations are negrined to report the amount of grants and allocations to others, the total expression and reenue, if any, for each program service approach a (Code:) (Expresses 1 2, 1:30, 7:55 including grants of 1) (Rownue 3 1, 7:37, 6:11 HARMONY PUBLIC CHARTER SCHOOLS' SCIENCE, TECHNOLOGY, ENGINEERING, AND MATHEMARTICS. THE ENGRAM ATMEST ON SCIENCE, TECHNOLOGY, ENGINEERING, AND MATHEMARTICS. THE ENGRAM ATMEST ON SCIENCES, TAND TRATE SCHOOLS, AND MATHEMARTICS. THE ENGRAM ATMEST ON SCIENCES, TECHNOLOGY, ENGINEERING, AND MATHEMARTICS. THE ENGRAM PROVIDES CONSTICUTIONAL RESOLUCES, AND DEPOTESIONAL DEVELOPMENT FOR STERM TEACHERES THA TRADUCES, AND DEPOTESIONAL DEVELOPMENT FOR STERM TEACHERES TIN HARMONY. DEVELIC CHARTER SCHOOLS ACADEMENTST THAT INVOLVES A TERM OF CURRICULUM SPECIALISTS, INSTRUCTIONAL COACHES, AND LEAD TEACHERS IN HARMONY. DEVELIC CHARTER SCHOOLS ACADEMENTST THAT INVOLVES A TERM OF CURRICULUM SPECIALISTS, INSTRUCTIONAL COACHES, AND LEAD TEACHERS IN HARMONY. EVELIC CHARTER SCHOOLS ACADEMENTST THAT INVOLVES A TEAM OF Code:) (Expr			20551	Pag
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If "Yes," complete Schedule G, Part III

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Form 990 (2017)	HARMONY	DC 1	PUBLIC	CHARTER	SCHOOLS	46
Part IV	Checklist of	Requir	ed Sched	ules		

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
-	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
6	Part III	5	· · ·	<u> </u>
0	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I			x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	6		~
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	⊢ ←		<u> </u>
•	complete Schedule D. Port III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	–		
-	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	Ť		
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	or the provide		100034094493
	complete Schedule D, Part VI	11a	x	
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
Ť	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		<u>X</u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	X	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	<u>14a</u>		x
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
15	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			v
16	for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	15		<u>x</u>
10		10		v
17	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u>x</u>
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	17		-
		18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	10		
			1	

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Form 990 (2017)

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Page 3

ER	SCHOOLS	46-5320551

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Form 990 (2017) HARMONY DC PUBLIC CHARTER SCHOOLS

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Page 4

P	art iv Checklist of Required Schedules (continued)		-	
20-			Yes	No
20a b	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u>^</u>
21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	24		x
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals oh	21		<u> </u>
~~		22		x
23	Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	22		<u> </u>
23	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J			x
24a		23		<u> </u>
24a				
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			v
h	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
D	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
А	to defease any tax-exempt bonds?	24c		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	0.5		v
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		_X_
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?	0.51		v
26	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			v
27	disqualified persons? If "Yes," complete Schedule L, Part II	26		<u>X</u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			77
20	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		<u> </u>
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
-	Part IV instructions for applicable filing thresholds, conditions, and exceptions):	0000000		v
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
D	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	001		v
•	Schedule L, Part IV	28b		<u>X</u>
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			v
20	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		<u>x</u> x
29 20	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			v
24	conservation contributions? If "Yes," complete Schedule M	30		<u> </u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			v
32	Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	31		_X_
32	complete Schoolde N. Dood II			v
33	complete Schedule N, Part II	32		<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			x
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,		v	
250	or IV, and Part V, line 1	34	<u>x</u>	X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u> </u>
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	ar.		
26	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			v
27	related organization? If "Yes," complete Schedule R, Part V, line 2	36		<u>X</u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,		1	v
20	Part VI	37	2	<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		v	
	19? Note. All Form 990 filers are required to complete Schedule O.	38	X	

Form 990 (2017)

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Form	990 (2017) HARMONY DC PUBLIC CHARTER SCHOOLS 46-5320551		F	Page 5
10.0.01 6 11 5	art 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			
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Yes	No
1a ⊾		-		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0 Did the organization comply with backup withholding rules for reportable payments to vendors and	-		
С	reportable gaming (gambling) winnings to prize winners?	1c	-	CREATER
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
La	Statements, filed for the calendar year ending with or within the year covered by this return 2a 26			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	x	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	0.000	X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		x
b	If "Yes," enter the name of the foreign country: ►	Langer.		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<u>5c</u>		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		25.000.000
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		4416210	v
	and services provided to the payor?	7a		<u>x</u>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			x
	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	7e		x
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			
g h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			<u> </u>
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
Ŭ	sponsoring organization have excess business holdings at any time during the year?	8	1.113.0482	
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	N.C. STREET	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			v
14a	Did the organization receive any payments for indoor tanning services during the tax year?			x
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	. 14b		

Form 990 (2017) HARMONY DC PUBLIC CHARTER SCHOOLS

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

46-5320551

					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	8			
	If there are material differences in voting rights among members of the governing body, or					
	if the governing body delegated broad authority to an executive committee or similar					
	committee, explain in Schedule O.					
b	Enter the number of voting members included in line 1a, above, who are independent	1b	8			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with					
	any other officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct					
	supervision of officers directors or trustees or low employees to a management company or other namen?			3	X	l
4	Did the second state the second state is a second state of the second state state state state of the second state of the secon					X
5	Did the experience have a during the uses of a similar the experience of the experiencies is a constant			-		X
6	Did the organization have members or stockholders?			6	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint					
	one or more members of the governing body?			7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,					
	stockholders, or persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year					
а	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at					1
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	<u></u>		9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Inte	nal R	evenue (Code.)		
					Yes	
10a	Did the organization have local chapters, branches, or affiliates?			. <u>10a</u>		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,					
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?			<u>10b</u>		L
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the	e form?		<u>11a</u>	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise t	o conflic	ts?	. <u>12b</u>	X	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"					
	describe in Schedule O how this was done			. <u>12c</u>	X	
13	Did the organization have a written whistleblower policy?			13	X	
14	Did the organization have a written document retention and destruction policy?			14	X	
15	Did the process for determining compensation of the following persons include a review and approval by					
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			<u>15a</u>	X	
b	Other officers or key employees of the organization			15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement					
	with a taxable entity during the year?			<u>16a</u>		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its					
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the					
	organization's exempt status with respect to such arrangements?	<u></u>	·····	. 16b		L
Sec	tion 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 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s o	nly)			
	available for public inspection. Indicate how you made these available. Check all that apply.					
	Own website X Another's website X Upon request Other (explain in Schedule O)					
19	Describe in 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 nur	nber of the person w	ho p	ossesses th	e organization's	books and	records: 🕨
N	TYAZI EVRE	N CUL	IA	62	т	STREET	NE		

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Form 990 (2017) HARMONY DC PUBLIC CHARTER SCHOOLS 46-5320551

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

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

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

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

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest

compensated employees; and former such persons.

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

Image: constraint of the output and the out	(A) Name and Title	(B) Average hours per week (list any hours for	bo	ox, unle ficer a	ess pe nd a o	ition more rson i	than on s both a pr/trustee	in e)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
2.00 x x 0		related organizations below dotted	Individual trustee or director		Officer	Key employee	Highest compensated employee	Former		(organization and related
PRESIDENT 0.00 X X 0 0 0 0 (2) CINTHLA PASCAL 2.00 2.00 3 X 0	(1) SONER TARIM										······································
2.00 x x 0 0 0 0 (3) KELLY QUINNEY 2.00 2.00 3 </td <td></td> <td></td> <td>x</td> <td></td> <td>x</td> <td></td> <td></td> <td></td> <td>0</td> <td>0</td> <td>0</td>			x		x				0	0	0
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(3) KELLY QUINNEY 2.00 x x 0 0 0 SECRETARY 0.00 x x 0 0 0 0 (4) VANESSA MENDOZA 2.00 x 0 0 0 0 0 BOARD MEMBER 0.00 x 0 0 0 0 0 BOARD MEMBER 0.00 x 0 0 0 0 0 BOARD MEMBER 0.00 x 0 0 0 0 0 BOARD MEMBER 0.00 x 0			v								0
2.00 x x 0 0 0 SECRETARY 0.00 x x 0 0 0 (4) VANESSA MENDOZA 2.00 2.00 0 0 0 0 BOARD MEMBER 0.00 x 0 0 0 0 0 BOARD MEMBER 0.00 x 0 0 0 0 0 0 0 <		0.00			^			_	<u>0</u>	0	<u>v</u>
SECRETARY 0.00 X X 0 0 0 0 (4) VANESSA MENDOZA 2.00 2.00 0		2.00									
2.00 X 0 0 0 BOARD MEMBER 0.00 X 0 0 0 BOARD MEMBER 2.00 X 0 0 0 BOARD MEMBER 0.00 X 0 0 0 BOARD MEMER 0.00 X 0 0 0 0 BOARD MEMER 0.00 X 0 0 0 0 0 BOARD MEMER 0.00 X X 0 0 0 0 (9) JULIE SQUIRE - CUT GOING 2.00 <td>SECRETARY</td> <td></td> <td>x</td> <td></td> <td>x</td> <td></td> <td></td> <td></td> <td>0</td> <td>. 0</td> <td>0</td>	SECRETARY		x		x				0	. 0	0
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(5) TED EISMEIER 2.00 X 0 0 0 BOARD MEMBER 0.00 X 0											
2.00 X 0		0.00	X						0	0	0
BOARD MEMBER 0.00 X 0 <	(5) TED EISMEIER										
(6) BRIAN SYLVESTER 2.00 0											0
2.00 X 0 0 0 0 BOARD MEMBER 0.00 X 0 0 0 0 (7) CHARLENE ROACH-GLYMPH 2.00 0 0 0 0 0 BOARD MEMBER 0.00 X 0 0 0 0 (9) JULIE SQUIRE - OUT GOING 2.00 EOING - - - - 2.00 BOARD MEMBER 0.00 X 0 0 0 0 BOARD MEMBER 0.00 X 0 0 0 0 0 BOARD MEMBER 0.00 X 0 0 0 0 0		0.00					+		0	U	U
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(7) CHARLENE ROACH-GLYMPH 2.00 0 <td< td=""><td>BOARD MEMBER</td><td></td><td>x</td><td></td><td></td><td></td><td></td><td></td><td>0</td><td>0</td><td>0</td></td<>	BOARD MEMBER		x						0	0	0
BOARD MEMBER 0.00 X 0											
(8) JULIA IRVING 2.00 0 0 0 0 BOARD MEMBER 0.00 X 0 0 0 0 (9) JULIE SQUIRE - OUT GOING 2.00 2.00 0 0 0 0 PRESIDENT 0.00 X X 0 0 0 0 (10) KIMBERLY TRAN-MALAN - OUT GOING 2.00 0 0 0 0 BOARD MEMBER 0.00 X 0 0 0 0 0 BOARD MEMBER 0.00 X 107,682 0 18,047		2.00									
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PRESIDENT 0.00 X X 0 <t< td=""><td>(9) JULIE SQUIRE - C</td><td></td><td>ł</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>	(9) JULIE SQUIRE - C		ł								
2.00 2.00 0.00 <th< td=""><td>PRESIDENT</td><td></td><td>x</td><td></td><td>x</td><td></td><td></td><td></td><td>0</td><td>0</td><td>0</td></th<>	PRESIDENT		x		x				0	0	0
BOARD MEMBER 0.00 X 0	(10) KIMBERLY TRAN-MA		т	GO	IN	5			· · · · · · · · · · · · · · · · · · ·		
40.00 X 107,682 0 18,047	BOARD MEMBER	0.00							0	0	0
CEO/PRINCIPAL 0.00 X 107,682 0 18,047	(11) EMIN CAVUSOGLU -		NG								
	CEO/PRINCIPAL	0.00			X				107,682	0	18,047 Form 990 (2017)

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465320551 02/25/2019 9:51 AM Form 990 (2017) HARMONY I Part VII Section A. Officers						_	_	OLS 46-532 ad Highest Compensated		Page 8
(A) Name and title	(B) Average hours per week (list any	(d bo	lo not	(Pos check ess pe	C) ition more rson i	than o s both pr/truste	ne an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
· · · · · · · · · · · · · · · · · · ·	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(12) NIYAZI EVREN	CULHA 40.00									
PRINCIPAL (13) PHILLIP YARBO	0.00	ου		X GO	TN	G	-	83,316	0	15,743
ASSISTANT PRINCIPAL	40.00			x			_	52,221	0	1,844
· · · · · · · · · · · · · · · · · · ·										
			-							
				-						
		-								
										· · · · · · · · · · · · · · · · · · ·
1b Sub-total	L	L	L	L	L	L	•	243,219		35,634
c Total from continuation shee d Total (add lines 1b and 1c)								243,219		35,634
2 Total number of individuals (ind	luding but not lim	nited	to th				ve)		00,000 of	33,034
reportable compensation from3 Did the organization list any fo			<u>1</u> or tru	ustee	. ke	v em		ee. or highest compensated		Yes No
 employee on line 1a? If "Yes," For any individual listed on line organization and related organ 	complete Schedu 1a, is the sum o	le J f rep	for s ortat	uch ble c	indiv omp	<i>idual</i> ensat	tion	and other compensation from	· · · · · · · · · · · · · · · · · · ·	
 individual Did any person listed on line 1 for services rendered to the or 	a receive or accr	ue co	ompe	ensat	ion f	rom a	any	unrelated organization or in	dividual	5 X
Section B. Independent Contracto	rs									
1 Complete this table for your fiv compensation from the organiz	ation. Report con	nsate npen	ed inc satio	depe n for	nder the	nt cor caler	ntrac ndar	year ending with or within	the organization's tax year.	
Name and	(A) business address						-	Descrip	(B) tion of services	(C) Compensation
									· · · · · · · · · · · · · · · · · · ·	
2 Total number of independent c	ontractors (includ	ing b	out no			to th		listed above) who		

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Form 990 (2017) HARMONY DC PUBLIC CHARTER SCHOOLS 46-5320551 Page 9 Statement of Revenue Part VIII Check if Schedule O contains a response or note to any line in this Part VIII (B) Related or (C) (D) Revenue (A) Unrelated Total revenue excluded from tax under sections 512-514 exempt function business revenue revenue Grants nounts 1a Federated campaigns 1a b Membership dues 1b c Fundraising events 1c Gifts, ilar Aı d Related organizations 1d 141,611 e Government grants (contributions) 1e Contributions, and Other Sin f All other contributions, gifts, grants, and similar amounts not included above 498,000 1f g Noncash contributions included in lines 1a-1f: \$ 639,611 h Total. Add lines 1a-1f ► Revenue Busn. Code 1,732,432 1,732,432 900099 2a PER PUPIL FUNDING ALLOCATION 5,187 900099 5,187 STUDENT PROGRAM FEES b Program Service С d e f All other program service revenue 1,737,619 ► g Total. Add lines 2a-2f Investment income (including dividends, interest, 3 and other similar amounts) 104 104 ► Income from investment of tax-exempt bond proceeds 4 5 Royalties ... ► (i) Real (ii) Personal 6a Gross rents b Less: rental exps. c Rental inc. or (loss) d Net rental income or (loss) ► 7a Gross amount from (ii) Other (i) Securities sales of assets other than inventor b Less: cost or other basis & sales exps. c Gain or (loss) d Net gain or (loss) ► 8a Gross income from fundraising events Other Revenue (not including \$_____ of contributions reported on line 1c). See Part IV, line 18 **b** Less: direct expenses b c Net income or (loss) from fundraising events ► 9a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses b ► c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances а b Less: cost of goods sold b c Net income or (loss) from sales of inventory Miscellaneous Revenue Busn. Code 11a b С

►

►

2,377,334

1,737,619

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d All other revenue e Total. Add lines 11a–11d

12 Total revenue. See instructions.

Form 990 (2017) HARMONY DC PUBLIC CHARTER SCHOOLS Part IX Statement of Functional Expenses 46-5320551

	art IX Statement of Functional Expe	511363			
Sect	ion 501(c)(3) and 501(c)(4) organizations must comp			te column (A).	
 Do 1	Check if Schedule O contains a respons not include amounts reported on lines 6b,	(A)	(B)	(C)	
	Bb, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
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			states of an and a later of a later	
5	Compensation of current officers, directors,	245 260	200 107	45 172	
•	trustees, and key employees	245,369	200,197	45,172	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
7	persons described in section 4958(c)(3)(B) Other salaries and wages	889,687	874,785	14,902	
8	Pension plan accruals and contributions (include		0/1,/05	11,502	
0	section 401(k) and 403(b) employer contributions)	26,263	26,263		
9	Other employee benefits	70,292	70,292		
10	Payroll taxes	89,417	85,055	4,362	
11	Fees for services (non-employees):				
 a	Management				
b		3,178		3,178	
с	Accounting	77,126		77,126	
d					
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g					
	(A) amount, list line 11g expenses on Schedule O.)	13,189	12,661	528	
12	Advertising and promotion	11,946	11,946		
13	Office expenses	22,616	16,194	6,422	
14	Information technology				
15	Royalties				· · · · · · · · · · · · · · · · · · ·
16	Occupancy	434,057	416,695	17,362	
17	Travel				۱. ۱.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	10.077		10 000	
20	Interest	13,677		13,677	
21	Payments to affiliates	02 200	00 000	2 (01	
22	Depreciation, depletion, and amortization	92,300 16,872	<u>88,609</u> 16,197	<u>3,691</u> 675	· · · · · · · · · · · · · · · · · · ·
23		10,8/2		6/3	
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.) DIRECT STUDENT COSTS	178,513	178,513		de la desta de
a b	CONTRACTED INSTRUCTION	94,737	94,737		
b c	AUTHORIZER FEE	16,911	16,235	676	
d	OTHER PERSONNEL EXPENSES	14,867	14,272	595	
u e	All other expenses	8,105	8,105	000	
25	Total functional expenses. Add lines 1 through 24e	2,319,122	2,130,756	188,366	C
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 if				

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Page 10

Form 990 (2017) HARMONY DC PUBLIC CHARTER SCHOOLS 46-5320551

Page 11

Part X Balance Sheet

	ап х	Check if Schedule O contains a response or note to any line in this Part X	· · · · · · · · · · · · · · · · · · ·		
			(A) Beginning of year		(B) End of year
	1	Cash-non-interest bearing	202,324	1	367,729
	2	Savings and temporary cash investments	333	2	9,536
	3	Pledges and grants receivable, net	49,474	3	27,989
	4	Accounts receivable, net	12,523	4	8,807
	5	Loans and other receivables from current and former officers, directors,			
	1	trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L		5	
ſ	6	Loans and other receivables from other disqualified persons (as defined under section			
ſ		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
.		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
s		organizations (see instructions). Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
As		Inventories for sale or use		8	
-	9	Prepaid expenses and deferred charges	3,310	9	11,895
		Land, buildings, and equipment: cost or			the second subscription
		other basis. Complete Part VI of Schedule D 10a 403,051			
	Ь	Less: accumulated depreciation 10b 308,544	168,789	10c	94,507
	11	Investments—publicly traded securities		11	
	12	Investments-other securities. See Part IV, line 11	······································	12	
	13	Investments-program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
		Other assets. See Part IV, line 11	105,730	15	105,730
	16	Total assets. Add lines 1 through 15 (must equal line 34)	542,483	16	626,193
	17	Accounts payable and accrued expenses	105,872	17	129,408
		Grants payable		18	
	19	Deferred revenue	1,833	19	1,053
	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 current and former officers, directors,			
ties		trustees, key employees, highest compensated employees, and			
Liabilities		disqualified persons. Complete Part II of Schedule L		22	
Ľ	23	Secured mortgages and notes payable to unrelated third parties	198,210	23	211,580
		Unsecured notes and loans payable to unrelated third parties	1,359	24	
		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	60,583	25	51,314
	26	Total liabilities. Add lines 17 through 25	367,857	26	393,355
-		Organizations that follow SFAS 117 (ASC 958), check here X and			
sa		complete lines 27 through 29, and lines 33 and 34.		1	
ũ	27	Unrestricted net assets	174,626	27	232,838
3ala		Temporarily restricted net assets		28	
Fund Balances	-	Permanently restricted net assets		29	
<u> </u>		Organizations that do not follow SFAS 117 (ASC 958), check here ▶			
5		complete lines 30 through 34.			
Net Assets or	30	Capital stock or trust principal, or current funds		30	
Iss		Paid-in or capital surplus, or land, building, or equipment fund		31	
et /		Retained earnings, endowment, accumulated income, or other funds		32	
		Total net assets or fund balances	174,626	_	232,838
~	33				

Form 990 (2017)

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Form	990 (2017) HARMONY DC PUBLIC CHARTER SCHOOLS 46-5320551			Pa	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		 	<u></u>	
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,3	77,:	334
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,3	19,:	122
3	Revenue less expenses. Subtract line 2 from line 1	3		58,2	212
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1	74,	626
5	Net unrealized gains (losses) on investments	5			
-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 in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10	2	32,8	<u>838</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u> ,	 		
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		 2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		 2b	Х	
	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:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		 2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		 3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		 3b	·	
			For	m 990	(2017)

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	l Duk	lie Charity Status)hl	a Cumport	
SCHEDULE A (Form 990 or 990-EZ)	Put	olic Charity Status	s and r	u DI	ic Support	OMB No. 1545-0047
(,	Complete if the o	organization is a section 501(c)(3) organi				2017
Department of the Treasury Internal Revenue Service		Attach to Form 9				Open to Public
<u> </u>	► Go t	o www.irs.gov/Form990 for in	structions a	nd the		Inspection
Name of the organization	HARMONY DC I	UBLIC CHARTER S	CHOOLS		Employer identif	
Part I Reaso		Status (All organizations		plete		
The organization is not a	private foundation because	it is: (For lines 1 through 12, che	eck only one	box.)		
	ention of churches, or asso	ciation of churches described in	section 170)(b)(1)(A)(i).	
2 X A school descr	ibed in section 170(b)(1)(A)(ii). (Attach Schedule E (Form	990 or 990-E	Z).)		
3 A hospital or a	cooperative hospital servic	e organization described in sect	ion 170(b)(1)(A)(iii)	•	
4 A medical rese city, and state:	arch organization operated	in conjunction with a hospital de	scribed in se	ection	170(b)(1)(A)(iii). Enter the hosp	ital's name,
		a college or university owned or	operated by	a gove	ernmental unit described in	
·)(1)(A)(iv). (Complete Part or local government or go	II.) overnmental unit described in se	ction 170(b)	(1)(4)()	A	
F-1 '		ubstantial part of its support from				
<u> </u>	ection 170(b)(1)(A)(vi). (Co					
i i i i i i i i i i i i i i i i i i i		70(b)(1)(A)(vi). (Complete Part I ribed in section 170(b)(1)(A)(ix		ooniun	ation with a land grant collage	
-	•	f agriculture (see instructions). Er		-		
···· · · · · · · · · · ·	that normally receives: (1)	more than 33 1/3% of its suppo	ort from contri	butions	, membership fees, and gross	•••••••••••••••••••••••••••••••••••••••
•		ot functions-subject to certain ex	•	•••		
		d unrelated business taxable inco , 1975. See section 509(a)(2). (•		1 tax) from businesses	
	•	xclusively to test for public safety			a)(4)	
H Š	•	clusively for the benefit of, to pe				
		ations described in section 509(
Check the box	in lines 12a through 12d th	at describes the type of supporting	ng organizatio	on and	complete lines 12e, 12f, and 12g	j .
the suppor	ed organization(s) the powe	rated, supervised, or controlled b er to regularly appoint or elect a	majority of th	-		
	•	omplete Part IV, Sections A and			d annania-tian (a) bu bauina	
		pervised or controlled in connection ing organization vested in the same		•••		
		Part IV, Sections A and C.			0 1 1 1	
		upporting organization operated i ructions). You must complete F				
		. A supporting organization opera				
that is not	functionally integrated. The	organization generally must satis	sfy a distribut	ion req	uirement and an attentiveness	
	, ,	iust complete Part IV, Sections ived a written determination from				
functionally	integrated, or Type III nor	-functionally integrated supportin			, , , , , , , , , , , , , , , , , , ,	
	er of supported organization	ns e supported organization(s).				
g Provide the foll (i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	nization	(v) Amount of monetary	(vi) Amount of
organization		(described on lines 1-10	listed in your go		support (see	other support (see
		above (see instructions))	document		instructions)	instructions)
(A)			Yes	No		-
(A)						
(B)	,					
(C)						
(D)						
(E)						
Total						

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

Schedule A (Form 990 or 990-EZ) 2017

Schedule A (Form 990 or 990-EZ) 2017 HARMONY DC PUBLIC CHARTER SCHOOLS 46-5320551 Page 2 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 the tests listed below, please complete Part III.) Page 2 Section A. Public Support Section A. Public Support Section A. Public Support

000	Non A. Fublic Support						
Cale	ndar year (or fiscal year beginning in) 🕨 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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						
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)						
6	Public support. Subtract line 5 from line 4.				- Although a P	THE DEPENDENCE	
Sec	tion B. Total Support	· · · · · · · · · · · · · · · · · · ·					
Cale	ndar year (or fiscal year beginning in) 🕨 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
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.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (see instructions)				- 12	
13	First five years. If the Form 990 is for the	organization's first,	second, third, fourt	n, or fifth tax year a	as a section 501(c)(3	3)	
	organization, check this box and stop here						
Sec	tion C. Computation of Public Su						
14	Public support percentage for 2017 (line 6, e	column (f) divided b	oy line 11, column ((f))			%
15	Public support percentage from 2016 Sched	lule A, Part II, line	14			15	%
16a	33 1/3% support test-2017. If the organiz						. —
	box and stop here. The organization qualifi	es as a publicly su	pported organizatio	n			トレ
D	33 1/3% support test—2016. If the organiz				is 33 1/3% or more,	check	۲
170	this box and stop here . The organization qu		•				🏲 凵
17a	10%-facts-and-circumstances test-201	•		, , ,			
	10% or more, and if the organization meets Part VI how the organization meets the "fact organization	ts-and-circumstanc	es" test. The organ	ization qualifies as	a publicly supporte	d	
b	10%-facts-and-circumstances test—201	6. If the organization	n did not check a h	ox on line 13, 165	16b or 17a and lin		
-	15 is 10% or more, and if the organization r						
	Explain in Part VI how the organization mee				•.	V	
	· · ·			•	• • •	•	
18	supported organization Private foundation. If the organization did instructions	not check a box on	line 13, 16a, 16b,	17a, or 17b, check	this box and see		• □
	Instructions						
						Schedule A (Form 99	JU or 990-EZ) 2017

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Scheo	dule A (Form 990 or 990-EZ) 2017 HAI	RMONY DC H	UBLIC CHA	RTER SCHO	OOLS 46	-5320551	Page 3
	art III Support Schedule for C						
	(Complete only if you che	cked the box or	n line 10 of Par	t I or if the org	anization failed	to qualify under I	Part II.
	If the organization fails to	qualify under th	ne tests listed b	elow, please c	omplete Part II.)	
	tion A. Public Support	T		· · · · · · · · · · · · · · · · · · ·	r		· · · · · · · · · · · · · · · · · · ·
Calen	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") \ldots						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						· · · · · · · · · · · · · · · · · · ·
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						<u> </u>
5	The value of services or facilities fumished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
8	Add lines 7a and 7b Public support. (Subtract line 7c from line 6.)						
	tion B. Total Support						
Calen	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b						·
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12)						
14	and 12.) First five years. If the Form 990 is for the	-					·
	organization, check this box and stop here			<u></u>	<u></u>	<u></u>	🕨 📘
	tion C. Computation of Public S						
15	Public support percentage for 2017 (line 8,						<u>%</u>
<u>16</u>	Public support percentage from 2016 Sche			<u></u>	<u></u>		%_
	tion D. Computation of Investme						
17	Investment income percentage for 2017 (li		P				<u>%</u> %
18 10-	Investment income percentage from 2016				oro than 22 1/2%		<u> </u>
19a	33 1/3% support tests—2017. If the orgative 17 is not more than 33 1/3%, check this bo						
b	33 1/3% support tests—2016. If the orga		÷ .				······ ► ∟
	line 18 is not more than 33 1/3%, check the						▶□
20	Private foundation. If the organization did						

 Ine 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

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Schedule A (Form 990 or 990-EZ) 2017

		-5320551		Pag
Par	t IV Supporting Organizations	amplete Section	~ ^	
	(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, o			
	and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of			
	Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and co	mplete Part V.)		
ecti	on A. All Supporting Organizations			
			Yes	N
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? 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.			190365
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	(b) and (c) below.	<u>3a</u>		
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)? If "Yes," describe in Part VI when and how the			
	organization made the determination.	3b		1
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
~	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations.	4b		
с	Did the organization support any foreign supported organization that does not have an IRS determination			
U	under sections 501(c)(3) and 509(a)(1) or (2)? 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)	40		
	purposes.			
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer (b) and (c) 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			l
£	was accomplished (such as by amendment to the organizing document).	<u>5a</u>		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already			l
	designated in the organization's organizing document?	5b	-	
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	_5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited			
	by one or more of its supported organizations, or (iii) other supporting organizations that also support or			
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
	(defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with			
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
-	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		T.
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described			
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which			
IJ	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
~				
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit			
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	90		
0a	Was the organization subject to the excess business holdings rules of section 4943 because of section			
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer 10b below.	<u>10a</u>		-
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			
	determine whether the organization had excess business holdings.)	10b) or 990	

10b Schedule A (Form 990 or 990-EZ) 2017

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Schedu	Ile A (Form 990 or 990-EZ) 2017 HARMONY DC PUBLIC CHARTER SCHOOLS 46-5320	551		Page 5
	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Secti	ion B. Type I Supporting Organizations	,		
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	ion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			4
0	the supported organization(s).	1		
Sect	ion D. All Type III Supporting Organizations		Vaa	No
	Dit is the second of the summerical experiencies by the lead day of the fifth month of the		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	-		
-	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	2		
-	the organization maintained a close and continuous working relationship with the supported organization(s).			
3	By reason of the relationship described in (2), 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? If "Yes," describe in Part VI the role the organization's	3		
Socti	supported organizations played in this regard. ion E. Type III Functionally-Integrated Supporting Organizations	3		
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
1	The organization satisfied the Activities Test. Complete line 2 below.			
a h	The organization studied the Activities Test. Complete time 2 below.			
b	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruct	tions)		
C	The organization supported a governmental entity. Describe in Part VI now you supported a government entity (see mouto	10110).		
2	Activities Test Answer (a) and (b) below		Yes	No
	Activities Test. Answer (a) and (b) below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
а	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify		[
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b				
-	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			

3 Parent of Supported Organizations. Answer (a) and (b) below.

activities but for the organization's involvement.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*

reasons for the organization's position that its supported organization(s) would have engaged in these

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*

3b Schedule A (Form 990 or 990-EZ) 2017

2b

3a

art V Type III Non-Functionally Integrated 509(a)(3) Supporting			·
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on			
instructions. All other Type III non-functionally integrated supporting organizations n	nust complete :	Sections A through E.	
ection 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		
ection 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 1-1/2% 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 .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
ection C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 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		

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2017

Part V				
	D - Distributions			Current Year
	nounts paid to supported organizations to accomplish exempt purposes			
	nounts paid to perform activity that directly furthers exempt purposes of	f supported		
	ganizations, in excess of income from activity		· · · · · · · · · · · · · · · · · · ·	
	Iministrative expenses paid to accomplish exempt purposes of supported	ed organizations		
	nounts paid to acquire exempt-use assets			
	ualified set-aside amounts (prior IRS approval required)			· · · · ·
	her distributions (describe in Part VI). See instructions.	·		· · · · · · · · · · · · · · · · · · ·
	tal annual distributions. Add lines 1 through 6.			,
	stributions to attentive supported organizations to which the organizatio	n is responsive		
	ovide details in Part VI). See instructions.			
9 Dis	stributable amount for 2017 from Section C, line 6			
0 Lin	ne 8 amount divided by line 9 amount	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·
·	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Dis	stributable amount for 2017 from Section C, line 6			
2 Un	nderdistributions, if any, for years prior to 2017			
(rea	easonable cause required-explain in Part VI). See			
	structions.			
3 Exc	cess distributions carryover, if any, to 2017:			
а				
b Fro	om 2013			
c Fro	om 2014			
d Fro	om 2015			
e Fro	om 2016			
f To	otal of lines 3a through e			
g Ap	plied to underdistributions of prior years			
h Ap	plied to 2017 distributable amount			
i Ca	arryover from 2012 not applied (see instructions)			
j Re	emainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Dis	stributions for 2017 from			
Se	ection D, line 7: \$			
a Ap	pplied to underdistributions of prior years			
b Ap	pplied to 2017 distributable amount			
c Re	emainder. Subtract lines 4a and 4b from 4.			
5 Re	emaining underdistributions for years prior to 2017, if			
any	y. Subtract lines 3g and 4a from line 2. For result			
gre	eater than zero, explain in Part VI. See instructions.			
	emaining underdistributions for 2017. Subtract lines 3h			
	d 4b from line 1. For result greater than zero, explain in			
	art VI. See instructions.			
	ccess distributions carryover to 2018. Add lines 3j			
	d 4c.			
	eakdown of line 7:			
	ccess from 2013			
-	ccess from 2014			
	ccess from 2015			
	xcess from 2016			
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Schedule A (Form 990 or 990-EZ) 2017

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Schedule A (For Part VI	m 990 or 990-EZ) 2017 HARM Supplemental Information III, line 12; Part IV, Section A	IONY DC PUBLI Provide the explanation of the exp	nations required I	by Part II, line 10	46-5320551 Part II, line 17a or	Page 8_ 17b; Part Section
	B, lines 1 and 2; Part IV, Section 3a and 3b; Part V, line 1; Pa lines 2, 5, and 6. Also comp	ection C, line 1; Part art V, Section B, line	IV, Section D, li 1e; Part V, Sec	nes 2 and 3; Part tion D, lines 5, 6,	IV, Section E, lines and 8; and Part V,	1c, 2a, 2b,
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Schedule A (Form 990 or 990-EZ) 2017

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Schedule B

(Form 990, 990-EZ,
or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

►	Attach	to	Form	990,	Form	990-EZ,	or Fo	rm 990-PF.	
► G	o to ww	vw.	irs.go	v/For	m990	for the	latest	information	۱.

Name of the organization

Employer	identification	numbe

HARMONY DC PUE	BLIC CHARTER SCHOOLS	46-5320551
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

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

Special Rules

 For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3% support test of the
regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line
13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1)
\$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

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

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

\$

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	organization ONY DC PUBLIC CHARTER SCHOOLS		ployer identification number 5-5320551	
Part I	0.085			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
1	OFFICE OF STATE SUPERINTENDENT FOR EDUCATION 810 1ST STREET, NE, 9TH FLOOR WASHINGTON DC 20002	\$ 139,387	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
2	CHARTER SCHOOL SOLUTIONS 9555 W SAM HOUSTON PKWY #200 HOUSTON TX 77099	\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
3	JULIET P. SQUIRE 2800 WOODLEY ROAD NW WASHINGTON DC 20008	\$ 8,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)	

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

(Foi	HEDULE D rm 990)	Financial Statements ation answered "Yes" on Form 990, a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.	OMB No. 1545-0047 2017 Open to Publ		
	ment of the Treasury I Revenue Service		ch to Form 990. or instructions and the latest informatio	n	Open to Public Inspection
	of the organization				entification number
					T = -2
H		JBLIC CHARTER SCHOOLS			20551
Pa	Irt I Organizat	tions Maintaining Donor Advised Fund	is or Other Similar Funds or A	counts.	
	Complete	if the organization answered "Yes" on Fe			
			(a) Donor advised funds	(b)	Funds and other accounts
1	Total number at end of	year			
2	Aggregate value of cor	ntributions to (during year)			· · · · · · · · · · · · · · · · · · ·
3		ints from (during year)			
4 5		d of year form all donors and donor advisors in writing that th			
5	-	tion's property, subject to the organization's exclusion			
6		form all grantees, donors, and donor advisors in wri			
•	•	oses and not for the benefit of the donor or donor a	• •		
		le private benefit?			
Pa	rt II Conserva	ation Easements.			
	Complete	if the organization answered "Yes" on Fe	orm 990, Part IV, line 7.		
1	Purpose(s) of conserva	ation easements held by the organization (check all	that apply).		
	Preservation of lan	d for public use (e.g., recreation or education)	Preservation of a historically import		rea
	Protection of natura		Preservation of a certified historic	structure	
-	Preservation of ope	•			
2	Complete lines 2a throu easement on the last da	ugh 2d if the organization held a qualified conserva-	tion contribution in the form of a conservati	2001 (St. 2005)	laid of the Field of the Ten Vere
					leld at the End of the Tax Year
-		rvation easements			
b	Number of conservation	d by conservation easementsn easements on a certified historic structure include	ud in (a)	20	
d		n easements included in (c) acquired after 7/25/06,			
-		in the Matienal Deviator		2d	
3		n easements modified, transferred, released, exting			
	tax year ►				
4	Number of states when	re property subject to conservation easement is local	ated ►		
5	-	have a written policy regarding the periodic monitor			
		ment of the conservation easements it holds? \ldots			
6	Staff and volunteer hou	urs devoted to monitoring, inspecting, handling of vi	olations, and enforcing conservation easen	nents during	g the year
_	•				
7	► ¢	ncurred in monitoring, inspecting, handling of violation	ons, and enforcing conservation easements	during the	year
8		n easement reported on line 2(d) above satisfy the	requirements of section 170/b)(4)(B)(i)		
Ū		B)(ii)?			☐ Yes ☐ No
9		ow the organization reports conservation easements			
		lude, if applicable, the text of the footnote to the org			
		ng for conservation easements.			
Pa		tions Maintaining Collections of Art, H if the organization answered "Yes" on Fo		imilar As	ssets.
- 1a	If the organization elect	ted, as permitted under SFAS 116 (ASC 958), not t	o report in its revenue statement and balar	ice sheet	
	works of art, historical t	treasures, or other similar assets held for public ext	nibition, education, or research in furtherand	ce of	
	public service, provide,	in Part XIII, the text of the footnote to its financial s	statements that describes these items.		
b	If the organization elect	ted, as permitted under SFAS 116 (ASC 958), to re	port in its revenue statement and balance	sheet	
	works of art, historical t	treasures, or other similar assets held for public ext	nibition, education, or research in furtherand	ce of	
	•	the following amounts relating to these items:			
		on Form 990, Part VIII, line 1			\$
	(ii) Assets included in	Form 990, Part X		🕨	\$
2		ived or held works of art, historical treasures, or oth		the	
		ired to be reported under SFAS 116 (ASC 958) relations 000, Det VIII, line 4	-		•
a	Revenue included on F	orm 990, Part VIII, line 1			\$
	Assets included in Form	n 990, Part X		🕨	Φ

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

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Sche	dule D (Form 990) 2017 HARMONY	DC PUBLIC	CHARTER	SCHOOLS	46-532055	1	Page 2
Pa	rt III Organizations Maintainin	g Collections of	Art, Histori	cal Treasures,	or Other Simila	r Assets	(continued)
3	Using the organization's acquisition, accessic collection items (check all that apply):	on, and other records,	check any of the	ne following that are	a significant use of it	s	
а	Public exhibition	d 🗌	Loan or excha	nge programs			
b	Scholarly research	e 🗖		• • •			
с	Preservation for future generations				· · · · · · · · · · · · · · · · · · ·		
4	Provide a description of the organization's c	ollections and explain	how they furthe	r the organization's	exempt purpose in Pa	art	
	XIII.	· ·		-			
5	During the year, did the organization solicit	or receive donations of	f art, historical t	reasures, or other s	imilar		
	assets to be sold to raise funds rather than	to be maintained as pa	art of the organi	zation's collection?			Yes No
Pa	rt IV Escrow and Custodial A						
	Complete if the organization	on answered "Yes'	on Form 99	90, Part IV, line	9, or reported an	amount o	on Form
	990, Part X, line 21.						
1a	Is the organization an agent, trustee, custod	lian or other intermedia	ary for contributi	ons or other assets	not		
	included on Form 990, Part X?						Yes No
b	If "Yes," explain the arrangement in Part XII	and complete the foll	owing table:		-		
					L		Amount
	Beginning balance					1c	
d	Additions during the year					1d	
е	Distributions during the year					1e	
f	Ending balance				· · · · · · · · · · · · · · · · · · ·	1f	
	Did the organization include an amount on F						
	If "Yes," explain the arrangement in Part XIII	. Check here if the exp	planation has be	en provided on Par	t XIII	<u></u>	
Pa	rt V Endowment Funds.				10		
	Complete if the organization						
		(a) Current year	(b) Prior ye	ear (c) Two	years back (d) Thre	e years back	(e) Four years back
	Beginning of year balance						
	Contributions						
С	Net investment earnings, gains, and						
	losses						
	Grants or scholarships	· · · · · · · · · · · · · · · · · · ·					
е	Other expenditures for facilities and						
	programs						
	Administrative expenses						
g	End of year balance	L			······································		
2	Provide the estimated percentage of the cur		(line 1g, columi	n (a)) neid as:			
	Board designated or quasi-endowment						
	Permanent endowment ► % Temporarily restricted endowment ►	0/					
C	The percentages on lines 2a, 2b, and 2c sho						
20	Are there endowment funds not in the posse	•	ion that are hold	and administored	for the		
Ja	organization by:			and administered			Yes No
	• •						3a(i)
	(i) unrelated organizations(ii) related organizations						2
ь	If "Yes" on line 3a(ii), are the related organiz	ations listed as require					
4	Describe in Part XIII the intended uses of th						
Pa	rt VI Land, Buildings, and Equ						
1015.077	Complete if the organizatio		on Form 99	0. Part IV. line	11a. See Form 9	90. Part)	(, line 10,
	Description of property	(a) Cost or other) Cost or other basis	(c) Accumulated	T	(d) Book value
		(investment)		(other)	depreciation		
1a	Land						
b	Buildings						
	Leasehold improvements			121,569	94,	331	27,238
	Equipment			281,482			67,269
	Other						
	. Add lines 1a through 1e. (Column (d) must		X, column (B). I	ine 10c.)			94,507

Schedule D (Form 990) 2017

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C	vestments—Other Securities.			
0	omplete if the organization answered "Yes" on I	Form 990, Part IV, line	11b. See Form 990, Part X, line	e 12.
	(a) Description of security or category	(b) Book value	(c) Method of valuation:	
	(including name of security)		Cost or end-of-year market value	
(1) Financial deriv	atives			· · · · · · · · · · · · · · · · · · ·
(2) Closely-held ed				
(3) Other				
(A)			· · · · · · · · · · · · · · · · · · ·	
(B)				
(C)	· · · · · · · · · · · · · · · · · · ·			
(D)			·	
(E)				
(F)				
• • • • • • • • • • • • • • • • • • • •				
(H)				
• • • • • • • • • • • • • • • • • • • •	must equal Form 990, Part X, col. (B) line 12.) ▶		~	
	vestments—Program Related.			
	omplete if the organization answered "Yes" on I	Form 990, Part IV, line	11c. See Form 990, Part X, line	e 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)				
<u>(9)</u>	must equal Form 990, Part X, col. (B) line 13.) ▶			
C	ther Assets. omplete if the organization answered "Yes" on I (a) Description			Book value
C (1)	omplete if the organization answered "Yes" on l (a) Description RENTAL SECURITY DEPOSIT			Book value
	omplete if the organization answered "Yes" on I (a) Description			Book value
(1)	omplete if the organization answered "Yes" on l (a) Description RENTAL SECURITY DEPOSIT			Book value
(1) (2)	omplete if the organization answered "Yes" on l (a) Description RENTAL SECURITY DEPOSIT			Book value
(1) (2) (3)	omplete if the organization answered "Yes" on l (a) Description RENTAL SECURITY DEPOSIT			Book value
(1) (2) (3) (4)	omplete if the organization answered "Yes" on l (a) Description RENTAL SECURITY DEPOSIT			Book value
(1) (2) (3) (4) (5) (6)	omplete if the organization answered "Yes" on l (a) Description RENTAL SECURITY DEPOSIT			Book value
(1) (2) (3) (4) (5)	omplete if the organization answered "Yes" on l (a) Description RENTAL SECURITY DEPOSIT			
(1) (2) (3) (4) (5) (6) (7) (8)	omplete if the organization answered "Yes" on l (a) Description RENTAL SECURITY DEPOSIT			Book value 100,000 5,730
(1) (2) (3) (4) (5) (6) (7) (8) (9)	omplete if the organization answered "Yes" on l (a) Description RENTAL SECURITY DEPOSIT			Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) Part X O	omplete if the organization answered "Yes" on l (a) Description RENTAL SECURITY DEPOSIT OTHER DEPOSITS must equal Form 990, Part X, col. (B) line 15.) ther Liabilities.		(b)	Book value 100,000 5,730 105,730
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) Part X O	omplete if the organization answered "Yes" on l (a) Description RENTAL SECURITY DEPOSIT OTHER DEPOSITS must equal Form 990, Part X, col. (B) line 15.) ther Liabilities.		(b)	Book value 100,000 5,730 105,730
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) Part X O C	omplete if the organization answered "Yes" on l (a) Description RENTAL SECURITY DEPOSIT OTHER DEPOSITS must equal Form 990, Part X, col. (B) line 15.)		(b)	Book value 100,000 5,730 105,730
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(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) Part X O C lir 1.	omplete if the organization answered "Yes" on l (a) Description RENTAL SECURITY DEPOSIT OTHER DEPOSITS must equal Form 990, Part X, col. (B) line 15.) ther Liabilities. omplete if the organization answered "Yes" on log 25. (a) Description of liability	Form 990, Part IV, line	(b)	Book value 100,000 5,730 105,730
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) Part X O C lir 1. (1) Federal incor	omplete if the organization answered "Yes" on l (a) Description RENTAL SECURITY DEPOSIT OTHER DEPOSITS must equal Form 990, Part X, col. (B) line 15.) ther Liabilities. omplete if the organization answered "Yes" on loe 25. (a) Description of liability me taxes	Form 990, Part IV, line	(b)	Book value 100,000 5,730 105,730
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) Part X O C lir 1. (1) Federal incor (2) PAYABLE	omplete if the organization answered "Yes" on l (a) Description RENTAL SECURITY DEPOSIT OTHER DEPOSITS must equal Form 990, Part X, col. (B) line 15.) ther Liabilities. omplete if the organization answered "Yes" on l the 25. (a) Description of liability me taxes TO RELATED PARTY	Form 990, Part IV, line (b) Book value 32,209	(b)	Book value 100,000 5,730 105,730
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(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) Part X O C lir 1. (1) Federal inco (2) PAYABLE (3) DEFERREI (4) (5)	omplete if the organization answered "Yes" on l (a) Description RENTAL SECURITY DEPOSIT OTHER DEPOSITS must equal Form 990, Part X, col. (B) line 15.) ther Liabilities. omplete if the organization answered "Yes" on l the 25. (a) Description of liability me taxes TO RELATED PARTY	Form 990, Part IV, line (b) Book value 32,209	(b)	Book value 100,000 5,730 105,730
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 Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►
 51,314

 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2017

X

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Schedule D (Form 990) 2017 HARMONY DC PUBLIC CHARTER S Part XI Reconciliation of Revenue per Audited Financial State			Page 4
Complete if the organization answered "Yes" on Form 990			
1 Total revenue, gains, and other support per audited financial statements			2,425,542
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a Net unrealized gains (losses) on investments	2a		
		48,208	
b Donated services and use of facilities	·····		
c Recoveries of prior year grants			
d Other (Describe in Part XIII.)		2e	48,208
e Add lines 2a through 2d			2,377,334
3 Subtract line 2e from line 1		·····	2,511,554
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a Investment expenses not included on Form 990, Part VIII, line 7b			
b Other (Describe in Part XIII.)			
c Add lines 4a and 4b			2,377,334
5 Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>)		•••••	
Part XII Reconciliation of Expenses per Audited Financial Sta			11.
Complete if the organization answered "Yes" on Form 990			2,367,330
1 Total expenses and losses per audited financial statements			2,307,330
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		48,208	
a Donated services and use of facilities		40,200	
b Prior year adjustments			
c Other losses			
d Other (Describe in Part XIII.)			48,208
e Add lines 2a through 2d			2,319,122
3 Subtract line 2e from line 1	·····		2,319,122
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a Investment expenses not included on Form 990, Part VIII, line 7b			
b Other (Describe in Part XIII.)	4b		
c Add lines 4a and 4b			
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	· · . · · · · · · · · · · · · · · · · ·		2,319,122
Part XIII Supplemental Information.			
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part	IV, lines 1b and 2b	; Part V, line 4; Part X, line	
2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provid	de any additional in	formation.	
PART X - FIN 48 FOOTNOTE			
ACCOUNTING PRINCIPLES GENERALLY ACCEPTED I	IN THE UN	ITED STATES OF	F AMERICA
PROVIDE CONSISTENT GUIDANCE FOR THE ACCOUNT	NTING FOR	UNCERTAINTY]	IN INCOME
			-
TAXES RECOGNIZED IN THE CHARTER SCHOOL'S	FINANCIAL	STATEMENTS AN	ND PRESCRIBE
A THRESHOLD OF "MORE LIKELY THAN NOT" FOR	RECOGNIT	ION OF TAX POS	SITIONS
TAKEN OR EXPECTED TO BE TAKEN IN A TAX RE	TURN. THI	E HARMONY DC]	PUBLIC
CHARTER SCHOOLS PERFORMED AN EVALUATION OF	UNCERTA	IN TAX POSITIO	ONS FOR THE
			•••••••••••••••••••••••••••••••••••••••
YEAR ENDED JUNE 30, 2018 AND DETERMINED TH	HAT THERE	WERE NO MATTI	ERS THAT
·			
WOULD REQUIRE RECOGNITION IN THE FINANCIAL	STATEMEN	ITS OR THAT MA	AY HAVE ANY
· · · · · · · · · · · · · · · · · · ·			
EFFECT ON ITS TAX-EXEMPT STATUS. AS OF JU	UNE 30, 2	018, THE STATU	JTE OF
		····· <i>f</i> ·······························	
LIMITATIONS FOR TAX YEARS 2014 THROUGH 201	16 REMAINS	S OPEN WITH TH	EU.S.

FEDERAL JURISDICTION OR THE VARIOUS STATES AND LOCAL JURISDICTIONS IN WHICH

Schedule D (Form 990) 2017

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Schedule D (Form 990) 201 Part XIII Supplen	17 HARMONY DC P nental Information (cont		R SCHOOLS	46-5320551	Page 5
THE CHARTER	SCHOOL FILES TA	X RETURNS.	IT IS THE CH	HARTER SCHOOL'S F	OLICY TO
RECOGNIZE IN	TEREST AND/OR P	ENALTIES REL	ATED TO UNCE	RTAIN TAX POSITI	ONS, IF
ANY, IN INCO	ME TAX EXPENSE.	AS OF JUNE	: 30, 2018, 1	THE CHARTER SCHOO	l had no
ACCRUALS FOR	INTEREST AND/O	R PENALTIES.			
•					
		••••••	••••••	······	
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				~	

Schedule D (Form 990) 2017

SCL	IEDULE E	Schools		OMB No	. 1545-0	047				
	Form 990 or 990-EZ) Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.									
•		Part IV, line 13, or Form 990-EZ, Part VI, line ► Attach to Form 990 or Form 990-EZ.	48.	Open to Pub Inspection						
Interna	Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form990 for the latest information. Name of the organization Employer identification HARMONY DC PUBLIC CHARTER SCHOOLS 46-53205									
Name										
Pa	urt I									
-	<u></u>				YES	NO				
1	Does the organiza bylaws, other gove	tion have a racially nondiscriminatory policy toward students by statement in its c ming instrument, or in a resolution of its governing body?	harter,	1	x					
2	Does the organiza brochures, catalog programs, and sc	tion include a statement of its racially nondiscriminatory policy toward students in ues, and other written communications with the public dealing with student admi- nolarships?	ssions,	2	x					
3	during the period of in a way that make describe. If "No," p	on publicized its racially nondiscriminatory policy through newspaper or broadcas of solicitation for students, or during the registration period if it has no solicitation is the policy known to all parts of the general community it serves? If "Yes," pleas lease explain. If you need more space, use Part II DL IS A PUBLIC CHARTER SCHOOL AND IS OP	program, e	3	X					
	CONTRACT NOT APPLY		DURE 75-50 DOES NATORY POLICY I DN AND OUR	S						
4		tion maintain the following?								
а		the racial composition of the student body, faculty, and administrative staff?		4a	x					
b	nondiscriminatory			4b	x					
C	Copies of all catal with student admit	ogues, brochures, announcements, and other written communications to the publisions, programs, and scholarships?	ic dealing	4c	x					
d	Copies of all mate	rial used by the organization or on its behalf to solicit contributions?		4d	X					
-	•	lo" to any of the above, please explain. If you need more space, use Part II.								
-5	•	tion discriminate by race in any way with respect to:		_		v				
а	Students' rights or	privileges?		<u>5a</u>		X				
b	Admissions policie	ıs?		5b		x				
c	Employment of fa	culty or administrative staff?		<u>5c</u>		X				
d	Scholarships or o	her financial assistance?		5d		x				
ų										
е	Educational polici	as?		<u>5e</u>		X				
	Line of facilition?			5f		x				
f	Use of facilities?					<u> </u>				
g	Athletic programs	, 		5g		X				
h	Other extracurricu	ar activities?		5h		x				
		ar activities? 'es" to any of the above, please explain. If you need more space, use Part II.		····· •••		<u> </u>				
	-									
				1.251						
	·	. بر . 								
6a		tion receive any financial aid or assistance from a governmental agency?			X	x				
b		on's right to such aid ever been revoked or suspended?		<u>6b</u>		├ ^				
7	Does the organiza	'es" on either line 6a or line 6b, explain on Part II. tion certify that it has complied with the applicable requirements of sections 4.01	through							
	4.05 of Rev. Proc.	75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Pa	rt II	7	X					

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

Schedule E (Form 990 or 990-EZ) 2017

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Schedule E (Form 990 or 990-EZ) 2017 HARMONY DC PUBLIC CHARTER SCHOOLS 46-5320551 Page 2
Part II Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also provide any other additional information. See instructions.
SCH E - FINANCIAL AID OR GOVERNMENT ASSISTANCE EXPLANATION
THE CHARTER SCHOOL RECEIVES PUBLIC FUNDS FROM THE DC GOVERNMENT BASED ON
THE NUMBER OF STUDENTS THEY ENROLL ACCORDING TO THE UNIFORM PER STUDENT
FUNDING FORMULA DEVELOPED BY THE MAYOR AND CITY COUNCIL. THIS PER PUPIL
ALLOCATION IS SUPPLEMENTED WITH EXTRA FUNDS FOR STUDENTS WITH SPECIAL
NEEDS.
THE CHARTER SCHOOL ALSO RECEIVES GOVERNMENTAL ASSISTANCE IN THE FORM OF
YEARLY GOVERNMENTAL GRANTS. MOST FUNDS ARE RECEIVED FROM THE U.S.
DEPARTMENT OF EDUCATION PASSED THROUGH THE OFFICE OF THE STATE
SUPERINTENDENT OF EDUCATION IN THE DISTRICT OF COLUMBIA.
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SCHEDULE O

(Form 990 or 990-EZ)

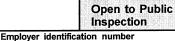
Department of the Treasury

Name of the organization

Internal Revenue Service

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

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



OMB No. 1545-0047

2017

HARMONY DC PUBLIC CHARTER SCHOOLS

46-5320551

FORM 990 - ORGANIZATION'S MISSION

THE MISSION OF THE CHARTER SCHOOL IS TO PREPARE STUDENTS FOR HIGHER LEARNING IN A SAFE, CARING, AND COLLABORATIVE ATMOSPHERE THROUGH A QUALITY LEARNER-CENTERED EDUCATIONAL PROGRAM WITH A STRONG EMPHASIS ON SCIENCE, TECHNOLOGY, ENGINEERING, AND MATHEMATICS.

FORM 990, PART III, LINE 4A - FIRST ACCOMPLISHMENT

* PROJECT BASED LEARNING PROGRAM (PBL): HARMONY PROVIDES CURRICULUM, INSTRUCTIONAL RESOURCES, AND PBL TRAINING TO THE TEACHERS. INSTRUCTIONAL ADMINISTRATORS AND STEM COORDINATOR SUPPORT TEACHERS ON SITE TO ASSIST THE IMPLEMENTATION OF PBL.

* PROFESSIONAL DEVELOPMENT: HARMONY BELIEVES THAT CONTENT-FOCUSED PROFESSIONAL DEVELOPMENT IS A CRITICAL NEED TO ENSURE THE QUALITY OF TEACHING SCIENCE AND MATHEMATICS. OUR STEM TRAINING MODEL HAS TWO MAJOR COMPONENTS; THE MASTERY OF CONTENT KNOWLEDGE AND DELIVERY OF THE CONTENT WITH EFFECTIVE INSTRUCTIONAL PRACTICES.

* STEM CULTURE: THE DEPARTMENT ALSO PROVIDES STRATEGIES AND RESOURCES FOR SCHOOLS TO BUILD STEM SCHOOL ATMOSPHERE CONNECTING THE STUDENTS TO HIGHER EDUCATION. WE DESIGN A VARIETY OF OPPORTUNITIES FOR STUDENTS TO TAKE STEM EDUCATION "BEYOND THE CLASSROOM" AND SEE HOW TODAY'S INSTRUCTION CONNECTS TO CAREER AND LIFELONG LEARNING.

APPROACH

Schedule O (Form 990 or 990-EZ) (2017)	Page 2
Name of the organization	Employer identification number
HARMONY DC PUBLIC CHARTER SCHOOLS	46-5320551

WE ARE KNOWN FOR OUR PROJECT-BASED, HANDS-ON APPROACH TO LEARNING. OUR APPROACH IS BORN OUT OF THE BELIEF THAT KIDS LEARN BEST BY EXPLORING, DISCOVERING, AND COLLABORATING IN CAREFULLY MATCHED SMALL GROUPS. THIS IS EQUALLY TRUE IN SCIENCE AND MATH AS IT IS IN ENGLISH LITERATURE OR ART.

THIS CONSTRUCTIVIST APPROACH IS A LOT LIKE TINKERING. IT ENCOURAGES STUDENTS TO DRAW CONNECTIONS BETWEEN DISCIPLINES AND BUILD ON THEIR PREVIOUS EXPERIENCE. IT GIVES THEM THE TIME AND SPACE TO TEST THEIR IDEAS AND TO FIGURE OUT HOW THINGS IN THE WORLD WORK. IT SHOWS THEM THAT YOU HAVE TO FAIL A LOT IN ORDER TO LEARN AND THAT FAILURE IS AT THE HEART OF INNOVATION AND INVENTION. THIS IS THE WAY 21ST CENTURY SKILLS ARE BUILT.

WE BELIEVE THAT OUR SMALL CLASSROOMS AND COLLABORATIVE LEARNING STYLE CREATE AN INVITING, SAFE, AND PURPOSEFUL ENVIRONMENT WHERE STUDENTS THRIVE. WALK INTO ANY CLASSROOM AND YOU WILL SEE CHILDREN PEACEFULLY SOLVING THEIR CONFLICTS WITH THE LOVING SUPPORT OF OUR DEDICATED TEACHERS. OUR BEHAVIORAL EXPECTATIONS ARE CLEAR AND OUR STUDENTS HAPPILY RISE TO MEET THEM. HARMONY'S FRIENDLY AND RESPECTFUL ATMOSPHERE IS CONTAGIOUS AND CARRIES ON WELL AFTER SCHOOL IS OVER.

SCHOOL HAS AN EXTENDED DAY MODEL. STUDENTS RECEIVE EXTRA 5 HOURS OF MATH AND ELA INSTRUCTION WEEKLY. TEACHERS ARE ABLE TO DELIVER DATA-DRIVEN, INDIVIDUALIZED, CENTER-BASED INSTRUCTION. MATH AND READING INTERVENTIONISTS ARE ABLE TO MEET ACADEMICALLY STRUGGLING STUDENTS TWICE A WEEK IN SMALL GROUPS OR ONE-ON-ONE TO GIVE INTENSIVE ACADEMIC SUPPORT TO THE STUDENTS.

PAGE 1 OF 5

Schedule O (Form 990 or 990-EZ) (2017)

Page **2** Schedule O (Form 990 or 990-EZ) (2017) Employer identification number Name of the organization 46-5320551 HARMONY DC PUBLIC CHARTER SCHOOLS ASSESSMENT WE USE AMPLIFY'S DIBELS NEXT AND READING 3D, NWEA'S MAP, ACHIEVEMENT NETWORK (ANET), AND I-READY ASSESSMENTS TO MEASURE STUDENT GROWTH AND GRADE-LEVEL PROFICIENCY IN MATH, READING, AND LANGUAGE USAGE, TAKING A BASELINE AT THE BEGINNING OF THE YEAR AND ONE AT MID-TERMS. PROGRESS MONITORING ASSESSMENTS ARE USED ONCE A MONTH TO TRACK STUDENT ACHIEVEMENT THE RESULTING DATA GIVES OUR TEACHERS ESSENTIAL INFORMATION MORE CLOSELY. ABOUT WHAT EACH STUDENT KNOWS SO THAT THEY CAN CREATE TUTORING ROSTERS, SMALL GROUPS, AND TARGETED INSTRUCTIONAL PLANS TO REINFORCE, DEVELOP, OR INTRODUCE SPECIFIC SKILLS AND CONCEPTS. PROFESSIONAL DEVELOPMENT CONTINUOUS AND EMBEDDED PROFESSIONAL DEVELOPMENT IS THE KEY FOR RAISING STUDENT ACHIEVEMENT AND WE TAKE IT SERIOUSLY AT HARMONY. EVERY WEDNESDAY AFTERNOON OUR TEACHERS COLLABORATE IN A PROFESSIONAL LEARNING COMMUNITY (PLC) TO SHARE THEIR STRUGGLES AND WHAT WORKS IN A FOCUSED AND POWERFUL OUTSIDE OF THE FORMAL PLC STRUCTURE, OUR TEACHERS SHARE THEIR WAY. PLANNING PERIODS EVERY DAY. INFORMALLY, YOU WILL OFTEN SEE OUR TEACHERS WORKING TOGETHER AFTER SCHOOL INTO THE EVENING HOURS. CUSTOMIZABLE PROFESSIONAL LEARNING MAPS ARE BUILT-IN ONLINE TO OUR MATH, ENGLISH LANGUAGE ARTS, AND SCIENCE CURRICULA. IT ALLOWS TEACHERS TO REFLECT ON AND TAKE CONTROL OF THEIR OWN PD, BUILDING CONTENT KNOWLEDGE AND INSTRUCTIONAL CAPACITY THAT THEY CAN TAKE DIRECTLY TO THE CLASSROOM. PAGE 2 OF 5 Schedule O (Form 990 or 990-EZ) (2017) DAA

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Schedule O (Form 990 or 990-EZ) (2017)	Page 2
Name of the organization	Employer identification number
HARMONY DC PUBLIC CHARTER SCHOOLS	46-5320551

FORM 990, PART VI, LINE 3 - MANAGEMENT DELEGATED HARMONY PUBLIC SCHOOLS OFFERS SERVICES THAT ARE AN INTEGRAL PART OF HARMONY DC'S CHARTER SCHOOL OPERATIONS AND ACTIVITIES. GIVEN THE STRUCTURAL RELATIONSHIP BETWEEN THE TWO ORGANIZATIONS, EFFECTIVE JULY 1, 2014, HARMONY PUBLIC SCHOOLS ENTERED INTO A SCHOOL SERVICES AGREEMENT WITH HARMONY DC PUBLIC CHARTER SCHOOLS FOR A FIVE-YEAR PERIOD EXPIRING ON JUNE 30, 2019. SERVICES OFFERED INCLUDE EDUCATION TECHNOLOGY SERVICES, DATA NETWORK SOLUTIONS, TEACHER AND LEADERSHIP COACHING, AND HUMAN RESOURCE AND FINANCIAL SERVICES.

FORM 990, PART VI, LINE 6 - CLASSES OF MEMBERS OR STOCKHOLDERS AS ENACTED BY THE ARTICLES OF INCORPORATION, HARMONY DC PUBLIC CHARTER SCHOOLS HAS A SOLE MEMBER WITH VOTING RIGHTS AS WELL AS OTHER RIGHTS AND PRIVILEGES AS AUTHORIZED BY ITS GOVERNING DOCUMENTS. THE SOLE MEMBER IS HARMONY PUBLIC SCHOOLS, A SEPARATELY INCORPORATED TEXAS NOT-FOR-PROFIT 501 (C) (3) ORGANIZATION THAT OPERATES MULTIPLE CHARTER SCHOOLS.

FORM 990, PART VI, LINE 7A - ELECTION OF MEMBERS AND THEIR RIGHTS AS ENACTED BY THE ARTICLES OF INCORPORATION, HARMONY DC PUBLIC CHARTER SCHOOLS HAS A SOLE MEMBER WITH VOTING RIGHTS AS WELL AS OTHER RIGHTS AND PRIVILEGES AS AUTHORIZED BY ITS GOVERNING DOCUMENTS. THE SOLE MEMBER IS HARMONY PUBLIC SCHOOLS, A SEPARATELY INCORPORATED TEXAS NOT-FOR-PROFIT 501 (C) (3) ORGANIZATION THAT OPERATES MULTIPLE CHARTER SCHOOLS. BECAUSE OF THE VOTING RIGHTS, THE AGENT FOR HARMONY DC PUBLIC CHARTER SCHOOLS HAS THE ABILITY TO VOTE ON MATTERS AS THEY RELATE TO APPOINTING ONE OR MORE MEMBERS OF THE GOVERNING BODY.

PAGE 3 OF 5

Schedule O (Form 990 or 990-EZ) (2017)

Page 2 Name of the organization Page 2 Name of the organization Employer identification number HARMONY DC PUBLIC CHARTER SCHOOLS 46-5320551 FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 THE CEO/FRINCIPAL OF HARMONY DC PUBLIC CHARTER SCHOOLS ALONG WITH ITS OUTSOURCED BOOKREEPING FIRM REVIEW THE DRAFT FORM 990 INFORMATION TAX RETURN AS PREPARED BY THE ACCOUNTANTS/AUDITORS. ONCE REVIEWED AND ALL SUGGESTED REVISIONS ARE MADE, THE FORM 990 IS PRESENTED TO THE FULL BOARD OF DIRECTORS FOR ACCEPTANCE, INCLUDING POSSIBLE REVISIONS. ONCE ACCEPTED, THE 990 TAX RETURN IS EXECUTED BY THE CEO/PRINCIPAL. FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY THE CONFLICT OF INTEREST POLICY IS CONSTANTLY MONITORED BY ADMINISTRATION PERSONNEL AND THE BOARD OF DIRECTORS THROUGH REVIEW AND APPROVAL PROCEDURES. PROCEDURES: A. PRIOR TO BOARD ACTION ON A CONTRACT OR OTHER TRANSACTION INVOLVING A CONFLICT OF INTEREST, A BOARD MEMBER HAVING A CONFLICT OF INTEREST SHALL
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CONTRA TOT OF THEFTER A BOAD MEMBED HAVING A CONFILTOR OF INTEREST SHALL.
CONFLICT OF INIERESI, A BOARD MEMBER HAVING A CONFLICT OF INIEREDI SHALL
DISCLOSE ALL FACTS MATERIAL TO THE CONFLICT OR INTEREST. SUCH DISCLOSURES
SHALL BE REFLECTED IN THE MINUTES OF THE MEETING.
B.A PERSON WHO HAS A CONFLICT OF INTEREST SHALL NOT PARTICIPATE IN THE
DECISION EXCEPT TO DISCLOSE MATERIAL FACTS AND TO RESPOND TO QUESTIONS.

C.THE PERSON HAVING A CONFLICT OF INTEREST MAY NOT VOTE ON THE CONTRACT OR TRANSACTION.

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Schedule O (Form 990 or 990-EZ) (2017)

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Name of the organization	Employer identification number
HARMONY DC PUBLIC CHARTER SCHOOL	s 46-5320551

D.STAFF MEMBERS WHO HAVE A CONFLICT OF INTEREST WITH RESPECT TO A CONTRACT OR TRANSACTION THAT IS NOT THE SUBJECT OF BOARD ACTION SHALL DISCLOSE TO THE BOARD CHAIR ANY SUCH CONFLICT OF INTEREST. THAT STAFF MEMBER SHALL REFRAIN FROM ANY ACTION THAT MAY AFFECT THE SCHOOL'S PARTICIPATION IN SUCH CONTRACT OR TRANSACTION.

IN THE EVENT IT IS NOT ENTIRELY CLEAR THAT A CONFLICT OF INTEREST EXISTS, THE INDIVIDUAL WITH THE POTENTIAL CONFLICT SHALL DISCLOSE THE CIRCUMSTANCES TO THE BOARD CHAIR.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL THE CEO/PRINCIPAL'S COMPENSATION IS DETERMINED AND APPROVED BY THE BOARD THROUGH ITS GOVERNANCE COMMITTEE USING A WRITTEN EMPLOYMENT CONTRACT, FORM 990'S OF OTHER ORGANIZATIONS AND OTHER APPROPRIATE INFORMATION RELATED TO COMPARABLE POSITIONS OF SIMILAR SIZED ORGANIZATIONS. OTHER EMPLOYEES' COMPENSATION IS DETERMINED USING SIMILAR SOURCES AND APPROVED BY THE CEO/PRINCIPAL.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION ALL GOVERNING DOCUMENTS, POLICIES AND FINANCIAL STATEMENTS ARE FORWARDED TO THE DISTRICT OF COLUMBIA PUBLIC CHARTER SCHOOL BOARD WHICH PROVIDES OVERSIGHT AND DISTRIBUTION OF RELEVANT INFORMATION TO THE PUBLIC. THE FORM 990 IS MADE AVAILABLE TO THE GENERAL PUBLIC UPON REQUEST. IN ADDITION, THE 990 INFORMATION TAX RETURN IS AVAILABLE FOR PUBLIC INSPECTION ON GUIDESTAR.

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Schedule O (Form 990 or 990-EZ) (2017)

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SCHEDULE R (Form 990)		anizations an			-				OMB No. 1		
► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ► Attach to Form 990										Public	
Department of the Treasury Internal Revenue Service	the Treasury ue Service ► Go to www.irs.gov/Form990 for instructions and the latest information.										
Name of the organization Employer iden											
	HARMONY DC PUBLIC CHARTER SCHOOLS							46-532	0551		
Part I Identifica	tion of Disregarded Entities. Complete if the o	rganization answ	ered "Yes" on I	Form 990	, Part IV,	line 33.					
Name,	(a) address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domi or foreign	cile (state		(d) income		(e) ear assets	(f) Direct cor entit <u>i</u>	trolling	
(1)									· · · · · · ·		
(2)							,			<u>, , , , , , , , , , , , , , , , , , , </u>	
(3)											
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(5)											
Part II Identifica	ation of Related Tax-Exempt Organizations. C ore related tax-exempt organizations during the t	omplete if the or ax year.	ganization answ	vered "Ye	s" on For	m 990, Par	t IV, line	34 because	e it had		
	(a) Name, address, and EIN of related organization	(b) Primary activity ☆	(c) Legal domicile (state or foreign country)		(d) Code section	(e) Public charity (if section 501		(f) Direct controlling entity	Section	(g) 512(b)(13) ed entity? No	
(1) HARMONY PUBLI 9321 WEST SAN HOUSTON	IC SCHOOLS M HOUSTON PARKWAY SOUTH 76-0615245 TX 77099	MEMBER	TX	50	L C3	2	N	/A		x	
(2) CHARTER SCHOO	A CONTRACT OF A	SUPPORTING	TX		1 C3	12A		//A		x	
(3)											
(4)					-						
(5)	·····						· · · · · ·	· · · · · · · · · · · · · · · · · · ·			

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Schedule R (Form 990) 2017 HARMONY DC PUBLIC CHARTER SCHOOLS 46-5320551

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under	(f) Share of total income	(g) Share of end-of year assets	Di: port all	(h) spro- ionate loc.?	Code amount of Sche	(i) V—UBI in box 20 edule K-1 n 1065)	(i) General managin partner	g owne	entage
		country)		sections 512-514)			Yes	s No			Yes N	⁰	
(1)													
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(4)													
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							1 57			000 D			
Part IV Identification of Related Organizatio	ns Taxable	as a	Corporation of treated as a	or Trust. Comp	l plete if the org trust during the	anization answer	ed "Ye	s" or	n Form	990, Pa	irt IV,		
Part IV Identification of Related Organization line 34 because it had one or more re (a)	ns Taxable lated organiz	as a ations	Corporation of treated as a	or Trust. Comp corporation or t	(e)	(f)		(g)		1))	(1	i)
			(c) Legal domicile		(e) Type of entity				f) ntage	Sec 512(b	tion 5)(13)
(a)	(b)		(c)	(d) Direct controlling	(e)	(f) Share of total		(g) Share c	f	(† Perce) ntage	Sect 512(b contro enti	tion o)(13) olled ity?
(a) Name, address, and EIN of related organization	(b)		(c) Legal domicile (state or	(d) Direct controlling	(e) Type of entity (C corp, S corp,	(f) Share of total		(g) Share c	f	(† Perce) ntage	Sect 512(b contro	tion o)(13) rolled ity?
(a)	(b)		(c) Legal domicile (state or	(d) Direct controlling	(e) Type of entity (C corp, S corp,	(f) Share of total		(g) Share c	f	(† Perce) ntage	Sect 512(b contro enti	tion o)(13) olled ity?
(a) Name, address, and EIN of related organization	(b)		(c) Legal domicile (state or	(d) Direct controlling	(e) Type of entity (C corp, S corp,	(f) Share of total		(g) Share c	f	(† Perce) ntage	Sect 512(b contro enti	tion o)(13) olled ity?
(a) Name, address, and EIN of related organization	(b)		(c) Legal domicile (state or	(d) Direct controlling	(e) Type of entity (C corp, S corp,	(f) Share of total		(g) Share c	f	(† Perce) ntage	Sect 512(b contro enti	tion o)(13) olled ity?
(a) Name, address, and EIN of related organization	(b)		(c) Legal domicile (state or	(d) Direct controlling	(e) Type of entity (C corp, S corp,	(f) Share of total		(g) Share c	f	(† Perce) ntage	Sect 512(b contro enti	tion o)(13) olled ity?
(a) Name, address, and EIN of related organization (1)	(b)		(c) Legal domicile (state or	(d) Direct controlling	(e) Type of entity (C corp, S corp,	(f) Share of total		(g) Share c	f	(† Perce) ntage	Sect 512(b contro enti	tion o)(13) rolled ity?
(a) Name, address, and EIN of related organization (1) (2)	(b)		(c) Legal domicile (state or	(d) Direct controlling	(e) Type of entity (C corp, S corp,	(f) Share of total		(g) Share c	f	(† Perce) ntage	Sect 512(b contro enti	tion o)(13) olled ity?
(a) Name, address, and EIN of related organization (1) (2)	(b)		(c) Legal domicile (state or	(d) Direct controlling	(e) Type of entity (C corp, S corp,	(f) Share of total		(g) Share c	f	(† Perce) ntage	Sect 512(b contro enti	tion o)(13) olled ity?
(a) Name, address, and EIN of related organization (1) (2)	(b)		(c) Legal domicile (state or	(d) Direct controlling	(e) Type of entity (C corp, S corp,	(f) Share of total		(g) Share c	f	(† Perce) ntage	Sect 512(b contro enti	tion o)(13) olled ity?
(a) Name, address, and EIN of related organization (1) (2) (3)	(b)		(c) Legal domicile (state or	(d) Direct controlling	(e) Type of entity (C corp, S corp,	(f) Share of total		(g) Share c	f	(† Perce) ntage	Sect 512(b contro enti	tion o)(13) olled ity?
(a) Name, address, and EIN of related organization (1) (2) (3)	(b)		(c) Legal domicile (state or	(d) Direct controlling	(e) Type of entity (C corp, S corp,	(f) Share of total		(g) Share c	f	(† Perce) ntage	Sect 512(b contro enti	tion o)(13) olled ity?
(a) Name, address, and EIN of related organization (1) (2) (3)	(b)		(c) Legal domicile (state or	(d) Direct controlling	(e) Type of entity (C corp, S corp,	(f) Share of total		(g) Share c	f	(† Perce) ntage	Sect 512(b contro enti	tion o)(13) olled ity?
(a) Name, address, and EIN of related organization (1) (2) (3)	(b)		(c) Legal domicile (state or	(d) Direct controlling	(e) Type of entity (C corp, S corp,	(f) Share of total		(g) Share c	f	(† Perce) ntage	Sect 512(b contro enti	tion o)(13) olled ity?

Schedule R (Form 990) 2017

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Schedule R (Form 990) 2017 HARMONY DC PUBLIC CHARTER SCHOOLS 46-5320551 Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36. Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II–IV? 1a a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity 1a b Gift, grant, or capital contribution to related organization(s) 1b

c Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)	1f	X
g Sale of assets to related organization(s)	1g	X
h Purchase of assets from related organization(s)	1h	x
i Exchange of assets with related organization(s)	1i	X
j Lease of facilities, equipment, or other assets to related organization(s)	-1j	X
k Lease of facilities, equipment, or other assets from related organization(s)	1k	x
I Performance of services or membership or fundraising solicitations for related organization(s)	11	X
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X
o Sharing of paid employees with related organization(s)	10	X
p Reimbursement paid to related organization(s) for expenses	1p	X
q Reimbursement paid by related organization(s) for expenses	1q	x
r Other transfer of cash or property to related organization(s)	1r	X
s Other transfer of cash or property from related organization(s)	1s	x
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.		

· · · ·	(a) Name of related organization	(b) Transaction type (a–s)	(c) Amount involved	(d) Method of determining amount involved
(1)	HARMONY PUBLIC SCHOOLS	E	32,209	COST
(2)	CHARTER SCHOOL SOLUTIONS	с	490,000	COST
(3)				
(4)			, ,	
(5)				
(6)				

Page 3

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Yes No

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1c

1d

1e

Schedule R (Form 990) 2017

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Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37. Part VI

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Predominant income (related, unrelated, excluded from tax under	Are all	tion c)(3)	(f) Share of total income	(g) Share of end-of-year assets	Disprop	h) ortionate ations?	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man	j) eral or aging ner?	(k) Percentage ownership
·		country)	sections 512-514)	Yes	No			Yes	No		Yes	No	
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Part VII	Supplemen	tal Informatio	on. tion f	or response	es to question	s on Schedule F	R. See Instructions.	
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