EXTENDED TO MAY 17, 2021

(Rev. January 2020) Department of the Treasury Internal Revenue Service **Return of Organization Exempt From Income Tax**

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

OMB No. 1545-0047

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

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

Open to Public Inspection

<u>A</u>	For the	e 2019 calendar year, or tax year beginning 00L 1, 2019 and 6	enaing U	<u>JUN 30, 2020</u>	
В	Check if applicabl	C Name of organization		D Employer identifi	cation number
	Addre chang	e ACADEMY OF OF DOVER CHARTER SCHOOL			
	Name chang	e Doing business as		14-18829	67
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite		
	Final return	104 SAULSBURY ROAD		302-674-	
	termin ated			G Gross receipts \$	3,663,346.
	Amen return	DOVER, DE 19904-2705		H(a) Is this a group re	
	Applic tion	F Name and address of principal officer: MICHELL MAKINOCCI		for subordinates	? Yes X No
	pendir	SAME AS C ABOVE		H(b) Are all subordinates in	ncluded? Yes No
		empt status: X 501(c)(3) 501(c)() (insert no.) 4947(a)(1) o	or 527	If "No," attach a	list. (see instructions)
		te: ► WWW.AODCHARTER.ORG		H(c) Group exemption	
		organization: X Corporation Trust Association Other	L Year	of formation: 2003	M State of legal domicile: DE
P	art I	Summary			
ď	1	Briefly describe the organization's mission or most significant activities: AT TH			
Š		SCHOOL EACH CHILD IS A VALUED AND UNIQUE :	INDIV	IDUAL. THE E	DUCATIONAL
r 2	2	Check this box if the organization discontinued its operations or dispose	ed of more	than 25% of its net as:	
Š	3			3	9
<u>ر</u> م	4	Number of independent voting members of the governing body (Part VI, line 1b)			8
S. C.	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)			0
Ϋ́	6	Total number of volunteers (estimate if necessary)			0
Activities & Governance	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
_	<u>,</u> p	Net unrelated business taxable income from Form 990-T, line 39	<u></u>	7b	0.
Revenue				Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)		3,189,397.	3,623,338.
	9	Program service revenue (Part VIII, line 2g)		0.	0.
Š	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		6,219.	11,687.
ш	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		9,790.	28,321.
	_	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .		3,205,406.	3,663,346.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	1	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ď	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,780,650.	2,060,593.
Fxnenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
×	b b	Total fundraising expenses (Part IX, column (D), line 25)	0.	1 001 000	4 050 056
ш	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,291,380.	1,259,276.
	1	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,072,030.	3,319,869.
_	19	Revenue less expenses. Subtract line 18 from line 12		133,376.	343,477.
Net Assets or			Ве	eginning of Current Year	End of Year
sset	ਬੂ 20	Total assets (Part X, line 16)		765,784.	1,417,147.
et A	21	Total liabilities (Part X, line 26)		6,924,400.	7,232,286.
	22 2rt II	Net assets or fund balances. Subtract line 21 from line 20		-6,158,616.	-5,815,139.
	art II				
		Ilties of perjury, I declare that I have examined this return, including accompanying schedules			/ knowledge and belief, it is
true	e, correc	tt, and complete. Declaration of preparer (other than officer) is based on all information of whi	ich preparer	5/17/2021	
		Signature of officer		Date	
Sig		'		Duto	
He	re	MICHELE MARINUCCI, HEAD OF SCHOOL Type or print name and title			
				Date Check	PTIN
Da:	4	Print/Type preparer's name		NE /11 /01 if	D01FC3311
Pai	parer	Firm's name BARBACANE, THORNTON & COMPANY LL.			51-0229493
	e Only	Firm's address 200 SPRINGER BLDG, 3411 SILVERSI			<u> </u>
030	Only	WILMINGTON, DE 19810-4866	<i>_</i>		2-478-8940
Ma	v the II	RS discuss this return with the preparer shown above? (see instructions)		11 110110 110.50	Yes No
	., 11		<u></u>		

	990 (2019) ACADEMY OF OF DOVER CHARTER SCHOOL 14-1882967 Particle Accomplishments	ge 2
Par	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	
	AT THE ACADEMY OF DOVER CHARTER SCHOOL EACH CHILD IS A VALUED AND	
	UNIQUE INDIVIDUAL. THE EDUCATIONAL PROCESS IS STUDENT CENTERED AND	
	ACHIEVED BY PARTNERSHIPS INVOLVING STUDENTS, PARENTS, AND STAFF WHERE	
	EACH CHILD EMBRACES THE LOVE, JOY, AND VALUE OF EDUCATION.	
2	Did the organization undertake any significant program services during the year which were not listed on the	1
	prior Form 990 or 990-EZ?	No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$2,523,101. including grants of \$) (Revenue \$) (Revenue \$) (Revenue \$) (Revenue \$) (Revenue \$) (Revenue \$)
	OF DOVER BELIEVES THAT OUR SMALL SCHOOL ENVIRONMENT, WHICH IS	
	CHARACTERIZED BY RIGOROUS ACADEMIC AND BEHAVIORAL STANDARDS, HIGH	
	EXPECTATIONS FOR STUDENTS AND STAFF, INDIVIDUALIZED RESPONSIVENESS TO	
	STUDENT NEEDS, AND A NEVER ENDING PASSION FOR LEARNING, WILL PREPARE	
	EACH OF OUR STUDENTS WITH THE EARLY FOUNDATION NECESSARY TO EXCEL BOTH	
	ACADEMICALLY AND GLOBALLY IN ANY FUTURE ENDEAVOR.	
41-		`
4b	(Code:) (Expenses \$	— ⁾
4c	(Code:) (Expenses \$)

4d Other program services (Describe on Schedule O.)

including grants of \$ 2,523,101.) (Revenue \$

Total program service expenses

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Form 990 (2019) ACADEMY OF OF DOVER CHARTER SCHOOL Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	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		Х
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, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? 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? <i>If</i> "Yes," <i>complete</i>			
	Schedule D, Part III	8		Х
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		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
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		Х
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	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes." complete			
	Schedule D, Parts XI and XII	12a	Х	
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	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Х	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		Х

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Form 990 (2019) ACADEMY OF OF DOVER CHARTER SCHOOL Part IV Checklist of Required Schedules (continued)

	Continued)		T.,			
00	Did the consciention was at accept the or \$5,000 of counts or athere as interest or a few damagetic individuals are		Yes	No		
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	22		X		
00	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22				
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If</i> "Yes," <i>complete</i>					
	, ,	23		X		
24 2	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23				
2 4 a						
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No." go to line 25a	24a		X		
b		24b				
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240				
·		24c				
ч	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d				
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	244				
2 5a	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X		
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200				
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete					
		25b		x		
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200				
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%					
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X		
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20				
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled					
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x		
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	21				
20	instructions, for applicable filing thresholds, conditions, and exceptions):					
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>					
u	"Yes," complete Schedule L, Part IV	28a		X		
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X		
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	200				
·	"Yes," complete Schedule L, Part IV	28c		X		
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation					
-	contributions? If "Yes," complete Schedule M	30		X		
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<u> </u>		T		
02	Colorada N. Dort II	32		x		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations					
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and					
	Part V, line 1	34		x		
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X		
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity					
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		1		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?					
	If "Yes," complete Schedule R, Part V, line 2	36		X		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization					
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X		
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?						
	Note: All Form 990 filers are required to complete Schedule O	38	Х	L		
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance					
	Check if Schedule O contains a response or note to any line in this Part V					
			Yes	No		
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable					
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b					
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming					
	(gambling) winnings to prize winners?	1c				

ACADEMY OF OF DOVER CHARTER SCHOOL Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

				Yes	No					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,									
	filed for the calendar year ending with or within the year covered by this return	2a 0								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return		2b							
_	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	5)	_		37					
			3a		X					
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule		3b		\vdash					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a		1.		x					
h	financial account in a foreign country (such as a bank account, securities account, or other financial a If "Yes," enter the name of the foreign country	ccount)?	4a							
b	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac	COUNTS (FRAR)								
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		х					
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction.		5b		X					
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c							
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the									
	any contributions that were not tax deductible as charitable contributions?									
b	b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts									
	were not tax deductible?		6b							
7	Organizations that may receive deductible contributions under section 170(c).									
а	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor									
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		<u> </u>					
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	s required			l					
	to file Form 8282?		7c		X					
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	7e							
е										
f	3 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7									
g										
_										
and the second section is a second section of the second section of the second section of the second										
9										
а	Did the appropriate experientian make any tayable distributions under castion 10660		9a							
b	Did the constraint and in the contract of the		9b							
10	Section 501(c)(7) organizations. Enter:									
а	Initiation fees and capital contributions included on Part VIII, line 12	10a								
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b								
11	Section 501(c)(12) organizations. Enter:									
а	Gross income from members or shareholders	11a								
b	Gross income from other sources (Do not net amounts due or paid to other sources against									
	amounts due or received from them.)	11b								
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	l I	12a							
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	-							
13	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?		120							
а	Note: See the instructions for additional information the organization must report on Schedule O.		13a							
h	Enter the amount of reserves the organization is required to maintain by the states in which the									
	organization is licensed to issue qualified health plans	13b								
С	Enter the amount of reserves on hand	13c								
14a										
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O										
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or										
	excess parachute payment(s) during the year?		15		X					
	If "Yes," see instructions and file Form 4720, Schedule N.									
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		X					
	If "Yes," complete Form 4720, Schedule O.									

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

<u> </u>							X				
Sec	tion A. Governing Body and Management										
		ı	1	٨٦		Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year	<u>1a</u>		9							
	If there are material differences in voting rights among members of the governing body, or if the governing										
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.										
b	Enter the number of voting members included on line 1a, above, who are independent	1b		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		Х				
3	Did the organization delegate control over management duties customarily performed by or under the			`							
•	of officers discovered to the control of the contro		•		3		х				
4	Did the organization make any significant changes to its governing documents since the prior Form 9		s filed?	. г	4		X				
				`` Г	5		X				
5											
	6 Did the organization have members or stockholders?										
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point	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, st	ockho	olders, 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?			- 1	8b	Х					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read			·							
_	organization's mailing address? If "Yes." provide the names and addresses on Schedule O				9		Х				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re										
	(This Section B requests information about policies not required by the internal ne	venue	Code.)			Yes	No				
100	Did the organization have local chapters, branches, or affiliates?			Γ	10a	103	X				
				·	IUa						
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch				401-						
44-	· · · · · · · · · · · · · · · · · · ·			··	10b	Х					
	Has the organization provided a complete copy of this Form 990 to all members of its governing body	beto	re filing the form?	Н	11a						
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			- 1	12a		Х				
	2a Did the organization have a written conflict of interest policy? If "No," go to line 13										
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise				12b						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es," a	lescribe								
	in Schedule O how this was done			.	12c						
13	Did the organization have a written whistleblower policy?			.	13		X				
14	Did the organization have a written document retention and destruction policy?				14		Х				
15	Did the process for determining compensation of the following persons include a review and approva	l by in	dependent								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?										
а	The organization's CEO, Executive Director, or top management official			. [15a	X					
	Other officers or key employees of the organization				15b		Х				
	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	nent w	vith a								
	taxable entity during the year?				16a		Х				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat										
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	-	-								
	exempt status with respect to such arrangements?				16b						
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 (1024 or 1024-A, if applicable), 990, ar	nd 990)-T (Section 501(c)	(3)s	onlv)	availa	ble				
	for public inspection. Indicate how you made these available. Check all that apply.		() = = = = = (0)	. ,,-			-				
	Own website X Another's website X Upon request Other (explain	or C	shadula (1)								
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co		,	and .	financ	ial					
13	statements available to the public during the tax year.	mict (or interest policy, i	ailU	manc	nai					
20		ke er	d rooords								
20	State the name, address, and telephone number of the person who possesses the organization's boo	หร สก	u records –								
	THE ORGANIZATION - 302-674-0684										
	104 SAULSBURY RD., DOVER, DE 19904										

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See 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.

See instructions for the order in which to list the persons above.

V Object this book was a subsequent of the subse

X Check this box if neither the organization (A)	(B)			(0	C)			(D)	(E)	(F)	
Name and title	Average	(-1-	Position not check more than one					Reportable	Reportable	Estimated	
	hours per	box	, unle:	ss per	rson i	is both	n an	compensation	compensation	amount of	
	week		ficer and a director/ti			or/trus	tee)	from	from related	other	
	(list any	ector						the	organizations	compensation	
	hours for	or dir	9			ated		organization	(W-2/1099-MISC)	from the	
	related	stee	truste		ap.	bens		(W-2/1099-MISC)		organization	
	organizations	nal tru	ional		ploye	t com				and related	
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations	
(1) KIMEU W. BOYNTON	2.00										
PRESIDENT		Х		Х				0.	0.	0.	
(2) BISHOP W. JAMES THOMAS	2.00										
TREASURER		X		X				0.	0.	0.	
(3) DR. CHARLES FLETCHER	2.00										
BOARD MEMBER		Х						0.	0.	0.	
(4) CANDACE HOLMES	2.00										
PARENT REPRESENTATIVE		Х						0.	0.	0.	
(5) DR. ESOSA IRIOWEN	2.00										
BOARD MEMBER		Х						0.	0.	0.	
(6) TERSA TRIDENTE	2.00								_	_	
TEACHER REPRESENTATIVE		Х						0.	0.	0.	
(7) PHYLLIS ROBINSON	2.00								_	_	
BOARD MEMBER		Х						0.	0.	0.	
(8) BEVERLY WILLIAMS	2.00								_	_	
BOARD MEMBER		Х				_		0.	0.	0.	
		ł									

932007 01-20-20 Form **990** (2019)

Section A. Officers, Directors, Trus	<u>tees, Key Em</u>	oloy	ees,	and	l Hi	ghes	st C	ompensated Employee	s (continued)		
(A)	(B)	(C)						(D)	(E)		(F)
Name and title	Average	(da	Position (do not check more that					Reportable	Reportable	Est	timated
	hours per	box	, unle	ss per	rson i	is both	n an	compensation	compensation	am	ount of
	week	offi	cer ar	id a di	irecto	or/trus	tee)	from	from related		other
	(list any	ector						the	organizations	comp	pensation
	hours for	Individual trustee or director	au			ted		organization	(W-2/1099-MISC)		om the
	related	stee (ruste			bensa		(W-2/1099-MISC)		1 -	anization
	organizations below	al tru	Institutional trustee		Key employee	Highest compensated employee				1	l related
	line)	dividu	stituti	Officer	/ emp	hest	Former			orga	nizations
	III IC)	Ĕ	Ë	JO.	Xe.	ぎも	요				
		1									
						_					
		-									
						\vdash				+	
		1									
						<u> </u>					
		1									
										1	
1b Subtotal								0.	0.		0.
c Total from continuation sheets to Part VI								0.	0.		0.
d Total (add lines 1b and 1c)							<u> </u>		0 .	•	0.
2 Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove	e) wh	o re	eceived more than \$100,	000 of reportable		0
compensation from the organization											Yes No
3 Did the organization list any former officer,	director trust	ee k	ev e	mnl	ove	e or	hia	hest compensated emp	lovee on		100 110
line 1a? If "Yes," complete Schedule J for si	-		•	•	•		_		•	3	Х
4 For any individual listed on line 1a, is the su											
and related organizations greater than \$150										4	Х
5 Did any person listed on line 1a receive or a	ccrue comper	ısati	on fr	om	any	unre	elate	ed organization or individ	dual for services		
rendered to the organization? If "Yes, " com	plete Schedul	e J f	or st	ıch r	oers	on				5	X
Section B. Independent Contractors											
1 Complete this table for your five highest continuous the organization. Report compensation for the organization.										ation fro	m
(A)	irie caleridar ye	ear e	riuii	ig w	itii C	ואי וכ	11111	(B)	ear.	(C	1
Name and business	address	NO	ONE	3				Description of s	services	Comper	, isation
							\dashv				
2 Total number of independent contractors (ii	ncluding but n	ot lir	nited	d to t	thos	se lis	ted	above) who received mo	ore than		
\$100,000 of compensation from the organization				_	(
										_ (an (and a)

14-1882967

		Check if Schedule O cont	tains a response o	or note to any lir	ne in this Part VIII			
			•	•	(A)	(B)	(C)	(D)
					Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
						lunction revenue	business revenue	sections 512 - 514
တ္ တ	1 a	Federated campaigns	1a					
ant		Membership dues						
2 8		Fundraising events						
ifts r A		Related organizations			1			
Contributions, Gifts, Grants and Other Similar Amounts		Government grants (contribut		623,338.				
Sir		All other contributions, gifts, gran			1			
uti her	•	similar amounts not included abo						
ĢË	a	Noncash contributions included in lines			-			
Sol	_	Total. Add lines 1a-1f	•	•	3,623,338.			
<u> </u>		Totall / Ida III los Ta Ti		Business Code	, , , , , , , , , , , , , , , , , , , ,			
o l	2 a	ı. <u> </u>						
ķ	b							
Ser	c							
m S	d							
gra Re	u e							
Program Service Revenue	f	All other program service reve	enue					
	, a							
\neg	3	Investment income (including						
	•	other similar amounts)			11,687.			11,687.
	4	Income from investment of ta			,			,
	5	Royalties						
	•	Tioyanae	(i) Real	(ii) Personal				
	6 a	Gross rents6a	,	. ,				
		Less: rental expenses 6b						
	c	Rental income or (loss) 6c						
	d	Net rental income or (loss)		•				
		Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory 7a		.,				
	b	Less: cost or other basis						
ē		and sales expenses 7 b						
enr	С	Gain or (loss) 7c						
Revenue		Net gain or (loss)						
her		Gross income from fundraising e						
퇀		including \$,					
		contributions reported on line	e 1c). See					
		Part IV, line 18	8a					
	b	Less: direct expenses	I					
	С	Net income or (loss) from fund	draising events	>				
	9 a	Gross income from gaming ac	ctivities. See					
		Part IV, line 19	9a					
	b	Less: direct expenses	9b					
	С	Net income or (loss) from gam	ning activities					
	10 a	Gross sales of inventory, less						
		and allowances	10a					
	b	Less: cost of goods sold	10b					
\rightarrow	С	Net income or (loss) from sale	es of inventory					
ဖွ		WT 000 - 11-1-1		Business Code	00 001			20, 201
eon	11 a	MISCELLANEOUS		611600	28,321.			28,321.
lan ent	b							
Miscellaneous Revenue	C				1			
Σ	d	All other revenue			20 221			
		Total. Add lines 11a-11d			28,321. 3,663,346.	0.	0.	40,008.
	12	Total revenue. See instructions		<u> </u>	P,000,040.	ι υ•	ı •	± 0,000•

Part IX | Statement of Functional Expenses

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

Secu	on 501(c)(3) and 501(c)(4) organizations must comp. Check if Schedule O contains a response				
	not include amounts reported on lines 6b,		(B) Program service	(C) Management and	(D) Fundraising
	8b, 9b, and 10b of Part VIII.	(A) 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				
5	Compensation of current officers, directors,				
-	trustees, and key employees				
6	Compensation not included above to disqualified				
•	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,387,622.	1,054,593.	333,029.	
8	Pension plan accruals and contributions (include	_, _ , , , , , , , , , , , , , , , , ,	_, ,	233,0234	
J	section 401(k) and 403(b) employer contributions)	437,488.	332 491	104 997	
9	Other employee benefits	126,574.	332,491. 96,196.	104,997. 30,378.	
10		108,909.	82,771.	26,138.	
11	Payroll taxes Fees for services (nonemployees):	100,000	02,111.	20,130	
	` ' ' '				
_	Management				
b	Legal	20,000.	15,200.	4,800.	
C A	Accounting	20,000.	13,200.	4,000.	
d	Lobbying				
_	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	`	97,948.	74,440.	23,508.	
40	column (A) amount, list line 11g expenses on Sch 0.)	J1,J40•	/ = , = = 0 •	23,300.	
12	Advertising and promotion	81,649.	62,053.	19,596.	
13	Office expenses	01,049.	02,055.	19,390.	
14	Information technology				
15	Royalties	583,097.	443,154.	139,943.	
16	Occupancy	303,091.	443,134.	139,943.	
17	Travel				
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	13,330.	10 121	3,199.	
22	Depreciation, depletion, and amortization	29,172.	10,131. 22,171.	7,001.	
23	Insurance	29,112.	22,1/10	7,001.	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A)				
_	amount, list line 24e expenses on Schedule 0.) TRANSPORTATION	181,650.	138,054.	43,596.	
a L	SUPPLIES AND EQUIPMENT	178,063.	135,328.	42,735.	
D	FOOD SERVICE	61,818.	46,982.	14,836.	
C L	TOOD BERVICE	01,010.	±0,90Z•	17,000	
d	All other expenses	12,549.	9,537.	3,012.	
		3,319,869.	2,523,101.	796,768.	0.
25	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization	3,313,003.	2,323,101.	150,100.	
26	, , , , , ,				
	reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				5 000 (2242)

Form 990 (2019)
Part X Balance Sheet

· u		Check if Schodule O contains a reconcess or n	oto to ony	line in this Bort V			
		Check if Schedule O contains a response or n	ote to any	Time in this Part X	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			241,741.	1	413,748.
	2	Savings and temporary cash investments			-	2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net	28,534.	4	54,646.		
	5	Loans and other receivables from any current			,		
		trustee, key employee, creator or founder, sub					
		controlled entity or family member of any of th		5			
	6	Loans and other receivables from other disqua					
		under section 4958(f)(1)), and persons describ		6			
S	7	Notes and loans receivable, net		7			
Assets	8	Inventories for sale or use				8	
As	9	B				9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		726,939.			
	b	Less: accumulated depreciation	10b	726,939. 688,346.	51,923.	10c	38,593.
	11	Investments - publicly traded securities		11			
	12	Investments - other securities. See Part IV, line		12			
	13	Investments - program-related. See Part IV, lin		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11			443,586.	15	910,160.
	16	Total assets. Add lines 1 through 15 (must ed			765,784.	16	1,417,147.
	17	Accounts payable and accrued expenses			342,647.	17	315,186.
	18	Grants payable		18			
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
ű	22	Loans and other payables to any current or for	mer office	er, director,			
ij		trustee, key employee, creator or founder, sub	stantial co	ontributor, or 35%			
Liabilities		controlled entity or family member of any of th	ese perso	ons		22	
	23	Secured mortgages and notes payable to unre	elated third	d parties		23	
	24	Unsecured notes and loans payable to unrelat	ed third p	arties		24	
	25	Other liabilities (including federal income tax, p	oayables t	o related third			
		parties, and other liabilities not included on lin	es 17-24).	Complete Part X			
		of Schedule D			6,581,753.	25	6,917,100.
	26	Total liabilities. Add lines 17 through 25			6,924,400.	26	7,232,286.
"		Organizations that follow FASB ASC 958, cl	neck here	• ► X			
ĕ		and complete lines 27, 28, 32, and 33.					- 04- 400
lan	27	Net assets without donor restrictions			-6,158,616.	27	-5,815,139.
B	28					28	
Ĕ		Organizations that do not follow FASB ASC	958, che	ck here			
Net Assets or Fund Balances		and complete lines 29 through 33.					
ts c	29	Capital stock or trust principal, or current fund			29		
SSe.	30	Paid-in or capital surplus, or land, building, or		Г		30	
ţ	31	Retained earnings, endowment, accumulated			C 150 C1C	31	F 01F 130
₽	32	Total net assets or fund balances		<u> </u>	-6,158,616.	32	-5,815,139.
	33	Total liabilities and net assets/fund balances			765,784.	33	1,417,147.

Pa	rt XI Reconciliation of Net Assets					<u> </u>
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3	,66	3,3	46.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3	,31	9,8	<u>69.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3		34	3,4	77.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	-6	,15	8,6	16.
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 on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	-5	,81	5,1	39.
Pa	t XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					X
					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	0.				
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	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate					
	consolidated basis, or both:					
	Separate basis Consolidated basis X 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	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit	Į.			
	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	ed audit				

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

Form **990** (2019)

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

ACADEMY OF OF DOVER CHARTER SCHOOL

Employer identification number 14-1882967

A church, convention of churches, or association of churches described in section 170(b)(1)A(i)(i). A church, convention of churches, or association of churches described in section 170(b)(1)A(ii). A chord described in section 170(b)(1)A(iii). (Attach Schedule E (Form 990 or 990 E2). A hospital or a cooperative hospital service organization described in section 170(b)(1)A(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)A(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)A(iii). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)A(iii). A community trust described in section 170(b)(1)A(iii). A community frust described to the sempt frust described in section 170(b)(1)A(iii). A community frust described in section 170(b)(1)A(iii). A community f	Pa	rt I	Reason for Public (Charity Status (A	All organizations must co	mplete thi	s part.) Se	e instructions.	
A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990 EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(v). (Complete Part II.) A community trust described in section 170(b)(1)(A)(v)). (Complete Part III.) An agricultural research organization described in section 170(b)(1)(A)(x)) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization	he o	organ	ization is not a private found	ation because it is: (F	or lines 1 through 12, cl	heck only o	one box.)		
A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state; An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). Complete Part II.) A lederal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(iv). Complete Part II.) A community trust described in section 170(b)(1)(A)(x)(iv). (Complete Part III.) An agricultural research organization described in section 170(b)(1)(A)(x)(iv) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 501(a)(2). Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively to the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12t, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the support	1		A church, convention of chi	urches, or association	n of churches described	in sectio	n 170(b)(1	I)(A)(i).	
A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: A norganization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A lederal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(v). (Complete Part III.) A community trust described in section 170(b)(1)(A)(v). (Complete Part III.) A community trust described in section 170(b)(1)(A)(v). (Complete Part III.) A community trust described in section 170(b)(1)(A)(v). (Complete Part III.) A community trust described or agniculture (see instructions). Enter the name, city, and state of the college or university: In a university: An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organization described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage th	2	X	A school described in secti	ion 170(b)(1)(A)(ii). (Attach Schedule E (Form	n 990 or 99	90-EZ).)		
city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(w). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(w). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(w). (Complete Part II.) A community trust described in section 170(b)(1)(A)(w). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(1)(A)(w) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively to the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes they pof supporting organization and promptel lines 12e, 12f, and 12g, Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization operated in connection with its supported organization(s), toy must complete Part IV, Sections A and G. Type III functionally integrated. A su	3		A hospital or a cooperative	hospital service orga	nization described in se	ection 170	(b)(1)(A)(ii	i).	
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An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. c Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. g Provide the following information about the supp			income and unrelated busing	ness taxable income	(less section 511 tax) fro	m busines	ses acquir	red by the organization a	fter June 30, 1975.
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			organization		,			support (see instructions)	support (see instructions)

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

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

Sed	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization'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.						
_	etion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 4	(4) 2010	(3) 2010	(0) 2011	(4) 2010	(0) 2010	(i) rotar
8	Gross income from interest.						
Ü	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
9							
	activities, whether or not the						
10	Other income. Do not include gain						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.) Total support. Add lines 7 through 10						
		eta (aga inaturatio	<u> </u>			40	
	Gross receipts from related activities,	•				[12	
13	First five years. If the Form 990 is for organization, check this box and stop						_
Sec	ction C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2019 (I			olumn (f))		14	%
	Public support percentage from 2018					15	
	33 1/3% support test - 2019. If the			n line 13 and line			
102	stop here. The organization qualifies	-			14 13 33 1/3/0 01 111		_
h	33 1/3% support test - 2018. If the		•				
,	and stop here. The organization qual						
17~	10% -facts-and-circumstances test						
1/a							
	and if the organization meets the "fac			=	· ·	_	
1.	meets the "facts-and-circumstances"	~					
D	10% -facts-and-circumstances test						
	more, and if the organization meets the				-		
	organization meets the "facts-and-circ						
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 160, 1/a, or 17b	o, cneck this box a	na see instructions	· >

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

Se	ction A. Public Support	<u> </u>					
Cale	endar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")						
2							
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4							
5							
6	Total. Add lines 1 through 5						
7:	Amounts included on lines 1, 2, and 3 received from disqualified persons						
ŀ	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						
•	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.) ction B. Total Support						
Cale	endar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6						
	a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
ŀ	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	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	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth to	ax year as a sectio	n 501(c)(3) organiz	zation,
_			<u></u>				·····
	ction C. Computation of Publi					 	
	Public support percentage for 2019 (I					15	%
	Public support percentage from 2018					16	%
	ction D. Computation of Inves			40		14-1	
	Investment income percentage for 20					17	%
	Investment income percentage from					18	<u>%</u>
19	a 33 1/3% support tests - 2019. If the						_
ı	more than 33 1/3%, check this box are 33 1/3% support tests - 2018. If the	organization did r	not check a box on	line 14 or line 19a	a, and line 16 is mo	ore than 33 1/3%,	and
	line 18 is not more than 33 1/3%, che						
20	Drivate foundation If the organization	n did not chack a	hay on line 1/1 10	a or 10h chack th	hic hav and can inc	etructions	

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 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.
- 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).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **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.
- c 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.
- **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.
- **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.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 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 was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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).
- **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.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c 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.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **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.)

	Yes	No
1		
2		
За		
3b		
3с		
4a		
4b		
4c		
5a		
5b 5c		
30		
6		
7		
8		
9a		
Ja		
9b		
9с		
10a		
401		
10b n 990 or 99	0-EZ)	2019

Par	rt 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		
b	A family member of a person described in (a) above?	11b		
С	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		
Sec	tion 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		
Sec	tion 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			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
	· · · · · · · · · · · · · · · · · · ·		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
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			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction	 ns).		
а	The organization satisfied the Activities Test. Complete line 2 below.	,-		
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	nstructions')	
2	Activities Test. Answer (a) and (b) below.	1011 410110110)	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? 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	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
_	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
u	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	За		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ju		
~	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through

	other Type III non-functionally integrated supporting organizations must co	mplete Sec	tions A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount			(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	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		
Sect	ion 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		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ly integrated	Type III supporting orga	nization (see

Schedule A (Form 990 or 990-EZ) 2019

instructions).

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019 ACADEMY OF OF DOVER CHARTER SCHOOL

14-188<u>2967 Page 8</u>

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

ACADEMY OF OF DOVER CHARTER SCHOOL

Employer identification number 14-1882967

	organization answered "Yes" on Form 990, Part IV, line	(a) Donor advised f	unds	(b) Funds and other accounts	s
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in w		in donor advised fur	nds	
	are the organization's property, subject to the organization's e				No
6	Did the organization inform all grantees, donors, and donor ac				
	for charitable purposes and not for the benefit of the donor or				
	impermissible private benefit?			Yes	No
Pa	t II Conservation Easements. Complete if the org	anization answered "Yes"	on Form 990, Part I\	V, line 7.	
1	Purpose(s) of conservation easements held by the organizatio				
	Preservation of land for public use (for example, recreat	ion or education) F	Preservation of a his	torically important land area	
	Protection of natural habitat	F	Preservation of a cer	tified historic structure	
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualification	ed conservation contribution	on in the form of a c	onservation easement on the	last
	day of the tax year.			Held at the End of the 1	
а	Total number of conservation easements			2a	
b				2b	
С	Number of conservation easements on a certified historic stru			2c	
d	Number of conservation easements included in (c) acquired at				
	listed in the National Register	•		2d	
3	Number of conservation easements modified, transferred, rele			nization during the tax	
	year >	, ,	, ,	· ·	
4	Number of states where property subject to conservation ease	ement is located			
5	Does the organization have a written policy regarding the peri	odic monitoring, inspectior	n, handling of		
	violations, and enforcement of the conservation easements it	holds?		Yes	No
6	Staff and volunteer hours devoted to monitoring, inspecting, h				r
	>				
7	Amount of expenses incurred in monitoring, inspecting, handl	ing of violations, and enfor	cing conservation ea	asements during the year	
	> \$				
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of	of section 170(h)(4)(E	3)(i)	
	and section 170(h)(4)(B)(ii)?			Yes	No
9	In Part XIII, describe how the organization reports conservation				
	balance sheet, and include, if applicable, the text of the footnote	ote to the organization's fir	nancial statements th	hat describes the	
	organization's accounting for conservation easements.				
Pa	rt III Organizations Maintaining Collections of	Art, Historical Treas	ures, or Other S	Similar Assets.	
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.			
1a	If the organization elected, as permitted under FASB ASC 958	3, not to report in its revenu	ue statement and ba	lance sheet works	
	of art, historical treasures, or other similar assets held for public	lic exhibition, education, or	research in furthera	ance of public	
	service, provide in Part XIII the text of the footnote to its finance	cial statements that descri	bes these items.		
b	If the organization elected, as permitted under FASB ASC 958	3, to report in its revenue st	tatement and baland	ce sheet works of	
	art, historical treasures, or other similar assets held for public	exhibition, education, or re	search in furtherand	ce of public service,	
	provide the following amounts relating to these items:				
	(i) Revenue included on Form 990, Part VIII, line 1			• \$	
2	If the organization received or held works of art, historical trea				
	the following amounts required to be reported under FASB AS				
а	Revenue included on Form 990, Part VIII, line 1			• \$	
b	Assets included in Form 990, Part X			▶ \$	

Par	rt III Organizations Maintaining Co	llections of Ar	t, Histo	orical Tre	easures, o	r Other	Similar A	Assets	(contin	ued)
3	Using the organization's acquisition, accession	n, and other record	s, check	any of the	following that	t make siç	nificant us	e of its	•	,
	collection items (check all that apply):									
а	Public exhibition	c	k	Loan or exc	hange progra	am				
b	Scholarly research	e	• 🗌	Other						
С	Preservation for future generations									
4	Provide a description of the organization's coll	ections and explain	n how th	ey further th	ne organizatio	on's exem	pt purpose	in Part	XIII.	
5	During the year, did the organization solicit or	receive donations	of art, his	storical trea	sures, or othe	er similar a	assets			
	to be sold to raise funds rather than to be main								Yes	No
Par	rt IV Escrow and Custodial Arrang	ements. Compl	ete if the	organizatio	n answered '	"Yes" on I	Form 990, I	Part IV, I	ine 9, or	
	reported an amount on Form 990, Part	X, line 21.								
1a	Is the organization an agent, trustee, custodian	n or other intermed	liary for o	contribution	s or other ass	sets not ir	ncluded			
	on Form 990, Part X?								Yes	No
b										
									Amount	t
С	Beginning balance						1c			
d	Additions during the year									
е	Distributions during the year									
f	Ending balance						1f			
2a	Did the organization include an amount on For						y?	🗀	Yes	No
b	If "Yes," explain the arrangement in Part XIII. C									
Par	rt V Endowment Funds. Complete if	the organization ar	swered	"Yes" on Fo	orm 990, Part	IV, line 1	0.			
		(a) Current year	(b) P	rior year	(c) Two yea	rs back (d) Three yea	ars back	(e) Four	years back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	011 111 1 1 1 1111									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the current	nt year end balanc	e (line 1	ı, column (a)) held as:					
а	Board designated or quasi-endowment	•	%	,	••					
b	Permanent endowment		_							
С										
	The percentages on lines 2a, 2b, and 2c shoul	d equal 100%.								
За	Are there endowment funds not in the possess	sion of the organiza	ation tha	t are held aı	nd administer	ed for the	e organizati	on		
	by:									Yes No
	(i) Unrelated organizations								3a(i)	
	(ii) Related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organization								3b	
4	Describe in Part XIII the intended uses of the o									
Par	rt VI Land, Buildings, and Equipme									
	Complete if the organization answered	"Yes" on Form 990), Part IV	, line 11a. S	See Form 990	, Part X, I	ine 10.			
	Description of property	(a) Cost or c	other	(b) Cost	t or other	(c) Ac	cumulated		(d) Bool	k value
		basis (investr	ment)	basis	(other)		reciation			
1a	Land									
b	Buildings									
С	Leasehold improvements			9	0,389.		63,53	0.	20	5,859.
d	Equipment				6,550.	6	24,81		1:	L,734.
	Other									
	I. Add lines 1a through 1e. (Column (d) must ea		X colum	n (B) line 1	0c.)				38	3,593.

Schedule D (Form 990) 2019 ACADEMY OF C	F DOVER CHAR	TER SCHOOL	14-1882967	Page 3
Part VII Investments - Other Securities.				
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	11b. See Form 990, Part X, line 12.		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or	end-of-year market va	lue
(1) Financial derivatives				
(2) Closely held equity interests				
(3) Other				
_ (A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes" o	<u> </u>	<u> </u>		1
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or	end-of-year market va	liue
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(8)				
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶				
Part IX Other Assets.				
Complete if the organization answered "Yes" o	n Form 990 Part IV line	11d See Form 990 Part X line 15		
	Description	7114. 3331 3111 333, 1 4177, 1110 13.	(b) Book val	ue
	O PENSION		363,	154.
	O OPEB		547,	
(3)			,	
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990. Part X. col. (B) line	15.)		▶ 910,	160.
Part X Other Liabilities.	,			
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line	25.	
1. (a) Description of liability			(b) Book val	ue
(1) Federal income taxes				
(2) NET PENSION LIABILITY				153.
(3) DEFERRED INFLOW RELATED TO	PENSION			304.
(4) NET OPEB LIABILITY			4,375,	
(5) DEFERRED INFLOW RELATED TO	OPEB		1,578,	432.
(6)				
(m)			1	

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)
 Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII. X

(8) (9)

	_	·				A	14000	
Part XI	Recond	ciliation	of Revenue	per Audite	d Financial	Statements	: With Rever	nue per Return

Pai	rt XI Reconciliation of Revenue per Audited Financial St	atements With Revenu	e per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV,	ine 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	3,663,346.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1		
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	3,663,346.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1.	2.)	5	3,663,346.
Pa	rt XII Reconciliation of Expenses per Audited Financial S	tatements With Expen	ses per Returr	1.
	Complete if the organization answered "Yes" on Form 990, Part IV,			
1	Total expenses and losses per audited financial statements		1	3,319,869.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1		
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	3,319,869.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	0.
5	THIS HUSE COURT OF THE CO. 1 CART IS MITE	18.)	5	3,319,869.
Pai	rt 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 XI, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

NO PROVISION HAS BEEN MADE FOR INCOME TAXES SINCE THE SCHOOL QUALIFIES AS A TAX-EXEMPT ORGANIZATION UNDER THE INTERNAL REVENUE CODE, SECTION 501(C)(3), AND ITS ACTIVITIES DO NOT RESULT IN ANY INCOME TAX LIABILITY.

THE SCHOOL RECEIVED NOTIFICATION FROM THE INTERNAL REVENUE SERVICE THAT THEIR TAX EXEMPT STATUS WAS REVOKED DUE TO NOT FILING THE REQUIRED ANNUAL FEDERAL TAX RETURN FOR NONPROFIT ORGANIZATIONS, THE FORM 990. THE SCHOOL IS CURRENTLY WORKING TO RESOLVE THE ISSUE WITH THE INTERNAL REVENUE SERVICE AND FILE THE NECESSARY RETURNS. THERE IS UNCERTAINTY WITH RESPECT TO ANY LATE FILING PENALTIES, AND INTEREST WILL BE DUE ONCE THE RETURNS

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Part I

Schools

► Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization

ACADEMY OF OF DOVER CHARTER SCHOOL

Employer identification number

14-1882967

			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,			
	other governing instrument, or in a resolution of its governing body?	1	Х	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures,			
	catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	X	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the			
	period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes			
	the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain.			
	If you need more space, use Part II	3	Х	
	THE NONDISCRIMINATION POLICY IS PART OF THE ORGANIZATION'S			
	ADMISSIONS POLICY, WHICH IS POSTED ON THE SCHOOL'S WEBSITE.			
4	Does the organization maintain the following?			
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Х	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	Х	
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student			
	admissions, programs, and scholarships?	4c	Х	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Х	
	If you answered "No" to any of the above, please explain. If you need more space, use Part II.			
5	Does the organization discriminate by race in any way with respect to:			
	Students' rights or privileges?	5a		Х
	Admissions policies?	5b		Х
	Employment of faculty or administrative staff?	5c		Х
	Scholarships or other financial assistance?	5d		Х
	Educational policies?	5e		Х
	Use of facilities?	5f		Х
g	Athletic programs?	5g		Х
	Other extracurricular activities?	5h		Х
	If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.			
6a	Does the organization receive any financial aid or assistance from a governmental agency?	6a	Х	
	Has the organization's right to such aid ever been revoked or suspended?	6b		Х
_	If you answered "Yes" on either line 6a or line 6b, explain on Part II.			
7	Does the organization 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 Part II	7	Х	

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

Schedule E (Form 990 or 990-EZ) 2019

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.	<u> 2</u>
LINE 6 - EXPLANATION OF GOVERNMENT FINANCIAL AID:	
	_
THE ORGANIZATION PROVIDES INSTRUCTION TO STUDENTS WHO WOULD OTHERWISE BE	
SERVED BY THE STATE'S PUBLIC SCHOOLS. AS SUCH, IT RECEIVES FEDERAL AND	
STATE FUNDING IN SUPPORT OF ITS INSTRUCTIONAL PROGRAM.	
	_

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

ACADEMY OF OF DOVER CHARTER SCHOOL

Employer identification number 14-1882967

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:								
PROCESS IS STUDENT CENTERED AND ACHIEVED BY PARTNERSHIPS INVOLVING								
STUDENTS, PARENTS, AND STAFF WHERE EACH CHILD EMBRACES THE LOVE, JOY,								
AND VALUE OF EDUCATION.								
FORM 990, PART VI, SECTION B, LINE 11B:								
A COPY OF FORM 990 IS PROVIDED TO THE GOVERNING BODY FOR REVIEW AND								
APPROVAL								
FORM 990, PART VI, SECTION B, LINE 15A:								
COMPARABLE DATA AND PERFORMANCE IS EVALUATED. COMPENSATION IS REVIEWED BY								
THE SCHOOL'S GOVERNING BODY.								
FORM 990, PART VI, SECTION C, LINE 18:								
THE ORGANIZATION MAKES ITS FORM 990 AND FORM 1023 AVAILABLE TO THE PUBLIC								
UPON REQUEST. ADDITIONALLY, FORM 990 IS AVAILABLE ON GUIDESTAR.ORG.								
FORM 990, PART VI, SECTION C, LINE 19:								
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS								
AVAILABLE TO THE PUBLIC UPON REQUEST.								
FORM 990, PART XII, LINE 2C								
THE ORGANIZATION'S PROCESSES GOVERNING OVERSIGHT OF THE AUDIT AND								
SELECTION OF AN INDEPENDENT AUDITOR HAS NOT CHANGED FROM THE PRIOR								
YEAR.								

Name of the organization ACADEMY OF OF DO	VER CHARTER SCHOOL	Employer identification number 14-1882967
FORM 990, PT 1 LINE 5 AND FORM	990 PART V LINE 2A	
AS A CHARTER SCHOOL IN THE STA	TE OF DELAWARE, ACADEMY OF D	OOVER, INC. IS
CONSIDERED A COMPONENT UNIT OF		
DIRECTLY EMPLOY ITS STAFF. ALL		
CONSIDERED EMPLOYEES OF THE STA	ATE OF DELAWARE.	

Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

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

Automa	tic 6-Month Extension of Time. Only subm	nit origina	al (no copies needed).				
•	ations required to file an income tax return other than Fo		, , , , , , , , , , , , , , , , , , , ,	s, REMICs	s, and trusts		
must use	Form 7004 to request an extension of time to file income	e tax returi	ns.				
Type or	pe or Name of exempt organization or other filer, see instructions.				Taxpayer identification number (TIN)		
print	int				14-1882967		
File by the	ACADEMY OF OF DOVER CHARTER SCHOOL					7	
due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, so 104 SAULSBURY ROAD	ee instruct	ions.				
instructions.	City, town or post office, state, and ZIP code. For a for DOVER , DE $19904-2705$						
Enter the I	Return Code for the return that this application is for (file	e a separat	e application for each return)			0 1	
Application	on	Return	Application			Return	
ls For		Code	Is For			Code	
Form 990	or Form 990-EZ	01	Form 990-T (corporation)			07	
Form 990-	BL	02	Form 1041-A			08	
Form 4720	O (individual)	03	Form 4720 (other than individual)			09	
Form 990-		04	Form 5227			10	
	T (sec. 401(a) or 408(a) trust)	05	Form 6069			11	
Form 990-	T (trust other than above) THE ORGANIZATIO	06	Form 8870			12	
Telephe If the o	oks are in the care of 104 SAULSBURY Fone No. 302-674-0684 rganization does not have an office or place of business for a Group Return, enter the organization's four digit 0 If it is for part of the group, check this box	s in the Uni Group Exe	Fax No. ▶ted States, check this box	f this is fo	r the whole group, c		
the □	quest an automatic 6-month extension of time until organization named above. The extension is for the orga calendar year or Tule 1, 2019 e tax year entered in line 1 is for less than 12 months, cleaning in accounting period	anization's	return for: d ending <u>JUN</u> 30, 2020	the exem	npt organization retu · n	rn for	
	is application is for Forms 990-BL, 990-PF, 990-T, 4720,	or 6069, e	enter the tentative tax, less	2-	•	0.	
	nonrefundable credits. See instructions. is application is for Forms 990-PF, 990-T, 4720, or 6069	. enter any	refundable credits and	3a	\$	0.	
	mated tax payments made. Include any prior year overp	•		3b	\$	0.	
	ance due. Subtract line 3b from line 3a. Include your pa						
	g EFTPS (Electronic Federal Tax Payment System). See			3с	\$	0.	
Caution: I	f you are going to make an electronic funds withdrawal is.	(direct deb	oit) with this Form 8868, see Form 84	153-EO an	d Form 8879-EO for	payment	

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

Form 8868 (Rev. 1-2020)