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

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

OMB No. 1545-0047 2024 Open to Public Inspection

<u>~</u>		Problem 1 C Name of organization	<u> </u>	D Employe	r identification number		
	Check if a	bhicanic.		Linploye	i identification number		
ᆜ	Address c	•		۱ , , ,	555405		
\sqcup	Name cha	nge Doing business as Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephon	555425		
	Initial retur	1	100m/3dite		500-5657		
	Final return						
\Box	terminated	BAYFIELD CO 81122		G Gross red	ceipts\$ 223,214		
닏	Amended	return F Name and address of principal officer:			·		
	Application	pending NATALIE HORN-HOWARD	H(a) Is this a gi	roup return tor			
		PO BOX 966	H(b) Are all su	bordinates inc	cluded? Yes No		
		BAYFIELD CO 81122	If "No,	," attach a list	. See instructions		
1_	Tax-exem	pt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527					
J	Website:	SILVERSPRUCEACADEMY.ORG	H(c) Group exe	emption numb	per		
K	Form of c	organization: X Corporation Trust Association Other L	Year of formation: 2	013	M State of legal domicile: CO		
F	Part I	Summary					
		riefly describe the organization's mission or most significant activities:					
၁င		SILVER SPRUCE ACADEMY PROVIDES SUPPLEMENTAL PROGRAMS	AND RESC	URCES	UTILIZED		
nar		IN CURRICULUM EDUCATION TO STUDENTS AND FAMILIES THE	OUGHOUT I	HE FOU	JR.		
Governance		CORNERS AREA, IN COLLABORATION WITH OTHER EDUCATIONAL	L INSTITU	JTIONS.	,		
တိ	2 0	check this box if the organization discontinued its operations or disposed of more than	25% of its net a	assets.			
∞ర					3		
Activities	4 N	lumber of independent voting members of the governing body (Part VI, line 1b)		4	3		
₹	5 T	otal number of individuals employed in calendar year 2024 (Part V, line 2a)		5	12		
Act	6 T	otal number of volunteers (estimate if necessary)		6	101		
-	7a ⊺	otal unrelated business revenue from Part VIII, column (C), line 12		1 7- 1	0		
	b N	let unrelated business taxable income from Form 990-T, Part I, line 11			0		
e			Prior Ye		Current Year		
	8 0	Contributions and grants (Part VIII, line 1h)		1,370	1,075		
en.	9 P	Program service revenue (Part VIII, line 2g)	299	9,866	221,535		
Revenue	10 lr	envestment income (Part VIII, column (A), lines 3, 4, and 7d)		147	184		
_	11 C	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	200	134	420		
		otal revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	30_	1,517	223,214		
		Grants and similar amounts paid (Part IX, column (A), lines 1–3)			0		
		enefits paid to or for members (Part IX, column (A), line 4)	7.4		0		
es	15 S	alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	146	5,250	146,421		
Expenses	16a₽	Professional fundraising fees (Part IX, column (A), line 11e)			0		
꼾	b T	otal fundraising expenses (Part IX, column (D), line 25) 8,883	100	2 000	01 420		
ш	17 0	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,802	81,439		
		otal expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)		9,052	227,860		
<u> </u>	19 R	tevenue less expenses. Subtract line 18 from line 12	Beginning of Cu	2,465	-4,646 End of Year		
Net Assets or	20 T	intal assets (Part X line 16)		2,233	196,444		
ASSE	20 1	otal assets (Part X, line 16) otal liabilities (Part X, line 26)		4,589	4,383		
Net	2 2 N	otal liabilities (Part X, line 26) let assets or fund balances. Subtract line 21 from line 20		7,644	192,061		
	Part II	Signature Block		,,011	172/001		
		nalties of perjury, I declare that I have examined this return, including accompanying schedules and s	tatements and to	the best o	f my knowledge and helief it is		
		ct, and complete. Declaration of preparer (other than officer) is based on all information of which pre			i my knowieuge and belief, it is		
	I			1			
Sig	an	Signature of officer		I Date	_		
He	- 1	NATALIE HORN-HOWARD EXECUTIVE	DIRECTO)B			
		Type or print name and title	<i></i>	/11			
		Preparer's name Preparer's signature	Date	Check	if PTIN		
Pai	id	KEN ROTH					
	parer	Firm's name TAYLOR ROTH AND COMPANY	<u> </u>	Firm's EIN	20-3746583		
	e Only	1580 LINCOLN ST STE 520		IIII S EIIN	20 3/10303		
	1	Firm's address DENVER, CO 80203-1517		Phone no.	303-830-8109		
Ma	v the IR	S discuss this return with the preparer shown above? See instructions	F	HOHE HU.	X Yes No		
u	,						

m 990 (2024) SILVER SPRUC		46-3555425	Page 2
art III Statement of Progra	m Service Accomplishments		
Check if Schedule O	contains a response or note to any lin	ne in this Part III	X
IN CURRICULUM EDUC	ssion: DEMY PROVIDES SUPPLEMEN ATION TO STUDENTS AND COLLABORATION WTIH OTHE	FAMILIES THROUGHOUT	THE FOUR
Did the organization undertake any s	ignificant program services during the year wh	ich were not listed on the	
•			Yes X No
services?	g, or make significant changes in how it cond		Yes X No
If "Yes," describe these changes on S	Schedule O. service accomplishments for each of its three	largest was are a series of a second	h.,
expenses. Section 501(c)(3) and 501	(c)(4) organizations are required to report the ny, for each program service reported.		•
PROVIDE HIGH-QUALITY FAMILIES THROUGHOUT FEAR, THE ACADEMY CONTINUES HIGH SCHOOL TO EXTEND A	189,616 including grants of\$ OPERATION, SILVER SPRING HOMESCHOOL ENRICHMENT THE FOUR CORNERS REGIO ONTRACTED WITH MOUNTAIN FOR 9-12 STUDENTS, PUEI CCESS TO DUAL ENROLLMEN MENT OF EDUCATION THROU	JCE ACADEMY, INC. CO OPPORTUNITIES TO S ON. DURING THE 2024- MIDDLE SCHOOL FOR BLO COMMUNITY COLLEGION T RECEIVING STATE F	TUDENTS AND 2025 SCHOOL K-8 STUDENTS E AND SAN JUJ UNDING FROM
	SEE SCHEDULE O FOR I	MORE DETAIL	

	including grants of\$		
N/A			
• • • • • • • • • • • • • • • • • • • •			
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•			
(Code:) (Expenses \$	including grants of\$) (Revenue \$)

Other program services (Describe on			
(Expenses \$	including grants of\$) (Revenue \$)
Total program service expenses	189,616		

'	One state of respanse seriousles		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Rev. Proc. 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,	_		37
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			v
^	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	9		
10		10		Х
11	or in quasi-endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10		
••	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
_	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		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
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		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		_X_
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	77	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Х	37
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate 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	170		21
13		15		X
16	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV			
. •	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. See instructions	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		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
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		X
DAA		_	990	(2024)

Forn	n 990 (2024) SILVER SPRUCE ACADEMY, INC. 46-3555425		P	age 4
Pa	art IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	. 24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? 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, 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			
	nersons? If "Ves" complete Schedule I Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule			
	L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
C	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in noncash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	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		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
-	complete Schedule N. Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 201 7701 2 and 201 7701 22 If "Vos." complete Schodule P. Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	33		
٠.	or IV and Part V line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?			X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	334		
~	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	005		
00	related ergonization? If "Von " complete Schoolule B. Part V. line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		
J,	and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and	31		- 21
50	19? Note: All Form 990 filers are required to complete Schedule O	38	x	
P	art V Statements Regarding Other IRS Filings and Tax Compliance	. 30	_ 21	
1 (Check if Schedule O contains a response or note to any line in this Part V			
	235K ii Collogado C Colladido a l'osponec el nete te any illio in tillo i alt v	<u> </u>	Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 6		1.55	
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
v	reportable gaming (gambling) winnings to prize winners?	1c	x	

17

If "Yes," complete Form 4720, Schedule O.

If "Yes," complete Form 6069.

Section 501(c)(21) organizations. Did the trust, any disqualified or other person, engage in any activities

that would result in the imposition of an excise tax under section 4951, 4952, or 4953?

	rt VI Government And Disclosure For each "Voe" represent to lines 3 through 7h holesure	ord		age 6 "No"
Pa	rt VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below,			
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule C Check if Schedule O contains a response or note to any line in this Part VI		; 111511	X
S_C	tion A. Governing Body and Management			
<u> </u>	tion A. Governing Body and Management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		103	110
	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 3			
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 direct			
_	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X X X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the follow	ring:		
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	ode.)	
			Yes	No
0a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
2a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe on Schedule O how this was done	12c	X	
3	Did the organization have a written whistleblower policy?	13	X	
4	Did the organization have a written document retention and destruction policy?	14	X	
5	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
jec	tion C. Disclosure			
7	List the states with which a copy of this Form 990 is required to be filed NONE			
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)			

(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

Own website Another's website X Upon request Other (explain on Schedule O)

Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

State the name, address, and telephone number of the person who possesses the organization's books and records.

JANNA POTTER

PO BOX 966

BAYFIELD CO 81122 970-500-5657

09/25/2025 4:15 PM											
Form 990 (2024) S	STINED S	DDIICE AC	חגי	NT M	v	т	NC		46-355	5425	Page 7
										lighest Compensate	
	pendent C	•			-,			,	,,,	g	
			aı	resp	ons	se c	or no	te	to any line in this Pa	art VII	<u> </u>
Section A. Offic	ers, Directors	, Trustees, Key	Em	ploy	ees,	and	giH b	jhes	st Compensated Employ	/ees	
1a Complete this to organization's tax y		sons required to	be li	sted.	Re	port	comp	ens	sation for the calendar year	ar ending with or within th	e
compensation. Ente	er -0- in columr	ns (D), (E), and	(F) if	no (comp	oens	ation	wa	s paid.	ations), regardless of amo	unt of
-	J	•	,			•			ctions for definition of "ke	, , ,	,
	rtable compens	ation (box 5 of F	orm	W-2	, bo					ctor, trustee, or key emplor of Form 1099-NEC) of m	
\$100,000 of repor	table compensa	ation from the o	gani	zatio	n ar	nd a	ny re	late	d organizations.	ees who received more th	
 List all of the organization, more See the instructions 	than \$10,000 (of reportable cor	nper	nsatio	on fr	om 1	the o	eive rgar	ed, in the capacity as a fo nization and any related o	rmer director or trustee of organizations.	the
Check this box	if neither the o	organization nor	any	relat	ed o	rgar	nizatio	n c	compensated any current	officer, director, or trustee	
(A) Name and title Average hours per week				(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(1) NATALIE	HORN-H	WARD 40.00									
EXECUTIVE D	TRECTOR	0.00			x				72,716	0	0
(2) JONATHAN								K	72/110		
		2.00									
PRESIDENT	LIA CATED	0.00	X		X	<u> </u>			0	0	0
(3) MONICA	WAGNER	2.00						V			
VP & SECRET		0.00	x		х				0	0	0
(4) RYLEE M		1 0.00									
		1.00									
TREASURER	OEDET 3	0.00	X		X				0	0	0
(5) KRISTIN	GEKELA	1.00									
DIRECTOR		0.00	х						0	0	0
(6)											

Form **990** (2024)

(7)

(8)

(9)

(10)

(11)

Pa	rt VII Section A. Officer	s, Directors, Ti	rust	ees,	Key	/ En	nploy	yees	s, and Highest Compens	ated Employees (continu	ued)			
	(A) Name and title Average hours per week (list any		off	Position (do not check more than one box, unless person is both ar officer and a director/trustee) or ond the control of the c					(D) Reportable compensation from the organization (W-2/	(E) Reportable compensation from related organizations (W-2/	(F) Estimated amour of other compensation from the			
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	xer .	Key employee	Highest compensated employee	Former	1099-MISC/ 1099-NEC)	1099-MISC/ 1099-NEC)		anizatio d orgar	n and nizations	5
(12)														
(13)														
(14)														
(15)														
(16)														
(17)									X					
(18)								<	2_X					
(19)							<							
1b	Subtotal								72,716					
2	Total from continuation she Total (add lines 1b and 1c) Total number of individuals (i reportable compensation from	including but no	t lim	ited					72,716 pove) who received more	than \$100,000 of				
3	Did the organization list any temployee on line 1a? If "Yes For any individual listed on line organization and related organization and related organization."	<i>;" complete Sch</i> ne 1a, is the su	edui m o er th	<i>le J</i> f rep nan :	for s ortal \$150	ole c 0,000	indivomp	idua ens "Yes"	al ation and other compensa s," complete Schedule J fo	tion from the		3	Yes	X X
5	Did any person listed on line for services rendered to the	1a receive or a	accru	ie co	ompe	ensa	tion	from	n any unrelated organization			5		х
Sect	ion B. Independent Contrac		76.	S, C	σπρ	icic	SCH	Juui	e o for such person			<u> </u>		
1	Complete this table for your compensation from the organ	five highest con nization. Report	nper com	nsate npen:	ed inc satio	depe	ender r the	nt c	ontractors that received mendar year ending with or	ore than \$100,000 of within the organization's	tax year.			
		(A) d business address								(B) tion of services		Con	(C) npensati	ion
2	Total number of independent received more than \$100,000								those listed above) who	0				

ra	rt v	Check if Schedule O co		a response or no	ote to any line in	this Part VIII		
				·	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
and Other Similar Amounts	1a	Federated campaigns	1a					
ᇗ	b	Membership dues	1b					
Ρį	С	Fundraising events	1c					
<u>a</u>	d	Related organizations	1d					
Ę	е	Government grants (contributions)	1e					
ъ,	f	All other contributions, gifts, grants, and similar amounts not included above	1f	1,075				
딁	q	Noncash contributions included in		1,075				
9	Ū	lines 1a-1f	1g	\$				
<u>ā</u>	h	Total. Add lines 1a-1f			1,075			
				Business Code		212 172		
2	2a		3		213,172	213,172		
ne d	b	*			8,363	8,363		
Revenue	С							
Re	d							
=	e	All other programs consider revenue						
		All other program service revenue			221,535			
	<u>9</u> 3	Total. Add lines 2a–2f			221,333			
	3	other similar amounts)			184			184
	4	Income from investment of tax-exer	nnt hor	nd proceeds		*		
	5	Royalties						
		(i) Real		(ii) Personal				
	6a	Gross rents 6a						
	b	Less: rental expenses 6b						
	С	Rental inc. or (loss) 6c						
	_d	Net rental income or (loss)						
	7a	Gross amount from sales of assets (i) Securities	es	(ii) Other				
		other than inventory 7a						
<u> </u>	b	Less: cost or other						
Revenue		basis and sales exps. 7b						
~		Gain or (loss) 7c						
Other		Net gain or (loss)						
ಠ	8a	Gross income from fundraising events						
		(not including \$						
		of contributions reported on line	0-					
		1c). See Part IV, line 18	8a 8b					
		Less: direct expenses		to.				
	C Qa	Gross income from gaming	ig even	15				
	Ja	activities. See Part IV, line 19	9a					
	h	Less: direct expenses	9b					
		Net income or (loss) from gaming a		<u> </u>				
		Gross sales of inventory, less						
		returns and allowances	10a					
	b	Less: cost of goods sold	10b					
		Net income or (loss) from sales of i		y				
2				Business Code				
<u>e</u> 6	11a	MISCELLANEOUS REVENUE			420	420		
eur	b							
Miscellaneous Revenue	С							
2 2 2 3 4	d	All other revenue						
		Total. Add lines 11a-11d			420			
	12	Total revenue. See instructions			223,214	221,955	0	184

Part IX Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations mus Check if Schedule O contains a res			st complete column (A).	П
Do r			(B)	(C)	[_]_ (D)
	not include amounts reported on lines 6b, 7 Pb, and 10b of Part VIII.	b, (A) Total expenses	Program service	Management and	Fundraising
	•		expenses	general expenses	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)		10- 0-0	22.121	
7	Other salaries and wages	134,200	107,358	20,131	6,711
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	12,221	9,777	1,833	611
11	Fees for services (nonemployees):				
а	Management				
	Legal				
С	Accounting	1,381		1,381	
d	Lobbying				
е	Professional fundraising services. See Part IV, line	7			
f	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A), amount, list line 11g expenses on Schedule O.)	455		455	
12	Advertising and promotion	2,757	2,205	414	138
13	Office expenses	2,401	1,920	361	120
14	Information technology	-	-		
15	Royalties				
16	Occupancy	15,355	12,284	2,303	768
17	Travel		-	-	
18	Payments of travel or entertainment expense	s			
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2,452	1,961	368	123
23	Insurance	7,223	5,779	1,083	361
24	Other expenses. Itemize expenses not covered	-	•		
	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A), amount, list line 24e expenses on Schedule O.)				
а	DIRECT PROGRAM SERVICES	35,589	35,589		
b	EQUIPMENT	8,334	8,334		
C	FOOD	1,829	1,829		
d	MEMBERSHIPS	1,344	1,344		
	All other expenses	2,319		1,032	51
25		227,860	189,616	29,361	8,883
26	Joint costs. Complete this line only if the	,	,	,	,
	organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation. Check her if				
	following SOP 98-2 (ASC 958-720)				

		(A) Beginning of year		(B) End of year
Τ,	1 Cash—non-interest-bearing	4,360	1	64,025
	×	186,477	2	124,474
	5 · · · · · · · · · · · · · · · · · · ·	100,477	3	121,17
			4	
	 4 Accounts receivable, net 5 Loans and other receivables from any current or former officer, director, 		4	
'	•			
	trustee, key employee, creator or founder, substantial contributor, or 35%		5	
	controlled entity or family member of any of these persons Loans and other receivables from other disqualified persons (as defined		3	
	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
Assets			7	
Asi	7 Notes and loans receivable, net		8	
1	Inventories for sale or use Prepaid expenses and deferred charges	2,299	9	
	9 Prepaid expenses and deferred charges 0a Land, buildings, and equipment: cost or other	2,299	9	
'				
	36 556	9,097	10c	7,945
1	4 Investments willish traded counting	5,051	11	7 7 7 1 3
1:			12	
1			13	
1			14	
1			15	
1		202,233	16	196 444
1		4,589	17	196,444 4,383
1		1,505	18	1/505
1			19	
2			20	
2	1 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
۔ ا				
Liabilities	trustee, key employee, creator or founder, substantial contributor, or 35%			
<u> </u>	controlled entity or family member of any of these persons		22	
₂ ٿ			23	
2			24	
2				
-	parties, and other liabilities not included on lines 17-24). Complete Part X			
	of Schedule D		25	
2		4,589	26	4,383
\neg	Organizations that follow FASB ASC 958, check here X	_,		
ğ	and complete lines 27, 28, 32, and 33.			
Fund Balances		197,644	27	192,061
മ് 2		,	28	•
[]	Organizations that do not follow FASB ASC 958, check he			
	and complete lines 29 through 33.			
<u>ة</u> 2	•		29	
§ §			30	
§ 3			31	
Net Assets or		197,644	32	192,061
~ _	3 Total liabilities and net assets/fund balances	202,233	33	196,444

Form **990** (2024)

orn	990 (2024) SILVER SPRUCE ACADEMY, INC. 46-3555425			Pag	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u> </u>	<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2:	23,2	
2	Total expenses (must equal Part IX, column (A), line 25)	2	2:	27,8	<u> 360</u>
3	Revenue less expenses. Subtract line 2 from line 1	3	r	-4,0	<u> 646</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	19	97,6	544
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	937
9	Other changes in net assets or fund balances (explain on Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10	15	92,0	061
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both.				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both.				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
				m 99 0	(2024)

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

OMB No. 1545-0047

Open to Public Inspection

Attach to Form 990 or Form 990-EZ.

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

Name of the organization Employer identification number SILVER SPRUCE ACADEMY, INC. 46-3555425 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). X 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 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, 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.) 6 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)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) 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.) 11 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 on 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. 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. 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. Type III non-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. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s) (i) Name of supported (iv) Is the organization (iii) Type of organization (v) Amount of monetary (vi) Amount of listed in your governing organization (described on lines 1-10 support (see other support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D) (E)

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

	the A. D. Lille O		,		, [, , , ,	
	tion A. Public Support		.	, ,		,	
Caler	ndar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.						
Sec	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7	Amounta from line 4	(1)	(,, ,		(4)	(2)	(-)
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources		•				
9	Net income from unrelated business activities, whether or not the business is regularly carried on		2				
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)		Q.				
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc						
13	First 5 years. If the Form 990 is for the	•	st, second, third, fo	ourth, or fifth tax ye	ear as a section s	501(c)(3)	
	organization, check this box and stop he						
	tion C. Computation of Public						
14	Public support percentage for 2024 (line			olumn (f))			<u>%</u>
15	Public support percentage from 2023 Sc						<u>%</u>
16a	33 1/3% support test — 2024. If the org	•		·	14 is 33 1/3% or i	more, check this	
	box and stop here. The organization qu		-				
b	33 1/3% support test — 2023. If the org				line 15 is 33 1/39	% or more, check	
47-	this box and stop here. The organization						Ц
17a	10%-facts-and-circumstances test —	_					
	10% or more, and if the organization me				-		
	Part VI how the organization meets the	racts-and-circums	stances test. The	organization qualifi	es as a publicly	supported	
b	organization 10%-facts-and-circumstances test —	2023. If the organ	nization did not ch	eck a box on line	13, 16a, 16b, or 1	17a, and line	
	15 is 10% or more, and if the organization in Part VI how the organization meets the				-		
					·		
18	organization Private foundation. If the organization of						Ц
10	_						
	instructions						L

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

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

Sec	tion A. Public Support								
Caler	ndar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024		(f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")								
2	Gross receipts from admissions, merchandise								-
_	sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	ı							
3	Gross receipts from activities that are not an unrelated trade or business under section 513								
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf								
5	The value of services or facilities furnished by a governmental unit to the organization without charge								
6	Total. Add lines 1 through 5								
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons								
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year								
С	Add lines 7a and 7b								_
8	Public support. (Subtract line 7c from line 6.)		5						
	tion B. Total Support				.	Г			_
Caler	ndar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024		(f) Total	_
9	Amounts from line 6								_
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .								
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975								
С	Add lines 10a and 10b								-
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on								
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)								
13	Total support. (Add lines 9, 10c, 11,	1							
	and 12.)								_
14	First 5 years. If the Form 990 is for the organization, check this box and stop he	ere		•		. , . ,			_
Sec	tion C. Computation of Public								_
15	Public support percentage for 2024 (line						15	%	-
16_	Public support percentage from 2023 Sc						16	%	_
	tion D. Computation of Investm					ı			_
17	Investment income percentage for 2024			e 13, column (f))			17	%	_
18	nvestment income percentage from 2023					· · · · · · · · · · · · -	18	%	_
19a	33 1/3% support tests — 2024. If the o	-						_	-
_	17 is not more than 33 1/3%, check this	_	_			_			_
b	33 1/3% support tests — 2023. If the o	-							-
	line 18 is not more than 33 1/3%, check	-	_			_		_	=
20	Private foundation. If the organization of	did not check a bo	ox on line 14, 19a	, or 19b, check th	is box and see in:	structions			_

Supporting Organizations Part IV

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

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing 1 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,
- 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).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- 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.
- 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.
- Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- 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.
- 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)
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in 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).
- 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?
- Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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.
- 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).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 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.
- Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in 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 line 10b below.
- 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.)

1			Yes	No
2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c			100	140
2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c				
3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a		1		
3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a				
3b 3c 4a 4b 4b 5a 5b 5c 6 7 8 9a 9b 9c		2		
3b 3c 4a 4b 4b 5a 5b 5c 6 7 8 9a 9b 9c				
3c		3a		
3c				
3c		3b		
4a				
4b 4c 5a 5b 5c 6 7 8 9a 9b 9c		3с		
4b 4c 5a 5b 5c 6 7 8 9a 9b 9c				
4c		4a		
4c				
5a 5b 5c 6 7 8 9a 9b 9c		4b		
5a 5b 5c 6 7 8 9a 9b 9c				
5a 5b 5c 6 7 8 9a 9b 9c				
5b 5c 6 7 8 9a 9b 9c		4c		
5b 5c 6 7 8 9a 9b 9c				
5b 5c 6 7 8 9a 9b 9c		5a		
5c 6 7 8 9a 9b 9c 10a				
6 7 8 9a 9b 9c		5b		
7 8 9a 9b 9c		5c		
7 8 9a 9b 9c				
9a 9b 9c		6		
9a 9b 9c				
9a 9b 9c		7		
9a 9b 9c 10a				
9b 9c 10a		8		
9b 9c 10a				
9b 9c 10a		9a		
9c 10a				
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10b chedule A (Form 990) 2024		iua		
chedule A (Form 990) 2024		10b		
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Page 5

Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
	provide detail in Part VI.	11c		
Sect	ion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? 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	1		
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	ion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sect	ion 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 on line 2, above, did the organization's supported organizations have			
	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sect	ion 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 instruct	ions).		
a b	The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	instruc	ctions).	
•		[Yes	No
2	Activities Test. Answer lines 2a and 2b below.			
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 each of its supported organizations, and how the organization determined	2a		
	that these activities constituted substantially all of its activities.			
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's			
	involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would	O.L		
	have engaged in these activities but for the organization's involvement.	2b		
3				
а	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization

6 Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions).

(see instructions).

Schedule A (Form 990) 2024

SILVER SPRUCE ACADEMY, INC. 46-3555425 Schedule A (Form 990) 2024 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Part V Section D - Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes 1 1 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 2 Administrative expenses paid to accomplish exempt purposes of supported organizations 3 4 Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required—provide details in Part VI) 5 Other distributions (describe in Part VI). See instructions. 6 Total annual distributions. Add lines 1 through 6. 7 7 Distributions to attentive supported organizations to which the organization is responsive 8 (provide details in Part VI). See instructions. Distributable amount for 2024 from Section C, line 6 9 10 Line 8 amount divided by line 9 amount 10 (i) (ii) (iii) Section E - Distribution Allocations (see instructions) **Excess Distributions Underdistributions** Distributable Pre-2024 Amount for 2024 Distributable amount for 2024 from Section C, line 6 Underdistributions, if any, for years prior to 2024 (reasonable cause required-explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2024 **a** From 2019 **b** From 2020 **c** From 2021 **d** From 2022 e From 2023 f Total of lines 3a through 3e g Applied to underdistributions of prior years h Applied to 2024 distributable amount i Carryover from 2019 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 4 Distributions for 2024 from Section D, line 7: a Applied to underdistributions of prior years **b** Applied to 2024 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2025. Add lines 3j and 4c. 8 Breakdown of line 7:

Schedule A (Form 990) 2024

a Excess from 2020.

c Excess from 2022.

e Excess from 2024

b Excess from 2021

d Excess from 2023

Part VI	SILVER SPROCE ACADEMY, INC. 46-3535425 Page 8 Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
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DAA Schedule A (Form 990) 2024

SCHEDULE D

(Form 990) (Rev. December 2024) Department of the Treasury Internal Revenue Service

Supplemental Financial Statements
Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

ıme	of the organization		Employer identification number	
3:	ILVER SPRUCE ACADEMY, INC.		46-3555425	
	rt I Organizations Maintaining Donor Advised F Complete if the organization answered "Yes" o	runds or Other Similar Funds n Form 990, Part IV, line 6.		
		(a) Donor advised funds	(b) Funds and other accounts	,
	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3				
ļ	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in writing	that the assets held in donor advised	<u></u>	
	funds are the organization's property, subject to the organization's $\boldsymbol{\varepsilon}$	exclusive legal control?	Yes	No
6	Did the organization inform all grantees, donors, and donor advisors		i	
	only for charitable purposes and not for the benefit of the donor or or			
_	conferring impermissible private benefit?		Yes	No
' a	rt II Conservation Easements Complete if the organization answered "Yes" o	n Form 990, Part IV, line 7.		
1	Purpose(s) of conservation easements held by the organization (che			
	Preservation of land for public use (for example, recreation or e			
	Protection of natural habitat	Preservation of a certified I	historic structure	
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified co	nservation contribution in the form of a		
	easement on the last day of the tax year.		Held at the End of the	Tax Yea
а	Total number of conservation easements		2a	
	Total acreage restricted by conservation easements		•	
	Number of conservation easements on a certified historic structure		2c	
d	Number of conservation easements included on line 2c acquired aft			
	on a historic structure listed in the National Register		2d	
3	Number of conservation easements modified, transferred, released,			
4	the organization during the tax year	in located		
4 5				
3	Does the organization have a written policy regarding the periodic r violations, and enforcement of the conservation easements it holds'	= :	Yes	□ No
6	Staff and volunteer hours devoted to monitoring, inspecting, handlin		🗀 100 [
•	conversation easements during the year			
7	Amount of expenses incurred in monitoring, inspecting, handling of			
•	conservation easements during the year	<u> </u>	\$	
3	Does each conservation easement reported on line 2d above satisf			
	(i) and section 170(h)(4)(B)(ii)?		` '	□ No
9	In Part XIII, describe how the organization reports conservation eas			
	sheet, and include, if applicable, the text of the footnote to the orga	•		
	organization's accounting for conservation easements.			
Pa	rt III Organizations Maintaining Collections of Ar Complete if the organization answered "Yes" o	rt, Historical Treasures, or Oth n Form 990, Part IV, line 8.	ner Similar Assets	
 1а	If the organization elected, as permitted under FASB ASC 958, not	to report in its revenue statement and b	palance sheet works	
	of art, historical treasures, or other similar assets held for public ext			
	service, provide in Part XIII the text of the footnote to its financial st	atements that describes these items.		
b	If the organization elected, as permitted under FASB ASC 958, to re	eport in its revenue statement and balar	nce sheet works of	
	art, historical treasures, or other similar assets held for public exhib	ition, education, or research in furtherar	nce of public service,	
	provide the following amounts relating to these items.			
	(i) Revenue included on Form 990, Part VIII, line 1		\$	
	/// A		•	
2	If the organization received or held works of art, historical treasures			
	following amounts required to be reported under FASB ASC 958 rel			
а	Revenue included on Form 990, Part VIII, line 1		\$	
h	Assets included in Form 990, Part X		\$	

Part IV Escrow and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.	<u>ed)</u>
collection items (check all that apply). a Public exhibition d Loan or exchange program b Scholarly research e Other c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Part IV Escrow and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.	
b Scholarly research c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Part IV Escrow and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.	
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 XIII. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Part IV Escrow and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 	
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Part IV Escrow and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.	
assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Part IV Escrow and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.	
Part IV Escrow and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.	No
Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.	
And the second of the second o	
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?	No
b If "Yes," explain the arrangement in Part XIII and complete the following table.	
Amount	_
c Beginning balance	_
d Additions during the year 1d	_
e Distributions during the year 1e	_
f Ending balance	_
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes N	– No
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.	
Part V Endowment Funds	
Complete if the organization answered "Yes" on Form 990, Part IV, line 10.	
(a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back	:k
1a Beginning of year balance	
b Contributions	
c Net investment earnings, gains,	
and losses	
d Grants or scholarships	
e Other expenditures for facilities and	
programs	
f Administrative expenses	
g End of year balance	
2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:	
a Board designated or quasi-endowment %	
b Permanent endowment %	
c Term endowment %	
The percentages on lines 2a, 2b, and 2c should equal 100%.	
3a Are there endowment funds not in the possession of the organization that are held and administered for the	
organization by: Yes No.	10
(i) Unrelated experimetions?	<u>-</u>
(i) Onleated organizations? (ii) Related organizations? 3a(ii)	_
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b	
4 Describe in Part XIII the intended uses of the organization's endowment funds.	
Part VI Land, Buildings, and Equipment	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10)
Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated (d) Book value	<u></u>
(investment) (other) depreciation	
1a Land Buildings	
b Buildings c Leasehold improvements	
	5
d Equipment 44,501 36,556 7,94	<u> </u>
e Other	ŀ5

Page	3
i ayc	•

Part VII	Investments - Other Securities			
	Complete if the organization answered "Yes" of	n Form 990, Part IV,	line 11b. See Form 99	00, Part X, line 12.
	(a) Description of security or category	(b) Book value	(c) Method of	
	(including name of security)		Cost or end-of-year	market value
(1) Financial				
	eld equity interests			
(G)				
(H)				
	nn (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII	Investments - Program Related			
	Complete if the organization answered "Yes" of	on Form 990, Part IV,	line 11c. See Form 99	0, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of	
			Cost or end-of-year	market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	4			
	nn (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX	Other Assets	Farras 000 David IV	line 44d Coo Forms 00	O Dart V line 45
	Complete if the organization answered "Yes" o	on Form 990, Part IV,	line 11a. See Form 98	
(4)	(a) Description			(b) Book value
(1)				
(2)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	nn (b) must equal Form 990, Part X, line 15, col. (B))			
Part X	Other Liabilities			
	Complete if the organization answered "Yes" of	on Form 990, Part IV,	line 11e or 11f. See F	orm 990, Part X,
	line 25.			
1.	(a) Description of liability			(b) Book value
(1) Federal	income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	nn (b) must equal Form 990, Part X, line 25, col. (B))			
-	uncertain tax positions. In Part XIII, provide the text of the			_
organization's	liability for uncertain tax positions under FASB ASC 740. C	heck here if the text of the	footnote has been provided	in Part XIII

SCHE	edule D (Form 990) (Rev. 12-202 S)ILVER SPRUCE ACADEMY, INC. 46-3 5)JJ44J	Page 4
	Reconciliation of Revenue per Audited Financial Statements With Revenue per Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	er Return	-
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities 2b		
C	Recoveries of prior year grants 2c		
d			
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
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		
	Other (Describe in Part XIII.)		
	Add lines 4a and 4b	4c	
5			
Pa	Reconciliation of Expenses per Audited Financial Statements With Expenses Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	per Return	
1	Total expenses and losses per audited financial statements	1	
	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities 2a		
	Prior year adjustments 2b		
	Other losses 2c		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	. 2e	
3	Subtract line 2e from line 1	. 3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
	Investment expenses not included on Form 990, Part VIII, line 7b	_	
	Other (Describe in Part XIII.)		
	Add lines to and the	1.46	
С 5	Add lines 4a and 4b Total expenses, Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	4c 5	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5 5	
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18.</i>) art XIII Supplemental Information vide 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,	. 5	
5 Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information	line 4; Part X, line	
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5 Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V,	line 4; Part X, line	
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Schedule D (F	Form 990) (Rev. 12- Supplemental	-202 \$)ILVER	SPRUCE	ACADEMY,	INC.	46-3555425	Page 5
Part XIII	Supplemental	Information	(continued)				
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SCHEDULE E

(Form 990)

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

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 instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

SILVER SPRUCE ACADEMY, INC. Employer identification number 46-3555425

Pa	art I			
			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	X	
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 on its primary publicly accessible Internet			
	homepage at all times during its tax year in a manner reasonably expected to be noticed by visitors to the			
	homepage, or 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	X	
	THE RACIAL NONDISCRIMINATION POLICY IS INCLUDED IN THE SCHOOL			
	HANDBOOKS AND ON THE ORGANIZATION'S WEBSITE.			
4	Dogs the ergonization maintain the following:			
4 a	Does the organization maintain the following: Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Х	
b	Records indicating the racial composition of the student body, racuity, and administrative stail? 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	X	
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:			
а	Students' rights or privileges?	5a		Х
b	Admissions policies?	5b		х
С	Employment of faculty or administrative staff?	5c		X
d	Scholarships or other financial assistance?	5d		X
е	Educational policies?	5e		X
f	Use of facilities?	5f		X
g	Athletic programs?	5g		X
h	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	
b	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 in 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, as modified by Rev. Proc. 2019-22, 2019-22 I.R.B. 1260, covering		-	
	racial nondiscrimination? If "No," explain in Part II	7	X	1

Schedule Part I		Sup	plen	nenta	al Ir	nforr	natio	on. F	Provi	/ER de th nform	e ex	plana	ations	s req	uired	d by l				1d, 5h				554 appli	25 cable.	Page 2
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SCHEDULE O (Form 990)

(Rev. December 2024)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Name of the organization

SILVER SPRUCE ACADEMY, INC. 46-3555425

FORM 990, PART III - ADDITIONAL INFORMATION THE ACADEMY CELEBRATED A MAJOR MILESTONE WITH THE OPENING OF ITS NEW SDA CAMPUS FOR THE 2024-2025 SCHOOL YEAR. THE EXPANDED CLASSROOMS AND A 3+ ACRE PLAYGROUND HAVE BEEN ENTHUSIASTICALLY RECEIVED BY STUDENTS, FAMILIES, AND STAFF, FURTHER SUPPORTING OUR MISSION TO PROVIDE COLLABORATIVE, COMMUNITY-ROOTED ENRICHMENT PROGRAMS THAT INSPIRE GROWTH AND LIFELONG LEARNING.

A TOTAL OF 326 STUDENTS WERE SERVED, INCLUDING 53 FUNDED ENROLLED, 15 FEE-BASED ENROLLED, AND 258 UNENROLLED STUDENT PARTICIPANTS. AMONG THESE, 46 WERE K-8 GRADE STUDENTS AND 7 WERE 9-12 GRADE STUDENTS RECEIVING FUNDED EDUCATIONAL SERVICES. STUDENTS BENEFITED FROM 110 ENRICHMENT CLASSES AND 50 EDUCATIONAL EVENT CLASSES, ENGAGED BY 102 VOLUNTEERS WHO DONATED MORE THAN 172 HOURS.

POPULAR OFFERINGS INCLUDED INTERNSHIPS, ORCHESTRA, ARCHEOLOGY, FUTURE CITY, NATURAL DYES AND PAINT, AMERICAN MYTHOLOGY, STOP MOTION ANIMATION, LEGO ROBOTICS, MICROBIOLOGY, SIGN LANGUAGE, CARTOGRAPHY, FOODS THAT BUILT AMERICA, DURANGO ROCKY MOUNTAIN CHOCOLATE FACTORY, TECH IN THE WILD, MUSEUM OF NAVAJO ART, CPR & FIRST AID, SILVERTON MINING AND MILLING, PUEBLO COMMUNITY COLLEGE CALCULUS I & II, DURANGO AND SILVERTON NARROW GAUGE RAILROAD TRAIN YARD AND MUSEUM, TECH TAKE APART, MAKERLAB, ICE SKATING, RADIO STATION TRADES, SKI/SNOWBOARD CLUB, FORT LEWIS COLLEGE LITERACY SCAVENGER HUNT, DURANGO WOMEN'S LEADERSHIP CONFERENCE, LEIF LEATHER, YOGA, UNITED STATES FOREST SERVICE FIRE TANKER BASE, SAN JUAN COLLEGE PLANETARIUM & SCHOOL OF ENERGY. THESE DIVERSE CLASSES REFLECT OUR COMMITMENT TO HANDS-ON, EXPERIENTIAL CLASSES INCORPORATING INTERDISCIPLINARY AND MULTI-AGE LEVELED LEARNING.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 THE FULL BOARD REVIEWS THE 990 AT A BOARD MEETING, AND HAS THE OPPORTUNITY TO MAKE EDITS AND SUGGESTIONS. THE FINAL REVISED COPY OF THE FORM 990 IS PROVIDED ELECTRONICALLY TO BOARD MEMBERS FOR FINAL APPROVAL PRIOR TO FILING WITH THE IRS.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY THE CONFLICT OF INTEREST POLICY REQUIRES DIRECTORS, OFFICERS AND KEY STAFF TO ANNUALLY DISCLOSE INTERESTS THAT COULD GIVE RISE TO CONFLICTS. THE POLICY AND DISCLOSURE FORM IS DISTRIBUTED TO AND COLLECTED FROM ALL NEW STAFF AT THE TIME OF HIRE. POTENTIAL CONFLICTS ARE REVIEWED BY THE BOARD OF DIRECTORS.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL THE BOARD OF DIRECTORS, DURING THE EXECUTIVE DIRECTOR'S ANNUAL PERFORMANCE EVALUATION AND DURING BUDGET REVIEW AND APPROVAL TIMES, EXAMINES COMPENSATION INFORMATION FROM SIMILAR ORGANIZATIONS LOCALLY AND WITHIN THE STATE OF COLORADO IN CONJUNCTION WITH THE AVAILABLE FUNDS EXPECTED TO BE RECEIVED FOR EACH STUDENT.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION GOVERNING AND FINANCIAL DOCUMENTS ARE AVAILABLE UPON WRITTEN REQUEST.