** PUBLIC DISCLOSURE COPY **

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)

▶ 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

ΑI	For the	2017 calendar year, or tax year beginning $$	<u>JUN 30, 2018</u>	3				
В	Check if applicable:	C Name of organization	D Employer identi	fication number				
	Address	UPPER MISSISSIPPI ACADEMY						
	Name change	Doing business as	45-	3597879				
	Initial return	Number and street (or P.O. box if mail is not delivered to street address) Room/s	suite E Telephone numb	er				
	Final return/	426 OSCEOLA AVE SOUTH	651	-528-8091				
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	G Gross receipts \$ 3,722,634.				
	Amende return	ST PAUL, MN 55102	H(a) Is this a group					
	Applica tion pending	F Name and address of principal officer: OUSEPH KLANCHEK	for subordinate					
		SAME AS C ABOVE	H(b) Are all subordinates	included? Yes No				
		mpt status: X 501(c)(3)		a list. (see instructions)				
		e: ► WWW.UMISSACADEMY.ORG	H(c) Group exempt					
			Year of formation: 2011	M State of legal domicile; MN				
P	_	Summary	ODAMITITE COMM	TAT T (T) 27				
ě	1 E	Briefly describe the organization's mission or most significant activities: A COLLAB	OKATIVE COMMO	DNT.L.I.				
anc	1	ENGAGING LIFELONG LEARNERS IN ACTIVE, AUTHENT						
Governance	3 1	Check this box if the organization discontinued its operations or disposed of r	l .	_				
<u>်</u>	4 1	Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b)						
∞ ∞	1	otal number of individuals employed in calendar year 2017 (Part V, line 13)						
ţį		otal number of volunteers (estimate if necessary)						
Activities &		otal number of volunteers (estimate if necessary) Total unrelated business revenue from Part VIII, column (C), line 12						
¥		Net unrelated business taxable income from Form 990-T, line 34						
			Prior Year	Current Year				
4	8 (Contributions and grants (Part VIII, line 1h)	3,359,095					
ñ	9 F	Program service revenue (Part VIII, line 2g)	43,047					
Revenue	10 li	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	64	204.				
ď	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-12,397					
		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,389,809	3,716,623.				
	13 (Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0					
	14 E	Benefits paid to or for members (Part IX, column (A), line 4)	0					
S	15 5	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	3,097,101					
Expenses	16 a F	Professional fundraising fees (Part IX, column (A), line 11e)	0	. 0.				
×	. b⊺	otal fundraising expenses (Part IX, column (D), line 25)	4 050 040	1 100 001				
ш	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,079,213					
	1	otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	4,176,314					
	19 F	Revenue less expenses. Subtract line 18 from line 12	-786,505					
ts or		- I I I I I I I I I I I I I I I I I I I	Beginning of Current Year					
Net Assets or	20 1	Total assets (Part X, line 16)	697,709 1,672,025					
let /	21 T	otal liabilities (Part X, line 26) Vet assets or fund balances. Subtract line 21 from line 20	-974,316					
P	art II	Signature Block	J/4,310	1,075,570				
		ties of perjury, I declare that I have examined this return, including accompanying schedules and sta	itements, and to the best of r	ny knowledge and belief, it is				
	-	, and complete. Declaration of preparer (other than officer) is based on all information of which prepare		.,,				
Sig	n	Signature of officer	Date					
Hei		▲ HARRY ADLER, EXECUTIVE DIRECTOR						
		Type or print name and title						
		Print/Type preparer's name Preparer's signature	Date Check	PTIN				
Paid	, [THERESA GOETTE THERESA GOETTE	02/04/19 self-emp					
	_	Firm's name BERGANKDV, LTD.	Firm's EIN ▶	41-1431613				
Use	Only	Firm's address 3800 AMERICAN BLVD WEST, SUITE 1000						
		MINNEAPOLIS, MN 55431-4420	Phone no. 9	52-563-6800				
Ma	the IR	S discuss this return with the preparer shown above? (see instructions)		X Yes No				

Form 990 (2017) UPPER MISSISSIPPI ACADEMY 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	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3_		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, 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? If "Yes," 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		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or 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, VIII, IX, or X			
	as applicable.			
а	in 100, complete concease 2,		7.7	
	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		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	١		, v
	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	١	v	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
e	in 100, complete constant p, r are x	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		Х	
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Λ	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40-	Х	
L	Schedule D, Parts XI and XII	12a	- 25	
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	12b		х
12	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Х	122
13 14a		14a	-23	Х
	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	174		
J	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			<u> </u>
	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	Х	
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
			000	

Form 990 (2017) UPPER MISSISSIPPI ACADEMY Part IV Checklist of Required Schedules (continued)

			Yes	No
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		X
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		<u> </u>
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, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			3,7
	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			
_	instructions for applicable filing thresholds, conditions, and exceptions):	00-		Х
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	200		1
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "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	25		
-	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?	00		
	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			
	Schedule N, Part 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		Х
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	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	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	

Form 990 (2017) UPPER MISSISSIPPI ACADEMY Part V Statements Regarding Other IRS Filings and Tax Compliance

18 Enter the number reported in Box 3 of Form 1096. Enter -0 if not applicable be freter the number of Forms W-2G included in line 1s. Enter -0 if not applicable 10 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c X 2 Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filled for the calendar year ending with or within the year covered by this return 2 1 5 9 b If at least one is reported on line 2e, did the organization fleat in required federal employment tax returns? Note. If the sum of lines 1s and 2s is greater than 250, you may be required to e-file (see instructions) 3 a 1 b the organization have unrelated business gross income of \$1,000 or more during the year? 2 3 a 1 li Yes, 1 has it filed a Form 990-T for this year? If Mo. 1 of line 3b, provide an explanation in Schedule 0 3 a 1 li Yes, 2 has it filed a Form 990-T for this year? If Mo. 1 of line 3b, provide an explanation in Schedule 0 3 a 1 li Yes, 2 and 1 li Yes, 3 and 3 li Yes, 3 and 4 li Yes, 5 and 5 li Yes, 6 li Yes, 7 li Yes, 8 li Yes, 9 li Y		Check if Schedule O contains a response or note to any line in this Part V			
be Enter the number of Forms W2G included in line 1a. Enter - 0 if not applicable on Old the organization condry with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2a. Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, field for the calendard year ending with or within the year covered by this return				Yes	No
C Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (application) and prize winners? 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 2 b If at least one is reported on line 22, did the organization file all required federal employment tax returns? Notes. If the sum of lines 1s and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business pross income of \$1,000 or more during the year? 3a Diff the organization have unrelated business pross income of \$1,000 or more during the year? 3a Diff the organization have unrelated business pross income of \$1,000 or more during the year? 3a Diff the organization have unrelated business pross income of \$1,000 or more during the year? 3a Diff the year of the authority over, a financial account? 4a All any time during the calendar year, did the organization have an inherest in, or a signature or other authority over, a financial account in a foreign country (buth as a bank account, securities account, or other financial account? 5b Diff any taxable party nority the organization that we are in party to a prohibited tax shelter transaction? 5c Diff yes, 'entitle the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit arry contributions that were not tax deductible contributions? 5c Diff yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible contributions under section 170(c). 5c Diff the organization receive a payment in excess of \$5 made party as a contribution on party for goods and services provided to the payor? 5d Diff the organization receive any service in excess the singe payment of the payor organization file and payment in excess of \$5 made party as a contribut	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
(agambling) winnings to prize winners? 2 Enter the number of employees reported on Form WS, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 5 pt if at least one is reported on line 2a, did the organization file all required federal employment tax returns? 5 pt if the least one is reported on line 2a, did the organization file all required federal employment tax returns? 5 pt if the least one is reported on line 2a, did the organization file all required federal employment tax returns? 5 pt if Yes, 1 sun and 2 is greater than 250, you may be required to _efficie been instructions) 3 pt if Yes, 1 san 1 file a form 990 For for this year? (*No, *to line 3, porvivide an explanation in Schedule O 3 pt if Yes, 1 san 1 file a form 990 For firs this year? (*No, *to line 3, porvivide an explanation in Schedule O 3 pt if Yes, 1 san 1 file a form 990 For firs the year? 5 pt if Yes, 1 san 1 file a form 990 For firs the year? 5 pt if Yes, 1 san 1 file a form 990	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filled for the calendar year ending with or within the year covered by this naturn. b If I at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e_Rig (see instructions) a Did the organization have unreated business gross incrome of \$1,000 or more during the year? 3a 3a 3b 47 (***) and 1 if year of the form 990-T for this year? (***) for 1 in 7 (***) in 8 it filed a form 990-T for this year? (***) for 1 in 7 (***) in 8 it filed a form 990-T for this year? (***) for 1 in 8 in	С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
filed for the calendar year ending with or within the year covered by this return If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1 a and 2a is greater than 250, you may be required to e_#@ (See instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a Did the organization and the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts (FBAR). 5b If 'Yes, ' enter the name of the foreign country. 5c If 'Yes, ' to line sa or 5b, did the organization that It was or is a party to a prohibited tax shelter transaction? 5b Id any taxable party notify the organization that It was or is a party to a prohibited tax shelter transaction? 5c If 'Yes, ' did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit arry contributions that were not tax deductible as charitable contributions? 5c If 'Yes, ' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 5c Organization stat may receive deductible contributions under section 170(c). 5d Organization stat may receive deductible contributions under section 170(c). 5d Organization stat may receive a payment in excess of \$55 made party as a combination and party for goods and services provided to the payor. 5d Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file the organization sell		(gambling) winnings to prize winners?	1c	Х	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e_file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3b If Yes, * has it filed a Form 990-T for this year? If Yilo, * to line 3b, provide an explanation in Schedule O 3b A tary time during the calendary ears, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 5c Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5c Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5c Us Yes, * to line 5a or 5b, did the organization file Form 8886-T? 6c If Yes, * to line 5a or 5b, did the organization file Form 8886-T? 6d Does the organization have manual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6c If Yes, * did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c Did the organization receive a payment in excess of \$15 made party as a contribution and party for goods and services provided to the payor? 7d Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7d Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required? 7d Did the organization receive a payment in excess of \$15 made party as a contribution of property, did the organization file a Form 1088-C? 7d Did the organization sell-excepted and payment premums, directly or indirectly, on a personal benefit contract? 7d Did th	2a				
Note. If the sum of lines 1a and 2a is greater than 250, your may be required to e_file (see instructions) 3a Did the organization have unrelated unisees gross income of \$1,000 or more during the year? 4a A ray time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts (FBAP). 5b If "Yes," either the name of the foreign country. ▶ 5ce instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial accounts (FBAP). 5ce instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial accounts (FBAP). 5ce instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial accounts (FBAP). 5ce instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial accounts (FBAP). 5ce in the structions of the organization that it was or is a party to a prohibited tax shelter transaction? 5ce in Yes, "to lise 5a or 5b, did the organization file or masket?" 5c		filed for the calendar year ending with or within the year covered by this return			
3a bit he organization have unrelated business gross income of \$1,000 or more during the year? 3b 1f 'Yes,' has it field a Form 990-T for this year? If 'No,' to line 3b, provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4b I'Yes,' the fire the name of the foreign country ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5c Was the organization a party to a prohibited tax shelter transaction? 5d Was the organization at any time during the tax year? 5d Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5d Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5d Does the organization that it was or is a party to a prohibited tax shelter transaction? 5d Does the organization include with every solicitation and party organizations of the organization shelt were not tax deductible as charitable contributions? 5d I'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6d Did the organization that may receive deductible contributions under section 170(c). 6d Did the organization shelt may receive deductible contributions under section 170(c). 6d Did the organization have may may the decoration of the poods or services provided? 7d Did the organization receive any funds, directly or indirectly, or permiums on a personal benefit contract? 7e Did the organization receive any funds, directly or indirectly, or a personal benefit contract? 7f Did the organization received a contribution of qualified intellectual property, did the organization file Form 8999 as required? 8 Did the sp	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
b If "Yes," has it filled a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial accountly a country (such as a bank account, securities account)? 4a b If "Yes," enter the name of the foreign country. In the securities account, or other financial accounts? 4b If "Yes," enter the name of the foreign country. In the securities account, or other financial Accounts (FBAR). See instructions for filling requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for filling requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions to filling requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions or filling requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions or filling requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions or provided to the axy ear? See instructions or provided the set of the second provided or provided to the organization name annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6a b if "Yes," did the organization include with every solicitation an express statement that such contributions or gitts were not tax deductible? 7b organizations that may receive deductible contributions under section 170(c). 8c b if "Yes," did the organization include with every solicitation an express statement that such contributions or gitts were not tax deductibles. 8c b if "Yes," and the organization self-and sexpannel in excess of \$75 made partly as a contribution and partly for goods and services provided? 7c b if "Yes," and include the number of Forms 8282 filed during the year. 9c		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
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9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? 9a b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b lin Section 501(c)(7) organizations. Enter: a 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 Section 501(c)(12) organizations. Enter: a 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 11c Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13 14 Set the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. 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 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a 14b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b			8		
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b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b			9a		
Initiation fees and capital contributions included on Part VIII, line 12		, , , , , , , , , , , , , , , , , , , ,			
a Initiation fees and capital contributions included on Part VIII, line 12 10a 10b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders 11a 1 11a 1 11b 1 11					
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13b Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a 15b 16 "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b	а	Initiation fees and capital contributions included on Part VIII, line 12			
a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13b 15e Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b					
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amounts due or received from them.) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13 Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. 13 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 13c 14a 15 If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b	а	Gross income from members or shareholders			
amounts due or received from them.) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13 Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. 13 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 13c 14a 15 If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b	b	Gross income from other sources (Do not net amounts due or paid to other sources against			
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Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? 14a b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b	13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
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organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b		Note. See the instructions for additional information the organization must report on Schedule O.			
c Enter the amount of reserves on hand	b				
14a Did the organization receive any payments for indoor tanning services during the tax year? 14a b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule 0 14b					
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O					77
I No. provide air explanation in concease c					X
	b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	000	(00.1=)

Form 990 (2017) UPPER MISSISSIPPI ACADEMY 45-359/8/9 Pag
Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response Page 6 to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI				X
Sec	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	1a	7		
	If there are material differences in voting rights among members of the governing body, or if the governing				
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent	1b 5	5		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p 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, directors, or trustees, or key employees to a management company or other person?		3		X
4	Did the organization make any significant changes to its governing documents since the prior Form		4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?	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 a				
	more members of the governing body?		7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s				
	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	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 rea				
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue Code.)			
	,	,		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such c				
	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo		11a		Х
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	e to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If	Yes," describe			
	in Schedule O how this was done	, , , , , , , , , , , , , , , , , , ,	12c	X	
13	Did the organization have a written whistleblower policy?		13		X
14			14	Х	
15	Did the process for determining compensation of the following persons include a review and approv	al 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
	Other officers or key employees of the organization		15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment 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				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga				
	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 ►MN				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	Γ (Section 501(c)(3)s only) a	available	e	
	for public inspection. Indicate how you made these available. Check all that apply.	•••			
		n in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co	,	d financ	ial	
	statements available to the public during the tax year.				
20	State the name, address, and telephone number of the person who possesses the organization's bo	oks and records:			
	BERGANKDV - 651-463-2233	·			
	22488 CHIPPENDALE AVE, FARMINGTON, MN 55024				

Part VIII 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

X

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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(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 is both an			compensation	compensation	amount of
	week	_	cer an	id a di	director/trustee)			from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or di	ee ee			ated		organization	(W-2/1099-MISC)	from the
	related organizations	ustee	trust		99	ubeus		(W-2/1099-MISC)		organization and related
	below	dual tr	tional	١.	nploy	st con	_			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			5. gaa
(1) CHRISTOPHER MORTENSON	22.00	_	_	_						
CHAIRPERSON/TEACHER		Х		Х				33,162.	0.	2,765.
(2) CHRIS SVENSRUD	2.00									
VICE PRESIDENT		Х		Х				0.	0.	0.
(3) LESLEY ERNST	42.00									
SECRETARY/TEACHER		Х		Х				55,929.	0.	11,918.
(4) JOSEPH KLANCHER	5.00									
TREASURER		Х		Х				0.	0.	0.
(5) KRISTA HONG	2.00									
DIRECTOR		Х						0.	0.	0.
(6) JENNIFER HAAS	2.00									
DIRECTOR		Х						0.	0.	0.
(7) DAN TROCKMAN	2.00									
DIRECTOR		Х						0.	0.	0.
(8) BRIAN HANLEY	2.00									
DIRECTOR		Х						0.	0.	0.
(9) ADAM SCHNEIDER	42.00									
DIRECTOR/TEACHER		Х						41,435.	0.	4,538.
(10) HARRY ADLER	40.00								_	
EXECUTIVE DIRECTOR				Х				48,528.	0.	12,829.
			_							
		ł								
	I	1		ĺ						
			l							

Section A. Officers, Directors, Trust	ees, key Emp	DIOY	ees,	anc	ı mış	gnes	ιc	ompensated Employee	s (continued)				
(A)	(B)			(0				(D)	(E)			(F)	
Name and title	Average	(do		Pos) than c	ne	Reportable	Reportable		Es	timate	ed
	hours per	box	, unles	ss per	rson i	s both	an	compensation	compensation		an	nount	of
	week		Lei an	uau	recto	r/trust	ee)	from	from related			other	
	(list any hours for	recto						the	organizations	_		pensa	
	related	or di	ee			ated		organization	(W-2/1099-MISC	ا (ز		om th	
	organizations	ustee	trust		e e	npens		(W-2/1099-MISC)			•	anizat d relat	
	below	ual tr	tional		ploye	st con	_					ınizati	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orge	ıı ıızatı	0113
	-	=	=	0	×	- e				\dashv			
		•											
-										\dashv			
										\dashv			
										\dashv			
										\dashv			
		-											
										\neg			
										\dashv			
1h Cub total							_	179,054.		0.	٦,	2 0	50.
1b Sub-total c Total from continuation sheets to Part VII	Section A							0.		0.	<u> </u>	4,0	0.
d Total (add lines 1b and 1c)								179,054.		0.	3:	2.0	50.
Total number of individuals (including but no								•					
compensation from the organization	or miniod to th	000		u u.	,0,0	,		, contract man \$100,	ood of roportable				0
												Yes	No
3 Did the organization list any former officer,	director, or tru	ıste	e, ke	y en	olqn	yee,	or l	highest compensated er	nployee on				
line 1a? If "Yes," complete Schedule J for su	•			•	•	•		•		Г	3		Х
4 For any individual listed on line 1a, is the su													
and related organizations greater than \$150	,000? If "Yes,	" co	mple	ete S	Sche	edule	J f	or such individual		L	4		X
5 Did any person listed on line 1a receive or a													
rendered to the organization? If "Yes," com	plete Schedule	e J f	or su	ıch <u>ı</u>	oers	on .				<u> </u>	5		X
Section B. Independent Contractors													
1 Complete this table for your five highest cor										nsati	on fro	m	
the organization. Report compensation for t	he calendar ye	ear e	ndin	g w	ith c	or wi	hin T		ear.				
(A) Name and business	address							(B) Description of s	ervices	Cc	(C omper	;) nsatio	ın
MONARCH BUS SERVICE, INC,		ςπ	1	n			\dashv	2 coonpaint or c	SI VIOSO		3111poi	loutio	
STREET STE 300, HASTINGS,				•			,	TRANSPORTATIO	ON NC		46	4 4	02.
											_ , _	<u> </u>	
							\sqcap						
							_						
							\dashv		+	—			

Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization

45-3597879

		Check if Schedule O conta	aine a resnonse	or note to any lin	e in this Part VIII			
		Check ii Conedale C Cone	anio a response	or riote to arry iii	(A)	(B)	(C)	(D)
					Total revenue	Related or	Unrelated	Revenuè excluded from tax under
						exempt function	business	sections 512 - 514
			- 1			revenue	revenue	512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a					
ira our	b	Membership dues	1b					
A,	С	Fundraising events	1c	27,470.				
##	d	Related organizations	1d					
nig Billi	е	Government grants (contributi	l 1	585,314.				
Sig	f	All other contributions, gifts, gran	, <u> </u>	•				
uţi Je	•	similar amounts not included above	· I I	51,186.				
를 클	_			8,271.				
o d	9	Noncash contributions included in lines			3,663,970.			
O a	n	Total. Add lines 1a-1f						
				Business Code		20 074		
Se		FEES FROM PATRO		611710	30,274.	30,274.		
ΘŽ		FOOD SALES TO P		611710	21,704.	21,704.		
S	С	MEDICAL ASSISTA	NCE	611710	75.	75.		
am	d							
Program Service Revenue	е							
Pro	f	All other program service reve	nue					
		Total. Add lines 2a-2f			52,053.			
$\overline{}$	3				32,0331			
	3	Investment income (including			204.			204.
	_	other similar amounts)			204.			204.
	4	Income from investment of tax						
	5	Royalties						
			(i) Real	(ii) Personal				
	6 a	Gross rents						
	b	Less: rental expenses						
		Rental income or (loss)						
		Nist went all be a sure of the self		•				
		Gross amount from sales of	(i) Securities	(ii) Other				
	, u		(i) Occurred	(ii) Other	-			
		assets other than inventory			-			
	D	Less: cost or other basis						
		and sales expenses						
	С	Gain or (loss)						
	d	Net gain or (loss)		·····				
ø	8 a	Gross income from fundraising	g events (not					
Ž		including $$27,4$	70. of					
Other Revenu		contributions reported on line	1c). See					
ĕ		Part IV, line 18		4,079.				
þe	h	Less: direct expenses		6,011.				
ð		Net income or (loss) from fund		<u> </u>	-1,932.			-1,932.
			-		1,352.			1,332.
	9 а	Gross income from gaming ac						
		Part IV, line 19			-			
		Less: direct expenses						
		Net income or (loss) from gam		<u>,</u>				
	10 a	Gross sales of inventory, less	returns					
		and allowances	а					
	b	Less: cost of goods sold						
	С	Net income or (loss) from sales	s of inventory	>				
		Miscellaneous Revenue		Business Code				
ŀ	11 0	MISCELLANOUS IN		900099	2,328.	2,328.		
				20000	2,320	2,520		
	b							
	С.							
		All other revenue			2 200			
	е	Total. Add lines 11a-11d			2,328.	54 381.	^	-1 728.
	12	Total revenue See instructions			3 716 623	ו אם זאו.	0	ı –ı /2X.

Form 990 (2017) UPPER MISSISSIPPI ACADEMY Part IX Statement of Functional Expenses

<u>Secti</u>	Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX										
	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)						
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses						
1	Grants and other assistance to domestic organizations										
	and domestic governments. See Part IV, line 21										
2	Grants and other assistance to domestic										
	individuals. See Part IV, line 22										
3	Grants and other assistance to foreign										
	organizations, foreign governments, and foreign										
	individuals. See Part IV, lines 15 and 16										
4	Benefits paid to or for members										
5	Compensation of current officers, directors,		450 445	60.010							
	trustees, and key employees	232,725.	170,415.	62,310.							
6	Compensation not included above, to disqualified										
	persons (as defined under section 4958(f)(1)) and	450.000	405 040	45 40=							
	persons described in section 4958(c)(3)(B)	152,323.	106,218.	46,105.							
7	Other salaries and wages	1,464,543.	1,350,029.	114,514.							
8	Pension plan accruals and contributions (include	1 005 100	022 526	160 500							
_	section 401(k) and 403(b) employer contributions)	1,095,108.	932,526.	162,582.							
9	Other employee benefits	153,307.	135,538.	17,769.							
10	Payroll taxes	137,595.	116,669.	20,926.							
11	Fees for services (non-employees):										
a	Management	2 104		2 104							
b	Legal	3,104. 66,556.		3,104.							
С.	Accounting	00,550.		00,550.							
a	Lobbying										
e	Professional fundraising services. See Part IV, line 17										
f g	Investment management fees Other. (If line 11g amount exceeds 10% of line 25,										
9	column (A) amount, list line 11g expenses on Sch 0.)	86,152.	84,423.	1,729.							
12	Advertising and promotion	244.		1,729.							
13	Office expenses	36,242.	21,964.	14,278.							
14	Information technology	62,628.	22,439.	40,189.							
15	Royalties										
16	Occupancy	476,925.	476,925.								
17	Travel										
18	Payments of travel or entertainment expenses										
	for any federal, state, or local public officials										
19	Conferences, conventions, and meetings	4,849.	4,699.	150.							
20	Interest										
21	Payments to affiliates	22 424	20 440	545							
22	Depreciation, depletion, and amortization	33,134.	32,419.	715.							
23	Insurance	12,865.	12,865.								
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line										
	24e amount exceeds 10% of line 25, column (A)										
а	amount, list line 24e expenses on Schedule 0.) STUDENT TRANSPORTATION	286,269.	286,269.								
a h	FOOD SERVICE	42,329.	42,329.								
c	DUES & MEMBERSHIPS	26,638.	1,532.	25,106.							
d	INSTRUCTIONAL SUPPLIES	24,976.	24,976.	.,=							
	All other expenses	19,373.	19,373.								
25	Total functional expenses. Add lines 1 through 24e	4,417,885.	3,841,608.	576,277.	0.						
26	Joint costs. Complete this line only if the organization										
	reported in column (B) joint costs from a combined										
	educational campaign and fundraising solicitation.										
	Check here if following SOP 98-2 (ASC 958-720)				5 000 (2047)						

Form 990 (2017)
Part X | Balance Sheet

Pai	rt X	Balance Sheet					
		Check if Schedule O contains a response or not	e to any	line in this Part X			X
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			192,259.	1	202,094.
	2	Savings and temporary cash investments			40,410.	2	150,614.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			297,365.	4	456,772.
	5	Loans and other receivables from current and fo			·		
		trustees, key employees, and highest compensa		, , , , , , , , , , , , , , , , , , ,			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali					
		section 4958(f)(1)), persons described in section	,				
		employers and sponsoring organizations of sect					
"		employees' beneficiary organizations (see instr).				6	
Assets	7	Notes and loans receivable, net			7		
Ass	8	Inventories for sale or use				8	
	9				58,875.	9	79,746.
		Land, buildings, and equipment: cost or other			30,0,31	j	7577200
	104	basis. Complete Part VI of Schedule D	102	213,306.			
	h	Less: accumulated depreciation	10a	130,848.	108,800.	10c	82,458.
	11	Investments - publicly traded securities	100	,	100,000	11	02,1300
	12	Investments - other securities. See Part IV, line 1			12		
	13	Investments - other securities. See Fart IV, line Investments - program-related. See Part IV, line		13			
	14			14			
		Intangible assets Other assets See Part IV line 11		0.	15	3,329,070.	
	15 16	Other assets. See Part IV, line 11			697,709.	16	4,300,754.
	17	Total assets. Add lines 1 through 15 (must equ Accounts payable and accrued expenses			238,219.	17	233,945.
	18			250,215.	18	255,545.	
	19	Grants payable			19		
	20	Deferred revenue			20		
	21	Tax-exempt bond liabilities Escrow or custodial account liability. Complete				21	
	22	Loans and other payables to current and former				21	
Liabilities	22	key employees, highest compensated employees					
ili						22	
Lia	22	Secured mortgages and notes payable to unrela		d partice		23	
	23	Unsecured notes and loans payable to unrelated				24	
	24 25	Other liabilities (including federal income tax, pa				24	
	25	parties, and other liabilities not included on lines					
		Only and the D	-		1,433,806.	25	5 742 387
	26	Total liabilities. Add lines 17 through 25			1,672,025.	26	5,742,387. 5,976,332.
	20	Organizations that follow SFAS 117 (ASC 958			1,072,025	20	3,310,332.
		complete lines 27 through 29, and lines 33 an		aliu			
ses	27	Unrestricted net assets				27	
lan	28					28	
Ва	29					29	
pur	23	Organizations that do not follow SFAS 117 (A		check here		23	
r F		and complete lines 30 through 34.	3C 930)	, check liefe			
S	30	Capital stock or trust principal, or current funds			-1,083,116.	30	-1,758,036.
set	31	Paid-in or capital surplus, or land, building, or ed			108,800.	31	82,458.
As	32	Retained earnings, endowment, accumulated in			0.	32	02,430.
Net Assets or Fund Balances	33				-974,316.	33	-1,675,578.
-	34	Total liabilities and net assets/fund balances		·····	697,709.	34	4,300,754.
	J#	rotar napinties and het assets/fullu balances .			001,100.	J4	<u> </u>

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,71		
2	Total expenses (must equal Part IX, column (A), line 25)	2	4	,41	7,8	<u>85.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3		-70		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		-97	4,3	16.
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
3 Revenue less expenses. Subtract line 2 from line 1 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990:						
8	Prior period adjustments	8				
9		9				0.
10						
		10	-1	,67	5,5	78.
Pa	rt 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	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	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:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	gle Aud	dit			
	Act and OMB Circular A-133?	-		За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed aud	lit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b		

Form **990** (2017)

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

UPPER MISSISSIPPI ACADEMY

Employer identification number

45-3597879 Reason for Public Charity Status (All organizations must complete this part.) See instructions Part I 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). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 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, 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.) 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.) 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 10 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). 11 12 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. 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 II, 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 (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other vour governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions)) Total

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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the 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)						
	Public support. Subtract line 5 from line 4.						
	ction B. Total Support		1	1	T		
	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. Add lines 7 through 10	. ,	,				
12	Gross receipts from related activities,	· · ·				12	
13	First five years. If the Form 990 is for	-			•		. □
Sec	organization, check this box and stop ction C. Computation of Public						··········
	Public support percentage for 2017 (li		<u>-</u>	column (f))		14	%
15	Public support percentage from 2016					15	%
	33 1/3% support test - 2017. If the co						
	stop here. The organization qualifies						. —
b	33 1/3% support test - 2016. If the co		-				
	and stop here. The organization quali					······	. —
17a	10% -facts-and-circumstances test		•				
	and if the organization meets the "fact	-					
	meets the "facts-and-circumstances"		•	-	·	•	. \square
b	10% -facts-and-circumstances test	_	•		-		
	more, and if the organization meets th	_					
	organization meets the "facts-and-circ						>
18	Private foundation. If the organization		· ·	•	,		▶ □

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.)

Se	ction A. Public Support		•				
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization'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						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	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.)						<u> </u>
	ction B. Total Support	Г	1		_	1	1
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
• • • • • • • • • • • • • • • • • • • •	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
40	regularly carried on Other income. Do not include gain						
12	or loss from the sale of capital						
40	assets (Explain in Part VI.)						<u> </u>
	Total support. (Add lines 9, 10c, 11, and 12.)		Contract Heim	d formale on COL A		- 504(-)(0)	
14	First five years. If the Form 990 is for	•	,		•		·
Se	check this box and stop here ction C. Computation of Publi			<u></u>			P
	Public support percentage for 2017 (I			olumn (f))		15	%
	Public support percentage from 2016					16	<u>%</u>
	ction D. Computation of Inves	·				10	70
	Investment income percentage for 20			e 13 column (fl)		17	%
18	Investment income percentage from					18	/ 6
	a 33 1/3% support tests - 2017. If the						
.00	more than 33 1/3%, check this box ar						. —
ŀ	33 1/3% support tests - 2016. If the						
•	line 18 is not more than 33 1/3%, che	•			•	•	
20	Private foundation. If the organization						

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 (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		
	3a		
	3b		
	3c		
	4a		
-	4b		
L	4c		
L	5a		
┝	5b 5c		
	30		
	6		
-	7		
	8		
	9a		
	9b		
	9с		
	10a		
	101-		
1 990	10b 0 or 99	0-EZ)	2017

Pa	rt IV	Supporting Organizations (continued)			
				Yes	No
11	Has th	he organization accepted a gift or contribution from any of the following persons?			
а	A pers	son who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
		, the governing body of a supported organization?	11a		
b	A fam	illy member of a person described in (a) above?	11b		
С	A 35%	6 controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
		3. Type I Supporting Organizations			
				Yes	No
1	Did th	ne directors, trustees, or membership of one or more supported organizations have the power to			
	regula	arly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax ye	ear? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	contro	olled the organization's activities. If the organization had more than one supported organization,			
	descri	ibe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organi	izations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did th	ne organization operate for the benefit of any supported organization other than the supported			
	organ	ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part \	now providing such benefit carried out the purposes of the supported organization(s) that operated,			
	super	vised, or controlled the supporting organization.	2		
Sec	tion (C. Type II Supporting Organizations			
		ſ		Yes	No
1		a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trus	stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		nagement of the supporting organization was vested in the same persons that controlled or managed			
800	the su	upported organization(s). D. All Type III Supporting Organizations	1		
Sec	tion L	5. All Type III Supporting Organizations		V	N1 -
4	Did th	as a reprinction provide to each of its supported argenizations, but he lost day of the fifth month of the		Yes	No
1		ne organization provide to each of its supported organizations, by the last day of the fifth month of the ization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	-	(ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
		ization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	-	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
_		ization(s) or (ii) serving on the governing body of a supported organization? If "No." explain in Part VI how			
		ganization maintained a close and continuous working relationship with the supported organization(s).	2		
3		ason of the relationship described in (2), did the organization's supported organizations have a			
	-	icant voice in the organization's investment policies and in directing the use of the organization's			
	incom	ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		orted organizations played in this regard.	3		
<u>Sec</u>	tion E	E. Type III Functionally Integrated Supporting Organizations			
1	Check	k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	Щ	The organization satisfied the Activities Test. Complete line 2 below.			
b		The organization is the parent of each of its supported organizations. Complete line 3 below.			
С		The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instr	uctions)		
2		ties Test. Answer (a) and (b) below.		Yes	No
а		ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			
		upported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
		e supported organizations and explain how these activities directly furthered their exempt purposes,			
		he organization was responsive to those supported organizations, and how the organization determined	2a		
b		nese activities constituted substantially all of its activities. ne activities described in (a) constitute activities that, but for the organization's involvement, one or more	Ła		
J		e organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
		ns for the organization's position that its supported organization(s) would have engaged in these			
		ties but for the organization's involvement.	2b		
3		t of Supported Organizations. Answer (a) and (b) below.			
а		ne organization have the power to regularly appoint or elect a majority of the officers, directors, or			
		es of each of the supported organizations? Provide details in Part VI.	За		
b	Did th	ne 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		

Part V Type III Nor	-Functionally Integrated 509(a)(3) Supportir	ng Organ	nizations	
1 Check here if the	e organization satisfied the Integral Part Test as a qualifyir	ng trust on	Nov. 20, 1970 (explain in F	Part VI.) See instructions. Al
other Type III no	n-functionally integrated supporting organizations must co	omplete Se	ctions A through E.	
Section A - Adjusted Net In	come		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital	gain	1		
2 Recoveries of prior-year	r distributions	2		
3 Other gross income (se	ee instructions)	3		
4 Add lines 1 through 3		4		
5 Depreciation and deple	etion	5		
6 Portion of operating ex	penses paid or incurred for production or			
collection of gross inco	ome or for management, conservation, or			
_	ty held for production of income (see instructions)	6		
7 Other expenses (see in		7		
•	(subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset			(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market	value of all non-exempt-use assets (see			
instructions for short to	ax year or assets held for part of year):			
a Average monthly value	of securities	1a		
b Average monthly cash	balances	1b		
c Fair market value of ot	her non-exempt-use assets	1c		
d Total (add lines 1a, 1b	, and 1c)	1d		
e Discount claimed for I	·			
factors (explain in deta	il in Part VI):			
2 Acquisition indebtedne	ess applicable to non-exempt-use assets	2		
3 Subtract line 2 from lin	e 1d	3		
	exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions)		4		
5 Net value of non-exem	pt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	·	6		
7 Recoveries of prior-year	ur distributions	7		
	unt (add line 7 to line 6)	8		
Section C - Distributable A	mount			Current Year
1 Adjusted net income for	or prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1		2		
3 Minimum asset amour	t for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2		4		
5 Income tax imposed in	prior year	5		
•	Subtract line 5 from line 4, unless subject to			
	reduction (see instructions)	6		
	e current year is the organization's first as a non-functiona	lly integrate	ed Type III supporting orga	anization (see

Schedule A (Form 990 or 990-EZ) 2017

instructions).

Par	ιv	Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continued)	
Secti	on D - I	Distributions			Current Year
1	Amoun	ts paid to supported organizations to accomplish exer			
2	Amoun	ts paid to perform activity that directly furthers exemp	t purposes of supported		
	organiz	ations, in excess of income from activity			
3	Admini	strative expenses paid to accomplish exempt purpose	s of supported organizations	3	
4	Amoun	ts paid to acquire exempt-use assets			
5	Qualifie	ed set-aside amounts (prior IRS approval required)			
6	Other o	distributions (describe in Part VI). See instructions.			
7	Total a	nnual distributions. Add lines 1 through 6.			
8	Distribu	utions to attentive supported organizations to which th	e organization is responsive		
	(provid	e details in Part VI). See instructions.			
9	Distribu	utable amount for 2017 from Section C, line 6			
10	Line 8	amount divided by line 9 amount			
Secti	on E - [Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distribu	utable amount for 2017 from Section C, line 6			
2	Underd	listributions, if any, for years prior to 2017 (reason-			
	able ca	use required- explain in Part VI). See instructions.			
3	Excess	distributions carryover, if any, to 2017			
а					
b	From 2	013			
С	From 2	014			
d	From 2	015			
е	From 2	016			
f	Total o	f lines 3a through e			
g	Applied	to underdistributions of prior years			
h	Applied	to 2017 distributable amount			
i	Carryo	ver from 2012 not applied (see instructions)			
j	Remair	nder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distribu	utions for 2017 from Section D,			
	line 7:	\$			
а	Applied	to underdistributions of prior years			
b	Applied	to 2017 distributable amount			
С	Remair	nder. Subtract lines 4a and 4b from 4.			
5	Remair	ning underdistributions for years prior to 2017, if			
	any. Su	ubtract lines 3g and 4a from line 2. For result greater			
	than ze	ro, explain in Part VI. See instructions.			
6	Remair	ning underdistributions for 2017. Subtract lines 3h			
	and 4b	from line 1. For result greater than zero, explain in			
	Part VI	. See instructions.			
7	Excess	distributions carryover to 2018. Add lines 3j			
	and 4c				
8	Breakd	own of line 7:			
а	Excess	from 2013			
b	Excess	from 2014			
С	Excess	from 2015			
d	Excess	from 2016			
е	Excess	from 2017			

Schedule A (Form 990 or 990-EZ) 2017

Schedule A	(Form 990 or 990-EZ) 2017 UPPER MISSISSIPPI ACA	DEMY	45-3597879 Page 8
Part VI	Supplemental Information. Provide the explanations required Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11 line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2c Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. A (See instructions.)	b, and 11c; Part IV, Section B, lines a, 2b, 3a, and 3b; Part V, line 1; Par	s 1 and 2; Part IV, Section C, t V, Section B, line 1e; Part V,

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

Department of the Treasury Internal Revenue Service **Schedule of Contributors**

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

2017

Name of the organization Employer identification number

UPPER MISSISSIPPI ACADEMY 45-3597879

Organization type (check one):						
Filers of	:	Section:				
Form 99	0 or 990-EZ	X 501(c)(3) (enter number) organization				
		4947(a)(1) nonexempt charitable trust not treated as a private foundation				
		527 political organization				
Form 99	0-PF	501(c)(3) exempt private foundation				
		4947(a)(1) nonexempt charitable trust treated as a private foundation				
		501(c)(3) taxable private foundation				
Note: Or General	nly a section 501(c)(7 Rule For an organization	covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.				
Special		one contributor. Complete Faits Faira II. Occ instructions for determining a contributor's total contributoris.				
	sections 509(a)(1) a any one contributor	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under nd 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from , during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; line 1. Complete Parts I and II.				
	year, total contribut	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the ions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for uelty to children or animals. Complete Parts I, II, and III.				
	year, contributions is checked, enter he purpose. Don't com	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., uplete any of the parts unless the General Rule applies to this organization because it received nonexclusively, etc., contributions totaling \$5,000 or more during the year				
but it m ı	ust answer "No" on I	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to e filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).				

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

UPPER MISSISSIPPI ACADEMY

45-3597879

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional transfer of the contributors (see instructions).	ional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$7,880.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
NO.	Name, address, and ZIF + 4	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

UPPER MISSISSIPPI ACADEMY

45-3597879

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

	MISSISSIPPI ACADEMY		45-3597879			
Part III	Exclusively religious, charitable, etc., conti the year from any one contributor. Complete of completing Part III, enter the total of exclusively religious	columns (a) through (e) and the follo	in section 501(c)(7), (8), or (10) that total more than \$1,000 for owing line entry. For organizations			
	Use duplicate copies of Part III if additiona	al space is needed.	riess for the year. (chief this line, blice.)			
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
		-				
			<u> </u>			
		(e) Transfer of gif	ft			
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
	(e) Transfer of gift					
_	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
			_			
		(e) Transfer of gif				
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
	(e) Transfer of gift					
	Transferee's name, address, a		Relationship of transferor to transferee			

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

UPPER MISSISSIPPI ACADEMY

Employer identification number 45-3597879

	organization answered "Yes" on Form 990, Part IV, line	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in donor adv	vised funds
	are the organization's property, subject to the organization's e	_	
6	Did the organization inform all grantees, donors, and donor ad		
	for charitable purposes and not for the benefit of the donor or	• •	•
	impermissible private benefit?	, , , ,	
Par			
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or ed	_ `	nistorically important land area
	Protection of natural habitat	Preservation of a c	certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the for	m of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic structure	cture included in (a)	2c
d	Number of conservation easements included in (c) acquired af	ter 7/25/06, and not on a historic struc	cture
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, release	ased, extinguished, or terminated by t	the organization 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 period	odic monitoring, inspection, handling o	of
	violations, and enforcement of the conservation easements it \boldsymbol{h}	nolds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	andling of violations, and enforcing co	onservation easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspecting, handli	ng of violations, and enforcing conser	vation easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section 17	70(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	•	
	include, if applicable, the text of the footnote to the organization	on's financial statements that describe	es the organization's accounting for
D	conservation easements.	Aut Historiaal Tussaanus au 4	Other Circilar Assats
Par	t III Organizations Maintaining Collections of		Other Similar Assets.
	Complete if the organization answered "Yes" on Form 9		
1a	If the organization elected, as permitted under SFAS 116 (ASC		
	historical treasures, or other similar assets held for public exhil	,	erance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describe		
b	If the organization elected, as permitted under SFAS 116 (ASC	• •	
	treasures, or other similar assets held for public exhibition, edu	ucation, or research in furtherance of p	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 treas		cial gain, provide
	the following amounts required to be reported under SFAS 110	-	
а	Revenue included on Form 990, Part VIII, line 1		
_	Assets included in Form 900, Part Y		. .

Pai	t III Organizations Maintaining Co	ollections of Ar	t, Hist	orical Tre	easures, o	r Other	Similar	Assets	(continu	ed)
3	3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items									
	(check all that apply):									
а	Public exhibition	c	. i	Loan or exc	hange progra	ams				
b	Scholarly research	e	• 🔲	Other						
С	c Preservation for future generations									
4	Provide a description of the organization's co	llections and explain	n how th	ey further th	ne organizatio	on's exem	pt purpos	e 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 ma	intained as part of t	he orgar	nization's co	llection?				Yes	☐ No
Pai	t IV Escrow and Custodial Arrang					"Yes" on I	orm 990,	Part IV,	line 9, or	
	reported an amount on Form 990, Part X, line 21.									
1a	Is the organization an agent, trustee, custodia	an or other intermed	liary for o	contribution	s or other as	sets not ir	cluded			
	on Form 990, Part X?								Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII a									
									Amount	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on Fo						y?		Yes	No No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planatio	n has been	provided on	Part XIII				
Pai) .			
		(a) Current year	(b) F	rior year	(c) Two yea	rs back (d) Three ye	ears back	(e) Four y	ears back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curre	ent year end balance	e (line 1	g, column (a)) held as:	•				
а	Board designated or quasi-endowment	•	%	,	••					
b	Permanent endowment	%	_							
С	Temporarily restricted endowment	 %								
	The percentages on lines 2a, 2b, and 2c shou	ıld equal 100%.								
За	Are there endowment funds not in the posses	ssion of the organiza	ation tha	t are held a	nd administer	red for the	organiza	tion		
	by:								\	es No
	(i) unrelated organizations								3a(i)	
									3a(ii)	
b	If "Yes" on line 3a(ii), are the related organizate								3b	
4	Describe in Part XIII the intended uses of the	organization's endo	wment f	unds.						
Pai	t VI Land, Buildings, and Equipme	ent.								
	Complete if the organization answered	d "Yes" on Form 990), Part IV	, line 11a. S	See Form 990	, Part X, li	ne 10.			
	Description of property	(a) Cost or o	ther	(b) Cost	t or other	(c) Ac	cumulate	d	(d) Book	value
		basis (investr	ment)	basis	(other)	dep	reciation			
1a	Land									
	Buildings									
	Leasehold improvements									
	Equipment			21	3,306.	1	30,84	8.	82	,458.
	Other									
	. Add lines 1a through 1e. (Column (d) must ed		X. colum	nn (B) line 1	0c.)				82	,458.

Schedule D (Form 990) 2017 UPPER MISSI	SSIPPI ACAI	DEMY	45-	3597879 Pa	age 🤄
Part VII Investments - Other Securities.					
Complete if the organization answered "Yes"					
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of va	luation: Cost or end-	of-year market value	
(1) Financial derivatives					
(2) Closely-held equity interests					
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)					
Part VIII Investments - Program Related.					
Complete if the organization answered "Yes"					
(a) Description of investment	(b) Book value	(c) Method of va	luation: Cost or end-	of-year market value	
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)					
Part IX Other Assets.					
Complete if the organization answered "Yes'		, line 11d. See Form 990, P	art X, line 15.	(In) Deadle color	
) Description			(b) Book value	
(1) DEFERRED PENSION RESOURCE	15			3,329,0	70.
(2)					
(3)					
(4)					
(5)					
(6)					
(8)					
(9)				2 220 0	70
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	ne 15.)		<u> </u>	3,329,0	70.
Complete if the organization answered "Yes"	on Form 990. Part IV	Line 11e or 11f. See Form	990. Part X. line 25.		
1. (a) Description of liability	on on our aren	(b) Book value	000,1 41171, 11110 20.		
(1) Federal income taxes		()			
(2) NET PENSION LIABILITY		4,915,987.			
(3) DEFERRED PENSION RESOURCE	S	826,400.			
(4)	· -	020,100.			
(5)					
(6)					
(7)					
(8)					

5,742,387.

(9)

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Sche	dule D (Form 990) 2017 UPPER MISSISSIPPI ACADEMY				3597879	Page
Par	t XI Reconciliation of Revenue per Audited Financial Statement	ts Wit	h Revenue per Ret	turn.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total revenue, gains, and other support per audited financial statements			1	3,717	<u>,735</u>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
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	1,112.			
е	Add lines 2a through 2d			2e	1,	,112
3	Subtract line 2e from line 1			3	3,716	,623
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 12.)			5	3,716	,623
	rt XII Reconciliation of Expenses per Audited Financial Statemer	nts W	th Expenses per R	eturn		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total expenses and losses per audited financial statements			1	3,413	,144
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				•	
а	Donated services and use of facilities	2a				
b	Prior year adjustments	2b				
c	Other losses	2c				
d	Other (Describe in Part XIII.)		7,567.			
	Add lines 2a through 2d		•	2e	7	,567
3	Subtract line 2e from line 1			3	3,405	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				- /	,
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)		1,012,308.			
	Add lines 4a and 4b			4c	1,012	. 308
5				5	4,417	
	rt XIII Supplemental Information.					,
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV	/ lines	1h and 2h: Part V line 4:	Part X	line 2: Part X	 ′I
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addition			ιαιιλ	, IIIC 2, I ait A	ν,
111103	24 and 45, and 1 art Mi, iii 63 24 and 45. Also complete this part to provide any addition	Orial IIII	ormation.			
PAF	RT X, LINE 2:					
	11 11 11 11 11					
MAN	NAGEMENT BELIEVES THAT IT IS NOT REASONABLY	POS	STRLE FOR AN'	у та	X	
	THE PERSON OF TH		DIDDD TOR INC			
PO.S	SITION BENEFITS TO INCREASE OR DECREASE SIGN	TTT	CANTLY OVER	тне	NEXT 12)
	FILLOW DENTILLED TO INCIDENCE ON DECKETOR DECKE	<u> </u>	OIMITEL OVER		112111 11	
MON	THS. AS OF JUNE 30, 2018, THERE WERE NO IN	JCOM	E TAX RELATE	D AC	CRUED	
101	TIME TO OF COME SO, ZOTO, THERE WERE NO II	1COII		2 110	скодр	
тмп	PEREST OR PENALTIES RECOGNIZED IN EITHER THE	2 ST	алемеил Ов в.	ΤΝΣΝ	ICTAT.	
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101	TITON OR THE BIATEMENT OF ACTIVITIES.					
тцт	E CHARTER SCHOOL FILES INFORMATIONAL RETURNS	TIT	मसस्य १ व्या	ע מיאט	ΔТ.	
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RETURNS AND MINNESOTA RETURNS FOR THE PRIOR THREE FISCAL YEARS ARE CLOSED.

NO RETURNS ARE CURRENTLY UNDER EXAMINATION IN ANY TAX JURISDICTION.

Schedule D (Form 990) 2017 UPPER MISSISSIPPI ACADEMY Part XIII Supplemental Information (continued)	45-3597879 Page 5
PART XI, LINE 2D - OTHER ADJUSTMENTS:	
FUNDRAISING EXPENSES	775.
STATE AID RELATED TO PENSION EXPENSE	337.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	1,112.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
CAPITAL OUTLAYS	6,792.
FUNDRAISING EXPENSES	775.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	7,567.
PART XII, LINE 4B - OTHER ADJUSTMENTS:	
DEPRECIATION EXPENSE	33,134.
PENSION EXPENSE	979,174.
TOTAL TO SCHEDULE D, PART XII, LINE 4B	
	_

SCHEDULE E

(Form 990 or 990-EZ)

Name of the organization

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

2017

Open to Public Inspection

UPPER MISSISSIPPI ACADEMY

 $\begin{array}{c} \textbf{Employer identification number} \\ 45-3597879 \end{array}$

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? 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? 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 THE POLICY IS COMMUNICATED THROUGH MATERIALS MAILED TO FAMILIES WITH SCHOOL-AGED CHILDREN. 4 Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? 4 Does the organization maintain the following? 4 Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 4 Copies of all material used by the organization or on its behalf to solicit contributions? 4 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: a Students' rights or privileges? 5 Employment of faculty or administrative staff? 5 Scholarships or other financial assistance? 6 Educational policies? 6 Employment of faculty or administrative staff? 7 Use of facilities? 9 Athietic programs? 1 Other extracurricular activities? 1 If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.	Y	YES	NO
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6a Does the organization receive any financial aid or assistance from a governmental agency? 6a	<u> </u>	\rightarrow	<u>X</u>
		x	
b Has the organization's right to such aid ever been revoked or suspended?			X
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) 2017

SCHEDULE G

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2017

Open to Public Inspection

Employer identification number

Name of the organization

	ISSISSIPPI ACADEMY				45-3597	
Fundraising Activities. required to complete this part	Complete if the organization answe	ered "Y	es" or	n Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not
1 Indicate whether the organization rais	ed funds through any of the followin	g activ	rities.	Check all that apply.		
a Mail solicitations	e Solicita	tion of	non-g	overnment grants		
b Internet and email solicitations				nment grants		
c Phone solicitations	g Special					
d In-person solicitations	· .		Ŭ			
2 a Did the organization have a written of	or oral agreement with any individual	(includ	lina of	ficers, directors, trus	tees, or	
key employees listed in Form 990, P					Yes	No
b If "Yes," list the 10 highest paid indiv					ne fundraiser is to be)
compensated at least \$5,000 by the						
		1		Ī		<u> </u>
(i) Name and address of individual		(iii) fundi have c	Did aiser	(iv) Gross receipts	(v) Amount paid to (or retained by)	(vi) Amount paid
or entity (fundraiser)	(ii) Activity	have cor or cor contrib	ustody itrol of	from activity	fundraiser	to (or retained by) organization
		contrib	utions?		listed in col. (i)	organization
		Yes	No			
Total						
3 List all states in which the organization	n is registered or licensed to solicit o	contrib	utions	or has been notified	it is exempt from re	gistration
or licensing.						

9 Enter the state(s) in which the organization conducts gaming activities:

a Is the organization licensed to conduct gaming activities in each of these states?

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?

Schedule G (Form 990 or 990-EZ) 2017 UPPER MISSISSIPPI ACADEMY 45-3597879 Page 2 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events NONE (add col. (a) through SPRING GALA col. (c)) (event type) (event type) (total number) 31,549. 31,549. Gross receipts <u>27,47</u>0. 27,470. 2 Less: Contributions 4,079. 4,079. 3 Gross income (line 1 minus line 2) 4 Cash prizes 5,236. 5,236. 5 Noncash prizes Direct Expenses 6 Rent/facility costs 202. 202. 7 Food and beverages 8 Entertainment 573. 573. 9 Other direct expenses 6,011. 10 Direct expense summary. Add lines 4 through 9 in column (d) -1,93211 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue col. (a) through col. (c)) bingo/progressive bingo Gross revenue 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses Yes % Yes % Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d)

Schodulo G	(Earm	990 or	990-E71	2017
Schedule G	(Form	990 or	99U-EZ	2017

b If "No," explain: _

b If "Yes," explain:

Sch	edule G (Form 990 or 990 EZ) 2017 UPPER MISSISSIPPI ACADEMY 45-3	<u> </u>	0/9	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	O No
13	Indicate the percentage of gaming activity conducted in:			
а	The organization's facility	13a		%
b	An outside facility	13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	. 🔲	Yes	☐ No
b	If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount			
	of gaming revenue retained by the third party > \$			
С	If "Yes," enter name and address of the third party:			
	Name			
	Address >			
16	Gaming manager information:			
	Name			
	Gaming manager compensation > \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
<u> </u>	retain the state gaming license?		Yes	☐ No
h	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
	organization's own exempt activities during the tax year > \$			
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, line	200.0	0h 10	h 15h
	15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		90, 10	D, 13D,

Schedule G	(Form 990 or 990-EZ) Supplemental Infor	UPPER MISSISSIPPI	ACADEMY	45-3597879	Page 4
Part IV	Supplemental Infor	mation _(continued)			
				_	

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.

► Attach to Form 990 or 990-EZ.

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

2017
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

UPPER MISSISSIPPI ACADEMY

Employer identification number 45-3597879

FORM 990, PART VI, SECTION A, LINE 7A:

GUARDIAN OF A CHILD ENROLLED AT THE SCHOOL AND EACH EMPLOYEE OF THE SCHOOL,

AND EACH MEMBER OF THE BOARD OF DIRECTORS SHALL HAVE THE RIGHT TO CAST ONE

BALLOT FOR ITS BOARD CANDIDATES. A PARENT/LEGAL GUARDIAN OF A CHILD

ENROLLED AT THE SCHOOL WHO IS ALSO EMPLOYED AT THE SCHOOL SHALL HAVE THE

RIGHT TO CAST ONE BALLOT FOR ITS BOARD CANDIDATES. ELECTIONS SHALL BE

DECIDED BY A MAJORITY OF THE ELIGIBLE BALLOTS CAST. TIES SHALL BE DECIDED

VIA SIMPLE COIN FLIP OR ALTERNATIVE MEANS AGREED TO BY AFFECTED CANDIDATES.

FORM 990, PART VI, SECTION A, LINE 8B:

THE ACADEMY DOES NOT HAVE ANY COMMITTEES THAT HAVE THE AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY.

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

THE FORM 990 IS PREPARED BY THE SCHOOL ACCOUNTANT. PRIOR TO FILING THE FORM 990, MEMBERS OF THE FINANCE COMMITTEE WILL CONDUCT A DETAIL REVIEW AND PROVIDE THE APPROVED PUBLIC DISCLOSURE DRAFT OF THE FORM 990 TO THE FULL BOARD OF DIRECTORS FOR ANY CHANGE REQUESTS OR QUESTIONS.

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

AT EACH BOARD MEETING, ALL MEMBERS ARE REQUESTED TO DISCLOSE ANY POTENTIAL

OR ACTUAL CONFLICTS THAT AROSE SINCE THE PRIOR MEETING. ANY CONFLICT ARE

DISCUSSED AND DOCUMENTED IN THE BOARD MEETING MINUTES.

FORM 990, PART VI, SECTION C, LINE 19:

UPPER MISSISSIPPI ACADEMY	45 – 3597879
THE ACADEMY'S GOVERNING DOCUMENTS, POLICIES AND FINANCIAL ST	ATEMENTS ARE
AVAILABLE UPON REQUEST.	
FORM 990, PART VII, SECTION A:	
RELATED BOARD MEMBERS	
PER MN STATUTE 124E.07, CHARTER SCHOOLS ARE REQUIRED TO HAVE	A LICENSED
TEACHER AS A MEMBER OF THE BOARD OF DIRECTORS.	
CHRIS MORTENSON, LESLEY ERNST AND ADAM SCHNEIDER ARE BOARD M	EMBERS BUT
RECEIVE COMPENSATION FOR THEIR SERVICES AS TEACHERS.	
FORM 990, PART X, LINE 25:	
PENSION LIABILITIES, DEFERRED OUTFLOWS & INFLOWS PENSION:	
AS A CHARTER SCHOOL IN THE STATE OF MINNESOTA, PARTICIPATION	IN TWO
MULTIPLE-EMPLOYER, COST-SHARING DEFINED BENEFIT PENSION PLAN	S IS
STATUTORILY REQUIRED. THE SCHOOL'S CONTRIBUTIONS TO THE PLA	NS ARE ALSO
REGULATED BY STATUTE AND ARE BASED ON A PERCENTAGE OF SALARI	ES AND
WAGES EARNED BY CURRENT EMPLOYEES. THEREFORE, WHILE THE NET	PENSION
LIABILITY, DEFERRED OUTFLOWS AND INFLOWS, ARE REPORTED ON TH	E SCHOOL'S
STATEMENT OF NET POSITION, THE SCHOOL IS NOT IN A POSITION T	O DIRECTLY
CONTROL THE LIABILITIES OR THE SUBSEQUENT LIQUIDATION OF THE	
LIABILITIES.	
FORM 990, PART XII, LINE 2C:	
THE FINANCE COMMITTEE IS RESPONSIBLE FOR THE OVERSIGHT OF TH	E AUDIT,

THE REVIEW OF THE FINANCIAL STATEMENTS, AND SELECTION OF THE

Schedule O (Form 990										Page 2
Name of the organizati	UPPER M	IISSIS	SIPPI AC	ADEM	Y				Emp	loyer identification number $45-3597879$
INDEPENTENT	AUDITOR.	THIS	PROCESS	HAS	NOT	CHANGED	FROM	PR	IOR	YEAR.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

Department of the Treasury Internal Revenue Service Name of the organization

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

45-3597879

Part I Identification of Disregarded Entities. Complete	e if the organization answered "Yes	s" on Form 990, Part IV, line 33	3.					
(a)	(b)	(c)	(d)	(e)			(f)	
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state o foreign country)	r Total inco	me End-of-year	assets		controlling ntity	9
Part II Identification of Related Tax-Exempt Organizations during the tax year.	tions. Complete if the organization	n answered "Yes" on Form 990), Part IV, line 34, t	pecause it had one	or more	related tax-exe	mpt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	Dired	(f) et controlling entity	contr	g) 512(b)(13) rolled ity?
		Torongir ocurrity)		501(c)(3))			Yes	No
UPPER MISSISSIPPI ACADEMY PTO - 47-2409633								
426 OSCEOLA AVE S ST PAUL, MN 55102	PARENT ORGANIZATION	MINNESOTA	501(C)(3)	LINE 12				х

UPPER MISSISSIPPI ACADEMY

Page 2

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

(a) Name, address, and EIN of related organization (b) Primary activity Primary activity Of related organization (c) Legal domicile (state or foreign country) Primary activity Of related organization (d) Predominant income (related, unrelated, excluded from tax under sections 512-514) Share of total income Of related, unrelated, excluded from tax under sections 512-514) (g) Share of total income Of rend-of-year assets (h) Disproportionate allocations? Yes No (i) General or managing partner? Yes No
Name, address, and EIN of related organization Primary activity Primary activity Primary activity Primary activity Predominant income (related, unrelated, excluded from tax under sections 512-514) Primary activity Predominant income (related, unrelated, excluded from tax under sections 512-514) Primary activity Predominant income (related, unrelated, excluded from tax under sections 512-514) Primary activity Predominant income (related, unrelated, excluded from tax under sections 512-514) Primary activity Predominant income (related, unrelated, excluded from tax under sections 512-514) Primary activity Predominant income (related, unrelated, excluded from tax under sections 512-514) Primary activity Predominant income (related, unrelated, excluded from tax under sections 512-514) Primary activity Predominant income (related, unrelated, excluded from tax under sections 512-514) Primary activity Predominant income (related, unrelated, excluded from tax under sections 512-514) Primary activity Predominant income (related, unrelated, excluded from tax under sections 512-514) Primary activity Predominant income (related, unrelated, excluded from tax under sections 512-514) Primary activity Predominant income (related, unrelated, excluded from tax under sections 512-514) Primary activity Predominant income (related, unrelated, excluded from tax under sections 512-514) Primary activity Predominant income (related, unrelated, excluded from tax under sections 512-514) Primary activity Primary activity Predominant income (related, unrelated, excluded from tax under sections 512-514) Primary activity Primary activit
toreign country) State of foreign country excluded from tax under sections 512-514) assets 20 of Schedule Factor Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes
Country Sections 512-514) Yes No K-1 (Form 1065) Yes No

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	Sec	(i) Section 12(b)(13) ontrolled entity?	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership			
		Couriery)						Yes	No	
								—		

Page 3

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

b	Gift, grant, or capital contribution to related organization(s)				1b		X
С	Gift, grant, or capital contribution from related organization(s)				1c	Х	
					1d		X
е	Loans or loan guarantees by related organization(s)				1e		X
f	Dividends from related organization(s)				1f		_X_
g	Sale of assets to related organization(s)				1g		<u>X</u>
h	Purchase of assets from related organization(s)				1h		X
i	Exchange of assets with related organization(s)				1i		<u>X</u>
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		<u>X</u>
	Lease of facilities, equipment, or other assets from related organization(s)				1k		<u>X</u>
	Performance of services or membership or fundraising solicitations for related organ						<u>X</u>
	Performance of services or membership or fundraising solicitations by related organ				1m		<u>X</u>
	Sharing of facilities, equipment, mailing lists, or other assets with related organization	on(s)			1n		<u> </u>
0	Sharing of paid employees with related organization(s)				10		X
	-						v
	Reimbursement paid to related organization(s) for expenses				1p		<u>X</u>
q	Reimbursement paid by related organization(s) for expenses				1q		<u> </u>
	Other transfer of each as a second to related a second at a second				4		X
					1r 1s		X
	Other transfer of cash or property from related organization(s) If the answer to any of the above is "Yes," see the instructions for information on when the above is "Yes," see the instructions for information on when the above is "Yes," see the instructions for information on when the above is "Yes," see the instructions for information on when the above is "Yes," see the instructions for information on when the above is "Yes," see the instructions for information on when the above is "Yes," see the instructions for information on when the above is "Yes," see the instructions for information on when the above is "Yes," see the instructions for information on when the above is "Yes," see the instructions for information on when the above is "Yes," see the instructions for information on when the above is "Yes," see the instructions for information on when the above is "Yes," see the instructions for information on when the above is "Yes," see the instructions for information on when the above is "Yes," see the instructions for information on the above is "Yes," see the instruction of the above is "Yes," see the above it i				IS		
	·			•			
	(a) Name of related organization	(b) Transaction	(c) Amount involved	(d) Method of determining amount i	nvolved		
	ŭ	type (a-s)	7 11110 21111 1111 1111 1111				
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
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Page 4

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

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h	1)	(i)	(i)	(k)
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign country)		Are all partners see 501(c)(3) orgs.?		Share of end-of-year assets	Dispretion allocat	opor- late tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana parti	ral or laging ner?	Percentage ownership
			,	163 140			103	140	,	103	NO	
							\vdash					
							\Box					
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Form **8868**

(Rev. January 2017)

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.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 .

OMB No. 1545-1709

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 filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Enter filer's identifying number Employer identification number (EIN) or Type or Name of exempt organization or other filer, see instructions. print 45-3597879 UPPER MISSISSIPPI ACADEMY File by the Number, street, and room or suite no. If a P.O. box, see instructions. Social security number (SSN) due date for filing your 426 OSCEOLA AVE SOUTH return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions ST PAUL, MN 55102 Enter the Return Code for the return that this application is for (file a separate application for each return) Application Application Return Return Is For Code Is For Code Form 990 or Form 990-EZ 01 Form 990-T (corporation) 07 Form 990-BL 02 Form 1041-A 80 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF Form 5227 10 04 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 BERGANKDV • The books are in the care of ▶ 22488 CHIPPENDALE AVE - FARMINGTON, MN 55024 Telephone No. ► 651-463-2233 Fax No. ► 651-463-3605 If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this 」. If it is for part of the group, check this box ▶ 🔛 and attach a list with the names and EINs of all members the extension is for. MAY 15, 2019 I request an automatic 6-month extension of time until , to file the exempt organization return for the organization named above. The extension is for the organization's return for: ___ calendar year ightharpoonup | X | tax year beginning JUL 1, 2017 JUN 30, 2018 , and ending If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Change in accounting period

Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required. by using EFTPS (Electronic Federal Tax Payment System). See instructions. Зс Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment

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

nonrefundable credits. See instructions.

If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any

If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and

estimated tax payments made. Include any prior year overpayment allowed as a credit.

Form 8868 (Rev. 1-2017)

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3b

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instructions.