

# **Academy of Life Underwriting**

990 & 990-T Returns - Client and Public Inspection Copy

For the Year Ended June 30, 2020



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**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

**2019**  
**Open to Public Inspection**

**Do not enter social security numbers on this form as it may be made public.**  
**Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

**A For the 2019 calendar year, or tax year beginning 07/01/19, and ending 06/30/20**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <p style="text-align: center;"><b>ACADEMY OF LIFE UNDERWRITING</b></p> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>1800 M STREET, NW 400S</b> City or town, state or province, country, and ZIP or foreign postal code <b>WASHINGTON DC 20036</b>	<b>D</b> Employer identification number <p style="text-align: center;"><b>45-5087087</b></p> <b>E</b> Telephone number <p style="text-align: center;"><b>202-495-3130</b></p> <b>G</b> Gross receipts \$ <b>527,289</b>
<b>F</b> Name and address of principal officer: <b>JENNIFER JOHNSON</b> <b>1800 M STREET, NW 400S</b> <b>WASHINGTON DC 20036</b>		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
<b>I</b> Tax-exempt status: <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) ( <b>6</b> ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(c)</b> Group exemption number <b>u</b>
<b>J</b> Website: <b>u WWW.ALU-WEB.COM</b>		<b>L</b> Year of formation: <b>2012</b> <b>M</b> State of legal domicile: <b>PA</b>
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other <b>u</b>		

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <p style="text-align: center;"><b>SEE SCHEDULE O</b></p>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>5</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>5</b>
	<b>5</b> Total number of individuals employed in calendar year 2019 (Part V, line 2a)	<b>5</b>	<b>0</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>70</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>101,583</b>
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 39	<b>7b</b>	<b>50,750</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>509,748</b>	<b>523,807</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>3,925</b>	<b>2,115</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>14</b>	<b>1,367</b>
	<b>12</b> Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>513,687</b>	<b>527,289</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)		<b>0</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		<b>0</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		<b>0</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		<b>0</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <b>u</b>	<b>0</b>	
	<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	<b>599,986</b>	<b>575,662</b>
<b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<b>599,986</b>	<b>575,662</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>-86,299</b>	<b>-48,373</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	<b>21</b> Total liabilities (Part X, line 26)	<b>956,247</b>	<b>907,874</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>0</b>	<b>0</b>
		<b>956,247</b>	<b>907,874</b>

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer <p style="text-align: center;"><b>JENNIFER JOHNSON</b></p>	Date <p style="text-align: center;"><b>CHAIRPERSON</b></p>			
	Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>CHRIS HENKE</b>	Preparer's signature <b>CHRIS HENKE</b>	Date	Check <input type="checkbox"/> if self-employed	PTIN <b>P01008921</b>
	Firm's name } <b>AKINS HENKE AND COMPANY</b> <b>600 INWOOD AVENUE NORTH, SUITE 160</b> Firm's address } <b>OAKDALE, MN 55128</b>		Firm's EIN } <b>46-3220328</b> Phone no. <b>651-636-3806</b>		

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

**Part III Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission:

**ALU OFFERS INFORMATION, EDUCATION AND DEVELOPMENT OPPORTUNITIES AND RECOGNITION OF EDUCATIONAL ACCOMPLISHMENTS TO LIFE INSURANCE UNDERWRITERS AND OTHER INDIVIDUALS INTERESTED IN LIFE INUSRANCE UNDERWRITING.**

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes  No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes  No

If "Yes," describe these changes on Schedule O.

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

4a (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**SEE SCHEDULE O**

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**SEE SCHEDULE O**

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**SEE SCHEDULE O**

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

(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses **u**

**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		X
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4	<b>Section 501(c)(3) organizations.</b> 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		
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		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		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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		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		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V		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.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI		X
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
c	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		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		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		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		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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		X

**Part IV Checklist of Required Schedules** *(continued)*

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		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? <i>If "Yes," complete Schedule J</i>		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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		
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? <i>If "Yes," complete Schedule L, Part I</i>		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		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):		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		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? <i>If "Yes," complete Schedule R, Part I</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
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? <i>If "Yes," complete Schedule R, Part VI</i>		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.	X	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

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

		Yes	No
<b>2a</b>	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	<b>2a</b>	<b>0</b>
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	<b>2b</b>	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>	<b>X</b>
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	<b>3b</b>	<b>X</b>
<b>4a</b>	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)?	<b>4a</b>	<b>X</b>
<b>b</b>	If "Yes," enter the name of the foreign country <b>u</b> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>	<b>X</b>
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>	<b>X</b>
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>	
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	<b>6a</b>	<b>X</b>
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>	
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<b>7a</b>	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>	
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>	
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>	
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>	
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>	
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>	
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>	
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>	
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>	
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	<b>11a</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>	
<b>b</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	<b>13b</b>	
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>	<b>X</b>
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	<b>14b</b>	
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	<b>15</b>	<b>X</b>
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>	<b>X</b>

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
<b>1b</b>	Enter the number of voting members included on line 1a, above, who are independent		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		<b>X</b>
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	<b>X</b>	
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<b>X</b>
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		<b>X</b>
<b>6</b>	Did the organization have members or stockholders?		<b>X</b>
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		<b>X</b>
<b>7b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		<b>X</b>
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>8a</b>	The governing body?	<b>X</b>	
<b>8b</b>	Each committee with authority to act on behalf of the governing body?	<b>X</b>	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		<b>X</b>

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		<b>X</b>
<b>10b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<b>X</b>	
<b>11b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	<b>X</b>	
<b>12b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>X</b>	
<b>12c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	<b>X</b>	
<b>13</b>	Did the organization have a written whistleblower policy?	<b>X</b>	
<b>14</b>	Did the organization have a written document retention and destruction policy?	<b>X</b>	
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>15a</b>	The organization's CEO, Executive Director, or top management official		<b>X</b>
<b>15b</b>	Other officers or key employees of the organization		<b>X</b>
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		<b>X</b>
<b>16b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **u PA**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **u**

**ASSOCIATION MGMT STRATEGIES**  
**WASHINGTON**

**1800 M STREET NW 400S**

**DC 20036**

**202-495-3130**

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JENNIFER JOHNSON ..... PRESIDENT	10.00 ..... 0.00	X		X				0	0	0
(2) DONNA DANIELLS ..... CHAIRPERSON	1.00 ..... 0.00	X		X				0	0	0
(3) FRANK GOETZ ..... TREASURER	1.00 ..... 0.00	X		X				0	0	0
(4) SUSAN HUTCHISON ..... SECRETARY	1.00 ..... 0.00	X		X				0	0	0
(5) TIM RANFRANZ ..... BOARD MEMBER	1.00 ..... 0.00	X						0	0	0
(6) .....										
(7) .....										
(8) .....										
(9) .....										
(10) .....										
(11) .....										





**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>					
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>					
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b> \$					
	<b>h Total.</b> Add lines 1a-1f			<b>u</b>			
<b>Program Service Revenue</b>	<b>2a</b> <b>EXAMS</b>	Business Code <b>611430</b>	<b>272,475</b>	<b>272,475</b>			
	<b>b</b> <b>PUBLICATIONS-ON THE RISK</b>	<b>511120</b>	<b>190,775</b>	<b>89,192</b>	<b>101,583</b>		
	<b>c</b> <b>TEXTBOOK SALES</b>	<b>611430</b>	<b>35,757</b>	<b>35,757</b>			
	<b>d</b> <b>WEBINARS</b>	<b>611430</b>	<b>24,500</b>	<b>24,500</b>			
	<b>e</b> <b>FORUMS AND SEMINARS</b>	<b>611430</b>	<b>300</b>	<b>300</b>			
	<b>f</b> All other program service revenue						
	<b>g Total.</b> Add lines 2a-2f			<b>u</b>	<b>523,807</b>		
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)	<b>u</b>	<b>2,115</b>			<b>2,115</b>	
	<b>4</b> Income from investment of tax-exempt bond proceeds	<b>u</b>					
	<b>5</b> Royalties	<b>u</b>					
	<b>6a</b> Gross rents	<b>6a</b>	(i) Real				
			(ii) Personal				
	<b>b</b> Less: rental expenses	<b>6b</b>					
	<b>c</b> Rental inc. or (loss)	<b>6c</b>					
	<b>d</b> Net rental income or (loss)			<b>u</b>			
	<b>7a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities				
			(ii) Other				
	<b>b</b> Less: cost or other basis and sales exps.	<b>7b</b>					
<b>c</b> Gain or (loss)	<b>7c</b>						
<b>d</b> Net gain or (loss)			<b>u</b>				
<b>8a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>						
<b>b</b> Less: direct expenses	<b>8b</b>						
<b>c</b> Net income or (loss) from fundraising events			<b>u</b>				
<b>9a</b> Gross income from gaming activities. See Part IV, line 19	<b>9a</b>						
<b>b</b> Less: direct expenses	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities			<b>u</b>				
<b>10a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>						
<b>b</b> Less: cost of goods sold	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory			<b>u</b>				
<b>Miscellaneous Revenue</b>	<b>11a</b> <b>OTHER INCOME</b>	Business Code <b>611430</b>	<b>1,367</b>	<b>1,367</b>			
	<b>b</b>						
	<b>c</b>						
	<b>d</b> All other revenue						
	<b>e Total.</b> Add lines 11a-11d			<b>u</b>	<b>1,367</b>		
<b>12 Total revenue.</b> See instructions			<b>u</b>	<b>527,289</b>	<b>423,591</b>	<b>101,583</b>	
						<b>2,115</b>	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (nonemployees):				
a Management	161,342			
b Legal				
c Accounting	20,311			
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	108,880			
12 Advertising and promotion	86			
13 Office expenses	2,181			
14 Information technology	32,378			
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	65,930			
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	514			
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <b>PRINTING AND POSTAGE</b>	126,881			
b <b>EXAM DEVELOPMENT</b>	24,306			
c <b>BANK SERVICE FEES</b>	13,415			
d <b>STUDENT RECOGNITION</b>	9,490			
e All other expenses	9,948			
25 Total functional expenses. Add lines 1 through 24e	575,662	0	0	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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing .....	<b>187,199</b>	<b>1</b>	<b>240,761</b>
	<b>2</b> Savings and temporary cash investments .....	<b>769,048</b>	<b>2</b>	<b>667,113</b>
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>	
	<b>4</b> Accounts receivable, net .....		<b>4</b>	
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....		<b>9</b>	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b>		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b>		<b>10c</b>
	<b>11</b> Investments—publicly traded securities .....		<b>11</b>	
	<b>12</b> Investments—other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments—program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....		<b>15</b>	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....		<b>956,247</b>	<b>16</b>	<b>907,874</b>
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....		<b>17</b>	
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....		<b>0</b>	<b>26</b>
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	<b>956,247</b>	<b>27</b>	<b>907,874</b>
	<b>28</b> Net assets with donor restrictions .....		<b>28</b>	
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
<b>32</b> Total net assets or fund balances .....	<b>956,247</b>	<b>32</b>	<b>907,874</b>	
<b>33</b> Total liabilities and net assets/fund balances .....	<b>956,247</b>	<b>33</b>	<b>907,874</b>	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	<b>527,289</b>
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	<b>575,662</b>
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	<b>-48,373</b>
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	<b>956,247</b>
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	<b>907,874</b>

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<b>X</b>
<b>2b</b>	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>X</b>	
<b>2c</b>	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? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	<b>X</b>	
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		<b>X</b>
<b>3b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

## Federal Statements

### Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

Description	Total Expenses	Program Service	Management & General	Fund Raising
COMPUTER SUPPORT	\$ 8,937	\$ 8,937	\$	\$
EXECUTIVE TEAM	1,545	1,545		
EDUCATIONAL CONSULTING	2,500	2,500		
PHOTOGRAPHERS	2,500	2,500		
PROOFREADING/INDEXING	4,207	4,207		
CURRICULUM EDITING	6,500	6,500		
ADVERTISING COMMISSION	9,023	9,023		
OTR EDITORS	8,750	8,750		
PUBLISHING & CIRCULATION	62,268	62,268		
CONSULTING	1,250	1,250		
CONTENT MANAGEMENT	400	400		
REPORTER	1,000	1,000		
TOTAL	\$ <u>108,880</u>	\$ <u>108,880</u>	\$ <u>0</u>	\$ <u>0</u>

### Form 990, Part IX, Line 24e - All Other Expenses

Description	Total Expenses	Program Service	Management & General	Fund Raising
CONTINUING EDUCATION	\$ 8,637	\$ 8,637	\$	\$
MISCELLANEOUS EXPENSE	1,311	1,311		
TOTAL	\$ <u>9,948</u>	\$ <u>9,948</u>	\$ <u>0</u>	\$ <u>0</u>

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

u 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. u Attach to Form 990.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization

Employer identification number

ACADEMY OF LIFE UNDERWRITING

45-5087087

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements.

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

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. (2a Total number of conservation easements, 2b Total acreage restricted by conservation easements, 2c Number of conservation easements on a certified historic structure included in (a), 2d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register), 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year u, 4 Number of states where property subject to conservation easement is located u, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year u, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year u \$, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

Table with 2 columns: u \$. Rows include: 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

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

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

- a Public exhibition, b Scholarly research, c Preservation for future generations, d Loan or exchange program, e Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

- c Beginning balance, d Additions during the year, e Distributions during the year, f Ending balance

Table with 2 columns: Description, Amount. Rows 1c, 1d, 1e, 1f.

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

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

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows 1a-1g.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment %, b Permanent endowment %, c Term endowment %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) Unrelated organizations, (ii) Related organizations

Table with 2 columns: Yes, No. Rows 3a(i), 3a(ii), 3b.

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Table with 5 columns: Description of property, (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows 1a-1e.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) u



Part VII Investments - Other Securities.

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

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Rows include Financial derivatives, Closely held equity interests, and Other (A-H).

Part VIII Investments - Program Related.

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

Table with 3 columns: (a) Description of investment, (b) Book value, (c) Method of valuation. Rows numbered 1 through 9.

Part IX Other Assets.

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

Table with 2 columns: (a) Description, (b) Book value. Rows numbered 1 through 9.

Part X Other Liabilities.

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

Table with 2 columns: (a) Description of liability, (b) Book value. Row 1 includes Federal income taxes. Rows numbered 1 through 9.

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

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>	<b>527,289</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>		
<b>b</b>	Donated services and use of facilities	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	<b>527,289</b>
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)		<b>5</b>	<b>527,289</b>

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>	<b>575,662</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities	<b>2a</b>		
<b>b</b>	Prior year adjustments	<b>2b</b>		
<b>c</b>	Other losses	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	<b>575,662</b>
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)		<b>5</b>	<b>575,662</b>

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART X - FIN 48 FOOTNOTE**

**ALU HAS TAX-EXEMPT STATUS UNDER SECTION 501(C)(6) OF THE INTERNAL REVENUE CODE. MANAGEMENT HAS ANALYZED THE TAX POSITIONS TAKEN BY ALU AND HAS CONCLUDED THAT AS OF JUNE 30, 2020, THERE ARE NO UNCERTAIN POSITIONS TAKEN OR EXPECTED TO BE TAKEN REQUIRING DISCLOSURE IN THE FINANCIAL STATEMENTS.**



**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.

u Attach to Form 990 or 990-EZ.

u Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

Name of the organization

**ACADEMY OF LIFE UNDERWRITING**

Employer identification number

**45-5087087**

**FORM 990 - ORGANIZATION'S MISSION OR MOST SIGNIFICANT ACTIVITIES**

THE ACADEMY OF LIFE UNDERWRITING IS ORGANIZED TO ESTABLISH AND ADMINISTER PROFESSIONAL EDUCATION, CERTIFICATION, AND CREDENTIALING PROGRAMS IN THE FIELD OF LIFE INSURANCE UNDERWRITING, AND TO IMPROVE AND ENHANCE BUSINESS CONDITIONS IN THE LIFE INSURANCE UNDERWRITING INDUSTRY.

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

**CERTIFICATION EXAM PREPARATION AND ADMINISTRATION:**

THE EXAMINATION GROUP OF ALU PREPARES AND ADMINISTERS SIX EXAMINATIONS TO ASSESS THE KNOWLEDGE AND EXPERIENCE OF LIFE INSURANCE UNDERWRITERS AND OTHER INTERESTED PROFESSIONALS COMPARED TO THE ESTABLISHED ALU CURRICULUM. THE ALU101, ALU201, ALU202, ALU301, MRAP1 AND MRAP2 EXAMS ARE CREATED BY A TEAM OF MORE THAN THIRTY VOLUNTEERS, ALL PRACTICING LIFE UNDERWRITERS OR COMPANY MEDICAL DIRECTORS, IN A WELL-ESTABLISHED PROCESS THAT TAKES MORE THAN SIX MONTHS TO COMPLETE. EACH TEAM MEMBER WRITES QUESTIONS BASED UPON ASSIGNED TEXTBOOK CHAPTERS. THE QUESTIONS ARE REVIEWED AND IMPROVED IN SMALL GROUPS DISCUSSION, AND THEN ASSEMBLED INTO THE SIX EXAMS. ALU VOLUNTEERS WHO WRITE QUESTIONS ARE SCHOOLED IN THE ART OF WRITING VALID EXAM QUESTIONS BY AN EDUCATIONAL CONSULTANT. NEW ALU EXAMINATIONS ARE CREATED EACH YEAR.

EXAMINATIONS ARE ADMINISTERED ANNUALLY. MOST STUDENTS TAKE THE EXAMINATIONS AT EXAM LOCATIONS OFFERED (WITHOUT CHARGE) BY LIFE INSURANCE COMPANIES. THE EXAMINATIONS ARE SUPERVISED IN EACH EXAM LOCATION BY

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VOLUNTEER EXAM PROCTORS. ONCE THE EXAMINATIONS ARE COMPLETED AND RETURNED TO THE ALU ADMINISTRATION OFFICE FOR SCORING, STUDENTS ARE INFORMED OF THEIR EXAM RESULTS IN WRITING. THE MOST RECENT EXAMS WERE SCHEDULED FOR APRIL 21, 2020 AND THEN RESCHEDULED FOR OCTOBER 20, 2020 BUT ULTIMATELY CANCELLED IN MAY 2020 DUE TO COVID-19. FEES TO SIT FOR THE EXAMS RANGE FROM \$225-\$325 PER EXAM. FEES FOR THE CANCELLED EXAMS ARE BEING REFUNDED TO THE PAYERS.

THESE ACTIVITES OCCUPY APPROXIMATELY 35% OF THE ACTIVITIES OF THE ACADEMY OF LIFE UNDERWRITING.

CURRICULUM DEVELOPMENT AND TEXTBOOK PUBLICATION:

THE ALU AND MRAP CURRICULUM THAT SERVES AS THE BASIS FOR THE CERTIFICATION PROGRAM FOR THE LIFE UNDERWRITING PROFESSION WAS DEVELOPED AND IS MAINTAINED BY THE ALU CURRICULUM GROUP. MEMBERS OF THE CURRICULUM GROUP ARE ALL VOLUNTEERS AND PRACTICING LIFE INSURANCE UNDERWRITERS OR INSURANCE COMPANY MEDICAL DIRECTORS. AS LIFE INSURANCE UNDERWRITING IS A DYNAMIC PROFESSION, THE ALU CURRICULUM GROUP MUST CONTINUALLY REVIEW THE LEGAL ENVIRONMENT FOR THE LIFE INSURANCE INDUSTRY, THE INFORMATION AVAILABLE TO A LIFE UNDERWRITER TO FACILITATE THE UNDERWRITING PROCESS, AND THE CHANGING NATURE OF THE LIFE INSURANCE UNDERWRITER'S PROFESSIONAL RESPONSIBILITIES AND ACCOUNTABILITIES. AS KEY FACTORS IN THE LIFE UNDERWRITER'S PROFESSION CHANGE, THE ALU CURRICULUM GROUP UPDATES THE ALU LIFE UNDERWRITING CURRICULUM ACCORDINGLY.

BASED UPON THE ALU AND MRAP CURRICULUMS, THE CURRICULUM GROUP UPDATES AND

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PUBLISHES SIX TEXTBOOKS (4 ALU AND 2 MRAP) COVERING BASIC, INTERMEDIATE MEDICAL, INTERMEDIATE NON-MEDICAL AND ADVANCED TOPICS IN LIFE INSURANCE UNDERWRITING. TEXTBOOK CHAPTERS ARE WRITTEN BY PRACTICING LIFE UNDERWRITERS, COMPANY MEDICAL DIRECTORS, AND MEDICAL PROFESSIONALS. TO KEEP PACE WITH AN EVOLVING INDUSTRY, THE TEXTBOOKS ARE UPDATED AT LEAST EVERY TWO YEARS. TOGETHER WITH A COMMERCIAL ANATOMY AND PHYSIOLOGY TEXTBOOK, THESE SIX TEXTBOOKS COVER THE ALU AND MRAP CURRICULUM IN DETAIL AND SERVE AS THE STUDY MATERIALS USED BY STUDENTS TO PREPARE FOR THE EXAMINATIONS.

ALU AND MRAP TEXTBOOKS ARE SOLD THROUGH THE ALU OFFICE AT A COST OF \$20. IN OCTOBER 2019, ALU AND MRAP TEXTBOOKS BECAME AVAILABLE DIGITALLY FROM AMAZON FOR \$9.99. IN FEBRUARY 2020, ALU AND MRAP TEXTBOOKS BECAME AVAILABLE IN PRINT FORM FROM AMAZON FOR \$20.00 TO \$25.00. OTHER TEXTBOOKS ARE AVAILABLE FROM THE DISTRIBUTOR AND MULTIPLE RETAIL OUTLETS AT A COST OF APPROXIMATELY \$45 PER BOOK.

THESE ACTIVITIES OCCUPY APPROXIMATELY 20% OF THE ACTIVITIES OF THE ACADEMY OF LIFE UNDERWRITING.

**CREDENTIALING AND RECOGNITION OF STUDENT ACCOMPLISHMENT:**

ALU RECOGNIZES STUDENTS WHO MEET THE ALU CERTIFICATION REQUIREMENTS BY CONFERRING SEVERAL DIPLOMAS AND PROFESSIONAL DESIGNATIONS. ALU BELIEVES THAT SUCCESSFUL AND PROFICIENT LIFE INSURANCE UNDERWRITERS MUST WORK CLOSELY WITH ACTUARIES, ATTORNEYS, ADMINISTRATIVE AND SALES PROFESSIONALS, AND COMPANY MANAGEMENT. TO THAT END, REQUIREMENTS FOR AN ALU DIPLOMA

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INCLUDE SUCCESSFUL COMPLETION OF THE ALU EXMAINATIONS ALONG WITH COMPLETING OUTSIDE EDUCATIONAL COURSES OFFERED BY THE LIFE OFFICE MANAGEMENT ASSOCIATION AND THE AMERICAN COLLEGE OF FINANCIAL SERVICES. STUDENTS WHO PASS ALL ALU EXMINATIONS AND ALL OUTSIDE COURSE REQUIREMENTS ARE AWARDED THE FELLOW, ACADEMY OF LIFE UNDERWRITING (FALU) DESIGNATION AND DIPLOMA. THROUGH JUNE 30, 2020, 2,629 STUDENTS HAVE EARNED FALU CERTIFICATION. IN 2017-18 AND BEYOND ALU WILL RECOGNIZE STUDENTS WHO SUCCESSFULLY COMPLETE TWO EXAMS (MRA1 AND MRA2)WITH A CERTIFICATE AND RIGHT TO USE THE DESIGNATION MEDICAL RISK ASSESSMENT PROFESSIONAL (MRAP). THROUGH JUNE 30, 2020, 33 STUDENTS HAVE EARNED THE RIGHT TO USE THE DESIGNATION.

THESE ACTIVITIES OCCUPY APPROXIMATLEY 10% OF THE ACTIVITIES OF THE ACADEMY OF LIFE UNDERWRITING.

FORM 990, PART III, LINE 4B - SECOND ACCOMPLISHMENT

ONE THE RISK: THE JOURNAL OF THE ACADEMY OF LIFE UNDERWRITING:

ON THE RISK: THE JOURNAL OF THE ACADEMY OF LIFE UNDERWRITING (OTR) IS A PROFESSIONAL JOURNAL PUBLISHED QUARTERLY BY ALU. THE ON THE RISK EDITORIAL TEAM, TOGETHER WITH A GROUP OF EDITORS AND MANAGERS, SECURES TIMELY, IN-DEPTH ARTICLES WRITTEN BY PRACTITIONERS IN THE UNDERWRITING COMMUNITY. OTR IS DISTRIBUTED TO MEMBERS OF THE ASSOCIATION OF HOME OFFICE UNDERWRITERS (AHO) AND CANADIAN INSTITUTE OF UNDERWRITERS (CIU) AS A BENEFIT OF MEMBERSHIP, AND DIRECT SUBSCRIPTIONS MAY BE PURCHASED. ON THE RISK REACHES APPROXIMATELY 1,750 SUBSCRIBERS WITH EACH ISSUE. THIS JOURNAL CONTRIBUTES TO THE PROFESSIONAL AND CONTINUING EDUCATION NEEDS OF THE AHO, THE CIU, AND THE WORLDWIDE PROFESSIONAL UNDERWRITING READERSHIP.

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Schedule O (Form 990 or 990-EZ) (2019)

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ON THE RISK SUPPORTS THE MISSION OF THE ACADEMY OF LIFE UNDERWRITING BY PROVIDING CONTINUING EDUCATION AND PUBLIC RECOGNITION FOR LIFE INSURANCE UNDERWRITERS AND THE MEMBERS OF AHOU AND CIU BY ENCOURAGING UNDERWRITERS TO OBTAIN THE ASSOCIATE, ACADEMY OF LIFE UNDERWRITING (AALU), FELLOW, ACADEMY OF LIFE UNDERWRITING (FALU), AND MEDICAL RISK ASSESSMENT PROFESSIONAL (MRAP) DESIGNATIONS, AND BY PROMOTING ACADEMY OF LIFE UNDERWRITING PROGRAMS.

THESE ACTIVITIES OCCUPY APPROXIMATELY 25% OF THE ACTIVITIES OF THE ACADEMY OF LIFE UNDERWRITING.

FORM 990, PART III, LINE 4C - THIRD ACCOMPLISHMENT

CONTINUING EDUCATION:

EACH YEAR, THE UNDERWRITING DEVELOPMENT AND CONTINUING EDUCATION GROUP OF THE ACADEMY OF LIFE UNDERWRITING CREATES AND OFFERS SEVERAL OPPORTUNITIES FOR LIFE INSURANCE UNDERWRITERS AND OTHER INTERESTED PARTIES TO STUDY AND DISCUSS SPECIFIC EMERGING AND ESTABLISHED TOPICS IMPORTANT TO THEIR PROFESSIONS. THIS GROUP IS COMPRISED OF PRACTICING LIFE UNDERWRITERS OR UNDERWRITING MANAGERS.

THE UNDERWRITING DEVELOPMENT GROUP CREATES AND ADMINISTERS ONLINE WEBINARS SEVERAL TIMES EACH YEAR. THESE ONE-HOUR SEMINARS INCLUDE PRESENTATIONS ON TIMELY UNDERWRITING TOPICS BY INDUSTRY EXPERTS, WHERE PARTICIPANTS CAN QUESTION THE EXPERTS IN MODERATED SESSIONS OVER THE INTERNET. DURING THE YEAR ENDING JUNE 30, 2020 THE GROUP PRESENTED SIX ONLINE WEBINARS ON



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SPECIFIC MEDICAL AND UNDERWRITING TOPICS, CONTINUED OFFERING A SERIES FOR SELF-STUDY FOR INDIVIDUALS TO LEARN EKG INTERPRETATION. WEBINARS ARE OFFERED TO UNDERWRITING COMPANIES BY ANNUAL SUBSCRIPTION AND TO INDIVIDUALS BY INDIVIDUAL REGISTRATION. SUBSCRIPTION FEES RANGE FROM \$100-\$750 PER YEAR BASED ON THE SIZE OF THE SUBSCRIBING COMPANY. MULTI-PART SERIES ARE AVAILABLE FOR \$100 PER ATTENDEE.

THE FORUM GROUP ORGANIZES ANNUAL ACADEMY OF LIFE UNDERWRITING FORUM. THIS IS A TWO-DAY MEETING ATTENDED BY THE CHIEF LIFE UNDERWRITERS FROM A NUMBER OF LIFE INSURANCE COMPANIES, WHERE CURRENT CHALLENGES AND FUTURE TRENDS IN THE LIFE UNDERWRITING PROFESSION ARE DISCUSSED. THE REGISTRATION FEE FOR THIS FORUM IS \$350 PER PERSON, TO HELP COVER COSTS. THE 2020 FORUM MEETING WAS CANCELLED DUE TO COVID-19. ATTENDEES AND SPONSORS WERE GIVEN REFUNDS.

THESE ACTIVITIES OCCUPY APPROXIMATELY 10% OF THE ACTIVITIES OF THE ACADEMY OF LIFE UNDERWRITING.

FORM 990, PART VI - ADDITIONAL INFORMATION

PART VI, SECTION B, LINE 15: THE ORGANIZATION HAS NO PAID STAFF; THEREFORE, A COMPENSATION POLICY IS NOT IN PLACE.

FORM 990, PART VI, LINE 3 - MANAGEMENT DELEGATED

ALL MANAGEMENT DUTIES ARE RETAINED BY ALU OFFICERS. ADMINISTRATION DUTIES ARE PERFORMED BY ASSOCIATION MANAGEMENT STRATEGIES, INC. OTR PUBLISHING SERVICES ARE PERFORMED BY ENTITIES UNDER CONTRACT AND UNDER THE SUPERVISION OF ALU OFFICERS.

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FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990

THE FULL 990 WAS PROVIDED TO THE ALU BOARD ELECTRONICALLY FOR REVIEW PRIOR TO ITS FILING.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

THE CONFLICT OF INTEREST STATEMENT IS REQUESTED ANNUALLY FROM EACH DIRECTOR AND IS REVIEWED FOR CONFLICTS.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST. IN ADDITION, INFORMATION IS AVAILABLE ON OUR WEBSITE.

FORM 990, PART IX, LINE 11G - OTHER FEES FOR SERVICES

DESCRIPTION

TOT/PROG SERVICE

MGT &amp; GENERAL

FUNDRAISING

COMPUTER SUPPORT

\$ 8,937

\$ 0

\$ 0

EXECUTIVE TEAM

\$ 1,545

\$ 0

\$ 0

EDUCATIONAL CONSULTING

\$ 2,500

\$ 0

\$ 0

PHOTOGRAPHERS

\$ 2,500

\$ 0

\$ 0

PROOFREADING/INDEXING

\$ 4,207

\$ 0

\$ 0

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Schedule O (Form 990 or 990-EZ) (2019)

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**ACADEMY OF LIFE UNDERWRITING**

**45-5087087**

**CURRICULUM EDITING**

\$ 6,500 \$ 0 \$ 0

**ADVERTISING COMMISSION**

\$ 9,023 \$ 0 \$ 0

**OTR EDITORS**

\$ 8,750 \$ 0 \$ 0

**PUBLISHING & CIRCULATION**

\$ 62,268 \$ 0 \$ 0

**CONSULTING**

\$ 1,250 \$ 0 \$ 0

**CONTENT MANAGEMENT**

\$ 400 \$ 0 \$ 0

**REPORTER**

\$ 1,000 \$ 0 \$ 0

**TOTAL**

\$ 108,880 \$ 0 \$ 0

**Exempt Organization Business Income Tax Return**  
(and proxy tax under section 6033(e))

**2019**

Department of the Treasury  
Internal Revenue Service

For calendar year 2019 or other tax year beginning **07/01/19**, and ending **06/30/20**

Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.

Open to Public Inspection for  
501(c)(3) Organizations Only

**Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).**

<p><b>A</b> <input type="checkbox"/> Check box if address changed</p> <p><b>B</b> Exempt under section</p> <p><input checked="" type="checkbox"/> 501(c) ( <b>6</b> )</p> <p><input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e)</p> <p><input type="checkbox"/> 408A <input type="checkbox"/> 530(a)</p> <p><input type="checkbox"/> 529(a)</p>	<p>Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.)</p> <p><b>ACADEMY OF LIFE UNDERWRITING</b></p> <p>Number, street, and room or suite no. If a P.O. box, see instructions.</p> <p><b>1800 M STREET, NW 400S</b></p> <p>City or town, state or province, country, and ZIP or foreign postal code</p> <p><b>WASHINGTON DC 20036</b></p>	<p><b>D</b> Employer identification number (Employees' trust, see instructions.)</p> <p><b>45-5087087</b></p> <p><b>E</b> Unrelated business activity code (See instructions.)</p> <p><b>511120</b></p>
<p><b>C</b> Book value of all assets at end of year</p> <p><b>907,874</b></p>	<p><b>F</b> Group exemption number (See instructions.) <b>u</b></p> <p><b>G</b> Check organization type <b>u</b> <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust</p>	

**H** Enter the number of the organization's unrelated trades or businesses. **u** 1 Describe the only (or first) unrelated trade or business here  
**u PUBLICATION ADVERTISING**. If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V.

**I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? **u**  Yes  No  
If "Yes," enter the name and identifying number of the parent corporation.

**J** The books are in care of **u ASSOCIATION MGMT STRATEGI** Telephone number **u 202-495-3130**

<b>Part I Unrelated Trade or Business Income</b>		(A) Income	(B) Expenses	(C) Net
<b>1a</b> Gross receipts or sales				
<b>b</b> Less returns and allowances	<b>c</b> Balance <b>u</b>	<b>1c</b>		
<b>2</b> Cost of goods sold (Schedule A, line 7)		<b>2</b>		
<b>3</b> Gross profit. Subtract line 2 from line 1c		<b>3</b>		
<b>4a</b> Capital gain net income (attach Schedule D)		<b>4a</b>		
<b>b</b> Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)		<b>4b</b>		
<b>c</b> Capital loss deduction for trusts		<b>4c</b>		
<b>5</b> Income (loss) from partnership and S corporation (attach statement)		<b>5</b>		
<b>6</b> Rent income (Schedule C)		<b>6</b>		
<b>7</b> Unrelated debt-financed income (Schedule E)		<b>7</b>		
<b>8</b> Interest, annuities, royalties, and rents from controlled organization (Schedule F)		<b>8</b>		
<b>9</b> Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)		<b>9</b>		
<b>10</b> Exploited exempt activity income (Schedule I)		<b>10</b>		
<b>11</b> Advertising income (Schedule J)		<b>11</b> 101,583	<b>44,466</b>	<b>57,117</b>
<b>12</b> Other income (See instructions; attach schedule)				
<b>13 Total.</b> Combine lines 3 through 12		<b>13</b> 101,583	<b>44,466</b>	<b>57,117</b>

**Part II Deductions Not Taken Elsewhere** (See instructions for limitations on deductions.) (Deductions must be directly connected with the unrelated business income.)

<b>14</b> Compensation of officers, directors, and trustees (Schedule K)	<b>14</b>	
<b>15</b> Salaries and wages	<b>15</b>	
<b>16</b> Repairs and maintenance	<b>16</b>	
<b>17</b> Bad debts	<b>17</b>	
<b>18</b> Interest (attach schedule) (see instructions)	<b>18</b>	
<b>19</b> Taxes and licenses	<b>19</b>	
<b>20</b> Depreciation (attach Form 4562)	<b>20</b>	
<b>21</b> Less depreciation claimed on Schedule A and elsewhere on return	<b>21a</b>	<b>21b</b> 0
<b>22</b> Depletion	<b>22</b>	
<b>23</b> Contributions to deferred compensation plans	<b>23</b>	
<b>24</b> Employee benefit programs	<b>24</b>	
<b>25</b> Excess exempt expenses (Schedule I)	<b>25</b>	
<b>26</b> Excess readership costs (Schedule J)	<b>26</b>	<b>4,827</b>
<b>27</b> Other deductions (attach schedule) <b>SEE STATEMENT 1</b>	<b>27</b>	<b>540</b>
<b>28 Total deductions.</b> Add lines 14 through 27	<b>28</b>	<b>5,367</b>
<b>29</b> Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13	<b>29</b>	<b>51,750</b>
<b>30</b> Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	<b>30</b>	
<b>31</b> Unrelated business taxable income. Subtract line 30 from line 29	<b>31</b>	<b>51,750</b>

**Part III Total Unrelated Business Taxable income**

<b>32</b>	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	<b>32</b>	<b>51,750</b>
<b>33</b>	Amounts paid for disallowed fringes	<b>33</b>	
<b>34</b>	Charitable contributions (see instructions for limitation rules)	<b>34</b>	
<b>35</b>	Total unrelated business taxable income before pre-2018 NOLs and specific deductions. Subtract line 34 from the sum of lines 32 and 33	<b>35</b>	<b>51,750</b>
<b>36</b>	Deductions for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	<b>36</b>	
<b>37</b>	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	<b>37</b>	<b>51,750</b>
<b>38</b>	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	<b>38</b>	<b>1,000</b>
<b>39</b>	<b>Unrelated business taxable income.</b> Subtract line 38 from line 37. If line 38 is greater than line 37, enter the smaller of zero or line 37	<b>39</b>	<b>50,750</b>

**Part IV Tax Computation**

<b>40</b>	<b>Organizations Taxable as Corporations.</b> Multiply line 39 by 21% (0.21)	<b>40</b>	<b>10,658</b>
<b>41</b>	<b>Trusts Taxable at Trust Rates.</b> See instructions for tax computation. Income tax on the amount on line 39 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	<b>41</b>	
<b>42</b>	<b>Proxy tax.</b> See instructions	<b>42</b>	
<b>43</b>	Alternative minimum tax (trusts only)	<b>43</b>	
<b>44</b>	<b>Tax on Noncompliant Facility Income.</b> See instructions	<b>44</b>	
<b>45</b>	<b>Total.</b> Add lines 42, 43, and 44 to line 40 or 41, whichever applies	<b>45</b>	<b>10,658</b>

**Part V Tax and Payments**

<b>46a</b>	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	<b>46a</b>	
<b>b</b>	Other credits (see instructions)	<b>46b</b>	
<b>c</b>	General business credit. Attach Form 3800 (see instructions)	<b>46c</b>	
<b>d</b>	Credit for prior year minimum tax (attach Form 8801 or 8827)	<b>46d</b>	
<b>e</b>	<b>Total credits.</b> Add lines 46a through 46d	<b>46e</b>	
<b>47</b>	Subtract line 46e from line 45	<b>47</b>	<b>10,658</b>
<b>48</b>	Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (att. sch.)	<b>48</b>	
<b>49</b>	<b>Total tax.</b> Add lines 47 and 48 (see instructions)	<b>49</b>	<b>10,658</b>
<b>50</b>	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k) line 3	<b>50</b>	
<b>51a</b>	Payments: A 2018 overpayment credited to 2019	<b>51a</b>	<b>1,000</b>
<b>b</b>	2019 estimated tax payments	<b>51b</b>	
<b>c</b>	Tax deposited with Form 8868	<b>51c</b>	
<b>d</b>	Foreign organizations: Tax paid or withheld at source (see instructions)	<b>51d</b>	
<b>e</b>	Backup withholding (see instructions)	<b>51e</b>	
<b>f</b>	Credit for small employer health insurance premiums (attach Form 8941)	<b>51f</b>	
<b>g</b>	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total <b>u</b>	<b>51g</b>	
<b>52</b>	<b>Total payments.</b> Add lines 51a through 51g	<b>52</b>	<b>1,000</b>
<b>53</b>	Estimated tax penalty (see instructions). Check if Form 2220 is attached <b>u</b> <input type="checkbox"/>	<b>53</b>	
<b>54</b>	<b>Tax due.</b> If line 52 is less than the total of lines 49, 50, and 53, enter amount owed <b>u</b>	<b>54</b>	<b>9,658</b>
<b>55</b>	<b>Overpayment.</b> If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid <b>u</b>	<b>55</b>	
<b>56</b>	Enter the amount of line 55 you want: Credited to 2020 estimated tax <b>u</b> Refunded <b>u</b>	<b>56</b>	

**Part VI Statements Regarding Certain Activities and Other Information (see instructions)**

<b>57</b>	At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "YES," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "YES," enter the name of the foreign country here <b>u</b>	Yes	No
<b>58</b>	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "YES," see instructions for other forms the organization may have to file.		<b>X</b>
<b>59</b>	Enter the amount of tax-exempt interest received or accrued during the tax year <b>u</b> \$		

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

**u PRESIDENT**

Signature of officer \_\_\_\_\_ Date \_\_\_\_\_ Title \_\_\_\_\_

May the IRS discuss this return with the preparer shown below (see instructions)?  Yes  No

<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>CHRIS HENKE</b>	Preparer's signature <b>CHRIS HENKE</b>	Date	Check <input type="checkbox"/> if self-employed	PTIN <b>P01008921</b>
	Firm's name } <b>AKINS HENKE AND COMPANY</b>	Firm's EIN } <b>46-3220328</b>			
	Firm's address } <b>600 INWOOD AVENUE NORTH, SUITE 160 OAKDALE, MN 55128</b>	Phone no. } <b>651-636-3806</b>			

**Schedule A – Cost of Goods Sold.** Enter method of inventory valuation **u**

<b>1</b> Inventory at beginning of year	<b>1</b>		<b>6</b> Inventory at end of year	<b>6</b>	
<b>2</b> Purchases	<b>2</b>		<b>7</b> <b>Cost of goods sold.</b> Subtract line 6 from line 5. Enter here and in Part I, line 2	<b>7</b>	
<b>3</b> Cost of labor	<b>3</b>				
<b>4a</b> Additional sec. 263A costs (attach schedule)	<b>4a</b>		<b>8</b> Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		<b>Yes</b>
<b>b</b> Other costs (attach schedule)	<b>4b</b>				<b>No</b>
<b>5</b> <b>Total.</b> Add lines 1 through 4b	<b>5</b>				

**Schedule C – Rent Income (From Real Property and Personal Property Leased With Real Property)**

(see instructions)

**1.** Description of property

(1) <b>N/A</b>
(2)
(3)
(4)

**2.** Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
<b>Total</b>	<b>Total</b>	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) <b>u</b>

**(c) Total income.** Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) **u**

**Schedule E – Unrelated Debt-Financed Income** (see instructions)

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property		
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)	
(1) <b>N/A</b>				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
<b>Totals</b>			Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
<b>Total dividends-received deductions</b> included in column 8			<b>u</b>	<b>u</b>

**Schedule F – Interest, Annuities, Royalties, and Rents From Controlled Organizations** (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1) <b>N/A</b>					
(2)					
(3)					
(4)					

**Nonexempt Controlled Organizations**

7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
<b>Totals</b> .....			u Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).

**Schedule G – Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col.4)
(1) <b>N/A</b>				
(2)				
(3)				
(4)				
<b>Totals</b> .....		u Enter here and on page 1, Part I, line 9, column (A).		Enter here and on page 1, Part I, line 9, column (B).

**Schedule I – Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1) <b>N/A</b>						
(2)						
(3)						
(4)						
<b>Totals</b> .....		u Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).			Enter here and on page 1, Part II, line 25.

**Schedule J – Advertising Income** (see instructions)

<b>Part I Income From Periodicals Reported on a Consolidated Basis</b>						
1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) <b>PUBLICATIONS-ON THE</b>	<b>101,583</b>	<b>44,466</b>		<b>89,192</b>	<b>94,019</b>	
(2)						
(3)						
(4)						
<b>Totals (carry to Part II, line (5))</b> ..		<b>u 101,583</b>	<b>44,466</b>	<b>57,117</b>	<b>89,192</b>	<b>94,019</b>
						<b>4,827</b>

**Part II** **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) <b>N/A</b>						
(2)						
(3)						
(4)						
<b>Totals from Part I</b> ..... <b>u</b>	<b>101,583</b>	<b>44,466</b>				<b>4,827</b>
	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).				Enter here and on page 1, Part II, line 26.
<b>Totals, Part II (lines 1-5)</b> ..... <b>u</b>	<b>101,583</b>	<b>44,466</b>				<b>4,827</b>

**Schedule K – Compensation of Officers, Directors, and Trustees** (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1) <b>N/A</b>		%	
(2)		%	
(3)		%	
(4)		%	
<b>Total.</b> Enter here and on page 1, Part II, line 14			<b>u</b>



**Statement 1 - Form 990-T, Part II, Line 28 - Other Deductions**

Description	Amount
TAX PREPARATION FEES	\$ 540
TOTAL	\$ 540