

Academy of Life Underwriting

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

For the Year Ended June 30, 2022



600 INWOOD AVENUE NORTH
SUITE 160
OAKDALE, MN 55128
TEL: (651) 636-3806
FAX: (651) 636-1136
www.akinshenke.com

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

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ 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.

A For the **2021** calendar year, or tax year beginning **JUL 1, 2021** and ending **JUN 30, 2022**

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	C Name of organization ACADEMY OF LIFE UNDERWRITING Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1800 M STREET, NW 400S City or town, state or province, country, and ZIP or foreign postal code WASHINGTON, DC 20036 F Name and address of principal officer: JODI MCDONALD SAME AS C ABOVE	D Employer identification number 45-5087087 E Telephone number 202-495-3130 G Gross receipts \$ 484,298. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number ▶
I Tax-exempt status: <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) (6) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 J Website: ▶ WWW.ALU-WEB.COM		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ L Year of formation: 2012 M State of legal domicile: PA		

Part I Summary

	1 Briefly describe the organization's mission or most significant activities: THE ACADEMY OF LIFE UNDERWRITING IS ORGANIZED TO ESTABLISH AND ADMINISTER (SEE SCHEDULE O)		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
Activities & Governance	3 Number of voting members of the governing body (Part VI, line 1a)	3	5
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	5
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	0
	6 Total number of volunteers (estimate if necessary)	6	80
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	108,258.
	b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	36,590.
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 0.	Current Year 0.
	9 Program service revenue (Part VIII, line 2g)	390,761.	482,304.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	308.	1,949.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	50.	45.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	391,119.	484,298.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	659,663.	492,287.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	659,663.	492,287.	
19 Revenue less expenses. Subtract line 18 from line 12	-268,544.	-7,989.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 639,330.	End of Year 619,142.
	21 Total liabilities (Part X, line 26)	0.	0.
	22 Net assets or fund balances. Subtract line 21 from line 20	639,330.	619,142.

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.

Sign Here	Signature of officer JODI MCDONALD, PRESIDENT Type or print name and title	Date			
Paid Preparer Use Only	Print/Type preparer's name CHRIS J. HENKE	Preparer's signature CHRIS J. HENKE	Date 01/10/23	Check if self-employed <input type="checkbox"/>	PTIN P01008921
	Firm's name ▶ AKINS HENKE AND COMPANY Firm's address ▶ 600 INWOOD AVENUE NORTH, SUITE 160 OAKDALE, MN 55128	Firm's EIN ▶ 46-3220328 Phone no. 651-636-3806			

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 [X]

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 INSURANCE 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 [X] 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? [X] 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 \$)
CERTIFICATION EXAM PREPARATION AND ADMINISTRATION:

THE EXAMINATION GROUP OF ACADEMY OF LIFE UNDERWRITING (ALU) PREPARES AND ADMINISTERS FOUR 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, AND ALU301, 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 GROUP DISCUSSION, AND THEN ASSEMBLED INTO FIVE EXAMS. ALU

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)
ON 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 1,740 SUBSCRIBERS WITH EACH ISSUE. THE JOURNAL CONTRIBUTES TO THE PROFESSIONAL AND CONTINUING EDUCATION NEEDS OF THE AHO, THE CIU, AND THE WORLD-WIDE PROFESSIONAL

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)
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. THE GROUP IS COMPRISED OF PRACTICING LIFE UNDERWRITERS OR UNDERWRITING MANAGERS.

THE UNDERWRITING DEVELOPMENT GROUP CREATES AND ADMINISTERS ONLINE WEBINARS SIX TO SEVEN TIMES EACH YEAR. THESE ONE-HOUR SEMINARS INCLUDE PRESENTATIONS ON TIMELY UNDERWRITING TOPICS BY INDUSTRY EXPERTS, WHERE

4d Other program services (Describe on Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses

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)? <i>If "Yes," complete Schedule A</i>		X
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? 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? <i>If "Yes," complete Schedule C, Part I</i>		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? <i>If "Yes," complete Schedule C, Part II</i>		
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>		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? <i>If "Yes," complete Schedule D, Part I</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? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>		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? <i>If "Yes," complete Schedule D, Part VI</i>		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? <i>If "Yes," complete Schedule D, Part VII</i>		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? <i>If "Yes," complete Schedule D, Part VIII</i>		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? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		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)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		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? <i>If "Yes," complete Schedule G, Part I.</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? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		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? <i>If "Yes," complete Schedule I, Parts I and II</i>		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 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? <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 the 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 line 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 Section 501(c)(3) organizations. 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 on Schedule O for Part VI, lines 11b and 19?	X	

Note: All Form 990 filers are required to complete Schedule O

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 on 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)

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee reporting, tax shelter transactions, foreign accounts, and charitable contributions.

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
1a	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.		
1b	Enter the number of voting members included on line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	X	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
10b	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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
11b	Describe on 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	X	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official		X
15b	Other officers or key employees of the organization		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b	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 **▶ 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 **▶**
ASSOCIATION MANAGEMENT STRATEGIES - 202-495-3130
1800 M STREET NW 400S, WASHINGTON, DC 20036

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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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 (list any hours for related organizations below 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/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/ 1099-NEC)	(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) CATHERINE MUCCIGROSSO BOARD CHAIR	1.00	X		X				0.	0.	0.
(2) SCOTT CORBETT TREASURER	1.00	X		X				0.	0.	0.
(3) SUSAN HUTCHISON SECRETARY	1.00	X		X				0.	0.	0.
(4) JODI MCDONALD ALU PRESIDENT	10.00	X		X				0.	0.	0.
(5) JENNIFER JOHNSON ALU - PAST PRESIDENT	1.00	X						0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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			
1b Subtotal							0.	0.	0.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							0.	0.	0.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
ASSOCIATION MANAGEMENT STRATEGIES, 1800 M STREET NW, SUITE 400S, WASHINGTON, DC	MANAGEMENT SERVICES	172,826.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **1**

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f				
	g	Noncash contributions included in lines 1a-1f	1g	\$			
	h	Total. Add lines 1a-1f					
Program Service Revenue	2 a	EXAMS	Business Code 611430	258,437.	258,437.		
	b	PUBLICATIONS-ON THE RI	511120	165,853.	57,595.	108,258.	
	c	WEBINARS	611430	30,422.	30,422.		
	d	TEXTBOOKS SALES	611430	26,417.	26,417.		
	e	FORUMS AND SEMINARS	611430	1,175.	1,175.		
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		482,304.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		1,949.		1,949.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(i) Real				
			(ii) Personal				
	b	Less: rental expenses	6b				
	c	Rental income or (loss)	6c				
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
	b	Less: cost or other basis and sales expenses	7b				
	c	Gain or (loss)	7c				
d	Net gain or (loss)						
8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18						
b	Less: direct expenses	8b					
c	Net income or (loss) from fundraising events						
9 a	Gross income from gaming activities. See Part IV, line 19						
b	Less: direct expenses	9b					
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances						
b	Less: cost of goods sold	10b					
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a	OTHER INCOME	Business Code 611430	45.	45.		
	b						
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d		45.			
12	Total revenue. See instructions		484,298.	374,091.	108,258.	1,949.	

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	172,826.			
b Legal				
c Accounting	19,195.			
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 Sch O.)	106,022.			
12 Advertising and promotion				
13 Office expenses	76,354.			
14 Information technology	54,198.			
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	32,639.			
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	5,091.			
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 STUDENT RECOGNITION	9,984.			
b FEDERAL TAXES	6,084.			
c CONTINUING EDUCATION	5,075.			
d EXAM DEVELOPMENT	4,769.			
e All other expenses	50.			
25 Total functional expenses. Add lines 1 through 24e	492,287.			
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)

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
Assets	1 Cash - non-interest-bearing	317,501.	1	308,084.
	2 Savings and temporary cash investments	321,829.	2	311,058.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 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		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a		
	b Less: accumulated depreciation	10b		10c
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 33)		639,330.	16	619,142.
Liabilities	17 Accounts payable and accrued expenses		17	
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to 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		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 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		25	
	26 Total liabilities. Add lines 17 through 25		0.	26
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	639,330.	27	619,142.
	28 Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	639,330.	32	619,142.
	33 Total liabilities and net assets/fund balances	639,330.	33	619,142.

Part 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	484,298.
2	Total expenses (must equal Part IX, column (A), line 25)	2	492,287.
3	Revenue less expenses. Subtract line 2 from line 1	3	-7,989.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	639,330.
5	Net unrealized gains (losses) on investments	5	-12,199.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	619,142.

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: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
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?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** 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.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- 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

	Yes	No
2a		X
2b		X
2c		
3a		X
3b		

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization

ACADEMY OF LIFE UNDERWRITING

Employer identification number

45-5087087

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

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 3, CHANGES IN PROGRAM SERVICES:

ALU DISCONTINUED THE MEDICAL RISK SELECTIONS PRINCIPLES (MRAP) SERIES
OF TWO EXAMS.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

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.

ALL EXAMINATIONS ARE ADMINISTERED ANNUALLY IN APRIL AND ALU101 IS ALSO
ADMINISTERED IN OCTOBER. STUDENTS TAKE THE EXAMINATIONS VIRTUALLY ON
THEIR OWN DESKTOP OR LAPTOP COMPUTERS. THE EXAMS ARE SUPERVISED BY
SCREEN SHARING AND VIDEO RECORDING VIA THE STUDENT'S COMPUTER CAMERA.
ONCE COMPLETED, THE RECORDINGS ARE REVIEWED BY PROFESSIONAL PROCTORS.
FINALLY, THE EXAMS ARE SCORED ACCORDING TO ALU SPECIFICATIONS AND
STUDENTS ARE INFORMED OF THE EXAM RESULTS BY EMAIL. IN FISCAL YEAR
2021/22 EXAMS WERE HELD ON OCTOBER 19, 2021 AND APRIL 19, 2022. FEES TO
SIT FOR THE EXAMS RANGE \$225.00 - \$325.00 PER EXAM.

THESE ACTIVITIES OCCUPY APPROXIMATELY 35% OF THE ACTIVITIES OF THE

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

Schedule O (Form 990) 2021

Name of the organization

ACADEMY OF LIFE UNDERWRITING

Employer identification number

45-5087087

ACADEMY OF LIFE UNDERWRITING.

CURRICULUM DEVELOPMENT AND TEXTBOOK PRODUCTION:

THE ALU CURRICULUM THAT IS 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 MEDICAL AND 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 CURRICULUM, THE CURRICULUM GROUP UPDATES AND PUBLISHES FOUR TEXTBOOKS 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 & PHYSIOLOGY TEXTBOOK, THESE FOUR TEXTBOOKS COVER THE ALU CURRICULUM IN DETAIL AND ARE THE STUDY MATERIALS USED BY STUDENTS TO PREPARE FOR THE EXAMINATIONS.

Name of the organization ACADEMY OF LIFE UNDERWRITING	Employer identification number 45-5087087
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ALU TEXTBOOKS ARE SOLD THROUGH AMAZON. A DIGITAL VERSION COSTS \$9.99 AND A PRINT VERSION COSTS \$20.00. OTHER TEXTBOOKS ARE AVAILABLE FROM THE DISTRIBUTOR AND MULTIPLE RETAIL OUTLETS AT A COST OF APPROXIMATELY \$45.00.

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 INCLUDE SUCCESSFUL COMPLETION OF THE ALU EXAMINATIONS 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 EXAMINATIONS AND ALL OUTSIDE COURSE REQUIREMENTS ARE AWARDED THE FELLOW, ACADEMY OF LIFE UNDERWRITING (FALU) DESIGNATION AND DIPLOMA. THROUGH JUNE 30, 2022, 2,734 STUDENTS HAVE EARNED THE FALU CERTIFICATION. BEGINNING IN FISCAL YEAR 2017-18 AND THRU FISCAL YEAR 2021/22, ALU RECOGNIZED STUDENTS WHO SUCCESSFULLY COMPLETED TWO EXAMS (MRAP1 AND MRAP2) WITH A CERTIFICATE AND RIGHT TO USE THE DESIGNATION MEDICAL RISK ASSESSMENT PROFESSIONAL (MRAP). THROUGH JUNE 30, 2022, 2,651 STUDENTS HAVE EARNED THE RIGHT TO USE THE DESIGNATION. THE MRAP SERIES WAS DISCONTINUED AS OF JUNE 30,

Name of the organization

ACADEMY OF LIFE UNDERWRITING

Employer identification number

45-5087087

2022.

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

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:
UNDERWRITING READERSHIP.

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) AND FELLOW, ACADEMY OF LIFE UNDERWRITING (FALU) 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, PROGRAM SERVICE ACCOMPLISHMENTS:

PARTICIPANTS CAN QUESTION THE EXPERTS IN MODERATED SESSIONS OVER THE
INTERNET. DURING THE YEAR ENDING 2022, THE GROUP PRESENTED SIX ONLINE
WEBINARS ON SPECIFIC MEDICAL AND UNDERWRITING TOPICS AND CONTINUED
OFFERING A SERIES OF 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 \$100.00 - \$700.00 PER YEAR BASED ON THE
SIZE OF THE SUBSCRIBING COMPANY. MULTI-PART SERIES, WHEN OFFERED, ARE
AVAILABLE FOR \$100.00 PER ATTENDEE.

Name of the organization

ACADEMY OF LIFE UNDERWRITING

Employer identification number

45-5087087

THE FORUM GROUP ORGANIZES AN ANNUAL ACADEMY OF LIFE UNDERWRITING FORUM.

THIS IS A TWO-DAY MEETING INTENDED FOR CHIEF UNDERWRITERS OR THE DESIGNATED ASSOCIATE. THE ATTENDANCE HAS BEEN LIMITED IN THE PAST TO FACILITATE DISCUSSION. THE CHALLENGES AND FUTURE TRENDS IN UNDERWRITING ARE DISCUSSED. THE 2021 FORUM WAS MODIFIED DUE TO COVID-19 AND HELD VIRTUALLY. THE 2022 FORUM FOLLOWED THE 2021 FORMAT.

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

FORM 990, PART VI, SECTION A, LINE 3:

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.

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

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

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

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

FORM 990, PART VI, SECTION B, LINE 15:

THE ORGANIZATION HAS NO PAID STAFF; THEREFORE, A COMPENSATION POLICY IS NOT IN PLACE.

Name of the organization ACADEMY OF LIFE UNDERWRITING	Employer identification number 45-5087087
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FORM 990, PART VI, SECTION C, LINE 19:

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:

ADVERTISING COMMISSIONS	12,114.
CURRICULUM EDITING	6,500.
EDUCATIONAL CONSULTING	2,500.
EXECUTIVE TEAM	206.
MANAGER, PUBLISHING, CIRCULATION	66,240.
OTR EDITORS	10,000.
PROOFREADING	2,600.
COMPUTER SUPPORT	5,862.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	106,022.

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

For calendar year 2021 or other tax year beginning JUL 1, 2021, and ending JUN 30, 2022

2021

Department of the Treasury
Internal Revenue Service

▶ **Go to www.irs.gov/Form990T for instructions and the latest information.**
▶ **Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).**

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

A <input type="checkbox"/> Check box if address changed.	B Exempt under section <input checked="" type="checkbox"/> 501(c)(6) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a) <input type="checkbox"/> 529A	Print or Type	Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) ACADEMY OF LIFE UNDERWRITING Number, street, and room or suite no. If a P.O. box, see instructions. 1800 M STREET, NW, 400S City or town, state or province, country, and ZIP or foreign postal code WASHINGTON, DC 20036	D Employer identification number 45-5087087 E Group exemption number (see instructions) F <input type="checkbox"/> Check box if an amended return.
C Book value of all assets at end of year ▶ 619,142.				

G Check organization type ▶ 501(c) corporation 501(c) trust 401(a) trust Other trust

H Check if filing only to ▶ Claim credit from Form 8941 Claim a refund shown on Form 2439

I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation ▶

J Enter the number of attached Schedules A (Form 990-T) ▶ **1**

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

L The books are in care of ▶ **ASSOCIATION MANAGEMENT STRATEGIE** Telephone number ▶ **202-495-3130**

Part I Total Unrelated Business Taxable Income

1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	1	37,590.
2 Reserved	2	
3 Add lines 1 and 2	3	37,590.
4 Charitable contributions (see instructions for limitation rules)	4	0.
5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	5	37,590.
6 Deduction for net operating loss. See instructions	6	
7 Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5	7	37,590.
8 Specific deduction (generally \$1,000, but see instructions for exceptions)	8	1,000.
9 Trusts. Section 199A deduction. See instructions	9	
10 Total deductions. Add lines 8 and 9	10	1,000.
11 Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	11	36,590.

Part II Tax Computation

1 Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21)	1	7,684.
2 Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	2	
3 Proxy tax. See instructions	3	
4 Other tax amounts. See instructions	4	
5 Alternative minimum tax (trusts only)	5	
6 Tax on noncompliant facility income. See instructions	6	
7 Total. Add lines 3 through 6 to line 1 or 2, whichever applies	7	7,684.

LHA For Paperwork Reduction Act Notice, see instructions.

Part III Tax and Payments				
1a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a		
b	Other credits (see instructions)	1b		
c	General business credit. Attach Form 3800 (see instructions)	1c		
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	1d		
e	Total credits. Add lines 1a through 1d	1e		
2	Subtract line 1e from Part II, line 7	2		7,684.
3	Other amounts due. 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 (attach statement)	3		
4	Total tax. Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here	4		7,684.
5	Current net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4	5		0.
6a	Payments: A 2020 overpayment credited to 2021	6a	903.	
b	2021 estimated tax payments. Check if section 643(g) election applies	6b	2,084.	
c	Tax deposited with Form 8868	6c	6,800.	
d	Foreign organizations: Tax paid or withheld at source (see instructions)	6d		
e	Backup withholding (see instructions)	6e		
f	Credit for small employer health insurance premiums (attach Form 8941)	6f		
g	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439	6g		
	<input type="checkbox"/> Form 4136 <input type="checkbox"/> Other			
7	Total payments. Add lines 6a through 6g	7		9,787.
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached	8		5.
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	9		
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	10		2,098.
11	Enter the amount of line 10 you want: Credited to 2022 estimated tax 2,098. Refunded	11		0.

Part IV Statements Regarding Certain Activities and Other Information (see instructions)			
1	At any time during the 2021 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	Yes	No
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?		X
3	Enter the amount of tax-exempt interest received or accrued during the tax year		
4	Enter available pre-2018 NOL carryovers here		
5	Post-2017 NOL carryovers. Enter available Business Activity Code and post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.		
	Business Activity Code	Available post-2017 NOL carryover	
		\$	
		\$	
6a	Did the organization change its method of accounting? (see instructions)		X
b	If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V		

Part V Supplemental Information

Provide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.

Sign Here	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.			
	Signature of officer	Date	PRESIDENT	Title
				May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed
	CHRIS J. HENKE	CHRIS J. HENKE	01/10/23	PTIN P01008921
	Firm's name	Firm's EIN		
	AKINS HENKE AND COMPANY		46-3220328	
	Firm's address			Phone no.
	600 INWOOD AVENUE NORTH, SUITE 160 OAKDALE, MN 55128			651-636-3806

**SCHEDULE A
(Form 990-T)**

Department of the Treasury
Internal Revenue Service

**Unrelated Business Taxable Income
From an Unrelated Trade or Business**

▶ Go to www.irs.gov/Form990T for instructions and the latest information.
▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

1
OMB No. 1545-0047

2021

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

A Name of the organization ACADEMY OF LIFE UNDERWRITING	B Employer identification number 45-5087087
C Unrelated business activity code (see instructions) ▶ 511120	D Sequence: 1 of 1

E Describe the unrelated trade or business ▶ **PUBLICATION ADVERTISING**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales				
b Less returns and allowances	c Balance ▶	1c		
2 Cost of goods sold (Part III, line 8)	2			
3 Gross profit. Subtract line 2 from line 1c	3			
4 a Capital gain net income (attach Sch D (Form 1041 or Form 1120)). See instructions	4a			
b Net gain (loss) (Form 4797) (attach Form 4797). See instructions	4b			
c Capital loss deduction for trusts	4c			
5 Income (loss) from a partnership or an S corporation (attach statement)	5			
6 Rent income (Part IV)	6			
7 Unrelated debt-financed income (Part V)	7			
8 Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8			
9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	9			
10 Exploited exempt activity income (Part VIII)	10			
11 Advertising income (Part IX)	11	108,258.	45,566.	62,692.
12 Other income (see instructions; attach statement)	12			
13 Total. Combine lines 3 through 12	13	108,258.	45,566.	62,692.

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

1 Compensation of officers, directors, and trustees (Part X)				
2 Salaries and wages				
3 Repairs and maintenance				
4 Bad debts				
5 Interest (attach statement). See instructions				
6 Taxes and licenses				
7 Depreciation (attach Form 4562). See instructions	7			
8 Less depreciation claimed in Part III and elsewhere on return	8a			8b
9 Depletion				
10 Contributions to deferred compensation plans				
11 Employee benefit programs				
12 Excess exempt expenses (Part VIII)				
13 Excess readership costs (Part IX)				24,432.
14 Other deductions (attach statement) SEE STATEMENT 1				670.
15 Total deductions. Add lines 1 through 14				25,102.
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	16			37,590.
17 Deduction for net operating loss. See instructions	17			0.
18 Unrelated business taxable income. Subtract line 17 from line 16	18			37,590.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2021

Part III Cost of Goods Sold Enter method of inventory valuation ▶

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

Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.

A _____

B _____

C _____

D _____

	A	B	C	D
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)				
c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				
3 Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A) ▶ 0.				
4 Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)				
5 Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B) ▶ 0.				

Part V Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.

A _____

B _____

C _____

D _____

	A	B	C	D
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 statement)				
b Other deductions (attach statement)				
c Total deductions (add lines 3a and 3b, columns A through D)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement)				
5 Average adjusted basis of or allocable to debt-financed property (attach statement)				
6 Divide line 4 by line 5	%	%	%	%
7 Gross income reportable. Multiply line 2 by line 6				
8 Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) ▶ 0.				
9 Allocable deductions. Multiply line 3c by line 6				
10 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) ▶ 0.				
11 Total dividends-received deductions included in line 10 ▶ 0.				

Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations (see instructions)

1. Name of controlled organization		2. Employer identification number	Exempt Controlled Organizations			6. Deductions directly connected with income in column 5
			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	
(1)						
(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)						
			Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)		
Totals			0.	0.		

Part VII 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 statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				
		Add amounts in column 2. Enter here and on Part I, line 9, column (A)		Add amounts in column 5. Enter here and on Part I, line 9, column (B)
Totals		0.		0.

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1	Description of exploited activity: _____		
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	2	
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	3	
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	4	
5	Gross income from activity that is not unrelated business income	5	
6	Expenses attributable to income entered on line 5	6	
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7	

Part IX Advertising Income

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

A **ON THE RISK**

B

C

D

Enter amounts for each periodical listed above in the corresponding column.

	A	B	C	D
2 Gross advertising income	108,258.			
Add columns A through D. Enter here and on Part I, line 11, column (A)				108,258.

a

3 Direct advertising costs by periodical	45,566.			
a Add columns A through D. Enter here and on Part I, line 11, column (B)				45,566.

4 Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8	62,692.			
5 Readership costs	82,027.			
6 Circulation income	57,595.			
7 Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter zero	24,432.			
8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7	24,432.			
a Add line 8, columns A through D. Enter the greater of the line 8a, columns total or zero here and on Part II, line 13				24,432.

Part X Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on Part II, line 1			0.

Part XI Supplemental Information (see instructions)

FORM 990-T (A)

OTHER DEDUCTIONS

STATEMENT 1

DESCRIPTION

AMOUNT

TAX PREPARATION FEES

670.

TOTAL TO SCHEDULE A, PART II, LINE 14

670.

Underpayment of Estimated Tax by Corporations

▶ Attach to the corporation's tax return. **FORM 990-T**

▶ Go to www.irs.gov/Form2220 for instructions and the latest information.

2021

Name **ACADEMY OF LIFE UNDERWRITING** Employer identification number **45-5087087**

Note: Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38, on the estimated tax penalty line of the corporation's income tax return, but **do not** attach Form 2220.

Part I Required Annual Payment

1	Total tax (see instructions)	1	7,684.
2a	Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1	2a	
2b	Look-back interest included on line 1 under section 460(b)(2) for completed long-term contracts or section 167(g) for depreciation under the income forecast method	2b	
2c	Credit for federal tax paid on fuels (see instructions)	2c	
2d	Total. Add lines 2a through 2c	2d	
3	Subtract line 2d from line 1. If the result is less than \$500, do not complete or file this form. The corporation does not owe the penalty	3	7,684.
4	Enter the tax shown on the corporation's 2020 income tax return. See instructions. Caution: If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5	4	3,007.
5	Required annual payment. Enter the smaller of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3	5	3,007.

Part II Reasons for Filing - Check the boxes below that apply. If any boxes are checked, the corporation **must** file Form 2220 even if it does not owe a penalty. See instructions.

- 6 The corporation is using the adjusted seasonal installment method.
- 7 The corporation is using the annualized income installment method.
- 8 The corporation is a "large corporation" figuring its first required installment based on the prior year's tax.

Part III Figuring the Underpayment

	(a)	(b)	(c)	(d)	
9 Installment due dates. Enter in columns (a) through (d) the 15th day of the 4th (Form 990-PF filers: Use 5th month), 6th, 9th, and 12th months of the corporation's tax year	9	10/15/21	12/15/21	03/15/22	06/15/22
10 Required installments. If the box on line 6 and/or line 7 above is checked, enter the amounts from Sch A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% (0.25) of line 5 above in each column	10	752.	752.	751.	752.
11 Estimated tax paid or credited for each period. For column (a) only, enter the amount from line 11 on line 15. See instructions	11	903.		580.	1,504.
Complete lines 12 through 18 of one column before going to the next column.					
12 Enter amount, if any, from line 18 of the preceding column	12		151.		
13 Add lines 11 and 12	13		151.	580.	1,504.
14 Add amounts on lines 16 and 17 of the preceding column	14			601.	772.
15 Subtract line 14 from line 13. If zero or less, enter -0-	15	903.	151.	0.	732.
16 If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0-	16		0.	21.	
17 Underpayment. If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18	17		601.	751.	20.
18 Overpayment. If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column	18	151.			

Go to Part IV on page 2 to figure the penalty. Do not go to Part IV if there are no entries on line 17 - no penalty is owed.

Part IV Figuring the Penalty

	(a)	(b)	(c)	(d)
19 Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. (C corporations with tax years ending June 30 and S corporations: Use 3rd month instead of 4th month. Form 990-PF and Form 990-T filers: Use 5th month instead of 4th month.) See instructions 19				
20 Number of days from due date of installment on line 9 to the date shown on line 19	20			
21 Number of days on line 20 after 4/15/2021 and before 7/1/2021	21			
22 Underpayment on line 17 x $\frac{\text{Number of days on line 21} \times 3\% (0.03)}{365}$...	22 \$	\$	\$	\$
23 Number of days on line 20 after 6/30/2021 and before 10/1/2021	23			
24 Underpayment on line 17 x $\frac{\text{Number of days on line 23} \times 3\% (0.03)}{365}$...	24 \$	\$	\$	\$
25 Number of days on line 20 after 9/30/2021 and before 1/1/2022	25			
26 Underpayment on line 17 x $\frac{\text{Number of days on line 25} \times 3\% (0.03)}{365}$...	26 \$	\$	\$	\$
27 Number of days on line 20 after 12/31/2021 and before 4/1/2022	27	SEE ATTACHED WORKSHEET		
28 Underpayment on line 17 x $\frac{\text{Number of days on line 27} \times 3\% (0.03)}{365}$...	28 \$	\$	\$	\$
29 Number of days on line 20 after 3/31/2022 and before 7/1/2022	29			
30 Underpayment on line 17 x $\frac{\text{Number of days on line 29} \times \%}{365}$	30 \$	\$	\$	\$
31 Number of days on line 20 after 6/30/2022 and before 10/1/2022	31			
32 Underpayment on line 17 x $\frac{\text{Number of days on line 31} \times \%}{365}$	32 \$	\$	\$	\$
33 Number of days on line 20 after 9/30/2022 and before 1/1/2023	33			
34 Underpayment on line 17 x $\frac{\text{Number of days on line 33} \times \%}{365}$	34 \$	\$	\$	\$
35 Number of days on line 20 after 12/31/2022 and before 3/16/2023	35			
36 Underpayment on line 17 x $\frac{\text{Number of days on line 35} \times \%}{365}$	36 \$	\$	\$	\$
37 Add lines 22, 24, 26, 28, 30, 32, 34, and 36	37 \$	\$	\$	\$
38 Penalty. Add columns (a) through (d) of line 37. Enter the total here and on Form 1120, line 34; or the comparable line for other income tax returns	38 \$			5.

* Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at www.irs.gov. You can also call 1-800-829-4933 to get interest rate information.

**FORM 990-T
UNDERPAYMENT OF ESTIMATED TAX WORKSHEET**

Name(s) ACADEMY OF LIFE UNDERWRITING					Identifying Number 45-5087087
--	--	--	--	--	---

(A) *Date	(B) Amount	(C) Adjusted Balance Due	(D) Number Days Balance Due	(E) Daily Penalty Rate	(F) Penalty
		-0-			
10/15/21	752.	752.			
10/15/21	-903.	-151.			
12/15/21	752.	601.	69	.000082192	3.
02/22/22	-580.	21.	21	.000082192	
03/15/22	751.	772.	16	.000082192	1.
03/31/22	0.	772.	8	.000109589	1.
04/08/22	-752.	20.	60	.000109589	
06/07/22	-752.	-732.			
06/15/22	752.	20.	15	.000109589	
06/30/22	0.	20.	92	.000136986	
09/30/22	0.	20.	46	.000164384	

Penalty Due (Sum of Column F). **5.**

* Date of estimated tax payment, withholding credit date or installment due date.