

# **Academy of Life Underwriting**

990 & 990-T Returns - Client Copy

For the Year Ended June 30, 2023



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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)

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.

**2022**

Open to Public Inspection

**A** For the **2022** calendar year, or tax year beginning **JUL 1, 2022** and ending **JUN 30, 2023**

<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 <b>ACADEMY OF LIFE UNDERWRITING</b> 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 <b>45-5087087</b>  <b>E</b> Telephone number <b>202-495-3130</b>
<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>G</b> Gross receipts \$ <b>549,725.</b>
<b>J</b> Website: <b>WWW.ALU-WEB.COM</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>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		<b>L</b> Year of formation: <b>2012</b> <b>M</b> State of legal domicile: <b>PA</b>

**Part I Summary**

	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>THE ACADEMY OF LIFE UNDERWRITING IS ORGANIZED TO ESTABLISH AND ADMINISTER (SEE SCHEDULE O)</b>		
	<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.		
Activities & Governance	<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 2022 (Part V, line 2a) .....	<b>5</b>	<b>0</b>
	<b>6</b> Total number of volunteers (estimate if necessary) .....	<b>6</b>	<b>80</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 .....	<b>7a</b>	<b>105,718.</b>
	<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11 .....	<b>7b</b>	<b>20,462.</b>
	Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h) .....	Prior Year
<b>9</b> Program service revenue (Part VIII, line 2g) .....		0.	0.
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....		482,304.	546,990.
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....		1,949.	2,710.
<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....		45.	25.
<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....		484,298.	549,725.
Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) .....	0.	0.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) .....	0.	0.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) .....	0.	0.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) .....	0.	0.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) .....	0.	0.
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) .....	492,287.	596,034.
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) .....	492,287.	596,034.	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12 .....	-7,989.	-46,309.	
Net Assets or Fund Balances	<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) .....	619,142.	576,263.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20 .....	0.	0.
		619,142.	576,263.

**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 <b>ANN DAY, PRESIDENT</b> Type or print name and title	Date
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>CHRIS J. HENKE</b>	Preparer's signature <b>CHRIS J. HENKE</b>
	Firm's name <b>AKINS HENKE AND COMPANY</b>	Date <b>04/30/24</b>
	Firm's address <b>600 INWOOD AVENUE NORTH, SUITE 160 OAKDALE, MN 55128</b>	Check if self-employed <input type="checkbox"/> PTIN <b>P01008921</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 [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? [ ] Yes [X] 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 \$ )
EXAM PREPARATION AND ADMINISTRATION:
THE EXAMINATION GROUP OF THE 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 PROFESSIONAL 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 FOUR EXAMS. ALU VOLUNTEERS WHO WRITE QUESTIONS ARE SCHOOLED IN THE ART OF WRITING VALID

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 1,900 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 PROFESSIONAL LIFE UNDERWRITERS.

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

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
<b>1</b> 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> .....		<b>X</b>
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions .....		<b>X</b>
<b>3</b> 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> .....		<b>X</b>
<b>4 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? <i>If "Yes," complete Schedule C, Part II</i> .....		
<b>5</b> 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> .....		<b>X</b>
<b>6</b> 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> .....		<b>X</b>
<b>7</b> 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> .....		<b>X</b>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....		<b>X</b>
<b>9</b> 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> .....		<b>X</b>
<b>10</b> 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> .....		<b>X</b>
<b>11</b> 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.		
<b>a</b> 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> .....		<b>X</b>
<b>b</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> .....		<b>X</b>
<b>c</b> 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> .....		<b>X</b>
<b>d</b> 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> .....		<b>X</b>
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....		<b>X</b>
<b>f</b> 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> .....		<b>X</b>
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....		<b>X</b>
<b>b</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> .....		<b>X</b>
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		<b>X</b>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....		<b>X</b>
<b>b</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> .....		<b>X</b>
<b>15</b> 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> .....		<b>X</b>
<b>16</b> 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> .....		<b>X</b>
<b>17</b> 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 .....		<b>X</b>
<b>18</b> 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> .....		<b>X</b>
<b>19</b> 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> .....		<b>X</b>
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		<b>X</b>
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....		
<b>21</b> 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> .....		<b>X</b>

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

	Yes	No
<b>22</b> 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
<b>23</b> 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
<b>24a</b> 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>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a 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>b</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> .....		
<b>26</b> 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
<b>27</b> 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
<b>28</b> 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):		
<b>a</b> 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>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> 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
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>30</b> 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
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> 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
<b>33</b> 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
<b>34</b> 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
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>b</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> .....		
<b>36 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> .....		
<b>37</b> 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
<b>38</b> 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
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable .....		
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable .....		
<b>c</b> 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, 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
<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?		X
<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?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<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?		X
<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?		X
<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?	X	
<b>8b</b>	Each committee with authority to act on behalf of the governing body?	X	
<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		X

**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?		X
<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?	X	
<b>11b</b>	Describe on 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	X	
<b>12b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>12c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
<b>13</b>	Did the organization have a written whistleblower policy?	X	
<b>14</b>	Did the organization have a written document retention and destruction policy?	X	
<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		X
<b>15b</b>	Other officers or key employees of the organization		X
	If "Yes" to line 15a or 15b, describe the process on 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?		X
<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 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, box 6 of 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) JENNIFER JOHNSON BOARD CHAIR	10.00	X		X				0.	0.	0.
(2) SCOTT CORBETT TREASURER	1.00	X		X				0.	0.	0.
(3) JENNIFER DAHL SECRETARY	1.00	X		X				0.	0.	0.
(4) SOPHIE CLEMENT BOARD MEMBER	1.00	X						0.	0.	0.
(5) JODI MCDONALD BOARD MEMBER	15.00	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			
<b>1b Subtotal</b> .....								0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b> .....								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b> .....								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
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> .....		X
<b>4</b> 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
<b>5</b> 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	162,132.

**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	<b>1 a</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</b>	<b>Total.</b> Add lines 1a-1f						
Program Service Revenue	<b>2 a</b>	<b>EXAMS</b>	<b>Business Code</b> 611430	314,770.	314,770.			
	<b>b</b>	<b>PUBLICATIONS-ON THE RI</b>	513120	166,872.	61,154.	105,718.		
	<b>c</b>	<b>TEXTBOOKS SALES</b>	611430	29,248.	29,248.			
	<b>d</b>	<b>WEBINARS</b>	611430	27,650.	27,650.			
	<b>e</b>	<b>FORUMS AND SEMINARS</b>	611430	8,450.	8,450.			
	<b>f</b>	All other program service revenue						
	<b>g</b>	<b>Total.</b> Add lines 2a-2f		546,990.				
Other Revenue	<b>3</b>	Investment income (including dividends, interest, and other similar amounts)		2,710.			2,710.	
	<b>4</b>	Income from investment of tax-exempt bond proceeds						
	<b>5</b>	Royalties						
	<b>6 a</b>	Gross rents	<b>6a</b>	(i) Real				
				(ii) Personal				
	<b>b</b>	Less: rental expenses	<b>6b</b>					
	<b>c</b>	Rental income or (loss)	<b>6c</b>					
	<b>d</b>	Net rental income or (loss)						
	<b>7 a</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 expenses	<b>7b</b>					
<b>c</b>	Gain or (loss)	<b>7c</b>						
<b>d</b>	Net gain or (loss)							
<b>8 a</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>9 a</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>10 a</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							
Miscellaneous Revenue	<b>11 a</b>	<b>OTHER INCOME</b>	<b>Business Code</b> 611430	25.	25.			
	<b>b</b>							
	<b>c</b>							
	<b>d</b>	All other revenue						
	<b>e</b>	<b>Total.</b> Add lines 11a-11d		25.				
<b>12</b>	<b>Total revenue.</b> See instructions		549,725.	441,297.	105,718.	2,710.		

**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....				
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....				
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
<b>9</b> Other employee benefits .....				
<b>10</b> Payroll taxes .....				
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....	162,132.			
<b>b</b> Legal .....				
<b>c</b> Accounting .....	35,454.			
<b>d</b> Lobbying .....				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees .....				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	112,396.			
<b>12</b> Advertising and promotion .....				
<b>13</b> Office expenses .....	77,446.			
<b>14</b> Information technology .....	50,087.			
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....				
<b>17</b> Travel .....				
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....	102,786.			
<b>20</b> Interest .....				
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....				
<b>23</b> Insurance .....	5,064.			
<b>24</b> 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.)				
<b>a</b> <b>FEDERAL TAXES</b>	12,386.			
<b>b</b> <b>EXAM DEVELOPMENT</b>	21,307.			
<b>c</b> <b>STUDENT RECOGNITION</b>	11,158.			
<b>d</b> <b>CONTINUING EDUCATION</b>	5,075.			
<b>e</b> All other expenses	743.			
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	596,034.			
<b>26</b> <b>Joint costs.</b> 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 .....	232,381.	<b>1</b>	238,368.
	<b>2</b> Savings and temporary cash investments .....	311,058.	<b>2</b>	259,259.
	<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 .....	75,703.	<b>11</b>	78,636.
	<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) .....	619,142.	<b>16</b>	576,263.	
<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 .....	0.	<b>26</b>	0.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	619,142.	<b>27</b>	576,263.
	<b>28</b> Net assets with donor restrictions .....		<b>28</b>	
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>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 .....	619,142.	<b>32</b>	576,263.
	<b>33</b> Total liabilities and net assets/fund balances .....	619,142.	<b>33</b>	576,263.

**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>	549,725.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	596,034.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-46,309.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	619,142.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	3,430.
<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>	0.
<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>	576,263.

**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 on 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		X
<b>b</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 type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
<b>c</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>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____		X
<b>b</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 _____		

**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

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 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

EXAM QUESTIONS BY AN EDUCATIONAL CONSULTANT. NEW ALU EXAMINATIONS ARE  
CREATED EACH YEAR.

ALL FOUR EXAMINATIONS ARE ADMINISTERED ANNUALLY IN APRIL AND EXAM  
ALU101 IS ALSO ADMINISTERED AGAIN 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 2022/2023 EXAMS WERE HELD ON APRIL 11, 2023  
THERE WERE 883 STUDENTS REGISTERED; FOR THE EXAM HELD ON OCTOBER 8,  
2022 THERE WERE 184 REGISTERED STUDENTS. FEES TO SIT FOR THE EXAMS  
RANGE FROM \$225 - \$375 PER EXAM.

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

CURRICULUM DEVELOPMENT AND TEXTBOOK PRODUCTION:

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

Schedule O (Form 990) 2022

Name of the organization

ACADEMY OF LIFE UNDERWRITING

Employer identification number

45-5087087

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 PROFESSIONAL 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 PROFESSIONAL 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 (A&P) TEXTBOOK, THESE FOUR TEXTBOOKS COVER THE ALU CURRICULUM IN DETAIL AND ARE THE STUDY MATERIALS USED BY STUDENTS TO PREPARE FOR THE EXAMINATIONS.

ALU TEXTBOOKS ARE SOLD THROUGH AMAZON. IN 2022/23 THE DIGITAL VERSION COST \$9.99 AND THE PRINT VERSION COST \$20. THE A&P TEXTBOOK IS AVAILABLE FROM THE DISTRIBUTOR AND MULTIPLE RETAIL OUTLETS AT A COST OF

Name of the organization

ACADEMY OF LIFE UNDERWRITING

Employer identification number

45-5087087

APPROXIMATELY \$45.

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 A CERTIFICATE OR DIPLOMA, AND PROFESSIONAL DESIGNATIONS.

ALU BELIEVES THAT SUCCESSFUL AND PROFICIENT LIFE INSURANCE UNDERWRITERS  
MUST WORK CLOSELY WITH ACTUARIES, ATTORNEYS, ADMINISTRATIVE AND SALES  
PROFESSIONALS, AS WELL AS COMPANY MANAGEMENT. TO THAT END,

REQUIREMENTS FOR AN ALU CERTIFICATE OR DIPLOMA INCLUDE SUCCESSFUL  
COMPLETION OF THE ALU EXAMINATIONS ALONG WITH COMPLETING SEVERAL  
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 EDUCATIONAL COURSE  
REQUIREMENTS, ARE AWARDED THE DESIGNATION, FELLOW, ACADEMY OF LIFE  
UNDERWRITING (FALU) AND DIPLOMA. AN INTERMEDIATE DIPLOMA, ASSOCIATE,  
ACADEMY OF LIFE UNDERWRITING (AALU) IS ALSO AWARDED AFTER COMPLETION OF  
ALU 101, ALU 201, ALU 202 AND SEVERAL OUTSIDE EDUCATIONAL COURSES. A  
LEVEL ONE CERTIFICATE IS AWARDED AFTER COMPLETION OF ALU 101 AND  
SEVERAL OUTSIDE COURSES.

THROUGH JUNE 30, 2023, 2,861 STUDENTS HAVE EARNED THEIR FALU  
DESIGNATION.

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



Name of the organization

ACADEMY OF LIFE UNDERWRITING

Employer identification number

45-5087087

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 TO 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. FOR INDIVIDUAL SUBSCRIBERS DIGITAL VERSIONS COST \$35 ANNUALLY AND PRINT VERSIONS COST \$40 ANNUALLY. AHOU AND CIU PAY \$35 FOR PRINT VERSIONS DISCOUNTED DUE TO QUANTITY.

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

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

INDUSTRY EXPERTS, IN WHICH PARTICIPANTS CAN QUESTION THE EXPERTS IN MODERATED SESSIONS OVER THE INTERNET. THE GROUP PRESENTED SIX ONLINE WEBINARS ON MEDICAL AND NON-MEDICAL UNDERWRITING TOPICS AND CONTINUED TO OFFER 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 \$125 - \$750 PER YEAR. INDIVIDUALS PAY \$125 AND COMPANY SUBSCRIPTIONS ARE BASED ON THE NUMBER OF UNDERWRITERS IN THE COMPANY.

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 A

DESIGNATED ASSOCIATE. THE ATTENDANCE IS LIMITED TO LEADERS IN THE

UNDERWRITING FIELD TO FACILITATE DISCUSSION. THE CHALLENGES AND FUTURE

TRENDS IN UNDERWRITING ARE DISCUSSED TO OTHER TIMELY TOPICS. IN 2023

THE MEETING RETURNED TO AN-IN PERSON FORMAT FOLLOWING THE PANDEMIC

YEARS. THE ATTENDANCE FEE IN 2023 WAS: \$250. SPONSORSHIPS WERE MADE

AVAILABLE FOR BETWEEN \$200 AND \$500.

THESE ACTIVITIES OCCUPY APPROXIMATELY 10% OF THE ACTIVITIES OF THE

ACADEMY OF LIFE UNDERWRITING.

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.

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.

Name of the organization <b>ACADEMY OF LIFE UNDERWRITING</b>	Employer identification number <b>45-5087087</b>
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FORM 990, PART IX, LINE 11G, OTHER FEES:

ADVERTISING COMMISSIONS	12,168.
CURRICULUM EDITING	6,500.
EDUCATIONAL CONSULTING	2,500.
EXECUTIVE TEAM	1,000.
MANAGER, PUBLISHING, CIRCULATION	67,896.
OTR EDITORS	10,000.
PROOFREADING	2,600.
COMPUTER SUPPORT	6,482.
CONTENT MANAGMENT	1,250.
PHOTOGRAPHER	2,000.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	112,396.

**Estimated Tax on Unrelated Business Taxable  
Income for Tax-Exempt Organizations**

**2023**

(and on Investment Income for Private Foundations) FORM 990-T

► Keep for your records. Do not send to the Internal Revenue Service.

1	Unrelated business taxable income expected in the tax year .....	1	
2	Tax on the amount on line 1 .....	2	
3	Alternative minimum tax for trusts .....	3	
4	Total. Add lines 2 and 3 .....	4	
5	Estimated tax credits .....	5	
6	Subtract line 5 from line 4 .....	6	
7	Other taxes .....	7	
8	Total. Add lines 6 and 7 .....	8	
9	Credit for federal tax paid on fuels .....	9	
10a	Subtract line 9 from line 8. <b>Note:</b> If less than \$500, the organization does not need to make estimated tax payments .....	10a	
b	Enter the tax shown on the 2022 return. <b>Caution:</b> If zero or the tax year was for less than 12 months, skip this line and enter the amount from line 10a on line 10c .....	10b	4,297.
c	<b>2023 Estimated Tax.</b> Enter the smaller of line 10a or line 10b. If the organization is required to skip line 10b, enter the amount from line 10a on line 10c .....	10c	<b>ADJUSTED TO</b> 4,300.

		(a)	(b)	(c)	(d)	
11	Installment due dates .....	11	10/16/23	12/15/23	03/15/24	06/17/24
12	Installments. Enter 25% of line 10c in columns (a) through (d) .....	12	1,075.	1,075.	1,075.	1,075.
13	2022 Overpayment .....	13	1,075.	1,075.	1,075.	162.
14	Payment due (Subtract line 13 from line 12) .....	14				913.

Form **990-W**

ESTIMATED TAX	4,300.
OVERPAYMENT APPLIED	3,387.
AMOUNT DUE	913.

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

For calendar year 2022 or other tax year beginning **JUL 1, 2022**, and ending **JUN 30, 2023**

# 2022

Department of the Treasury  
Internal Revenue Service

**Go to [www.irs.gov/Form990T](http://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

<p><b>A</b> <input type="checkbox"/> Check box if address changed.</p> <p><b>B</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</p>	Print or Type	<p>Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.)  <b>ACADEMY OF LIFE UNDERWRITING</b></p> <p>Number, street, and room or suite no. If a P.O. box, see instructions.  <b>1800 M STREET NW, 400S</b></p> <p>City or town, state or province, country, and ZIP or foreign postal code  <b>WASHINGTON, DC 20036</b></p>	<p><b>D</b> Employer identification number  <b>45-5087087</b></p> <p><b>E</b> Group exemption number (see instructions)</p> <p><b>F</b> <input type="checkbox"/> Check box if an amended return.</p>
<p><b>C</b> Book value of all assets at end of year ..... <b>576,263.</b></p>			

**G** Check organization type  501(c) corporation  501(c) trust  401(a) trust  Other trust  State college/university

**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	21,462.
2 Reserved .....	2	
3 Add lines 1 and 2 .....	3	21,462.
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	21,462.
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	21,462.
8 Specific deduction (generally \$1,000, but see instructions for exceptions) .....	8	1,000.
9 <b>Trusts.</b> Section 199A deduction. See instructions .....	9	
10 <b>Total deductions.</b> Add lines 8 and 9 .....	10	1,000.
11 <b>Unrelated business taxable income.</b> Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero .....	11	20,462.

**Part II Tax Computation**

1 <b>Organizations taxable as corporations.</b> Multiply Part I, line 11 by 21% (0.21) .....	1	4,297.
2 <b>Trusts taxable at trust rates.</b> 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 <b>Proxy tax.</b> See instructions .....	3	
4 Other tax amounts. See instructions .....	4	
5 Alternative minimum tax (trusts only) .....	5	
6 <b>Tax on noncompliant facility income.</b> See instructions .....	6	
7 <b>Total.</b> Add lines 3 through 6 to line 1 or 2, whichever applies .....	7	4,297.

LHA For Paperwork Reduction Act Notice, see instructions.

<b>Part III Tax and Payments</b>				
<b>1a</b>	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) .....	<b>1a</b>		
<b>b</b>	Other credits (see instructions) .....	<b>1b</b>		
<b>c</b>	General business credit. Attach Form 3800 (see instructions) .....	<b>1c</b>		
<b>d</b>	Credit for prior year minimum tax (attach Form 8801 or 8827) .....	<b>1d</b>		
<b>e</b>	<b>Total credits.</b> Add lines 1a through 1d .....	<b>1e</b>		
<b>2</b>	Subtract line 1e from Part II, line 7 .....	<b>2</b>		4,297.
<b>3</b>	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) .....	<b>3</b>		
<b>4</b>	<b>Total tax.</b> Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here .....	<b>4</b>		4,297.
<b>5</b>	Current net 965 tax liability paid from Form 965-A, Part II, column (k) .....	<b>5</b>		0.
<b>6a</b>	Payments: A 2021 overpayment credited to 2022 .....	<b>6a</b>	2,098.	
<b>b</b>	2022 estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/> .....	<b>6b</b>	5,586.	
<b>c</b>	Tax deposited with Form 8868 .....	<b>6c</b>		
<b>d</b>	Foreign organizations: Tax paid or withheld at source (see instructions) .....	<b>6d</b>		
<b>e</b>	Backup withholding (see instructions) .....	<b>6e</b>		
<b>f</b>	Credit for small employer health insurance premiums (attach Form 8941) .....	<b>6f</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>6g</b>		
<b>7</b>	<b>Total payments.</b> Add lines 6a through 6g .....	<b>7</b>		7,684.
<b>8</b>	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/> .....	<b>8</b>		
<b>9</b>	<b>Tax due.</b> If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed .....	<b>9</b>		
<b>10</b>	<b>Overpayment.</b> If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid .....	<b>10</b>		3,387.
<b>11</b>	Enter the amount of line 10 you want: <b>Credited to 2023 estimated tax</b> 3,387. <b>Refunded</b> .....	<b>11</b>		0.

<b>Part IV Statements Regarding Certain Activities and Other Information</b> (see instructions)			
<b>1</b>	At any time during the 2022 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
<b>2</b>	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? .....		X
<b>3</b>	Enter the amount of tax-exempt interest received or accrued during the tax year ..... \$ _____		
<b>4</b>	Enter available pre-2018 NOL carryovers here \$ _____ Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.		
<b>5</b>	Post-2017 NOL carryovers. Enter the Business Activity Code and available 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	
		\$	
		\$	
<b>6a</b>	Did the organization change its method of accounting? (see instructions) .....		X
<b>b</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.

<b>Sign Here</b>	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 _____	Title <b>PRESIDENT</b>	May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN
	<b>CHRIS J. HENKE</b>	<b>CHRIS J. HENKE</b>	<b>04/30/24</b>	<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  
(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](http://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

**2022**

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

<b>A</b> Name of the organization <b>ACADEMY OF LIFE UNDERWRITING</b>	<b>B</b> Employer identification number <b>45-5087087</b>
<b>C</b> Unrelated business activity code (see instructions) <b>513120</b>	<b>D</b> Sequence: <b>1</b> of <b>1</b>

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

<b>Part I</b> Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
<b>1 a</b> Gross receipts or sales _____				
<b>b</b> Less returns and allowances _____ <b>c</b> Balance	<b>1c</b>			
<b>2</b> Cost of goods sold (Part III, line 8) .....	<b>2</b>			
<b>3</b> Gross profit. Subtract line 2 from line 1c .....	<b>3</b>			
<b>4 a</b> Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions .....	<b>4a</b>			
<b>b</b> Net gain (loss) (Form 4797) (attach Form 4797). See instructions)	<b>4b</b>			
<b>c</b> Capital loss deduction for trusts .....	<b>4c</b>			
<b>5</b> Income (loss) from a partnership or an S corporation (attach statement) .....	<b>5</b>			
<b>6</b> Rent income (Part IV) .....	<b>6</b>			
<b>7</b> Unrelated debt-financed income (Part V) .....	<b>7</b>			
<b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Part VI) .....	<b>8</b>			
<b>9</b> Investment income of section 501(c)(7), (9), or (17) organizations (Part VII) .....	<b>9</b>			
<b>10</b> Exploited exempt activity income (Part VIII) .....	<b>10</b>			
<b>11</b> Advertising income (Part IX) .....	<b>11</b>	105,718.	49,410.	56,308.
<b>12</b> Other income (see instructions; attach statement) .....	<b>12</b>			
<b>13 Total.</b> Combine lines 3 through 12 .....	<b>13</b>	105,718.	49,410.	56,308.

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

<b>1</b> Compensation of officers, directors, and trustees (Part X) .....		<b>1</b>	
<b>2</b> Salaries and wages .....		<b>2</b>	
<b>3</b> Repairs and maintenance .....		<b>3</b>	
<b>4</b> Bad debts .....		<b>4</b>	
<b>5</b> Interest (attach statement). See instructions .....		<b>5</b>	
<b>6</b> Taxes and licenses .....		<b>6</b>	
<b>7</b> Depreciation (attach Form 4562). See instructions .....	<b>7</b>		
<b>8</b> Less depreciation claimed in Part III and elsewhere on return .....	<b>8a</b>		<b>8b</b>
<b>9</b> Depletion .....		<b>9</b>	
<b>10</b> Contributions to deferred compensation plans .....		<b>10</b>	
<b>11</b> Employee benefit programs .....		<b>11</b>	
<b>12</b> Excess exempt expenses (Part VIII) .....		<b>12</b>	
<b>13</b> Excess readership costs (Part IX) .....		<b>13</b>	34,256.
<b>14</b> Other deductions (attach statement) <b>SEE STATEMENT 1</b> .....		<b>14</b>	590.
<b>15 Total deductions.</b> Add lines 1 through 14 .....		<b>15</b>	34,846.
<b>16</b> Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C) .....		<b>16</b>	21,462.
<b>17</b> Deduction for net operating loss. See instructions .....		<b>17</b>	0.
<b>18 Unrelated business taxable income.</b> Subtract line 17 from line 16 .....		<b>18</b>	21,462.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2022

**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 <b>Total.</b> Add lines 1 through 5 .....	6	
7 Inventory at end of year .....	7	
8 <b>Cost of goods sold.</b> 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 <b>Total deductions.</b> 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 <b>Total gross income</b> (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 <b>Total allocable deductions.</b> Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) .....				0.
11 <b>Total dividends-received deductions</b> 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)		
<b>Totals</b>			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)
<b>Totals</b>		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 .....	105,718.			
Add columns A through D. Enter here and on Part I, line 11, column (A) .....	105,718.			
a				
3 Direct advertising costs by periodical .....	49,410.			
a Add columns A through D. Enter here and on Part I, line 11, column (B) .....	49,410.			
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 .....	56,308.			
5 Readership costs .....	95,410.			
6 Circulation income .....	61,154.			
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 .....	34,256.			
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 .....	34,256.			
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 .....	34,256.			

**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)

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FORM 990-T (A)

OTHER DEDUCTIONS

STATEMENT 1

DESCRIPTION

AMOUNT

TAX PREPARATION FEES

590.

TOTAL TO SCHEDULE A, PART II, LINE 14

590.