E.m 9.90

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the internal Revenue Code (except black lung

CMB No. 1545-0047

benefit trust or private foundation) Department of the Treasury ▶ The organization may have to use a copy of this return to satisfy state reporting requirements Inspection Internal Revenue Service 2001, and ending A For the 2001 calendar year, or tax year beginning B Check if applicable Name of organization D Employer identification number Piesse Address 296 IR5 AMERICAN ACADEMY OF ANTI-AGING MEDICINE 36-4087310 tabel or Number and street (or P O box if mail is not delivered to street address) Room/suite E Telephone number Name change print or inkiai retur (773)528-1000Final return 1510 W MONTANA STREET Specific Amended return City or town, state or country, and ZIP + 4 Cash X Accrual Instruc-Application pending CHICAGO, IL 60614 • Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable H and I are not applicable to section 527 organizations trusts must attach a completed Schedule A (Form 990 or 990-EZ) H(a) is this a group return for affiliates? Yes X No H(b) If 'Yes, ' enter number of affiliates ▶ Web site ►N/A Organization type (check only one) ► X | 501(c) (3) (insert no) H(c) Are all affiliates included? (If "No, attach a list See instructions) if the organization's gross receipts are normally not more than \$25,000. The is this a separate return filed by an organization need not file a return with the IRS, but if the organization received a Form 990 Package organization covered by a group ruling? Enter 4-digit GEN in the mail it should file a return without financial data. Some states require a complete return Check > x if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990 PF) Gross receipts. Add lines 6b. 8b, 9b, and 10b to line 12. 930,041 Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Specific Instructions on page 16) Contributions, gifts, grants, and similar amounts received 1 a 3.993 a Direct public support 1 b b Indirect public support Government contributions (grants) 3,993 3,993. noncash \$ d Total (add lines to through to) (cash \$ 2 Program service revenue including government fees and contracts (from Part VII, line 93) 597,885 Membership dues and assessments . . 170,154 4 Interest on savings and temporary cash investments B,406 Dividends and interest from securities 62,491 6 a Gross rents b Less rental expenses Net rental income or (loss) (subtract line 6b from line 6a) Other investment income (describe (B) Other (A) Securities 6 a Gross amount from sales of assets other than inventory 87,112 8a |вь 210,924 b Less cost or other basis and sales expenses -123,812 C Gain or (loss) (attach schedule) d Net gain or (loss) (combine line 8c, columns (A) and (B)) 8 d -123,812Special events and activities (attach schedule) a Gross revenue (not including \$ contributions reported on line 1a) b Less direct expenses other than fundraising expenses. 9 b c Net income or (loss) from appacial elemes (subtract line 9b from line 9a) 9 c 10a Gross sales of inventory Vess returns and Mowances b Less cost of goods c Gross profit of the from sales of inventory (attach schedule) (subtract line 10b from line 10a) Other revenue from Part VIII, line 103 11 Total revenue (add lines 1d, 2, 3, 4 12 719,117 12 6c, 7, 8d, 9c, 10c, and 11) Program services (from line 44, William (B)) 13 13 700,896 Management and general (from the 44, column (C)) 14 245,931 15 15 Fundraising (from line 44, łumn (D)) Payments to affiliates (attach schedule) 16 16 17 17 Total expenses (add lines 16 and 44, column (A)). 946,B27 18 18 -227,710Excess or (deficit) for the year (subtract line 17 from line 12) Net assets or fund balances at beginning of year (from line 73, column (A)) 19 19 4,845,259

For Paperwork Reduction Act Notice, see the separate instructions

Other changes in net assets or fund balances (attach explanation)

Net assets or fund balances at end of year (combine lines 18, 19, and 20)

JSA 1E1010 2 000

3,924,151

-693,398

20

Part || Statement of Functional Expenses

All organizations must complete column (A) Columns (B), (C) and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See Specific Instructions on page 21.)

_	Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I	T,	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
	Grants and allocations (attach schedule)					
	(cash \$)	22	10,000	10,000	STMT 2	
23	Specific assistance to individuals (attach schedule)	23				
24		24				
25	Compensation of officers, directors, etc.	25	NONE			
26	Other salaries and wages	26	12,035		12,035.	
27	Pension plan contributions	27				
28	Other employee benefits	28				
29	Payroll taxes	29	1,164		1,164.	
30	Professional fundraising fees	30				
31	Accounting fees	31				
32	Legal fees	32				
33	Supplies	33				
34	Telephone	34	21,019	10,510	10,509	
35	Postage and shipping	35				
	Occupancy	36	88,410	44,205_	44,205	
	Equipment rental and maintenance	37				
	Printing and publications	38	116,615	116,615		
	Travel	39	34,462	34,462		
	Conferences, conventions, and meetings	40	11,077	11,077		
	Interest	41	0.256		0.356	<u> </u>
	Depreciation depletion etc (attach schedule),	42	9,356	474 027	9,356 168,662	-
_	· · · · · · · · · · · · · · · · · · ·	<u>43a</u> 43b	642,689	474,027.	100,002	
		43c				
ì		43d				
ì		43e				
44	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	44	946,827	700,896	245,931	
Jol	nt Costs Check ► if you are follow					
	any joint costs from a combined educational	_		citation reported in (B) Pro	gram services?	Yes X No
	'es," enter (i) the aggregate amount of these jo					s
(iu)	the amount allocated to Management and gen	eral \$	<u> </u>	, and (iv) the amount a	llocated to Fundraising \$	
Pä	ort III Statement of Program Ser	vice	<u> Accomplishment</u>	ts (See Specific In	structions on page	24)
Wh	at is the organization's primary exempt purpose	? ▶	STMT 4			Program Service Expenses
ΑII	organizations must describe their exempt pe	urpos	se achievements in a cle	ear and concise manne	Julie the house	(Required for 501(c)(3) and (4) orgs , and 4947(a)(1)
of	clients served, publications issued, etc. Disc	USS	achievements that are r	not measurable (Sectio	n 501(c)(3) and (4)	trusts but optional for
org	anizations and 4947(a)(1) nonexempt charital	ble tr	usts must also enter the	amount of grants and a	illocations to others)	others)
	<u> Distribution of newsletters</u>					
	<u> ARTICLES ABOUT ANTI-AGING. </u>			ICLES, PRODUCE		
	Tapes of conference proceed:	IŅĢ				
			(Grants a	nd allocations \$		562,065
b						
			·	nd allegations \$		
			(Grants a	nd allocations \$	· · · · · · · · · · · · · · · · · · ·	
С						
			(Grants a	ind allocations \$		
4			(Oranita a	пта апооддона ф		
u						1
						i
			(Grants a	nd allocations \$	1	
e	Other program services (attach schedule)			nd allocations \$	<u> </u>	
e f	Other program services (attach schedule) Total of Program Service Expenses (sho		(Grants a	nd allocations \$) 	700,896

Part IV Balance Sheets (See Specific Instructions on page 24)

_	Note	Where required, attached schedules and amounts v			(A) Beginning of year		(B) End of year
_	1	column should be for end-of-year amounts only			Dog.ii.ii.ig of year	45	
	45	Cash non-interest-bearing		· ·	060 701	+	
	46	Savings and temporary cash investments	260,721	46	101,195.		
			 a==				
		* * * * * * * * * * * * * * * * * * * *	47a	NONE		2-21	****
	D	Less allowance for doubtful accounts .	47b	٧	33,828	4/6	NONE
	١		\	no consider		[~~.:]	
		Pledges receivable	48a			400	
	1	Less allowance for doubtful accounts			· -· · · ·	48c	
	49	, , , , , , , , , , , , , , , , , , , ,			 -	49	
	50						
		(attach schedule)				50	
	51a	Other notes and loans receivable (attach	احمما				
22	١.	schedule)	51a				
ssets	1	Less allowance for doubtful accounts				51c	
₹	52			• • • • • •	66.041	52	
	53			Cost X FMV	66,041		NONE
	54	Investments - securities (attach schedule)			4,577,609	54	3,796,012
	55a	Investments - land, buildings, and	11				
	١.	equipment basis	55a				
	Ь	Less accumulated depreciation (attach				55c	
		schedule)	330			56	
	1	Investments - other (attach schedule)	57a	90,959		30	
	1	Land, buildings, and equipment basis	3/a	90,959.			
	•	Less accumulated depreciation (attach	57b	35 070	62,189	570	55,080
	6.0	• • • • • • • • • • • • • • • • • • • •			2,315	1 1	3,945.
	58	Other assets (describe >		SIMI S	2,313	130	3,543.
	59	Total assets (add lines 45 through 58) (must equa	il line 7	·4)	5,002,703	59	3,956,232
_	60	Accounts payable and accrued expenses			157,444.		32,081
	61	Grants payable		61			
	62	Deferred revenue		62	_		
y,	63	Loans from officers, directors, trustees, and key err	· · · · · · · · · · · · · · · · · · ·				
≝		schedule)		63			
abilities	64a	Tax-exempt bond liabilities (attach schedule)				64a	
⊐		Mortgages and other notes payable (attach schedu		r		64b	
	65	Other liabilities (describe ▶	•)		65	
		· · · · · · · · · · · · · · · · · · ·		·			
	66	Total liabilities (add lines 60 through 65)			157,444	66	32,081
	Orga	ınizations that follow SFAS 117, check here ▶ 🗵		complete lines		[7	
		67 through 69 and lines 73 and 74				-	
Š	67	Unrestricted			4,845,259	67	3,924,151
ĕ	68	Temporarily restricted				68	
픙	69	Permanently restricted	<u>.</u>			69	
@	Orga	inizations that do not follow SFAS 117, check here	e ►∟	and			
፷	-	complete lines 70 through 74				1 1	
×	70	Capital stock, trust principal, or current funds				70	
Net Assets or Fund Balances	71	Paid-in or capital surplus, or land, building, and equ				71	
50	72	Retained earnings, endowment, accumulated income			 	72	
Ž	73	Total net assets or fund balances (add lines 67 th	rough	69 OR lines			
Š		70 through 72,		` -			
_		column (A) must equal line 19, and column (B) mu	4,845,259	73	3,924,151		
_	74	Total liabilities and net assets / fund balances (ad	<u>dd iine</u>	s 66 and 73)	5,002,703	74	3,956,232

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Form 990 (2001)						36-40873			Page 4
Part IV-A		-		Pa	rt IV-B	Reconciliation			
- -	Financial Statements wi		-			Financial Stat	ements with	ı Exp	enses per
	Return (See Specific Inst	ruct	ions, page 26)			Return			
a Total rev	enue, gains, and other support			î a	Total 6	expenses and le	osses per		
per audit	ed financial statements 🔒 🕨	а	25,719	<u>).</u>	audited	financial statemen	nts ▶	a	946,827
b Amounts	included on line a but not on			Ь	Amount	ts included on line	a but not		
line 12, f	Form 990				on line	17, Form 990			
(1) Net unrea	lized gains			(1)	Donated	services			Ì
on investr	nents . \$	Ì			and use	of facilities \$			
(2) Donated 6	ervices			(2)	Prior yea	r adjustments			*
and use o	f facilities \$				reported	on line 20,			
(3) Recoverie	s of prior				Form 99	0 . <u>\$</u>			
year grant	s . , , , <u>\$</u>	-		(3)	Losses r	eported on			
(4) Other (spe	ecify)				line 20, l	Form 990 \$,
				(4)	Other (sp	ecify)			
	<u> </u>								
Add amo	unts on lines (1) through (4) ▶	ь		_		<u> </u>			
					Add amo	unts on lines (1) thre	ough (4) . 🕨	ь	
c Line a mi	inus line b ▶	C	25,719	c	Line a n	ninus line b	▶	c	946,827
d Amounts	included on line 12,			d	Amount	ts included on line	17,		
Form 99	0 but not on line a				Form 9	90 but not on line	a·		
(1) Investmen	it expenses			(1)	investme	ent expenses			
not includ	ed on line	'			not inclu	ded on line			
6b, Form	990 \$				6b, Form	990 \$			
(2) Other (spe	cify)		ŕ	(2)	Other (sp	pecify)			
STMT 6	\$ 693,398		,			<u> </u>			
Add amo	unts on lines (1) and (2) ▶	d	693,398	<u> </u>	Add am	ounts on lines (1)	and (2) 👝 ►	d	
e Total rev	enue per line 12, Form 990			e	Total ex	penses per line 1	7, Form 990		
(line c plu	ıs line d) - · · · ▶	е	719,117			lus line d) · ·			946,827
	st of Officers, Directors, Tr	ust	ees, and Key En	nploye	es (List	each one even if r	ot compensa	ted, s	ee Specific
ln	structions on page 26)		· · · · · · · · · · · · · · · · · · ·			T 52.	1 (=)		
	(A) Name and address		(1		nd average er week	(C) Compensation (If not paid, enter	(D) Contribution employee benefit		(E) Expense account and other
				devoted t	o position		deferred comper	sation	allowances
									
SEE STATE	MENT 7					NONE		NONE	NON
	····								
					· · · · · · · · · · · · · · · · · · ·				
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	17.								
					<u> </u>	l			
75 Did any of	ficer, director, trustee, or key emp	loye	e receive aggregate	comper	nsation of r	more than \$100,000 f	rom your	_	
organizatio	on and all related organizations, of	f whi	ch more than \$10,0	00 was	provided b	y the related organiza	ations?		Yes X No
_	ttach schedule - see Specific Instru							_	_
•	-								
									Form 990 (2001)
									•

Forr	m 990 (2001)		•	Page 5
	ort VI Other Information (See Specific Instructions on page 27)		Yes	
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	. 76		_x_
77	Were any changes made in the organizing or governing documents but not reported to the IRS?	77		x
	If "Yes," attach a conformed copy of the changes			
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	x	<u></u>
ь	o If "Yes," has it filed a tax return on Form 990-T for this year?	78b	Х	<u> </u>
	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	. 79		х
80 a	is the organization related (other than by association with a statewide or nationwide organization) through common			1
	membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	. 80a		x
ь	If "Yes," enter the name of the organization	_		
	and check whether it is exempt OR nonexempt			
81a	Enter direct or indirect political expenditure. See line 81 instructions			
ь	Did the organization file Form 1120-POL for this year?	. 81ь		X_
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge			
	or at substantially less than fair rental value?	82a		x
ь	olf "Yes," you may indicate the value of these items here. Do not include this amount			
	as revenue in Part I or as an expense in Part II (See instructions in Part III)			
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	. 83a	x	
	Did the organization comply with the disclosure requirements relating to guid pro quo contributions?	83Ь	x	l
	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		x
	of "Yes," did the organization include with every solicitation an express statement that such contributions			7
	or diffts were not tax deductible?	. 845	N/	'A
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	85a	N/	A
	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b	N/	A
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization			
	received a waiver for proxy tax owed for the prior year	İ	1	
c	Dues, assessments, and similar amounts from members 85c N/A			
	Section 162(e) lobbying and political expenditures			
	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices. 85e N/A			
	Taxable amount of lobbying and political expenditures (line 85d less 85e)			-
	Does the organization elect to pay the section 6033(e) tax on the amount in 85f7	. 85g	N/	A
_	of section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount in 85f to its reasonable			
	estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	. 85h	N/	A
86	501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12			
b	Gross receipts, included on line 12, for public use of club facilities		1	1
87	501(c)(12) orgs Enter a Gross income from members or shareholders			ļ
ь	Gross income from other sources. (Do not net amounts due or paid to other			1
	sources against amounts due or received from them) 87b N/A			-
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or			
	partnership, or an entity disregarded as separate from the organization under Regulations sections			
	301 7701-2 and 301 7701-37 If "Yes," complete Part IX	. 88		х
89 a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under			
	· · · · · · · · · · · · · · · · · · ·	ONE		
ь	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction	-		
	during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach	}	İ	
	a statement explaining each transaction	. 89b		x
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under			
	sections 4912, 4955, and 4958	-		NONE
d	Enter Amount of tax on line 89c, above, reimbursed by the organization	<u> </u>		NONE
	List the states with which a copy of this return is filed > ILLINOIS			
	Number of employees employed in the pay period that includes March 12, 2001 (See instructions)	. 90ь	1	
91	The books are in care of ▶ DR ROBERT GOLDMAN Telephone no ▶ (773			
	Located at ▶ 1510 W MONTANA STREET, CHICAGO, IL ZIP+4 ▶ 60614			
92				ightharpoonup
	and enter the amount of tax-exempt interest received or accrued during the tax year		N/A	<u> </u>

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instruction

Under penalities of perjury / declare maid have examined this ret and belief, it is true forcer and compile peclaration of preparation of preparat

SCHEDULE A

(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 601(n), or Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information - (See separate instructions.)

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ Employer Identification number

AMERICAN ACADEMY O	F ANTI-AGING	MEDICINE		<u>36-4087</u> 310
Compensation of the Five Higher (See page 1 of the instructions List e	st Paid Employ ach one If there	ees Other Thar	None ")	
(a) Name and address of each employee paid more than \$50 000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
ONE				
otal number of other employees paid over	NONE	······································		
Compensation of the Five Higher (See page 2 of the instructions List of	st Paid Indepereach one (whethe	dent Contractor individuals or fi	ors for Professior rms) If there are no	nal Services ne, enter "None ")
(a) Name and address of each independent contractor paid	more than \$50 000	(b) Type	of service	(c) Compensation
ONE		_		
		-		
		_		
		-		
otal number of others receiving over \$50,000 for rofessional services	NONE			

Sche	dule A	(Form 990 or 990-EZ) 2001 36-4087310		F	age 2
Pa	rt III	Statements About Activities (See page 2 of the instructions)	•	Yes	No
1	atter or in	the year, has the organization attempted to influence national, state, or local legislation, including any npt to influence public opinion on legislative matter or referendum? If "Yes," enter the total expenses paid curred in connection with the lobbying activities \$\Bigsim \text{\$\sum_{\text{or line i or Part VI-B}}\$	1		_x_
	orga	inizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other inizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of			,
2	Durin subs with	obbying activities Ing the year, has the organization, either directly or indirectly, engaged in any of the following acts with any Itantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or any taxable organization with which any such person is affiliated as an officer, director, trustee, majority er, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining rensactions)		-	
a	Sale	, exchange, or leasing of property?	2 a	_x	
b	Lend	ling of money or other extension of credit?	2b	_	_ x _
С		Ishing of goods, services, or facilities?	2 c		<u> </u>
d	Payr	nent of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2 d		_ X
e	Tran	sfer of any part of its income or assets?	2 e		_x
3 4		the organization make grants for scholarships, fellowships, student loans, etc ? (See Note below)	3_4		x
		ch a statement to explain how the organization determines that individuals or organizations receiving grants om it in furtherance of its charitable programs "qualify" to receive payments			
	rt IV	Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions)			
	$\overline{}$	zation is not a private foundation because it is (Please check only ONE applicable box.)			
5 6		A church, convention of churches, or association of churches. Section 170(b)(1)(A)(l) A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)			
7		A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(lii)			
8 9	\exists	A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v) A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii). Enter the hospital's name and state. ▶	, city,	•	
10		An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b) (Also complete the Support Schedule in Part IV-A)	(1)(A)(i	v)	
118		An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A)			
11b		A community trust Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A)			
12	X	An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross			
		receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired to the control of t			
13		by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.) An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organization.	ns		
	_	described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3))			
		Provide the following information about the supported organizations (See page 5 of the instructions)			
		(a) Name(s) of supported organization(s) (b) Line from	numb above	er 	:
				_	
14	\Box	An organization organized and operated to test for public safety Section 509(a)(4) (See page 6 of the instructions)			

_	TIV-A Support Schedule (Complete only if you may use the worksheet in the instructions for co				ocountry	
	ndar year (or fiscal year beginning in)		(b) 1999	(c) 1998	(d) 1997	(e) Total
15	Gifts, grants, and contributions received (Do			<u> </u>		
. •	not include unusual grants. See line 28.)		268,207		10,300	278,507
16	Membership fees received · · · ·	285,246	175,390	475,799.	187,301	1,123,736
17	Gross receipts from admissions, merchandise					
	sold or services performed, or furnishing of					İ
	facilities in any activity that is related to the					i
	organization's charitable, etc., purpose	1,248,288	2,005,884	1,300,541	1,878,936	6,433,649
18	Gross income from interest, dividends,				•	1
	amounts received from payments on securities					
	loans (section 512(a)(5)), rents, royalties, and					
	unrelated business taxable income (less					İ
	section 511 taxes) from businesses acquired					
	by the organization after June 30, 1975	119,394	113,107			232,501
19	Net income from unrelated business					
	activities not included in line 18 - · · · ·					
20	Tax revenues levied for the organization's					
	benefit and either paid to it or expended on					
	its behalf					
21	The value of services or facilities furnished to					
	the organization by a governmental unit					
	without charge. Do not include the value of					
	services or facilities generally furnished to the					
	public without charge		 		· · · · · · · · · · · · · · · · · · ·	
22	Other income Attach a schedule Do not					
	include gain or (loss) from sale of capital assets	123,273			NONE	
23	Total of lines 15 through 22 · · ·	1,776,201	•		2,076,537	
24	Line 23 minus line 17 · ·	527,913,		· · · · · · · · · · · · · · · · · · ·	197,601	2,760,432
25	Enter 1% of line 23 · · · ·	17,762			20,765	
26	-			NOT APPLICA	, , , , , , , , , , , , , , , , , , , ,	
ь	Prepare a list for your records to show the na					
	governmental unit or publicly supported organization					ļ
_	amount shown in line 26a Do not file this list	column (a)	Cines the total of	all tilese excess al		
	Total support for section 509(a)(1) test Enter line 24 Add Amounts from column (e) for lines 18	, column (e) 19			. ► 26c	· · · · · - · · -
u	22	26			. ▶ 26₫	
_	Public support (line 26c minus line 26d total)			 • •	. ≥ 26e	
1			enominator))			
27	Organizations described on line 12 a For amou			•		•
	person," prepare a list for your records to show the r	name of, and total ar	nounts received in e	ach year from, each '	'disqualified person '	•
	Do not file this list with your return. Enter the sum			,		
	(2000) <u>NONE</u> (1999)	1	IONE (1998)		NONE 1997)	NONE
ь	For any amount included in line 17 that was re	eceived from each	person (other than	"disqualified persor	ns"), prepare a list	for your records to
	show the name of, and amount received for each	year, that was mo	re than the larger	of (1) the amount	on line 25 for the	year or (2) \$5,000
	(Include in the list organizations described in line the difference between the amount received an	s 5 through 11, as	s weil as individuals	s) Do not file this	list with your retu	m After computing prences (the excess
	amounts) for each year	a the larger allion	in described in (1)	, or (2), enter the	dem or these days	cremed (inc execut
	(2000) NONE(1999)	1	NONE (1998)		NONE(1997)	NONE
С	Add Amounts from column (e) for lines 15	278,507 16	1,123,7	<u>36.</u>		
	17 6,433,64920	21	l		▶ 27c	7,835,892
d	Add Line 27a total NONE	and line 27b total	N	ONE	. ▶ <u>27d</u>	
e	Public support (line 27c total minus line 27d total)	· · · · ·			▶ 27e	7,835,892
	Total support for section 509(a)(2) test. Enter amour					
	Public support percentage (line 27e (numerator) d					85 2276 %
	Investment income percentage (line 18, column (e	e) (numerator) divide	d by line 27f (denom	inator))	. <u>. ′</u> ▶ 27h	2 5288 %
28	Unusual Grants For an organization described in	line 10, 11, or 12 t	hat received any un	usual grants during	1997 through 2000	O,
	prepare a list for your records to show, for each y description of the nature of the grant. Do not file this				no grant, and a brit	J1
					Schedula A (For	m 990 or 990-EZ) 2001

Part V Private School Questionnaire (See page 7 of the instructions) (To be completed ONLY by schools that checked the box on line 6 in Part IV)

29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,	29	Yes	No
30	other governing instrument, or in a resolution of its governing body? Does the organization include a statement of its racially nondiscriminatory policy toward students in all its			
-	brochures, catalogues, and other written communications with the public dealing with student admissions,			
	programs, and scholarships?	30		ļ
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during			
	the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31		1
	If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement.)	J.		
				1
				ļ
				1
32	Does the organization maintain the following			
	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory			
_	basis?	32b		 -
G	with student admissions, programs, and scholarships?	32c		
đ	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		Ī <u>.</u>
	If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)			1
33	Does the organization discriminate by race in any way with respect to			Ì
_	Students rights or presinges?	222		`
а	Students' rights or privileges?	33a		
ь	Admissions policies?	33b		ļ
C	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
e	Educational policies?	33e		 -
	Use of facilities?	33f		
•		90.		
g	Athletic programs?	33g		<u> </u>
	04			1
h	Other extracurricular activities?	33h		
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement.)			
				İ
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		<u> </u>
Ь	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement	34b		
	if you answered these to entire 34a of b, prease explain using an attached statement			`
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05			
	of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35	L	<u>L</u>

36-4	01	8	7	3	1
------	----	---	---	---	---

Pa		xpenditures by Elect pleted ONLY by an e						LE
Che		e organization belongs						•
	eck ▶ b if y	ou checked "a" and "lim	ited control" provisio	ns apply				
	· L	imits on Lobbying				(a) Affiliated gro totals	oup	(b) To be completed for ALL electing
		"expenditures" means			,			organizations
36		tures to influence public			36			
37	Total lobbying expendi	tures to influence a legi	slative body (direct le	obbying)	37			
38	Total lobbying expende	tures (add lines 36 and	37)		38			
39	Other exempt purpose				39			
40		expenditures (add lines			40			
41	Lobbying nontaxable a	mount Enter the amou	nt from the following	table -			į	
	If the amount on line	40 is - The lob	bying nontaxable an	rount is -				
	Not over \$500,000	20% of th	e amount on line 40)				5
	Over \$500,000 but not over	\$1 000,000 \$100 000	plus 15% of the excess of	ver \$500,000	-		ŀ	
	Over \$1,000 000 but not ov	er \$1 500 000 \$175,000	plus 10% of the excess of	ver \$1,000,000 🗡	41			
	Over \$1,500 000 but not ov	er \$17 000,000 \$225 000	plus 5% of the excess ov	er \$1 500,000		•		
	Over \$17,000,000	\$1,000 0		ノ			l	
42	Grassroots nontaxable				42			
43		ine 36 Enter -0- if line			43			
44	Subtract line 41 from I	ine 38 Enter -0- if line	41 is more than line 3	38	44			
							ł	
_	Caution: If there is an	amount on either line 4	3 or line 44, you mus	t file Form 4720	<u> </u>			
			Averaging Period				-1	L _
	(Some organizat	ions that made a sectio					olumns	Delow
_		See the instruction	s for lines 45 throug	n 50 on page 1	or the	instructions)		
			Lobbying Expendi	tures During 4	-Year	Averaging P	eriod	
•	Calendar year (or fiscal	(a)	(b)	(c)	ŀ	(d)	ŀ	(e)
_	year beginning in) ▶	2001	2000	1999		1998		Total
	Lobbying nontaxable				ľ		1	
<u>45</u>	amount · · ·							
	Lobbying ceiling amount				1		- 1	
<u>46</u>	(150% of line 45(e))							
47	Total lobbying expenditures			_				
	Grassroots nontaxable				- 1		1	
48	amount · · _							
	Grassroots ceiling amount							
49	(150% of line 48(e))							
	Grassroots lobbying							
<u>50</u>	expenditures							
Pa		ctivity by Nonelectin				NOT API		
		ing only by organizati					f the in	structions)
	ing the year, did the organ				ling any	Ye	s No	Amount
atte	mpt to influence public op	inion on a legislative matte	er or referendum, throug	h the use of		1		····
а	Volunteers						X	
b	Paid staff or manager	nent (include compensa	ation in expenses repo	orted on lines c t	hrough	ih)	X	
C		• • • • • •			•		X	
d		legislators, or the public					X	
e	Publications, or publis	hed or broadcast staten	nents			⊢	x_	
f		zations for lobbying puη					X	
9		ıslators, their staffs, go					×	
h	Rallies, demonstration	is, seminars, convention	ns, speeches, lectures	s, or any other m	eans		x	
ì		itures (add lines c throu		•			l	
_	If "Yes" to any of the a	bove, also attach a sta	tement giving a deta	iled description	of the I	obbying activiti	es	
						Sch	edule A (Form 990 or 990-EZ) 2001

Pa	rt VII		Transfers To and Transactions and (See page 12 of the instructions)	d Relationships With Noncharitabl	e
<u></u>	Did the r		<u>` </u>	owing with any other organization desc	ribed in section
	501(c) o	f the Code (other than sect	on 501(c)(3) organizations) or in section	on 527, relating to political organizations	?
а	Transfer	s from the reporting organiz	ration to a noncharitable exempt organi	zation of	Yes No
	(i) Cas				51a(i) X
	(II) Oth	ner assets			a(ii) x
Ь	Other tra	insactions			
	(I) Sal	es or exchanges of assets	with a noncharitable exempt organization	n	b(i) X
	(il) Pur	chases of assets from a no	ncharitable exempt organization		b(ii) x
	(III) Rei	ntal of facilities, equipment,	or other assets		b(iii) x
	(Iv) Rea	mbursement arrangements			b(iv) x
	(v) Loa	ans or loan guarantees			b(v) X
	(vi) Per	formance of services or me	embership or fundraising solicitations		b(vi) X
C	Sharing (of facilities, equipment, mai	ling lists, other assets, or paid employee	s	x
đ				(b) should always show the fair market value	of the
			y the reporting organization. If the organizati	•	
	transactio	n or sharing arrangement, sho	w in column (d) the value of the goods, other	assets, or services received	
	(a)	(b)	(c)	(d)	
	Line no	Amount involved	Name of noncharitable exempt organization	Description of transfers transactions and sha	anng arrangements
	N/A				
				<u> </u>	
		<u> </u>			
			<u> </u>		
		<u> </u>	<u> </u>		
		<u> </u>			
					<u> </u>
	<u> </u>				
			<u> </u>		
			ļ. <u>-</u> .		
					
			<u> </u>		
		<u> </u>		<u> </u>	
	describe	-	ctly affiliated with, or related to, one or Code (other than section 501(c)(3)) or i edule		Yes X No
	Na	(a) ame of organization	(b) Type of organization	(c) Description of relationshi	<u> </u>
	- 1-	· · · · · · · · · · · · · · · · · · ·	 		
	N/A		+		
	···		<u> </u>		 -
			 		
			-	_	
			 		
	-				
					 :
	-			 	
		<u> </u>			
				 	
			 		
			 	 	 -
			 		
				 	
			<u> </u>	<u> </u>	

FORM	990,	PART	I	-	OTHER	DECREASES	IN	FUND	BALANCES
------	------	------	---	---	-------	-----------	----	------	----------

DESCRIPTION AMOUNT

UNREALIZED LOSSES ON SECURIIES 693,398.

TOTAL 693,398.

FORM 990, PART II - GRANTS AND ALLOCATIONS PAID DURING THE YEAR

	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR		
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
••••			
GRANTS PAID			
			
JOHN GUERIN	INDIVIDUAL	RESEARCH	10,000
			,
		TOTAL CONTRIBUTIONS PAID	10,000

FORM 990, PART II - OTHER EXPENSES

		PROGRAM	MANAGEMENT
DESCRIPTION	TOTAL	SERVICES	AND GENERAL
ADVERTISING	84,579.	84,579.	
AUTO EXPENSE	2,046.		2,046.
BANK SERVICE CHARGES	286.		286.
BOARD CERTIFICATION	16,876.	16,876.	
COMMISSION	35,463.	35,463.	
COMPUTER EXPENSE	18,318.		18,318.
CONTRACTED LABOR	117,916.	117,916.	
CREDIT CARD FEES	7,128.	7,128.	
DUE & SUBSCRIPTIONS	1,752.	1,752.	
FREIGHT & DELIVERY	17,429.	17,429.	
INSURANCE	7,499.	3,750.	3,749.
INVESTMENT EXPENSE	14,428.		14,428.
LIBRARY, BOOKS AND JOURNALS	59,219.	59,219.	
LICENSES, FEES AND PERMITS	140.		140.
OFFICE & POSTAGE	114,422.	57,211.	57,211.
PROFESSIONAL FEES	60,019.	30,010.	30,009.
PROMOTION	218.	218.	
REPAIRS & MAINTENANCE	17,541.	8,771.	8,770.
UTILITIES	17,322.	8,661.	8,661.
MISCELLANEOUS	50,088.	25,044.	25,044.
TOTALS	642,689.	474,027.	168,662.
		========	==========

FORM 990, PART III – ORGANIZATION'S PRIMARY EXEMPT PURPOSE

The American Academy of Anti-Aging Medicine, Inc. ("A4M") is a not-for-profit medical society dedicated to the advancement of technology to detect, prevent, and treat aging related disease and to promote research into methods to retard and optimize the human aging process. A4M is also dedicated to educating physicians, scientists, and members of the public on anti-aging issues. A4M believes that the disabilities associated with normal aging are caused by physiological dysfunction which in many cases are ameliorable to medical treatment, such that the human life span can be increased, and the quality of one's life improved as one grows chronologically older.

A4M seeks to disseminate information concerning innovative science and research as well as treatment modalities designed to prolong the human life span. Anti-aging medicine is based on the scientific principles of responsible medical care consistent with those of other healthcare specialties. Although A4M seeks to disseminate information on many types of medical treatments, it does not promote or endorse any specific treatment nor does it sell or endorse any commercial product.

AMERICAN ACADEMY OF ANTI-AGING MEDICINE

36-4087310

FORM 990, PART IV - OTHER ASSETS

DESCRIPTION

ENDING BOOK VALUE

DEPOSIT

3,945.

TOTALS

3,945.

FORM 990, PART IV-A - OTHER REVENUE ON RETURN BUT NOT ON BOOKS

DESCRIPTION AMOUNT UNREALIZED LOSSES ON SECURITY 693,398.

TOTAL

693,398.

20

FORM 990, PART V - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
`				
RONALD M. KLATZ, D.O. 1510 W. MONTANA STREET CHICAGO, IL 60614	PRESIDENT 20 HOURS	NONE	NONE	NONE
ROBERT M. GOLDMAN, D.O. 1510 W. MONTANA STREET CHICAGO, IL 60614	DIRECTOR 20 HOURS	NONE	NONE	NONE
MICHAEL KLENTZE, M.D. 1510 W. MONTANA STREET CHICAGO, IL 60614	DIRECTOR 2 HOURS	NONE	NONE	NONE
DATO HARNAM 1510 W. MONTANA STREET CHICAGO, IL 60614	DIRECTOR 2 HOURS	NONE	NONE	NONE
	GRAND TOTALS	NONE	NONE	NONE

FORM 990, PART VII - PROGRAM SERVICE REVENUE

DESCRIPTION	BUSINESS CODE	AMOUNT	EXCLUSION CODE	AMOUNT	RELATED OR EXEMPT FUNCTION INCOME
ADVERTISING FEES BOARD CERTIF. BOOKS & OTHER CERC CONFERENCES REVIEW MATERIALS SPONSORSHIPS MISCELLANEOUS	541800	201,557.			189,777. 114,502. 250. 21,000. 48,066. 20,000. 2,733.
TOTALS		201,557.			396,328.

SCHEDULE A, PART III - EXPLANATION FOR LINE 2A

THE ORGANIZATION RENTS SPACE FROM THE PRESIDENT AND A DIRECTOR.

SEE STATEMENT 1

Description	Date Acquired	Date Sold	Gross Sales Pnce	Cost or Other Basis	Long-term • Gain/Loss
CAPITAL GAINS (LOSSES) FROM SECURITIES					_ -
PUBLICLY TRADED SECURITIES	VAR	VAR	87,112.	210,924.	-123,812.
TOTAL CAPITAL GAINS (LOSSES) FROM SECURITI	ES		87,112.	210,924.	-123,812.
					
Totals	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	87,112.	210,924.	-123,812.