

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

2004

Open to Public Inspection

Department of the Treasury Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2004 calendar year, or tax year beginning, 2004, and ending, 20

- B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending

C Name of organization: AMERICAN ACADEMY OF ANTI-AGING MEDI
Number and street (or P O box if mail is not delivered to street address): 1510 W. MONTANA STREET
City or town, state or country, and ZIP + 4: CHICAGO, IL 60614

D Employer identification number: 36-4087310
E Telephone number: (773) 528-1000
F Accounting method: [X] Other (specify) MDFD.CASH

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations
H(a) Is this a group return for affiliates? [X] No
H(b) If "Yes," enter number of affiliates
H(c) Are all affiliates included? [X] No
H(d) Is this a separate return filed by an organization covered by a group ruling? [X] No

G Website: WWW.WORLDHEALTH.NET

J Organization type (check only one) [X] 501(c) (3) (insert no) 4947(a)(1) or 527

K Check here [] if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

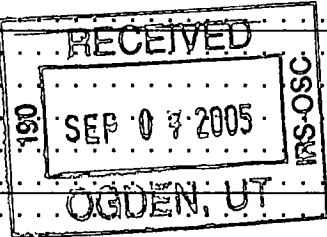
L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12: 3,733,245

I Group Exemption Number
M Check [] if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 18 of the instructions.)

Table with 21 rows and 4 columns: Description, Sub-description, Amount, Total. Includes lines 1-21 for revenue and expenses, and lines 13-21 for net assets.

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Part II 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 page 22 of the instructions)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____)	22			
23	Specific assistance to individuals (attach schedule)	23			
24	Benefits paid to or for members (attach schedule)	24			
25	Compensation of officers, directors, etc.	25			
26	Other salaries and wages	26	25,876	25,876	
27	Pension plan contributions	27			
28	Other employee benefits	28	607	607	
29	Payroll taxes	29	4,163	4,163	
30	Professional fundraising fees	30			
31	Accounting fees	31	13,809	13,809	
32	Legal fees	32	57,654	50,000	7,654
33	Supplies	33			
34	Telephone	34	9,977	4,988	4,989
35	Postage and shipping	35	21,814	10,907	10,907
36	Occupancy	36	52,500	26,250	26,250
37	Equipment rental and maintenance	37	366		366
38	Printing and publications	38	89,977	44,988	44,989
39	Travel	39	22,113	22,113	
40	Conferences, conventions, and meetings	40			
41	Interest	41			
42	Depreciation, depletion, etc (attach schedule)	42	3,135		3,135
43	Other expenses not covered above (itemize) a SEE STMT 2	43a	378,504	329,811	48,693
	b	43b			
	c ADVERTISING	43c	10,011	10,011	
	d BOOKS/DVD'S/OTHER	43d	5,824	5,824	
	e PAYROLL PROCESSING	43e	1,513		1,513
44	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	44	697,843	504,892	192,951

Joint Costs. Check if you are following SOP 98-2
 Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If "Yes," enter (i) the aggregate amount of these joint costs \$ _____; (ii) the amount allocated to Program services \$ _____; (iii) the amount allocated to Management and general \$ _____; and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments (See page 25 of the instructions.)

What is the organization's primary exempt purpose? <input type="checkbox"/> SEE STATEMENT 1	Program Service Expenses (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others)
a _____ (Grants and allocations \$ _____)	
b _____ (Grants and allocations \$ _____)	
c _____ (Grants and allocations \$ _____)	
d _____ (Grants and allocations \$ _____)	
e Other program services (attach schedule) (Grants and allocations \$ _____)	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	

Part IV Balance Sheets (See page 25 of the instructions.)

		(A)		(B)	
		Beginning of year		End of year	
Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.					
	45 Cash - non-interest-bearing	127,598	45	298,758	
	46 Savings and temporary cash investments		46		
	47 a Accounts receivable				
	b Less: allowance for doubtful accounts		47c		
	48 a Pledges receivable				
	b Less: allowance for doubtful accounts		48c		
	49 Grants receivable		49		
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50		
A s s e t s	51 a Other notes and loans receivable (attach schedule)	51a 662,153			
	b Less: allowance for doubtful accounts	51b	51c	662,153	
	52 Inventories for sale or use		52		
	53 Prepaid expenses and deferred charges		53		
	54 Investments - securities (attach schedule) <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	3,447,605	54	3,744,980	
	55 a Investments - land, buildings, and equipment basis	55a 104,878			
	b Less: accumulated depreciation (attach schedule)	55b 65,486	45,381	55c 39,392	
	56 Investments - other (attach schedule)		56		
	57 a Land, buildings, and equipment, basis	57a			
	b Less: accumulated depreciation (attach schedule)	57b	57c		
	58 Other assets (describe ► _____)		58		
	59 Total assets (add lines 45 through 58) (must equal line 74)	3,620,584	59	4,745,283	
L i a b i l i t i e s	60 Accounts payable and accrued expenses		60	10,867	
	61 Grants payable		61		
	62 Deferred revenue		62		
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63		
	64 a Tax-exempt bond liabilities (attach schedule)		64a		
	b Mortgages and other notes payable (attach schedule)		64b		
	65 Other liabilities (describe ► _____)		65		
	66 Total liabilities (add lines 60 through 65)		66	10,867	
Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.					
N e t A s s e t B a l a n c e s	67 Unrestricted	3,620,584	67	4,734,416	
	68 Temporarily restricted		68		
	69 Permanently restricted		69		
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.				
70 Capital stock, trust principal, or current funds		70			
71 Paid-in or capital surplus, or land, building, and equipment fund		71			
72 Retained earnings, endowment, accumulated income, or other funds		72			
73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)	3,620,584	73	4,734,416		
74 Total liabilities and net assets / fund balances (add lines 66 and 73)	3,620,584	74	4,745,283		

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.

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See page 27 of the instructions)

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a	Total revenue, gains, and other support per audited financial statements . . . ▶	a	1,802,289
b	Amounts included on line a but not on line 12, Form 990:		
	(1) Net unrealized gains on investments . . \$ 51,907		
	(2) Donated services and use of facilities . \$ _____		
	(3) Recoveries of prior year grants \$ _____		
	(4) Other (specify): _____ \$ _____		
	Add amounts on lines (1) through (4) . ▶	b	51,907
c	Line a minus line b ▶	c	1,750,382
d	Amounts included on line 12, Form 990 but not on line a :		
	(1) Investment expenses not included on line 6b, Form 990 \$ _____		
	(2) Other (specify): _____ \$ _____		
	Add amounts on lines (1) and (2) . . . ▶	d	
e	Total revenue per line 12, Form 990 (line c plus line d) ▶	e	1,750,382

a	Total expenses and losses per audited financial statements ▶	a	697,843
b	Amounts included on line a but not on line 17, Form 990:		
	(1) Donated services and use of facilities . \$ _____		
	(2) Prior year adjustments reported on line 20, Form 990 \$ _____		
	(3) Losses reported on line 20, Form 990 . . \$ _____		
	(4) Other (specify): _____ \$ _____		
	Add amounts on lines (1) through (4) . ▶	b	
c	Line a minus line b ▶	c	697,843
d	Amounts included on line 17, Form 990 but not on line a :		
	(1) Investment expenses not included on line 6b, Form 990 \$ _____		
	(2) Other (specify): _____ \$ _____		
	Add amounts on lines (1) and (2) . . . ▶	d	
e	Total expenses per line 17, Form 990 (line c plus line d) ▶	e	697,843

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated; see page 27 of the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
RONALD M. KLATZ, D.O. 2434 N. GREENVIEW CHICAGO, IL	PRESIDENT/DIR 20	0	0	0
ROBERT M. GOLDMAN, D.O. 2434 N. GREENVIEW, CHICAGO, IL	CHAIRMAN/DIR 20	0	0	0
MICHAEL KLENTZE, M.D. CHICAGO, IL 60614	DIRECTOR 2	0	0	0
DATO HARNAM CHICAGO, IL 60614	DIRECTOR 2	0	0	0

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? ▶ Yes No
If "Yes," attach schedule - see page 28 of the instructions.

Part VI Other Information (See page 28 of the instructions.)		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.		X
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
78b	If "Yes," has it filed a tax return on Form 990-T for this year?		X
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement		X
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?		X
80a	If "Yes," enter the name of the organization _____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.		
81a	Enter direct and indirect political expenditures See line 81 instructions	81a	
81b	Did the organization file Form 1120-POL for this year?		X
82a	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
82b	If "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)	82b	
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
83b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
84b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	
85a	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a	
85b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b	
85c	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.	85c	
85d	Dues, assessments, and similar amounts from members	85d	
85e	Section 162(e) lobbying and political expenditures	85e	
85f	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85f	
85g	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85g	
85h	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	
86a	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12	86a	
86b	Gross receipts, included on line 12, for public use of club facilities	86b	
87a	501(c)(12) orgs. Enter: a Gross income from members or shareholders	87a	
87b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	
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 301.7701-3? If "Yes," complete Part IX	88	X
89a	501(c)(3) organizations. Enter. Amount of tax imposed on the organization during the year under section 4911 _____, section 4912 _____, section 4955 _____		
89b	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 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 _____		
	d Enter: Amount of tax on line 89c, above, reimbursed by the organization _____		
90a	List the states with which a copy of this return is filed	ILLINOIS	
90b	Number of employees employed in the pay period that includes March 12, 2004 (See instructions.)	90b	1
91	The books are in care of	ROBERT GOLDMAN	Telephone no. 773-528-1000
	Located at	1510 W. MONTANA STREET CHICAGO	ZIP + 4 60614
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here _____ and enter the amount of tax-exempt interest received or accrued during the tax year _____	92	

Part VII Analysis of Income-Producing Activities (See page 33 of the instructions.)

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
Note: Enter gross amounts unless otherwise indicated					
93 Program service revenue:					
a _____		10,996			1,122,730
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					358,519
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities			14	65,600	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			14	180,220	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		10,996		245,820	1,481,249
105 Total (add line 104, columns (B), (D), and (E))					1,738,065

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See page 34 of the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
93	ALL ACTIVITIES OF THE AMERICAN ACADEMY OF ANTI-AGING
94	MEDICINE EDUCATE MEMBERS AND THE GENERAL PUBLIC ON HOW TO RETARD THE AGING PROCESS AND TO LIVE A LONGER AND HEALTHIER LIFE

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 34 of the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See page 34 of the instructions.)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

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

Under penalties of perjury, I declare that I have examined this return, including attachments and all schedules, and believe it is true, correct, and complete. Declaration of preparer (other than the taxpayer) is based on all information of which preparer has any knowledge.

Please Sign Here

Signature of officer: *Robert Gouman*
Type of officer name and title: _____

Paid Preparer's Use Only

Preparer's signature: *Shari Taylor CPA*
Firm's name (or yours if self-employed) address, and ZIP + 4: SHARI TAYLOR AND C
601 SKOKIE BLVD.,
NORTHBROOK IL

**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), 501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information -- (See separate instructions.)

OMB No 1545-0047

2004

Department of the Treasury
Internal Revenue Service

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

Name of the organization

Employer identification number

AMERICAN ACADEMY OF ANTI-AGING MEDI

36-4087310

Part I

Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 1 of the instructions List each one If there are none, enter "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
None				
Total number of other employees paid over \$50,000 ▶				

Part II

Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None ")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None		
Total number of others receiving over \$50,000 for professional services ▶		

Part III Statements About Activities (See page 2 of the instructions.)

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B)		X
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions)		
a Sale, exchange, or leasing of property?	X	
b Lending of money or other extension of credit?		X
c Furnishing of goods, services, or facilities?		X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?		X
e Transfer of any part of its income or assets?		X
3a Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)		X
b Do you have a section 403(b) annuity plan for your employees?		X
4a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?		X
b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?		X

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)

The organization is not a private foundation because it is: (Please check only **ONE** applicable box)

- 5** A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i)
- 6** 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)(iii)
- 8** A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9** A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii) **Enter the hospital's name, city, and state ▶** _____
- 10** An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A)
- 11a** 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** 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%** of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13** An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations 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 number from above

- 14** An organization organized and operated to test for public safety. Section 509(a)(4). (See page 5 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) Use cash method of accounting.

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28)	15,117	9,351	3,993		28,461
16 Membership fees received	235,282	201,430	170,154	285,246	892,112
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	645,960	553,146	396,328	1,248,288	2,843,722
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	36,484	31,599	53,418	119,394	240,895
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					
23 Total of lines 15 through 22	932,843	795,526	623,893	1,652,928	4,005,190
24 Line 23 minus line 17	286,883	242,380	227,565	404,640	1,161,468
25 Enter 1% of line 23	9,328	7,955	6,239	16,529	

26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24	26a	
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2000 through 2003 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts	26b	
c Total support for section 509(a)(1) test: Enter line 24, column (e)	26c	
d Add: Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26b _____	26d	
e Public support (line 26c minus line 26d total)	26e	
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))	26f	%

27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year:

(2003) _____ (2002) _____ (2001) _____ (2000) _____

b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year.

(2003) _____ (2002) _____ (2001) _____ (2000) _____

c Add: Amounts from column (e) for lines: 15 28,461 16 892,112 17 2,843,722 20 _____ 21 _____	27c	3,764,295
d Add: Line 27a total _____ and line 27b total _____	27d	
e Public support (line 27c total minus line 27d total)	27e	3,764,295
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e)	27f	4,005,190
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))	27g	93.99%
h Investment Income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))	27h	6.01%

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.)

(To be completed **ONLY** by an eligible organization that filed Form 5768)

Check **a** if the organization belongs to an affiliated group Check **b** if you checked "a" and "limited control" provisions apply

Limits on Lobbying Expenditures

(The term "expenditures" means amounts paid or incurred.)

	(a) Affiliated group totals	(b) To be completed for ALL electing organizations
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38 Total lobbying expenditures (add lines 36 and 37)	38	
39 Other exempt purpose expenditures	39	
40 Total exempt purpose expenditures (add lines 38 and 39)	40	
41 Lobbying nontaxable amount. Enter the amount from the following table-		
If the amount on line 40 is- The lobbying nontaxable amount is-		
Not over \$500,000 20% of the amount on line 40	41	
Over \$500,000 but not over \$1,000,000 . . . \$100,000 plus 15% of the excess over \$500,000		
Over \$1,000,000 but not over \$1,500,000 . . \$175,000 plus 10% of the excess over \$1,000,000		
Over \$1,500,000 but not over \$17,000,000 . \$225,000 plus 5% of the excess over \$1,500,000		
Over \$17,000,000 \$1,000,000		
42 Grassroots nontaxable amount (enter 25% of line 41)	42	
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.)

See the instructions for lines 45 through 50 on page 11 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

	Yes	No	Amount
a Volunteers		X	
b Paid staff or management (Include compensation in expenses reported on lines c through h.)		X	
c Media advertisements		X	
d Mailings to members, legislators, or the public		X	
e Publications, or published or broadcast statements		X	
f Grants to other organizations for lobbying purposes		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		X	
i Total lobbying expenditures (Add lines c through h.)			

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

mq

Overflow Statement

Name as shown on Return AMERICAN ACADEMY OF ANTI-AGING MEDI	Employer identification number 36-4087310
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DESCRIPTION	AMOUNT
ADVERTISING.....	10,996
TOTAL:	10,996

DESCRIPTION	AMOUNT
BOARD CERTIFICATION.....	301,676
BOOKS/DVDS/OTHER.....	163,594
CONFERENCES.....	26,085
SPONSORSHIP.....	234,059
MISCELLANEOUS.....	251,974
REVIEW MATERIALS.....	145,342
TOTAL:	1,122,730

STATEMENT 2

DESCRIPTION	AMOUNT
SPONSORSHIP.....	1,000
CONTRACTED LABOR.....	117,283
CONSULTANTS.....	5,881
COMMISSIONS.....	114,073
LICENSES AND FEES.....	1,995
INSURANCE.....	7,404
OFFICE SUPPLIES.....	7,009
CREDIT CARD FEES.....	24,583
AUTOMOBILE.....	1,369
AWARDS AND PLAQUES.....	3,205
RESEARCH.....	923
PHOTOGRAPHY.....	507
UTILITIES.....	4,085
WEBSITE.....	17,961
REIMBURSED EXPENSES.....	22,533
TOTAL:	329,811

Name as shown on Return

AMERICAN ACADEMY OF ANTI-AGING MEDI

Employer identification number

36-4087310

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DESCRIPTION	AMOUNT
DELIVERY.....	12,194
DUES AND SUBSCRIPTIONS.....	250
INSURANCE.....	7,404
LICENSES AND FEES.....	1,995
OFFICE SUPPLIES.....	7,009
MEALS AND ENTERTAINMENT.....	4,389
MISCELLANEOUS.....	5,989
UTILITIES.....	4,085
AMORTIZATION.....	5,378
TOTAL:	48,693

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DESCRIPTION	AMOUNT
JANNEY MONTGOMERY SCOTT BROKERAGE.....	3,447,605
TOTAL:	3,447,605

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DESCRIPTION	AMOUNT
JANNEY MONTGOMERY SCOTT BROKERAGE.....	3,744,980
TOTAL:	3,744,980

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DESCRIPTION	AMOUNT
DUE FROM OTHERS.....	662,153
TOTAL:	662,153

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DESCRIPTION	AMOUNT
EQUIPMENT, AT COST.....	21,692
LEASEHOLD IMPROVEMENTS.....	80,664
TOTAL:	102,356

Name as shown on Return AMERICAN ACADEMY OF ANTI-AGING MEDI	Employer identification number 36-4087310
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DESCRIPTION	AMOUNT
EQUIPMENT, AT COST.....	24,214
LEASEHOLD IMPROVEMENTS.....	80,664
TOTAL:	104,878

DESCRIPTION	AMOUNT
UNREALIZED GAINS.....	61,293
TOTAL:	61,293

Statement Summary

STATEMENT 1

2004

STATEMENT 01

Name(s) shown on return

AMERICAN ACADEMY OF ANTI-AGING MEDI

Identifying Number

36-4087310

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

STATEMENT 1 (CONTINUED)

STATEMENT 01

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.

STATEMENT 2

STATEMENT 01

SCHEDULE A - STATEMENT REGARDING ACTIVITIES WITH SUBSTANTIAL CONTRIBUTORS, TRUSTEES, DIRECTORS, CREATORS, KEY EMPLOYEES, ETC.
PART III, LINE 2

THE ORGANIZATION RENTS SPACE FROM THE CHAIRMAN/
DIRECTOR