

Return of Organization Exempt From Income Tax

2005

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

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

A For the 2005 calendar year, or tax year beginning 7/01, 2005, and ending 6/30, 2006

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

Please use IRS label or print or type. See specific instructions.

AMERICAN COLLEGE FOR ADVANCEMENT IN MEDICINE 24411 RIDGE ROUTE, SUITE 115 LAGUNA HILLS, CA 92653

D Employer Identification Number

94-2247140

E Telephone number

(949) 583-7666

F Accounting method:

Cash [] Accrual [X]

Other (specify)

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? Yes [] No [X]

H (b) If 'Yes,' enter number of affiliates

H (c) Are all affiliates included? Yes [] No [X]

(If 'No,' attach a list. See instructions.)

H (d) Is this a separate return filed by an organization covered by a group ruling? Yes [] No [X]

G Web site: WWW.ACAM.ORG

J Organization type (check only one)

[X] 501(c) 6 (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 chooses to file a return, be sure to file a complete return. Some states require a complete return.

I Group Exemption Number

M Check [] if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

L Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 1,268,788.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Instructions)

Table with 21 rows and multiple columns for revenue and expenses. Includes a 'RECEIVED' stamp dated MAY 23 2007 from IRS-OSC, OGDEN, UT.

SCANNED JUN 27 2007

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.

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 (att sch) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22			
23	Specific assistance to individuals (att sch)	23			
24	Benefits paid to or for members (att sch)	24			
25	Compensation of officers, directors, etc	25	35,000.	28,000.	7,000.
26	Other salaries and wages	26	219,040.	175,232.	43,808.
27	Pension plan contributions	27			
28	Other employee benefits	28	6,475.	5,180.	1,295.
29	Payroll taxes	29	25,437.	20,350.	5,087.
30	Professional fundraising fees	30			
31	Accounting fees	31	21,083.	21,083.	
32	Legal fees	32	21,229.		21,229.
33	Supplies	33	17,755.	14,204.	3,551.
34	Telephone	34	13,877.	11,102.	2,775.
35	Postage and shipping	35	18,870.	15,096.	3,774.
36	Occupancy	36	42,197.	33,758.	8,439.
37	Equipment rental and maintenance	37	9,422.	7,538.	1,884.
38	Printing and publications	38	16,844.	16,844.	
39	Travel	39	139,537.	135,709.	3,828.
40	Conferences, conventions, and meetings	40	426,631.	426,631.	
41	Interest	41	2,869.	2,295.	574.
42	Depreciation, depletion, etc (attach schedule)	42	10,986.	8,789.	2,197.
43	Other expenses not covered above (itemize)				
a	SEE STATEMENT 2	43a	293,655.	250,236.	43,419.
b	-----	43b			
c	-----	43c			
d	-----	43d			
e	-----	43e			
f	-----	43f			
g	-----	43g			
44	Total functional expenses. Add lines 22 through 43 (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	44	1,320,907.	1,172,047.	148,860.

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 \$ _____

BAA

Part III Statement of Program Service Accomplishments

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.

What is the organization's primary exempt purpose? ▶ SEE STATEMENT 3 All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others)	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, but optional for others)
a MEDICAL CONFERENCES ATTENDED BY PHYSICIANS, STUDENTS AND OTHER HEALTH CARE PROFESSIONALS FOR CONTINUING EDUCATION ON TREATMENT AND DIAGNOSTIC METHODS IN COMPLEMENTARY AND PREVENTIVE MEDICINE. ----- ----- (Grants and allocations \$ _____) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
b PRE-CONFERENCE WORKSHOPS ATTENDED BY PHYSICIANS, STUDENTS AND OTHER HEALTH CARE PROFESSIONALS. ----- ----- (Grants and allocations \$ _____) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
c PROVISION OF MEDICAL ABSTRACTS, ARTICLES, BOOKS, TAPES, ETC, ON PREVENTATIVE MEDICINE TO OVER 800 ACAM MEMBERS AND THE PUBLIC. ----- ----- (Grants and allocations \$ _____) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
d ----- ----- (Grants and allocations \$ _____) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
e Other program services (Grants and allocations \$ _____) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶	0.

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Part IV Balance Sheets (See Instructions)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
ASSETS	45 Cash – non-interest-bearing		45	
	46 Savings and temporary cash investments	424,556.	46	332,398.
	47a Accounts receivable		47a	
	b Less: allowance for doubtful accounts.	5,413.	47b	47c
	48a Pledges receivable		48a	
	b Less: allowance for doubtful accounts		48b	48c
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
	51a Other notes & loans receivable (attach sch)		51a	
	b Less: allowance for doubtful accounts		51b	51c
	52 Inventories for sale or use	21,056.	52	8,158.
	53 Prepaid expenses and deferred charges	28,521.	53	12,498.
	54 Investments – securities (attach schedule)	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54	
	55a Investments – land, buildings, & equipment: basis	108,565.	55a	
	b Less: accumulated depreciation (attach schedule) STATEMENT 4	36,138.	55b	55c
	56 Investments – other (attach schedule)		56	72,427.
	57a Land, buildings, and equipment: basis		57a	
	b Less: accumulated depreciation (attach schedule)		57b	57c
	58 Other assets (describe ► SEE STATEMENT 5)	4,069.	58	6,397.
59 Total assets (must equal line 74) Add lines 45 through 58	503,955.	59	431,878.	
LIABILITIES	60 Accounts payable and accrued expenses	8,731.	60	30,528.
	61 Grants payable		61	
	62 Deferred revenue	179,262.	62	163,697.
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a Tax-exempt bond liabilities (attach schedule)		64a	
	b Mortgages and other notes payable (attach schedule)		64b	
	65 Other liabilities (describe ► SEE STATEMENT 6)	31,123.	65	63,123.
66 Total liabilities. Add lines 60 through 65	219,116.	66	257,348.	
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	67 Unrestricted		67	
	68 Temporarily restricted		68	
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input checked="" 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	284,839.	72	174,530.
	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)	284,839.	73	174,530.
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73	503,955.	74	431,878.

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Form 990 (2005)

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

a	Total revenue, gains, and other support per audited financial statements		a	N/A
b	Amounts included on line a but not on Part I, line 12:			
	1 Net unrealized gains on investments	b1		
	2 Donated services and use of facilities	b2		
	3 Recoveries of prior year grants	b3		
	4 Other (specify): _____	b4		
	Add lines b1 through b4		b	
c	Subtract line b from line a		c	
d	Amounts included on Part I, line 12, but not on line a :			
	1 Investment expenses not included on Part I, line 6b	d1		
	2 Other (specify): _____	d2		
	Add lines d1 and d2		d	
e	Total revenue (Part I, line 12). Add lines c and d		e	

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

a	Total expenses and losses per audited financial statements		a	N/A
b	Amounts included on line a but not on Part I, line 17:			
	1 Donated services and use of facilities	b1		
	2 Prior year adjustments reported on Part I, line 20	b2		
	3 Losses reported on Part I, line 20	b3		
	4 Other (specify): _____	b4		
	Add lines b1 through b4		b	
c	Subtract line b from line a		c	
d	Amounts included on Part I, line 17, but not on line a :			
	1 Investment expenses not included on Part I, line 6b.	d1		
	2 Other (specify): _____	d2		
	Add lines d1 and d2		d	
e	Total expenses (Part I, line 17). Add lines c and d		e	

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See 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 and deferred compensation plans	(E) Expense account and other allowances
SEE STATEMENT 7		35,000.	0.	0.

Part V-A Current Officers, Directors, Trustees, and Key Employees <i>(continued)</i>	Yes	No
75a Enter the total number of officers, directors, and trustees permitted to vote on organization business as board meetings ▶ <u>22</u>		
b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If 'Yes,' attach a statement that identifies the individuals and explains the relationship(s)	75b	X
c Do any officers, directors, trustees, or key employees listed in form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to this organization through common supervision or common control? Note. Related organizations include section 509(a)(3) supporting organizations. If 'Yes,' attach a statement that identifies the individuals, explains the relationship between this organization and the other organization(s), and describes the compensation arrangements, including amounts paid to each individual by each related organization	75c	X
d Does the organization have a written conflict of interest policy?	75d	X

(A) Name and address	(B) Loans and Advances	(C) Compensation	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances

Part VI Other Information <i>(See the instructions.)</i>	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.	76	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.	77	X
78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X
b If 'Yes,' has it filed a tax return on Form 990-T for this year?	78b	N/A
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement	79	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?	80a	X
b If 'Yes,' enter the name of the organization ▶ <u>N/A</u> 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	0.
b Did the organization file Form 1120-POL for this year?	81b	X

Part VI Other Information (continued)	Yes	No
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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b 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.)	<input type="checkbox"/>	<input type="checkbox"/>
82 b _____ N/A		
83 a Did the organization comply with the public inspection requirements for returns and exemption applications?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
83 b _____		
84 a Did the organization solicit any contributions or gifts that were not tax deductible?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<input type="checkbox"/>	<input type="checkbox"/>
84 b _____ N/A		
85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Did the organization make only in-house lobbying expenditures of \$2,000 or less?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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		
c Dues, assessments, and similar amounts from members	<input type="checkbox"/>	<input type="checkbox"/>
85 c _____ N/A		
d Section 162(e) lobbying and political expenditures.	<input type="checkbox"/>	<input type="checkbox"/>
85 d _____ N/A		
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	<input type="checkbox"/>	<input type="checkbox"/>
85 e _____ N/A		
f Taxable amount of lobbying and political expenditures (line 85d less 85e)	<input type="checkbox"/>	<input type="checkbox"/>
85 f _____ N/A		
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	<input type="checkbox"/>	<input type="checkbox"/>
85 g _____ N/A		
h 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?	<input type="checkbox"/>	<input type="checkbox"/>
85 h _____ N/A		
86 501(c)(7) organizations Enter: a Initiation fees and capital contributions included on line 12	<input type="checkbox"/>	<input type="checkbox"/>
86 a _____ N/A		
b Gross receipts, included on line 12, for public use of club facilities	<input type="checkbox"/>	<input type="checkbox"/>
86 b _____ N/A		
87 501(c)(12) organizations. Enter: a Gross income from members or shareholders	<input type="checkbox"/>	<input type="checkbox"/>
87 a _____ N/A		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<input type="checkbox"/>	<input type="checkbox"/>
87 b _____ 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 301.7701-3? If 'Yes,' complete Part IX	<input type="checkbox"/>	<input checked="" type="checkbox"/>
88 a 501(c)(3) organizations Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ _____ N/A ; section 4912 ▶ _____ N/A ; section 4955 ▶ _____ N/A	<input type="checkbox"/>	<input type="checkbox"/>
b 501(c)(3) and 501(c)(4) organizations. 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	<input type="checkbox"/>	<input type="checkbox"/>
88 b _____ N/A		
c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	<input type="checkbox"/>	<input type="checkbox"/>
d Enter: Amount of tax on line 89c, above, reimbursed by the organization	<input type="checkbox"/>	<input type="checkbox"/>
89 c _____ N/A		
89 d _____ N/A		
90 a List the states with which a copy of this return is filed ▶ <u>CA</u>	<input type="checkbox"/>	<input type="checkbox"/>
b Number of employees employed in the pay period that includes March 12, 2005 (See instructions)	<input type="checkbox"/>	<input type="checkbox"/>
90 b _____ 0		
91 a The books are in care of ▶ <u>SANDY KIEU</u> Telephone number ▶ <u>949-309-3520</u> Located at ▶ <u>24411 RIDGE ROUTE, SUITE 115, LAGUNA HILLS CA</u> ZIP + 4 ▶ <u>92653</u>	<input type="checkbox"/>	<input type="checkbox"/>
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country ▶ _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>
See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Statements		
c At any time during the calendar year, did the organization maintain an office outside of the United States? If 'Yes,' enter the name of the foreign country ▶ _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>
91 c _____		
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here _____ N/A and enter the amount of tax-exempt interest received or accrued during the tax year . ▶ <u>92</u> _____ N/A		

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

Note: Enter gross amounts unless otherwise indicated.

	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	
93 Program service revenue:					
a CONFERENCES/WORKSHOPS			7	410,989.	436,138.
b ROYALTIES					4,933.
c					
d					
e					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					293,570.
95 Interest on savings & temporary cash invmnts.			14	6,149.	
96 Dividends & interest from securities					
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 pers prop					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					-3,077.
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					-2,386.
103 Other revenue: a					
b OTHER REVENUES			1	5,934.	
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				423,072.	729,178.
105 Total (add line 104, columns (B), (D), and (E))					1,152,250.

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 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)
93A	PROVIDE MEDICAL EDUCATION ON DEVELOPMENTS IN PREVENTIVE MEDICINE.
93B	TAPES AND JOURNALS EDUCATE ON PREVENTIVE MEDICINE.

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See 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				

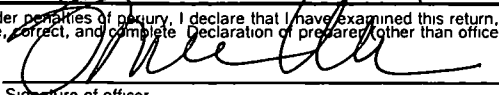
Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

- 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).


Please Sign Here

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

Signature of officer:  Date: 5/15/07

SHARON URCH, EXECUTIVE DIRECTOR

Paid Preparer's Use Only

Preparer's signature:  Date: 5/15/07

CANDACE M HUIE, CPA

Check if self-employed:

Preparer's SSN or PTIN (See General Instruction W): N/A

Firm's name (or yours if self-employed), address, and ZIP + 4: WHITE, NELSON & CO. LLP
2400 E. KATELLA AVE., STE. 900
ANAHEIM, CA 92806

EIN: N/A

Phone no: (714) 978-1300

CLIENT 004488

AMERICAN COLLEGE FOR ADVANCEMENT IN
MEDICINE

94-2247140

5/15/07

09:09AM

**STATEMENT 1
FORM 990, PART I, LINE 10
GROSS PROFIT (LOSS) FROM SALES OF INVENTORY**

GROSS SALES		\$	51,188.
GROSS SALES		\$	51,188.
LESS RETURNS & ALLOWANCES			0.
NET SALES		\$	51,188.
LESS COST OF GOODS SOLD			53,574.
GROSS PROFIT FROM SALES OF INVENTORY		\$	<u>-2,386.</u>

**STATEMENT 2
FORM 990, PART II, LINE 43
OTHER EXPENSES**

	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUNDRAISING
ACAM EXPOSITION EXPENSE	13,419.	13,419.		
ADVERTISING & PROMOTION	771.	771.		
ANSWERING SERVICE	22,415.	17,932.	4,483.	
ASSOCIATION DUES & EXPENSES	3,132.	2,506.	626.	
BOARD MEETINGS	7,000.		7,000.	
COMPUTER SERVICES	7,721.	6,177.	1,544.	
CONTRACT SERVICES	16,644.	13,315.	3,329.	
EQUIPMENT LEASE	1,723.	1,378.	345.	
INSURANCE	31,228.	24,982.	6,246.	
MARKETING	11,002.	11,002.		
MEMBERSHIP SERVICES	547.	547.		
MERCHANT AND BANK CHARGES	36,988.	36,988.		
NEWSLETTER	7,660.	7,660.		
NON-STAFF STIPEND	77,750.	62,200.	15,550.	
ONSITE SET-UP	15,876.	15,876.		
OTHER EXPENSE	4,044.	3,235.	809.	
PAYROLL PROCESSING FEES	1,898.	1,518.	380.	
RESEARCH & DEVELOPMENT	24,744.	24,744.		
SPECIAL EVENTS EXPENSES	861.	861.		
SUBSCRIPTIONS AND PUBLICATIONS	2,505.		2,505.	
UTILITIES	3,011.	2,409.	602.	
WEBSITE	2,716.	2,716.		
TOTAL	\$ <u>293,655.</u>	\$ <u>250,236.</u>	\$ <u>43,419.</u>	\$ <u>0.</u>

**STATEMENT 3
FORM 990, PART III
ORGANIZATION'S PRIMARY EXEMPT PURPOSE**

A NON-PROFIT MEDICAL SOCIETY DEDICATED TO EDUCATING PHYSICIANS AND OTHER HEALTH CARE PROFESSIONALS ON THE LATEST FINDINGS AND EMERGING PROCEDURES IN PREVENTIVE AND NUTRITIONAL MEDICINE.

5/15/07

09.09AM

**STATEMENT 4
FORM 990, PART IV, LINE 55B
INVESTMENTS - LAND, BUILDINGS, AND EQUIPMENT**

CATEGORY	BASIS	ACCUM. DEPREC.	BOOK VALUE
FURNITURE AND FIXTURES	\$ 23,303.	\$ 1,297.	\$ 22,006.
MACHINERY AND EQUIPMENT	85,262.	34,841.	50,421.
TOTAL	\$ 108,565.	\$ 36,138.	\$ 72,427.

**STATEMENT 5
FORM 990, PART IV, LINE 58
OTHER ASSETS**

DEPOSITS			\$ 6,397.
TOTAL			\$ 6,397.

**STATEMENT 6
FORM 990, PART IV, LINE 65
OTHER LIABILITIES**

ACCRUED PAYROLL EXPENSE		\$ 3,920.
CURRENT OBLIGATIONS UNDER CAPITAL LEASE		16,582.
NON-CURRENT OBLIGATIONS UNDER CAPITAL LEASE		42,332.
OTHER ACCRUED EXPENSES		289.
TOTAL		\$ 63,123.

**STATEMENT 7
FORM 990, PART V-A
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES**

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
BIDDLE MD, JAMES 832 HENDERSON RD ASHEVILLE, NC 28803	DIRECTOR 0	\$ 1,583.	\$ 0.	\$ 0.
BOCK MD, KENNETH 108 MONTGOMERY ST RHINEBECK, NY 12572	PRESIDENT ELECT 0	1,000.	0.	0.
DOUGLAS III MD, WILLIAM 2111 OCEAN DR NEW SMYRNA BEACH, FL 32169	SECRETARY 0	4,000.	0.	0.
DRISKO MD. JEANNE 3901 RAINBOW BLVD KANSAS CITY, KS 66160	PRESIDENT ELECT 0	500.	0.	0.

5/15/07

09:09AM

STATEMENT 7 (CONTINUED)
FORM 990, PART V-A
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
FEIG DO, STEPHEN 208 VISTA BELLA DR. SANTA CRUZ, CA 95060	BOARD ADVISOR 0	\$ 0.	\$ 0.	\$ 0.
HOFFMAN MD, RONALD 236 EAST 47TH STREET #21F NEW YORK, NY 10017	ADVISOR 0	500.	0.	0.
HYNOTE MD, ELEANOR 3417 VALLE VERDE NAPA, CA 94558	VICE PRESIDENT 0	4,667.	0.	0.
MAGAZINER MD, ALLAN 1907 GREENTREE ROAD CHERRY HILL, NJ 08003	PAST PRESIDENT 0	14,250.	0.	0.
MARK MD, DENISE 36355 CARMEL RANCHO BLVD CARMEL, CA 93923	SARGENT AT ARMS 0	500.	0.	0.
RICH, JOSEPH 9217 PARKWEST BLVD #E-1 KNOXVILLE, TN 37923	DIRECTOR 0	500.	0.	0.
SCHACHTER MD, MICHAEL TWO EXECUTIVE BLVD #201 SUFFERN, NY 10901	DIRECTOR 0	500.	0.	0.
SHAH MD, SANGEETA 211 E KALISTE SALOOM LAFAYETTE, LA 70508	DIRECTOR 0	500.	0.	0.
SPEIGHT MD, MARK O'NEAL 2317 RANDOLPH RD CHARLOTTE, NC 28207	TREASURER 0	1,500.	0.	0.
MIRANDA, MD FACAM, RALPH ROAD #12 - BOX 108 GREENSBURG, PA 15601	DVISOR 0	2,000.	0.	0.
GALITZER, MICHAEL 12381 WHILSHIRE BLVD #102 LOS ANGELES, CA 90025	DIRECTOR 0	1,000.	0.	0.
MORRISON, JEFFREY 103 5TH AVE 6TH FLOOR NEW YORK, NY 10003	DIRECTOR 0	500.	0.	0.

CLIENT 004488

AMERICAN COLLEGE FOR ADVANCEMENT IN
MEDICINE

94-2247140

5/15/07

09:09AM

STATEMENT 7 (CONTINUED)
FORM 990, PART V-A
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED</u>	<u>COMPEN- SATION</u>	<u>CONTRI- BUTION TO EBP & DC</u>	<u>EXPENSE ACCOUNT/ OTHER</u>
MURAN, PETER 1241 JOHNSON AVE #354 SAN LUIS OBISPO, CA 93401	DIRECTOR 0	\$ 0.	\$ 0.	\$ 0.
CASS, HYL A	0	0.	0.	0.
COOPER, EDWIN 10796 WELLWORTH AVE LOS ANGELES, CA 90024	ADVISOR 0	1,000.	0.	0.
EISENBERG, DANIEL	0	0.	0.	0.
HALBERT, STEVEN	0	0.	0.	0.
PATRICK, LYN 123 E 3RD STREET DURANGO, CO 81301	ADVISOR 0	500.	0.	0.
	TOTAL	\$ 35,000.	\$ 0.	\$ 0.

6/30/06

2005 FEDERAL BOOK DEPRECIATION SCHEDULE
AMERICAN COLLEGE FOR ADVANCEMENT IN
MEDICINE

PAGE 1

CLIENT 004488

94-2247140

5/15/07

09.09AM

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAGE /BASIS REDUCT.	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
DEPR. SCHEDULE ONLY																
1	15" SVGA MONITOR (EXT 1	8/08/97		553							553	553	200DB	HY	5	0
2	PENTIUM 200 MHZ (EXT 10)	4/21/98	6/01/06	2,278							2,278	2,278	200DB	HY	5	0
3	MICROTEK SCANNER (EXT 1	3/15/99	6/01/06	327							327	327	200DB	HY	5	0
4	HP 2100 PRINTER (EXT 14)	9/22/99	6/01/06	699							699	699	200DB	HY	5	0
5	HP 2100 PRINTER INSTALL	10/05/99	6/01/06	248							248	248	200DB	HY	5	0
6	HP 1100 PRINTER (EXT 10)	12/04/00	6/01/06	484							484	456	200DB	HY	5	.05760
7	PENTIUM III (EXT 10)	2/20/01	6/01/06	653							653	615	200DB	HY	5	.05760
8	GATEWAY STATIONS (EXT 1	2/28/03	6/01/06	1,446							1,446	1,030	200DB	HY	5	.11520
9	GATEWAY STATIONS (EXT 1	2/28/03	6/01/06	1,446							1,446	1,030	200DB	HY	5	.11520
10	GATEWAY NOTEBOOK (EXT 1	2/28/03	6/01/06	2,922							2,922	2,080	200DB	HY	5	.11520
11	GATEWAY NOTEBOOK (EXT 1	2/28/03	6/01/06	2,922							2,922	2,080	200DB	HY	5	.11520
12	GATEWAY NOTEBOOK (EXT 1	2/28/03	6/01/06	3,030							3,030	2,158	200DB	HY	5	.11520
13	DELL SERVER & COMPONENTS	2/28/03	6/01/06	3,639							3,639	2,591	200DB	HY	5	.11520
14	INSTALLATION OF GATEWAY	2/28/03	6/01/06	2,500							2,500	1,780	200DB	HY	5	.11520
15	UNLOCATED DIFFERENCE	1/01/96	6/01/06	33							33	33	200DB	HY	5	0
16	XEROX COPIER	4/03/03		42,023							42,023	27,651	200DB	MQ	5	.13680
17	SAFE AND FILE CABINETS	1/01/81	6/01/06	1,050							1,050	1,050	PRE	PRE	5	0
18	TELEPHONE SYSTEM (AT&T)	5/22/95	6/01/06	14,473							14,473	14,473	200DB	HY	5	0
19	PICTURES (EXT 14)	3/04/97	6/01/06	530							530	530	200DB	HY	7	0
20	(2) LEGAL FILES	8/27/97	6/01/06	382							382	382	200DB	HY	7	0
21	OAK DESK (EXT 12)	8/27/97	6/01/06	280							280	280	200DB	HY	7	0
22	OAK CREDENZA (EXT 12)	8/27/97	6/01/06	242							242	242	200DB	HY	7	0
23	OAK 2 DRAWER FILE CABINET	8/27/97	6/01/06	148							148	148	200DB	HY	7	0
24	WORKTABLE 72" X 36" (CO	8/27/97	6/01/06	288							288	288	200DB	HY	7	0
25	BOX STAND	9/02/97	6/01/06	179							179	179	200DB	HY	7	0

6/30/06

2005 FEDERAL BOOK DEPRECIATION SCHEDULE
AMERICAN COLLEGE FOR ADVANCEMENT IN
MEDICINE

PAGE 2

CLIENT 004488

94-2247140

5/15/07

09.09AM

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT.	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
26	PHONES VARIOUS	9/11/97	6/01/06	1,209							1,209	1,209	200DB	HY	5	0
27	PHONE CARD (LUCENT)	12/23/97	6/01/06	2,574							2,574	2,574	200DB	HY	5	0
28	OAK DESK (EXT 13)	3/05/98	6/01/06	280							280	280	200DB	HY	7	0
29	OAK 2 DRAWER FILE CABINET	3/05/98	6/01/06	153							153	153	200DB	HY	7	0
30	PICTURES (EXT 10)	3/23/98	6/01/06	237							237	237	200DB	HY	7	0
31	OAK CREDENZA (EXT 13)	4/08/98	6/01/06	222							222	222	200DB	HY	7	0
32	PHONE (EXT 13)	4/27/98	6/01/06	486							486	489	200DB	HY	7	0
33	OAK BOOKCASE (EXT 13)	4/30/98	6/01/06	164							164	164	200DB	HY	7	0
34	WATER COOLER	8/31/98	6/01/06	173							173	165	200DB	HY	7	4
35	(2) OAK BOOKCASES	12/31/98	6/01/06	349							349	333	200DB	HY	7	8
36	SHELF WITH LIBRARY DOOR	2/22/99	6/01/06	180							180	172	200DB	HY	7	4
37	TWO METAL SHELVES (INVT)	2/22/99	6/01/06	217							217	207	200DB	HY	7	5
38	TRADESHOW BOOTH - DEPOSIT	3/17/99	6/01/06	4,125							4,125	3,941	200DB	HY	7	92
39	TRADESHOW BOOTH - BALANCE	4/30/99	6/01/06	2,600							2,600	2,484	200DB	HY	7	58
40	(3) 36" WIDE METAL SHELVES	1/27/00	6/01/06	300							300	260	200DB	HY	7	14
41	(3) 36" WIDE METAL SHELVES	2/15/00	6/01/06	200							200	174	200DB	HY	7	9
42	ASSEMBLY OF 5 METAL SHELVES	2/17/00	6/01/06	75							75	66	200DB	HY	7	4
43	HP FAX MACHINE (GENERAL)	2/29/00	6/01/06	646							646	646	200DB	HY	5	0
44	BURGANDY LATERAL FILES	6/05/00	6/01/06	1,060							1,060	919	200DB	HY	7	48
45	HP FAX MACHINE (EXTRA)	6/15/00	6/01/06	630							630	630	200DB	HY	5	0
46	CREDIT CARD TERMINAL	10/31/02	6/01/06	643							643	453	200DB	HY	5	37
47	FURNITURE	5/01/06		4,857							4,857		200DB	MQ	7	173
48	FURNITURE	5/01/06		7,830							7,830		200DB	MQ	7	280
49	PROJECTOR	11/03/05		970							970		200DB	MQ	7	173
50	PROJECTORS	11/08/05		2,010							2,010		200DB	MQ	7	359
51	APPLE COMPUTER	5/17/06		2,022							2,022		200DB	MQ	5	101
52	COMPUTER	5/19/06		5,614							5,614		200DB	MQ	5	281

6/30/06

2005 FEDERAL BOOK DEPRECIATION SCHEDULE

PAGE 3

CLIENT 004488

AMERICAN COLLEGE FOR ADVANCEMENT IN MEDICINE

94-2247140

5/15/07

09:09AM

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	PRIOR SALVAG /BASIS REDUCT.	DEPR BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.	
53	COPY AMERICA	4/15/06		43,239							43,239		200DB	MQ	5	.05000	2,162
	TOTAL			165,840		0	0	0	0	0	165,840	78,959					10,629
	TOTAL DEPRECIATION			165,840		0	0	0	0	0	165,840	78,959					10,629
	GRAND TOTAL DEPRECIATION			165,840		0	0	0	0	0	165,840	78,959					10,629
	DEPRECIATION ASSETS SOLD			56,722		0	0	0	0	0	56,722	50,755					1,351
	DEPR REMAINING ASSETS			109,118		0	0	0	0	0	109,118	28,204					9,278