

Return of Organization Exempt From Income Tax

2001

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

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 2001 calendar year, or tax year beginning 2001, and ending

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

C Name of organization: AMERICAN ACADEMY OF ANTI-AGING MEDICINE. Address: 1510 W MONTANA STREET, CHICAGO, IL 60614

D Employer identification number: 36-4087310. E Telephone number: (773) 528-1000. F Accounting method: Accrual

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

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

H(c) Are all affiliates included? Yes No

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

I Enter 4-digit GEN

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

G Web site: N/A

J Organization type: 501(c)(3)

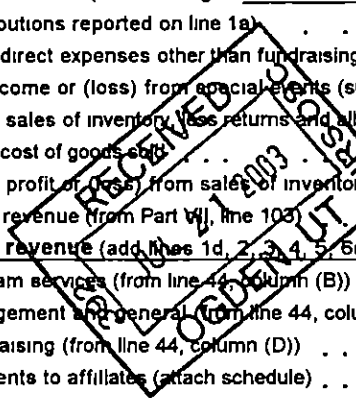
K Check here if the organization's gross receipts are normally not more than \$25,000

L Gross receipts: 930,041

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Table with 21 rows and 4 columns: Description, Sub-description, Amount, Total. Includes Revenue (Total: 719,117), Expenses (Total: 946,827), and Net Assets (Total: 3,924,151).

FILED JUL 25 2003



For Paperwork Reduction Act Notice, see the separate instructions

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 Specific Instructions on page 21.)

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 \$ 10,000 noncash \$)	22 10,000	10,000	STMT 2	
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 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			
36 Occupancy	36 88,410	44,205	44,205	
37 Equipment rental and maintenance	37			
38 Printing and publications	38 116,615	116,615		
39 Travel	39 34,462	34,462		
40 Conferences, conventions, and meetings	40 11,077	11,077		
41 Interest	41			
42 Depreciation depletion etc (attach schedule)	42 9,356		9,356	
43 Other expenses not covered above (itemize) STMT 3	43a 642,689	474,027	168,662	
b	43b			
c	43c			
d	43d			
e	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	

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 Specific Instructions on page 24)

What is the organization's primary exempt purpose? STMT 4	Program Service Expenses (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts but optional for others)
a DISTRIBUTION OF NEWSLETTERS, BROCHURES, MATERIALS, AND ARTICLES ABOUT ANTI-AGING, PUBLISH BOOKS, ARTICLES, PRODUCE TAPES OF CONFERENCE PROCEEDINGS (Grants and allocations \$)	562,065
b	
c	
d	
e Other program services (attach schedule) (Grants and allocations \$)	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	700,896

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

Note		(A)		(B)	
Where required, attached schedules and amounts within the description column should be for end-of-year amounts only		Beginning of year		End of year	
45	Cash - non-interest-bearing		45		
46	Savings and temporary cash investments	260,721	46	101,195	
47a	Accounts receivable	47a	NONE		
b	Less allowance for doubtful accounts	47b	33,828	47c	NONE
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 and loans receivable (attach schedule)	51a			
b	Less allowance for doubtful accounts	51b		51c	
52	Inventories for sale or use			52	
53	Prepaid expenses and deferred charges		66,041	53	NONE
54	Investments - securities (attach schedule) <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV		4,577,609	54	3,796,012
55a	Investments - land, buildings, and equipment basis	55a			
b	Less accumulated depreciation (attach schedule)	55b		55c	
56	Investments - other (attach schedule)			56	
57a	Land, buildings, and equipment basis	57a	90,959		
b	Less accumulated depreciation (attach schedule)	57b	35,879	57c	55,080
58	Other assets (describe <input type="checkbox"/> STMT 5)		2,315	58	3,945
59	Total assets (add lines 45 through 58) (must equal line 74)		5,002,703	59	3,956,232
60	Accounts payable and accrued expenses		157,444	60	32,081
61	Grants payable			61	
62	Deferred revenue			62	
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 <input type="checkbox"/>)			65	
66	Total liabilities (add lines 60 through 65)		157,444	66	32,081
Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74					
67	Unrestricted		4,845,259	67	3,924,151
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, and column (B) must equal line 21)		4,845,259	73	3,924,151
74	Total liabilities and net assets / fund balances (add lines 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.

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See Specific Instructions, page 26)

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 25,719 .	a Total expenses and losses per audited financial statements ▶	a 946,827
b Amounts included on line a but not on line 12, Form 990		b Amounts included on line a but not on line 17, Form 990	
(1) Net unrealized gains on investments \$		(1) Donated services and use of facilities \$	
(2) Donated services and use of facilities \$		(2) Prior year adjustments reported on line 20, Form 990 \$	
(3) Recoveries of prior year grants \$		(3) Losses reported on line 20, Form 990 \$	
(4) Other (specify)		(4) Other (specify)	
\$		\$	
Add amounts on lines (1) through (4) ▶	b	Add amounts on lines (1) through (4) . ▶	b
c Line a minus line b ▶	c 25,719	c Line a minus line b ▶	c 946,827
d Amounts included on line 12, Form 990 but not on line a		d Amounts included on line 17, Form 990 but not on line a	
(1) Investment expenses not included on line 6b, Form 990 . . \$		(1) Investment expenses not included on line 6b, Form 990 . . \$	
(2) Other (specify)		(2) Other (specify)	
\$		\$	
STMT 6 \$ 693,398		Add amounts on lines (1) and (2) . . ▶	d
Add amounts on lines (1) and (2) ▶	d 693,398	e Total expenses per line 17, Form 990 (line c plus line d) ▶	e 946,827
e Total revenue per line 12, Form 990 (line c plus line d) ▶	e 719,117		

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated, see Specific Instructions on page 26)

(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
SEE STATEMENT 7		NONE	NONE	NONE

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 Specific Instructions on page 27

Part VI Other Information (See Specific Instructions on page 27)

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
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78 a	X	
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78 b	X	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		X
80 a	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?	80 a		X
b	If "Yes," enter the name of the organization _____ and check whether it is <input type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt			
81 a	Enter direct or indirect political expenditure See line 81 instructions	81 a		
b	Did the organization file Form 1120-POL for this year?	81 b		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?	82 a		X
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)	82 b		N/A
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83 a	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83 b	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84 a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84 b		N/A
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	85 a		N/A
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? 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	85 b		N/A
c	Dues, assessments, and similar amounts from members	85 c		N/A
d	Section 162(e) lobbying and political expenditures	85 d		N/A
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85 e		N/A
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85 f		N/A
g	Does the organization elect to pay the section 6033(e) tax on the amount in 85f?	85 g		N/A
h	If 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?	85 h		N/A
86	501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12	86 a		N/A
b	Gross receipts, included on line 12, for public use of club facilities	86 b		N/A
87	501(c)(12) orgs Enter a Gross income from members or shareholders	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)	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	88		X
89 a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 <input type="checkbox"/> NONE, section 4912 <input type="checkbox"/> NONE, section 4955 <input type="checkbox"/> NONE			
b	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	89 b		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			NONE
90 a	List the states with which a copy of this return is filed <input type="checkbox"/> ILLINOIS			
b	Number of employees employed in the pay period that includes March 12, 2001 (See instructions)	90 b	1	
91	The books are in care of <input type="checkbox"/> DR ROBERT GOLDMAN Telephone no <input type="checkbox"/> (773) 528-1000 Located at <input type="checkbox"/> 1510 W MONTANA STREET, CHICAGO, IL ZIP + 4 <input type="checkbox"/> 60614			
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year	92		N/A

Part VII Analysis of Income-Producing Activities (See Specific Instructions on page 32)

	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 STMT 8		201,557			396,328
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments . .					170,154
95 Interest on savings and temporary cash investments			14	8,406	
96 Dividends and interest from securities . .			14	62,491	
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	-123,812	
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)) . .		201,557		-52,915	566,482
105 Total (add line 104, columns (B), (D), and (E))					715,124

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 Specific Instructions on page 32)

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 Specific Instructions on page 33)

(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
	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See Specific Instructions on page 33)

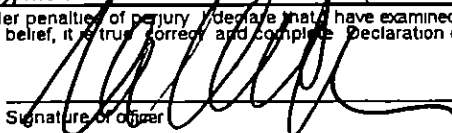
(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No

(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 and belief, it is true, correct and complete. Declaration of preparer (other than agent) in full or partial knowledge.

Signature of officer: 

Type or print name and title: _____

Paid Preparer's Use Only

Preparer's signature: 

Firm's name (or yours if self-employed) address, and ZIP + 4: **RSM MCGLADREY, INC**
20 N MARTINGALE RD
SCHAUMBURG, IL

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

OMB No 1545-0047

(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.)

2001

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 MEDICINE

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	▶ NONE			

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	▶ NONE	

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

Table with 3 columns: Question, Yes, No. Rows include: 1. During the year, has the organization attempted to influence national, state, or local legislation...; 2. During the year, has the organization, either directly or indirectly, engaged in any of the following acts...; 3. Does the organization make grants for scholarships, fellowships, student loans, etc?; 4. Do you have a section 403(b) annuity plan for your employees?

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
6. A school
7. A hospital or a cooperative hospital service organization
8. A Federal, state, or local government or governmental unit
9. A medical research organization operated in conjunction with a hospital
10. An organization operated for the benefit of a college or university owned or operated by a governmental unit
11a. An organization that normally receives a substantial part of its support from a governmental unit or from the general public
11b. A community trust
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...
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)

Table with 2 columns: (a) Name(s) of supported organization(s), (b) Line number from above. Header: Provide the following information about the supported organizations (See page 5 of the instructions)

14. An organization organized and operated to test for public safety Section 509(a)(4) (See page 6 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) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
15 Gifts, grants, and contributions received (Do 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 facilities in any activity that is related to the 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, 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	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	1,000,000	2,415	NONE	1,125,688
23 Total of lines 15 through 22	1,776,201	3,562,588	1,778,755	2,076,537	9,194,081
24 Line 23 minus line 17	527,913	1,556,704	478,214	197,601	2,760,432
25 Enter 1% of line 23	17,762	35,626	17,788	20,765	

26 Organizations described on lines 10 or 11

a Enter 2% of amount in column (e), line 24 **NOT APPLICABLE** ▶ 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 1997 through 2000 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:

(2000) NONE (1999) NONE (1998) NONE (1997) NONE

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:

(2000) NONE (1999) NONE (1998) NONE (1997) NONE

c Add Amounts from column (e) for lines 15 <u>278,507</u> 16 <u>1,123,736</u> 17 <u>6,433,649</u> 20 _____ 21 _____ ▶ 27c <u>7,835,892</u>
d Add Line 27a total <u>NONE</u> and line 27b total <u>NONE</u> ▶ 27d <u>NONE</u>
e Public support (line 27c total minus line 27d total) ▶ 27e <u>7,835,892</u>
f Total support for section 509(a)(2) test. Enter amount on line 23, column (e) ▶ 27f <u>9,194,081</u>
g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) ▶ 27g <u>85.2276 %</u>
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) ▶ 27h <u>2.5288 %</u>

28 Unusual Grants For an organization described in line 10, 11, or 12 that received any unusual grants during 1997 through 2000, 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 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)

Table with 3 columns: Question Number, Question Text, and Yes/No columns. Rows include questions 29-35 regarding racial nondiscrimination policies, record keeping, and financial aid.

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) **NOT APPLICABLE**

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		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
(The term "expenditures" means amounts paid or incurred)			
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 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	41	
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.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in) ▶	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(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 **NOT APPLICABLE**
 (For reporting only by organizations that did not complete Part VI-A) (See page 12 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	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
b Paid staff or management (Include compensation in expenses reported on lines c through h)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
c Media advertisements	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
d Mailings to members, legislators, or the public	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
e Publications, or published or broadcast statements	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
f Grants to other organizations for lobbying purposes	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
g Direct contact with legislators, their staffs, government officials, or a legislative body	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 12 of the instructions)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

a Transfers from the reporting organization to a noncharitable exempt organization of		Yes	No
(i) Cash	51a(i)		X
(ii) Other assets	a(ii)		X
b Other transactions			
(i) Sales or exchanges of assets with a noncharitable exempt organization	b(i)		X
(ii) Purchases of assets from a noncharitable exempt organization	b(ii)		X
(iii) Rental of facilities, equipment, or other assets	b(iii)		X
(iv) Reimbursement arrangements	b(iv)		X
(v) Loans or loan guarantees	b(v)		X
(vi) Performance of services or membership or fundraising solicitations	b(vi)		X
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees	c		X

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

(a) Line no	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements
N/A			

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes No

b If "Yes," complete the following schedule:

(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		

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

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

FORM 990, PART II - OTHER EXPENSES

DESCRIPTION	TOTAL	PROGRAM SERVICES	MANAGEMENT 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 amenable 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.

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. =====

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	541800	201,557.			
BOARD CERTIF.					189,777.
BOOKS & OTHER					114,502.
CERC					250.
CONFERENCES					21,000.
REVIEW MATERIALS					48,066.
SPONSORSHIPS					20,000.
MISCELLANEOUS					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 Price	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 SECURITIES			87,112.	210,924.	-123,812.
Totals			87,112.	210,924.	-123,812.