

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)

2005

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 2005 calendar year, or tax year beginning, 2005, 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
Room/suite:
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
I Group Exemption Number
M Check [] if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)

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 chooses to file a return, be sure to file a complete return. Some states require a complete return.

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12: 4,329,219

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

Table with 21 rows for Revenue, Expenses, and Net Assets. Includes sub-rows for contributions, program revenue, investment income, and total revenue/expenses.

SCANNED DEC 05 2006

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Revenue Expenses Net Assets

5 P

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 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 \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	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	34,404	34,404	
27	Pension plan contributions	27			
28	Other employee benefits	28	966	966	
29	Payroll taxes	29	3,369	3,369	
30	Professional fundraising fees	30			
31	Accounting fees	31	15,000	15,000	
32	Legal fees	32	146,439	96,439	50,000
33	Supplies	33			
34	Telephone	34	7,698	3,849	3,849
35	Postage and shipping	35	5,200	2,600	2,600
36	Occupancy	36	35,183	17,591	17,592
37	Equipment rental and maintenance	37			
38	Printing and publications	38	103,439	103,439	
39	Travel	39	12,147	12,147	
40	Conferences, conventions, and meetings	40			
41	Interest	41			
42	Depreciation, depletion, etc (attach schedule)	42	3,865	3,865	
43	Other expenses not covered above (itemize):				
a	SEE STMT 2	43a	501,394	399,558	101,836
b		43b			
c	ADVERTISING	43c	23,074	23,074	
d	BOOKS/DVD'S/OTHER	43d	17,378	17,378	
e	PAYROLL PROCESSING	43e	4,007		4,007
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	913,563	680,906	232,657

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 IV Balance Sheets (See the instructions)

				(A)		(B)
		Note: 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		298,758	45	358,568
	46	Savings and temporary cash investments			46	
	47 a	Accounts receivable				
	b	47a	Less: allowance for doubtful accounts		47c	
	48 a	Pledges receivable				
	b	48a	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)		619,313		
	b	51a	Less: allowance for doubtful accounts		51c	619,313
	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		3,744,980	54	4,926,364
	55 a	Investments - land, buildings, and equipment, basis		114,403		
	b	55a	Less: accumulated depreciation (attach schedule)		55c	39,654
	56	Investments - other (attach schedule)			56	
	57 a	Land, buildings, and equipment basis				
	b	57a	Less: accumulated depreciation (attach schedule)		57c	
	58	Other assets (describe <input type="checkbox"/>)			58	
	59	Total assets (must equal line 74). Add lines 45 through 58		4,745,283	59	5,943,899
L i a b i l i t i e s	60	Accounts payable and accrued expenses		10,867	60	1,048
	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	64a	Mortgages and other notes payable (attach schedule)		64b	
	65	Other liabilities (describe <input type="checkbox"/>)			65	
	66	Total liabilities. Add lines 60 through 65		10,867	66	1,048
N e t A s s e t B a l a n c e s	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.					
	67	Unrestricted		4,734,416	67	5,942,851
	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)		4,734,416	73	5,942,851	
74	Total liabilities and net assets / fund balances. Add lines 66 and 73		4,745,283	74	5,943,899	

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return

(See the instructions.)

a	Total revenue, gains, and other support per audited financial statements		a	2,122,028
b	Amounts included on line a but not on Part I, line 12:			
1	Net unrealized gains on investments	b1		131,489
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	131,489
c	Subtract line b from line a		c	1,990,539
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	1,990,539

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

a	Total expenses and losses per audited financial statements		a	913,563
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	913,563
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	913,563

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 & deferred compensation plans	(E) Expense account and other allowances
RONALD M. KLATZ, D.O. 2434 N. GREENVIEW CHICAGO, IL	PRESIDENT/DIR 30	0	0	0
ROBERT M. GOLDMAN, D.O. 2434 N. GREENVIEW, CHICAGO, IL	CHAIRMAN/DIR 30	0	0	0
MICHAEL KLENTZE, M.D. CHICAGO, IL 60614	DIRECTOR 0	0	0	0
DATO HARNAM CHICAGO, IL 60614	DIRECTOR 0	0	0	0
VERNON HOWARD CHICAGO, ILLINOIS 60614	DIRECTOR 2	0	0	0

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?		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.)		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
85 a	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?		X
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.		
c	Dues, assessments, and similar amounts from members		
d	Section 162(e) lobbying and political expenditures		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		
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?		
86 a	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12		
b	Gross receipts, included on line 12, for public use of club facilities		
87 a	501(c)(12) orgs Enter a Gross income from members or shareholders		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
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		X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ _____ ; section 4912 ▶ _____ ; section 4955 ▶ _____		
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		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 ▶ _____		
90 a	List the states with which a copy of this return is filed ▶ _____		
b	Number of employees employed in the pay period that includes March 12, 2005 (See instructions.)		
91 a	The books are in care of ▶ <u>ROBERT GOLDMAN</u> Telephone no ▶ <u>773-528-1000</u> Located at ▶ <u>1510 W. MONTANA STREET CHICAGO</u> ZIP +4 ▶ <u>60614</u>		
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 ▶ _____		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		
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 ▶ _____		
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		

Part VII Analysis of Income-Producing Activities (See 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	
93 Program service revenue:					
a ADVERTISING FEES		10,039			1,220,724
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies . . .					
94 Membership dues and assessments					341,102
95 Interest on savings and temporary cash investments			14	700	
96 Dividends and interest from securities			14	99,539	
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	104,511	
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))		10,039		204,750	1,561,826
105 Total (add line 104, columns (B), (D), and (E))					1,776,615

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).
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 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: *[Signature]* Date: _____

Type or print name and title: *ROBERT M. KEATZ PROS*

Paid Preparer's Use Only

Preparer's signature: *[Signature]* Date: 11-15-2006 Check if self-employed: Preparer's SSN or PTIN (See Gen Inst W): P00451642

Firm's name (or yours if self-employed) address, and ZIP + 4: SHARI TAYLOR AND CO., CHARTERED 601 SKOKIE BLVD., SUITE 201 NORTHBROOK IL 60062

EIN: 36-3097631 Phone no: 847-291-0192

Application for Extension of Time to File an Exempt Organization Return

File a separate application for each return.

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box
If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time - Only submit original (no copies needed)

Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns Partnerships, REMICs, and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041

Electronic Filing (e-file). Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868

Table with 3 columns: Type or print, Name of Exempt Organization, Employer identification number. Includes address: AMERICAN ACADEMY OF ANTI-AGING MEDI, 1510 W. MONTANA STREET, CHICAGO, IL 60614

Check type of return to be filed (file a separate application for each return)

- Form 990, Form 990-BL, Form 990-EZ, Form 990-PF, Form 990-T (corporation), Form 990-T (sec. 401(a) or 408(a) trust), Form 990-T (trust other than above), Form 1041-A, Form 4720, Form 5227, Form 6069, Form 8870

The books are in the care of ROBERT GOLDMAN

Telephone No. 773-528-1000 FAX No.

- If the organization does not have an office or place of business in the United States, check this box
If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)

I request an automatic 3-month (6-month, for 990-T corporation) extension of time until 2005, to file the exempt organization return for the organization named above. The extension is for the organization's return for: tax year beginning 01-01, 2005, and ending 12-31, 2005.

If this tax year is for less than 12 months, check reason: Initial return, Final return, Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions
3b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit
3c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions

Caution: If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-ERO and Form 8879-EO for payment instructions

For Paperwork Reduction Act Notice, see instruction

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 4947(a)(1) Nonexempt Charitable Trust

OMB No 1545-0047

Supplementary Information -- (See separate instructions.)

2005

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
N/A				

Total number of other employees paid over \$50,000 ▶

Part II-A 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
GABRIELA MARINESCU 4600 N. CLAREDON, No.1109, Chicago, IL	CERTIFICATION SERV	45,154
Julia shin 1100 N. DEARBORN ST. NO. 601, CHICAGO, IL	CERTIFICATION SERV	10,178

Total number of others receiving over \$50,000 for professional services ▶

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation

Total number of other contractors receiving over \$50,000 for other services ▶

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... 3a. Do you make grants for scholarships... 3b. Do you have a section 403(b) annuity plan... 3c. During the year, did the organization receive a contribution... 4a. Did you maintain any separate account... 4b. Do you provide credit counseling...

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 [X] An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% 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). Check the box that describes the type of supporting organization [] Type 1 [] Type 2 [] Type 3

Provide the following information about the supported organizations. (See page 6 of the instructions)

Table with 2 columns: (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 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) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants See line 28)	12,317	15,117	9,351	3,993	40,778
16 Membership fees received	358,519	235,282	201,430	170,154	965,385
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	1,133,726	645,960	553,146	396,328	2,729,160
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	65,600	36,484	31,599	53,418	187,101
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	1,570,162	932,843	795,526	623,893	3,922,424
24 Line 23 minus line 17	436,436	286,883	242,380	227,565	1,193,264
25 Enter 1% of line 23	15,702	9,328	7,955	6,239	

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 2001 through 2004 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 40,778 19 965,385 22 12,729,160 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:

(2004) _____ (2003) _____ (2002) _____ (2001) _____

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:

(2004) _____ (2003) _____ (2002) _____ (2001) _____

c Add Amounts from column (e) for lines 15 40,778 16 965,385 12,729,160 20 _____ 21 _____	27c	3,735,323
d Add. Line 27a total and line 27b total	27d	
e Public support (line 27c total minus line 27d total)	27e	3,735,323
f Total support for section 509(a)(2) test Enter amount from line 23, column (e)	27f	3,922,424
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))	27g	95.23%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))	27h	4.77%

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, 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.)

Table with 4 columns: Line number, Description, (a) Affiliated group totals, (b) To be completed for ALL electing organizations. Rows 36-44.

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)

Table with 6 columns: Calendar year (or fiscal year beginning in), (a) 2005, (b) 2004, (c) 2003, (d) 2002, (e) Total. Rows 45-50.

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)

Table with 4 columns: Description, Yes, No, Amount. Rows a-i.

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

Name as shown on Return

AMERICAN ACADEMY OF ANTI-AGING MEDI

Employer identification number

36-4087310

Description	Amount
ADVERTISING	\$ 5,675
ROYALTIES	4,364
Total:	\$ 10,039

Description	Amount
BOARD CERTIFICATION	\$ 544,845
BOOKS/DVDS/OTHER	122,036
LICENSING FEES	250,000
SPONSORSHIP	130,446
MISCELLANEOUS	12,807
REVIEW MATERIALS	160,590
Total:	\$ 1,220,724

STATEMENT 2

Description	Amount
EDUCATIONAL MATERIALS	\$ 4,668
SPONSORSHIP	11,814
CONTRACTED LABOR	249,700
CONSULTANTS	1,000
COMMISSIONS	91,942
INSURANCE	3,110
OFFICE SUPPLIES	4,716
REFUNDS	547
CREDIT CARD FEES	16,077
AWARDS AND PLAQUES	2,883
RESEARCH	665
PHOTOGRAPHY	
REPAIRS	1,156
WEBSITE	6,689
REIMBURSED EXPENSES	3,815
IT FEES	454
INTERNET FEES	322
Total:	\$ 399,558

Name as shown on Return

AMERICAN ACADEMY OF ANTI-AGING MEDI

Employer identification number

36-4087310

Description	Amount
COMMISSIONS	\$ 11,814
DUES AND SUBSCRIPTIONS	125
INSURANCE	3,110
LICENSES AND FEES	501
OFFICE SUPPLIES	4,716
MEALS AND ENTERTAINMENT	1,002
MISCELLANEOUS	3,803
BANK FEES	48
AMORTIZATION	5,378
CREDIT CARD FEES	16,017
MISCELLANEOUS	55,322
Total:	\$ 101,836

BALANCE SHEET - PART IV - PAGE 4 - LINE 54

Description	Amount
JANNEY MONTGOMERY SCOTT BROKERAGE	\$ 3,744,980
Total:	\$ 3,744,980

BALANCE SHEET - PART IV - PAGE 4 -- LINE 54

Description	Amount
JANNEY MONTGOMERY SCOTT BROKERAGE	\$ 4,926,364
Total:	\$ 4,926,364

BALANCE SHEET PAGE 4 - LINE 51C

Description	Amount
DUE FROM OTHERS	\$ 619,313
Total:	\$ 619,313

Description	Amount
EQUIPMENT, AT COST	\$
LEASEHOLD IMPROVEMENTS	
Total:	\$ 0

Name as shown on Return

AMERICAN ACADEMY OF ANTI-AGING MEDI

Employer identification number

36-4087310

BALANCE SHEET - PART IV - PAGE 4 - LINE 55A

Description	Amount
EQUIPMENT, AT COST	\$ 33,739
LEASEHOLD IMPROVEMENTS	80,664
Total:	\$ 114,403

Description	Amount
UNREALIZED GAINS	\$ 131,459
Total:	\$ 131,459

BALANCE SHEET - PART IV

Description	Amount
CASH AND CASH EQUIVALENTS	\$ 298,758
Total:	\$ 298,758

BALANCE SHEET - PART FIVE - LINE 45

Description	Amount
CASH AND CASH EQUIVALENTS	\$ 358,568
Total:	\$ 358,568

BALANCE SHEET - PART IV - PAGE 4

Description	Amount
ACCOUNTS PAYABLE	\$ 1,048
Total:	\$ 1,048

Statement Summary

STATEMENT 1

2005

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

Form **4562**

(Rev January 2006)

Department of the Treasury
Internal Revenue Service**Depreciation and Amortization**
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

OMB No 1545-0172

2005Attachment
Sequence No **67**

Name(s) shown on return

AMERICAN ACADEMY OF ANTI-AGING MEDICINE

Identifying number

36-4087310

Business or activity to which this form relates

Part I Election To Expense Certain Property Under Section 179**Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount See the instructions for a higher limit for certain businesses	1	105,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	420,000.
4	Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	0.
5	Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	105,000.
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2004 Form 4562	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instrs)	11	105,000.
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2006. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions)**

14	Special allowance for certain aircraft, certain property with a long production period, and qualified New York Liberty or GO Zone property (other than listed property) placed in service during the tax year (see instrs)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Do not include listed property) (See instructions)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2005	17	2,357.
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B – Assets Placed in Service During 2005 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only — see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property		2,916.	5 yr	HY	DDB	583.
c 7-year property		6,608.	7 yr	HY	DDB	944.
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27.5 yrs	MM	S/L	
			27.5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C – Assets Placed in Service During 2005 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV Summary (see instructions)

21	Listed property Enter amount from line 28	21	
22	Total Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return. Partnerships and S corporations — see instructions	22	3,884.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

BAA For Paperwork Reduction Act Notice, see separate instructions.

FDIZ0812L 01/25/06

Form **4562** (2005) (Rev 1-2006)

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete *only* 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A – Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles)

24a Do you have evidence to support the business/investment use claimed?				<input type="checkbox"/> Yes	<input type="checkbox"/> No	24b If 'Yes,' is the evidence written?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost		
25 Special allowance for certain aircraft, certain property with a long production period, and qualified New York Liberty or GO Zone property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)							25			
26 Property used more than 50% in a qualified business use										
27 Property used 50% or less in a qualified business use:										
						SL/				
						SL/				
						SL/				
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1							28			
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1								29		

Section B – Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other 'more than 5% owner,' or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

30 Total business/investment miles driven during the year (do not include commuting miles)	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C – Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions).

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners	<input type="checkbox"/> Yes	<input type="checkbox"/> No
39 Do you treat all use of vehicles by employees as personal use?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Note: If your answer to 37, 38, 39, 40, or 41 is 'Yes,' do not complete Section B for the covered vehicles		

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2005 tax year (see instructions):					
43 Amortization of costs that began before your 2005 tax year				43	5,378.
44 Total. Add amounts in column (f). See instructions for where to report				44	5,378.