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**Return of Private Foundation  
or Section 4947(a)(1) Nonexempt Charitable Trust  
Treated as a Private Foundation**

**2010**

Department of the Treasury  
Internal Revenue Service

*Note* The foundation may be able to use a copy of this return to satisfy state reporting requirements

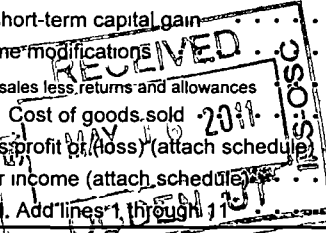
**For calendar year 2010, or tax year beginning** \_\_\_\_\_, **2010, and ending** \_\_\_\_\_, **20**

**G** Check all that apply:  Initial return  Initial return of a former public charity  Final return  
 Amended return  Address change  Name change

Name of foundation <b>PHYSICIANS AID ASSOCIATION aka ALECK SANDLER AND CO</b>		<b>A</b> Employer identification number <b>95-1660852</b>
Number and street (or P O box number if mail is not delivered to street address) <b>292 SO LA CIENEGA BLVD 212</b>		<b>B</b> Telephone number (see page 10 of the instructions) <b>(310) 427-7892</b>
City or town, state, and ZIP code <b>BEVERLY HILLS, CA 90211-3341</b>		<b>C</b> If exemption application is pending, check here <input type="checkbox"/>
<b>H</b> Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		<b>D</b> 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>
<b>I</b> Fair market value of all assets at end of year (from Part II, col (c), line 16) ▶ \$ <b>4,240,678</b>	<b>J</b> Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis)	<b>E</b> If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>
		<b>F</b> If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>

<b>Part I Analysis of Revenue and Expenses</b> (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see page 11 of the instructions))	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
<b>1</b> Contributions, gifts, grants, etc., received (attach schedule)	159,697			
<b>2</b> Check <input type="checkbox"/> if the foundation is not required to attach Sch B				
<b>3</b> Interest on savings and temporary cash investments				
<b>4</b> Dividends and interest from securities	90,413	90,413		
<b>5a</b> Gross rents				
<b>b</b> Net rental income or (loss)				
<b>6a</b> Net gain or (loss) from sale of assets not on line 10	204,063			
<b>b</b> Gross sales price for all assets on line 6a <b>1,807,036</b>				
<b>7</b> Capital gain net income (from Part IV, line 2)		204,063		
<b>8</b> Net short-term capital gain				
<b>9</b> Income modifications				
<b>10a</b> Gross sales less returns and allowances				
<b>b</b> Less Cost of goods sold				
<b>c</b> Gross profit or (loss) (attach schedule)				
<b>11</b> Other income (attach schedule) <b>STM106</b>	2,108	2,108		
<b>12</b> Total. Add lines 1 through 11	456,281	296,584		
<b>13</b> Compensation of officers, directors, trustees, etc.				
<b>14</b> Other employee salaries and wages				
<b>15</b> Pension plans, employee benefits				
<b>16a</b> Legal fees (attach schedule) <b>STM108</b>				
<b>b</b> Accounting fees (attach schedule) <b>STM109</b>	6,247			6,247
<b>c</b> Other professional fees (attach schedule)	45,275	45,275		
<b>17</b> Interest <b>STM110</b>				
<b>18</b> Taxes (attach schedule) (see page 14 of the instructions) <b>STM126</b>	1,669	166	1,343	160
<b>19</b> Depreciation (attach schedule) and depletion	476		476	
<b>20</b> Occupancy	216			216
<b>21</b> Travel, conferences, and meetings	8,725			8,725
<b>22</b> Printing and publications				
<b>23</b> Other expenses (attach schedule) <b>STM103</b>	29,190			29,190
<b>24</b> Total operating and administrative expenses. Add lines 13 through 23	91,798	45,441	1,819	44,538
<b>25</b> Contributions, gifts, grants paid	162,824			162,824
<b>26</b> Total expenses and disbursements. Add lines 24 and 25	254,622	45,441	1,819	207,362
<b>27</b> Subtract line 26 from line 12				
<b>a</b> Excess of revenue over expenses and disbursements	201,659			
<b>b</b> Net investment income (if negative, enter -0-)		251,143		
<b>c</b> Adjusted net income (if negative, enter -0-)				

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Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value		
A s s e t s	1	Cash - non-interest-bearing		173,454	114,068	114,068
	2	Savings and temporary cash investments		226,232	120,825	120,825
	3	Accounts receivable				
		Less allowance for doubtful accounts				
	4	Pledges receivable				
		Less allowance for doubtful accounts				
	5	Grants receivable				
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see page 15 of the instructions)				
	7	Other notes and loans receivable (attach schedule)				
		Less allowance for doubtful accounts				
	8	Inventories for sale or use				
	9	Prepaid expenses and deferred charges		8,723	10,784	10,784
	10a	Investments - U S and state government obligations (attach schedule)		83,046	215,543	215,543
	b	Investments - corporate stock (attach schedule)	STM137	2,592,784	3,289,281	3,289,281
	c	Investments - corporate bonds (attach schedule)	STM138	617,334	466,636	466,636
	11	Investments - land, buildings, and equipment basis				
	Less accumulated depreciation (attach schedule)					
12	Investments - mortgage loans					
13	Investments - other (attach schedule)					
14	Land, buildings, and equipment basis		19,872			
	Less accumulated depreciation (attach schedule)		19,594	754	278	278
15	Other assets (describe)	STM120	59,136	23,263	23,263	
16	<b>Total assets</b> (to be completed by all filers - see the instructions Also, see page 1, item I)		<b>3,761,463</b>	<b>4,240,678</b>	<b>4,240,678</b>	
L i a b i l i t i e s	17	Accounts payable and accrued expenses				
	18	Grants payable				
	19	Deferred revenue				
	20	Loans from officers, directors, trustees, and other disqualified persons				
	21	Mortgages and other notes payable (attach schedule)				
	22	Other liabilities (describe)				
	23	<b>Total liabilities</b> (add lines 17 through 22)		<b>0</b>	<b>0</b>	
N e t F u n d  A s s e t B a l a n c e s	Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31. <input checked="" type="checkbox"/>					
	24	Unrestricted		3,761,463	4,240,678	
	25	Temporarily restricted				
	26	Permanently restricted				
	Foundations that do not follow SFAS 117, check here <input type="checkbox"/>					
	27	Capital stock, trust principal, or current funds				
	28	Paid-in or capital surplus, or land, bldg, and equipment fund				
29	Retained earnings, accumulated income, endowment, or other funds					
30	<b>Total net assets or fund balances</b> (see page 17 of the instructions)		<b>3,761,463</b>	<b>4,240,678</b>		
31	<b>Total liabilities and net assets/fund balances</b> (see page 17 of the instructions)		<b>3,761,463</b>	<b>4,240,678</b>		

Part III Analysis of Changes in Net Assets or Fund Balances			
1	Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	3,761,463
2	Enter amount from Part I, line 27a	2	201,659
3	Other increases not included in line 2 (itemize)	3	277,556
4	Add lines 1, 2, and 3	4	4,240,678
5	Decreases not included in line 2 (itemize)	5	
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	4,240,678

**Part IV Capital Gains and Losses for Tax on Investment Income**

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co.)		(b) How acquired P-Purchase D-Donation	(c) Date acquired (yr, mo, day)	(d) Date sold (yr, mo, day)
1a FROM BROKERS		P	2007-07-01	2010-07-01
b				
c				
d				
e				
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)	
a 1,807,036		1,602,973	204,063	
b				
c				
d				
e				
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69				(i) Gains (Col (h) gain minus col (k), but not less than -0- or Losses (from col (h)))
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any		
a				204,063
b				
c				
d				
e				
2 Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }		2	204,063	
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see pages 13 and 17 of the instructions) . . . If (loss), enter -0- in Part I, line 8 . . . . . }		3		

**Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income**

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income)

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?  Yes  No  
 If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part

1 Enter the appropriate amount in each column for each year, see page 18 of the instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2009	149,740	3,256,815	0.045977
2008	191,913	3,453,880	0.055564
2007	181,317	4,013,774	0.045174
2006	150,156	3,696,485	0.040621
2005	135,160	3,414,803	0.039581
2 Total of line 1, column (d) . . . . .			0.226918
3 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years . . . . .			0.045384
4 Enter the net value of noncharitable-use assets for 2010 from Part X, line 5 . . . . .		3,630,402	
5 Multiply line 4 by line 3 . . . . .			164,762
6 Enter 1% of net investment income (1% of Part I, line 27b) . . . . .			2,511
7 Add lines 5 and 6 . . . . .			167,273
8 Enter qualifying distributions from Part XII, line 4 . . . . .			207,362

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate See the Part VI instructions on page 18

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see page 18 of the instructions)

Table with 11 rows for excise tax calculations. Includes categories like 'Exempt operating foundations', 'Domestic foundations', 'Tax under section 511', and 'Credits/Payments'. Total tax due is 8,686 and refunded is 6,174.

Part VII-A Statements Regarding Activities

Table with 10 rows for activity statements. Columns include question number, 'Yes', and 'No'. Questions cover political influence, tax on political expenditures, and substantial contributors.

Part VII-A Statements Regarding Activities (continued)

11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see page 20 of the instructions) . . . . . 11 X
12 Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008? . . . . . 12 X
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? . . . . . 13 X
Website address N/A
14 The books are in care of Dale Patti Britton Telephone no 310-374-6665
Located at 436 6th Street Manhattan Beach, CA ZIP+4 90266
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041-Check here . . . . . 15
16 At any time during calendar year 2010, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? . . . . . 16 Yes No X
See page 20 of the instructions for exceptions and filing requirements for Form TD F 90-22.1. If "Yes," enter the name of the foreign country

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

1a During the year did the foundation (either directly or indirectly)
(1) Engage in the sale or exchange, or leasing of property with a disqualified person? . . . . . Yes X No
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? . . . . . Yes X No
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? . . . . . Yes X No
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? . . . . . Yes X No
(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? . . . . . Yes X No
(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days) . . . . . Yes X No
b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see page 22 of the instructions)? . . . . . 1b
Organizations relying on a current notice regarding disaster assistance check here . . . . .
c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2010? . . . . . 1c X
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))
a At the end of tax year 2010, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2010? . . . . . Yes X No
If "Yes," list the years
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see page 22 of the instructions) . . . . . 2b X
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? . . . . . Yes X No
b If "Yes," did it have excess business holdings in 2010 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2010) . . . . . 3b
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? . . . . . 4a X
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2010? . . . . . 4b X

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)

5a During the year did the foundation pay or incur any amount to... (1) Carry on propaganda... (2) Influence the outcome of any specific public election... (3) Provide a grant to an individual for travel... (4) Provide a grant to an organization other than a charitable... (5) Provide for any purpose other than religious... b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify... c If the answer is "Yes" to question 5a(4), does the foundation claim exemption... 6a Did the foundation, during the year, receive any funds... 6b Did the foundation, during the year, pay premiums... 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? 7b If yes, did the foundation receive any proceeds...

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, foundation managers and their compensation (see page 22 of the instructions).

Table with 5 columns: (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, (e) Expense account, other allowances.

2 Compensation of five highest-paid employees (other than those included on line 1 - see page 23 of the instructions).

If none, enter "NONE."

Table with 5 columns: (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 and deferred compensation, (e) Expense account, other allowances.

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

**Part VIII** Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)

**3** Five highest-paid independent contractors for professional services (see page 23 of the instructions). If none, enter "NONE."

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

**Part IX-A** Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 NA	0
2	
3	
4	

**Part IX-B** Summary of Program-Related Investments (see page 24 of the instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount	
1		
2		
All other program-related investments. See page 24 of the instructions		
Total. Add lines 1 through 3 . . . . .		▶

**Part X Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see page 24 of the instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
a	Average monthly fair market value of securities	1a	3,623,902
b	Average of monthly cash balances	1b	58,432
c	Fair market value of all other assets (see page 25 of the instructions)	1c	3,353
d	<b>Total</b> (add lines 1a, b, and c)	1d	3,685,687
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	3,685,687
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see page 25 of the instructions)	4	55,285
5	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4	5	3,630,402
6	<b>Minimum investment return.</b> Enter 5% of line 5	6	181,520

**Part XI Distributable Amount** (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here  and do not complete this part.)

1	Minimum investment return from Part X, line 6	1	181,520
2a	Tax on investment income for 2010 from Part VI, line 5	2a	2,511
b	Income tax for 2010 (This does not include the tax from Part VI)	2b	
c	Add lines 2a and 2b	2c	2,511
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	179,009
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	179,009
6	Deduction from distributable amount (see page 25 of the instructions)	6	
7	<b>Distributable amount as adjusted.</b> Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	179,009

**Part XII Qualifying Distributions** (see page 25 of the instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
a	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26	1a	207,362
b	Program-related investments - total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	207,362
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b (see page 26 of the instructions)	5	2,511
6	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4	6	204,851

**Note.** The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

**Part XIII. Undistributed Income** (see page 26 of the instructions)

	(a) Corpus	(b) Years prior to 2009	(c) 2009	(d) 2010
1 Distributable amount for 2010 from Part XI, line 7 . . . . .				179,009
2 Undistributed income, if any, as of the end of 2010				
a Enter amount for 2009 only . . . . .				
b Total for prior years _____, _____, _____				
3 Excess distributions carryover, if any, to 2010				
a From 2005 . . . . .				
b From 2006 . . . . .				
c From 2007 . . . . .				
d From 2008 . . . . .			13,611	
e From 2009 . . . . .				
f Total of lines 3a through e . . . . .	13,611			
4 Qualifying distributions for 2010 from Part XII, line 4 ▶ \$ <u>207,362</u>				
a Applied to 2009, but not more than line 2a . . . . .				
b Applied to undistributed income of prior years (Election required - see page 26 of the instructions)				
c Treated as distributions out of corpus (Election required - see page 26 of the instructions) . . . . .				
d Applied to 2010 distributable amount . . . . .				179,009
e Remaining amount distributed out of corpus . . . . .	28,353			
5 Excess distributions carryover applied to 2010 . (If an amount appears in column (d), the same amount must be shown in column (a) )				
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5 .	41,964			
b Prior years' undistributed income Subtract line 4b from line 2b . . . . .				
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed . . . . .				
d Subtract line 6c from line 6b Taxable amount - see page 27 of the instructions . . . . .				
e Undistributed income for 2009 Subtract line 4a from line 2a Taxable amount - see page 27 of the instructions . . . . .				
f Undistributed income for 2010 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2011 . . . . .				0
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see page 27 of the instructions) . . . . .				
8 Excess distributions carryover from 2005 not applied on line 5 or line 7 (see page 27 of the instructions) . . . . .				
9 Excess distributions carryover to 2011. Subtract lines 7 and 8 from line 6a . . . . .	41,964			
10 Analysis of line 9				
a Excess from 2006 . . . . .				
b Excess from 2007 . . . . .				
c Excess from 2008 . . . . .			13,611	
d Excess from 2009 . . . . .				
e Excess from 2010 . . . . .			28,353	

**Part XIV Private Operating Foundations** (see page 27 of the instructions and Part VII-A, question 9)

**1a** If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2010, enter the date of the ruling . . . . . ▶

**b** Check box to indicate whether the foundation is a private operating foundation described in section 4942(j)(3) or 4942(j)(5)  4942(j)(3) or  4942(j)(5)

**2a** Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed . . . . .

	Tax year	Prior 3 years			(e) Total
	(a) 2010	(b) 2009	(c) 2008	(d) 2007	
<b>b</b> 85% of line 2a . . . . .					
<b>c</b> Qualifying distributions from Part XII, line 4 for each year listed . . . . .					
<b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities . . . . .					
<b>e</b> Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c . . . . .					
<b>3</b> Complete 3a, b, or c for the alternative test relied upon					
<b>a</b> "Assets" alternative test - enter					
(1) Value of all assets . . . . .					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i) . . . . .					
<b>b</b> "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed . . . . .					
<b>c</b> "Support" alternative test - enter					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) . . . . .					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii) . . . . .					
(3) Largest amount of support from an exempt organization . . . . .					
(4) Gross investment income . . . . .					

**Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year - see page 28 of the instructions.)**

**1 Information Regarding Foundation Managers:**

**a** List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2) )

NONE,

**b** List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

NONE,

**2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:**

Check here  if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc (see page 28 of the instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d

**a** The name, address, and telephone number of the person to whom applications should be addressed

**b** The form in which applications should be submitted and information and materials they should include

**c** Any submission deadlines:

**d** Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a Paid during the year				
<b>Total</b> .....				<b>3a</b>
b Approved for future payment				
<b>Total</b> .....				<b>3b</b>

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated

Table with 5 main columns: (a) Business code, (b) Amount, (c) Exclusion code, (d) Amount, (e) Related or exempt function income. Rows include: 1 Program service revenue, 2 Membership dues and assessments, 3 Interest on savings and temporary cash investments, 4 Dividends and interest from securities (90,413), 5 Net rental income or (loss) from real estate, 6 Net rental income or (loss) from personal property, 7 Other investment income, 8 Gain or (loss) from sales of assets other than inventory (204,062), 9 Net income or (loss) from special events, 10 Gross profit or (loss) from sales of inventory, 11 Other revenue a LITIGATIO (2,108), 12 Subtotal (296,583), 13 Total (296,583).

(See worksheet in line 13 instructions on page 29 to verify calculations )

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

Table with 2 columns: Line No. (with a downward arrow), and Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes) (See page 29 of the instructions ).



# Depreciation and Amortization (Including Information on Listed Property)

Department of the Treasury  
Internal Revenue Service (99)

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

**2010**  
Attachment  
Sequence No **67**

Name(s) shown on return

Business or activity to which this form relates

Identifying number

**PHYSICIANS AID ASSOCIATION**

**FORM 990 - 1**

**95-1660852**

**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) . . . . .	1	
2	Total cost of section 179 property placed in service (see instructions) . . . . .	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions) . . . . .	3	
4	Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0- . . . . .	4	
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	
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 2009 Form 4562 . . . . .	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions) . . . . .	11	
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 2011 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 depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) . . . . .	14	
15	Property subject to section 168(f)(1) election . . . . .	15	
16	Other depreciation (including ACRS) . . . . .	16	476

**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 2010 . . . . .	17	
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 2010 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						
c 7-year property						
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 2010 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	476
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	

**Federal Supporting Statements**

**2010 PG 01**

Name(s) as shown on return

FEIN

**PHYSICIANS AID ASSOCIATION**

**95-1660852**

**Form 990PF, Part II, Line  
Other Assets Schedule**

Statement #93

**Form 990PF, Part VII-A, Line 10  
Substantial Contributors Schedule**

**PG 01**  
Statement #114

**Name**

**Address**

**BARBARA LEWIN ESTATE**

**DECEASED**

**Form 990PF, Part III, Line 3  
Other Increases Schedule**

**PG 01**  
Statement #115

UNREALIZED SECURITY GAINS	<u>277,556</u>
Total	<u><u>277,556</u></u>

**Form 990PF, Part II, Line 15  
Other Assets Schedule**

**PG 01**  
Statement #120

<b>Description</b>	<b><u>BOY Book</u></b>	<b><u>EOY Book</u></b>	<b><u>FMV</u></b>
OTHER INVESTMENTS	<u>59,136</u>	<u>23,263</u>	<u>23,263</u>
Total	<u><u>59,136</u></u>	<u><u>23,263</u></u>	<u><u>23,263</u></u>

**Federal Supporting Statements**

**2010 PG 01**

Name(s) as shown on return

FEIN

**PHYSICIANS AID ASSOCIATION**

**95-1660852**

**Form 990PF, Part II, Line 10(a)**

Statement #136

**Investments: State and Local Government Obligation Schedule**

<u>Category</u>	<u>Book Value (BOY)</u>	<u>Book Value (EOY)</u>	<u>FMV (EOY)</u>
INVEST: US AND STATE GOV OBLIG	83,046	215,543	215,543
<b>Totals</b>	<u>83,046</u>	<u>215,543</u>	<u>215,543</u>

PG 01

**Form 990PF, Part II, Line 10(b)**

Statement #137

**Investments: Corporate Stock Schedule**

<u>Category</u>	<u>BOY</u>	<u>Book Value</u>	<u>EOY FMV</u>
INVESTMENTS: CORPORATE STOCK	2,592,784	3,289,281	3,289,281
<b>Totals</b>	<u>2,592,784</u>	<u>3,289,281</u>	<u>3,289,281</u>

PG 01

**Form 990PF, Part II, Line 10(c)**

Statement #138

**Investments: Corporate Bond Schedule**

<u>Category</u>	<u>BOY</u>	<u>Book Value</u>	<u>EOY FMV</u>
INVESTMENTS: COPRPORATE BONDS	617,334	466,636	466,636
<b>Totals</b>	<u>617,334</u>	<u>466,636</u>	<u>466,636</u>

# Federal Supporting Statements

2010 PG 01

Your Social Security Number  
95-1660852

Name(s) as shown on return  
PHYSICIANS AID ASSOCIATION

Statement #103

Form 990PF, Part I, Line 23 - Other Expenses Schedule

Description	Revenue and expenses	Net investment	Adjusted net income	Charitable purpose
AUTO	77	0	0	77
BANK CHARGES	189	0	0	189
COMPUTER	5,362	0	0	5,362
FUND RAISING	2,820	0	0	2,820
INTERNET	102	0	0	102
MOVING	320	0	0	320
SUPPLIES	760	0	0	760
OUTSIDE PROFESSIONAL	11,176	0	0	11,176
INSURANCE	3,580	0	0	3,580
POSTAGE	484	0	0	484
TELEPHONE	3,244	0	0	3,244
DUES & SUBSCRIPTIONS	0	0	0	0
ENTERTAINMENT	577	0	0	577
CREDIT CARD	288	0	0	288
CREDIT CARD PROCESSING	211	0	0	211
<b>Totals</b>	<u>29,190</u>	<u>0</u>	<u>0</u>	<u>29,190</u>

PG 01

Statement #106

Form 990PF, Part I, Line 11 - Other Income Schedule

Description	Revenue and expenses	Net investment	Adjusted net income
LITIGATION	2,108	2,108	0
<b>Totals</b>	<u>2,108</u>	<u>2,108</u>	<u>0</u>

# Federal Supporting Statements

2010 PG 01

Your Social Security Number  
95-1660852

Name(s) as shown on return  
PHYSICIANS AID ASSOCIATION

Statement #108

Form 990PF, Part I, Line 16(b) - Accounting Fees Schedule

Description	Revenue and expenses	Net investment	Adjusted net income	Charitable purpose
ACCOUNTING FEES	6,247	0	0	6,247
Totals	<u>6,247</u>	<u>0</u>	<u>0</u>	<u>6,247</u>

PG 01

Statement #109

Form 990PF, Part I, Line 16(c) - Other Professional Fees Schedule

Description	Revenue and expenses	Net investment	Adjusted net income	Charitable purpose
INVESTMENT FEES	45,275	45,275	0	0
Totals	<u>45,275</u>	<u>45,275</u>	<u>0</u>	<u>0</u>

# Federal Supporting Statements

2010 PG 01

Your Social Security Number  
95-1660852

Name(s) as shown on return  
PHYSICIANS AID ASSOCIATION

Statement #110

Form 990PF, Part I, Line 18 - Taxes Schedule

Description	Revenue and expenses	Net investment	Adjusted net income	Charitable purpose
FOREIGN TAXES	166	0	0	0
LICENSES	150	0	0	150
EXCISE TAX	1,343	0	1,343	0
ATTORNEY GENERAL	10	0	0	10
<b>Totals</b>	<u>1,669</u>	<u>166</u>	<u>1,343</u>	<u>160</u>

PG 01

Statement #126

Form 990PF, Part I, Line 19 - Depreciation Schedule

Description	Date Acquired	Cost or Other basis	Prior year Depreciation	Computation Method	Rate	Life	Current Year Depreciation	Net Investment Income	Adjusted Net Income
SCHEDULE ATTACHED		19,872	15,949				476	476	476
<b>Totals</b>		<u>19,872</u>	<u>15,949</u>				<u>476</u>	<u>476</u>	<u>476</u>



**2011 BOARD OF DIRECTORS**  
(Updated 2-4-2011)

**EXECUTIVE COMMITTEE**

**PRESIDENT**

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**Bylaws Committee**  
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USPS. DOCUMENT REVIEW

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**Finance Committee Co-Chair**  
Past President 2001-2005  
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& MEETING NOTIFICATION

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**Nominating Committee**  
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## **General Email Addresses:**

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E: [Sunnie@sunwolffarms.com](mailto:Sunnie@sunwolffarms.com)

## **Confidential Document - 2 Pages**



Bene Receipts Name Addresses and Amts  
January through December 2010

Name	Name Address	Amount
Gilbert Mintz, MD	74-804 Village Center Drive # 5 Indian Wells, CA 92210	1,500.00
Gilbert Mintz, MD	74-804 Village Center Drive # 5 Indian Wells, CA 92210	1,500.00
Gilbert Mintz, MD	74-804 Village Center Drive # 5 Indian Wells, CA 92210	1,500.00
Gilbert Mintz, MD	74-804 Village Center Drive # 5 Indian Wells, CA 92210	1,500.00
<b>Total Mintz</b>		<b>18,815.00</b>
Ognibene		
Charles Ognibene, MD	1545 Windsor Place Palmdale, CA 93551	3,000.00
Charles Ognibene, MD	1545 Windsor Place Palmdale, CA 93551	3,000.00
Charles Ognibene, MD	1545 Windsor Place Palmdale, CA 93551	3,000.00
<b>Total Ognibene</b>		<b>9,000.00</b>
Pineda		
CMS Medicare Insurance	POB 790355 St. Louis, MO 63179-0355	331.50
Luisa M. Pineda, MD	38110 5th St. East Palmdale, CA 93550-2322	1,500.00
<b>Total Pineda</b>		<b>1,831.50</b>
Royer		
Lyle Royer, MD	3435 Ocean Park Blvd Ste 107 Box P Santa Monica, CA	900.00
Lyle Royer, MD	3435 Ocean Park Blvd Ste 107 Box P Santa Monica, CA	1,100.00
Lyle Royer, MD	3435 Ocean Park Blvd Ste 107 Box P Santa Monica, CA	1,100.00
SCIPE Indemnity Co	POB 52721 Phoenix, AZ 85072-2721	2,022.40
Lyle Royer, MD	3435 Ocean Park Blvd Ste 107 Box P Santa Monica, CA	900.00
Lyle Royer, MD	3435 Ocean Park Blvd Ste 107 Box P Santa Monica, CA	1,000.00
SCIPE Indemnity Co.	POB 52721 Phoenix, AZ 85072-2721	2,045.05
Lyle Royer, MD	3435 Ocean Park Blvd Ste 107 Box P Santa Monica, CA	900.00
Lyle Royer, MD	3435 Ocean Park Blvd Ste 107 Box P Santa Monica, CA	900.00
Lyle Royer, MD	3435 Ocean Park Blvd Ste 107 Box P Santa Monica, CA	900.00
Lyle Royer, MD	3435 Ocean Park Blvd Ste 107 Box P Santa Monica, CA	900.00
Lyle Royer, MD	3435 Ocean Park Blvd Ste 107 Box P Santa Monica, CA	900.00
Lyle Royer, MD	3435 Ocean Park Blvd Ste 107 Box P Santa Monica, CA	800.00
Lyle Royer, MD	3435 Ocean Park Blvd Ste 107 Box P Santa Monica, CA	900.00
Lyle Royer, MD	3435 Ocean Park Blvd Ste 107 Box P Santa Monica, CA	900.00
<b>Total Royer</b>		<b>16,167.45</b>
Scott		
Kari Scott, MD	16063 Osborne St. North Hills, CA 91343	2,500.00
Kari Scott, MD	16063 Osborne St North Hills, CA 91343	2,500.00
Kari Scott, MD	16063 Osborne St North Hills, CA 91343	2,500.00
Kari Scott, MD	16063 Osborne St. North Hills, CA 91343	2,500.00
Kari Scott, MD	16063 Osborne St. North Hills, CA 91343	-2,500.00
Kari Scott, MD	16063 Osborne St. North Hills, CA 91343	2,500.00
Kari Scott, MD	16063 Osborne St. North Hills, CA 91343	1,000.00
Kari Scott, MD	16063 Osborne St. North Hills, CA 91343	2,500.00
Kari Scott, MD	16063 Osborne St. North Hills, CA 91343	2,500.00
<b>Total Scott</b>		<b>16,000.00</b>

Bene Receipts Name Addresses and Amts  
January through December 2010

	Name	Name Address	Amount
Steiner	Anton Steiner, MD	9581 Canton Ave. Anaheim, CA 92804	2,600.00
	Anton Steiner, MD	9581 Canton Ave Anaheim, CA 92804	2,600.00
	Anton Steiner, MD	9581 Canton Ave Anaheim, CA 92804	2,600.00
	Anton Steiner, MD	9581 Canton Ave. Anaheim, CA 92804	2,600.00
	Anton Steiner, MD	9581 Canton Ave. Anaheim, CA 92804	2,600.00
	<b>Total Steiner</b>		<b><u>13,000.00</u></b>
	<b>Total 800 - Program Services</b>		<b><u>162,833.95</u></b>
	<b>Total Expense</b>		<b><u>162,833.95</u></b>
	<b>Net Ordinary Income</b>		<b><u>-162,833.95</u></b>
	<b>Net Income</b>		<b><u>-162,833.95</u></b>



7985 Santa Monica Blvd. #109-90  
Los Angeles, CA 90046

March 30, 2011

Re: Contributions 2010

For fiscal year ending 12/31/10, Physicians Aid Association received a net of \$121,669.64 from various sources all in the name of the Barbara Ann Lewin Estate. This was the only contributor in excess of \$5,000.00 received in 2010.

Sincerely,

A handwritten signature in cursive script, appearing to read "Dale Britton", is written over the typed name.

Dale Britton  
Bookkeeper

DPB/s

Important Tax Information Enclosed

**The Northern Trust Company**  
 Benefit Payment Services C5-S  
 50 S. LaSalle St  
 Chicago, Illinois 60603-1003

39392755

PHYSICIANS AID (CHARITY)  
 7985 SANTA MONICA BLVD  
 WEST HOLLYWOOD, CA 90046-5074

As you have requested, your tax form is enclosed. If you have any questions regarding the information printed on this form, please call the number located on the lower left of the form.

Duplicate

PAYER'S name, street address, city, state, and ZIP code <b>The Northern Trust Company</b> 50 South LaSalle St C5S Chicago, Illinois 60603-1003 As Paying Agent For: <b>R87</b> <b>PROVIDENCE HEALTH SYSTEM R87</b> <b>PROVIDENCE HEALTH SYSTEM</b>		1 Gross distribution \$ <b>107440.45</b> 2a Taxable amount \$ <b>97970.06</b>	OMB No. 1545-0119 <b>2010</b> Form <b>1099-R</b>	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
PAYER'S federal identification number <b>36-3046063</b>	RECIPIENT'S identification number <b>951-66-0862</b>	3 Capital gain (included in box 2a) \$ <b>0.00</b>	4 Federal income tax withheld \$ <b>9797.01</b>	Copy 2 File this copy with your state, city, or local income tax return, when required.
RECIPIENT'S name Street address (including apt. no.) City, state, and ZIP code <b>PHYSICIANS AID (CHARITY)</b> <b>7985 SANTA MONICA BLVD</b> <b>WEST HOLLYWOOD, CA 90046-5074</b>		5 Employee contributions / Designated Roth contributions or insurance premiums \$ <b>9470.39</b>	6 Net unrealized appreciation in employer's securities \$ <b>0.00</b>	
		7 Distribution code(s) 4	8 Other \$ <b>0.00</b> %	
		9a Your percentage of total distribution %	9b Total employee contributions \$ <b>0.00</b>	
1st year of desig. Roth contrib.		10 State tax withheld \$ <b>7412.91</b>	11 State/Payer's state no. <b>CA 80220759</b>	12 State distribution \$ <b>97970.06</b>
Account number (see instructions) <b>R87 56570587A</b>		13 Local tax withheld \$ <b>0.00</b>	14 Name of locality	15 Local distribution \$ <b>0.00</b>
1-312-557-9700				

Form 1099-R

Department of the Treasury - Internal Revenue Service