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Form 990-EZ

Department of the Treasury  
Internal Revenue ServiceShort Form  
Return of Organization Exempt From Income Tax

OMB No 1545-1150

2009

Open to Public  
Inspection

► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form  
► The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2009 calendar year, or tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

B Check if applicable

X Address change  
Name change  
Initial return  
Termination  
Amended return  
Application pending

Please use IRS label or print or type  
See Specific Instructions

C Name of organization  
**Lewis-Gale Foundation**

Number and street (or P O box, if mail is not delivered to street address)  
**1902 Braeburn Dr**

Room/suite \_\_\_\_\_

City or town, state or country, and ZIP + 4  
**Salem VA 24153**

D Employer identification number  
**54-6051298**

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

G Accounting method  Cash  Accrual  
Other (specify) ►

I Website: ► [healthfocusswva.org](http://healthfocusswva.org)J Tax-exempt status (check only one) —  501(c) ( 3 ) □ (insert no)  4947(a)(1) or  527

H Check ►  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

K Check ►  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete returnL Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ **443,585**

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

|    |  |            |          |
|----|--|------------|----------|
| 1  | Contributions, gifts, grants, and similar amounts received   | 1          | 233,426  |
| 2  | Program service revenue including government fees and contracts  | 2          | 26,777   |
| 3  | Membership dues and assessments  | 3          |          |
| 4  | Investment income  | 4          | 25,724   |
| 5a | Gross amount from sale of assets other than inventory  | 5a         | 141,794  |
| b  | Less cost or other basis and sales expenses  | 5b         | 176,159  |
| c  | Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)  | See Stmt 1 | -34,365  |
| 6  | Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ► <input type="checkbox"/>      | See Stmt 2 |          |
| a  | Gross revenue (not including \$ _____ of contributions reported on line 1)   | 6a         | 15,864   |
| b  | Less direct expenses other than fundraising expenses   | 6b         | 5,593    |
| c  | Net income or (loss) from special events and activities (Subtract line 6b from line 6a)  | 6c         | 10,271   |
| 7a | Gross sales of inventory, less returns and allowances  | 7a         |          |
| b  | Less cost of goods sold  | 7b         |          |
| c  | Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)   | 7c         |          |
| 8  | Other revenue (describe ► <i>See Statement 4</i> )   | 8          |          |
| 9  | Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8   | 9          | 261,833  |
| 10 | Grants and similar amounts paid (attach schedule)  | 10         | 169,820  |
| 11 | Benefits paid to or for members  | 11         |          |
| 12 | Salaries, other compensation, and employee benefits  | 12         | 114,142  |
| 13 | Professional fees and other payments to independent contractors  | 13         | 9,318    |
| 14 | Occupancy, rent, utilities, and maintenance  | 14         | 50,409   |
| 15 | Printing, publications, postage, and shipping  | 15         | 2,433    |
| 16 | Other expenses (describe ► <i>See Statement 4</i> )  | 16         | 18,704   |
| 17 | Total expenses. Add lines 10 through 16  | 17         | 364,826  |
| 18 | Excess or (deficit) for the year (Subtract line 17 from line 9)  | 18         | -102,993 |
| 19 | Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) | 19         | 776,194  |
| 20 | Other changes in net assets or fund balances (attach explanation)  | 20         | 97,176   |
| 21 | Net assets or fund balances at end of year Combine lines 18 through 20   | 21         | 770,377  |

## Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II.)

|  | (A) Beginning of year | (B) End of year |
|--|-----------------------|-----------------|
| 22 Cash, savings, and investments  | 682,225               | 22 719,027      |
| 23 Land and buildings  |                       | 23              |
| 24 Other assets (describe ► <i>See Statement 6</i> )                           | 172,994               | 24 131,746      |
| 25 Total assets  | 855,219               | 25 850,773      |
| 26 Total liabilities (describe ► <i>See Statement 7</i> )                      | 79,025                | 26 80,396       |
| 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) | 776,194               | 27 770,377      |

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2009)

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**Part III Statement of Program Service Accomplishments (See the instructions for Part III.)**

What is the organization's primary exempt purpose?

See Statement 8

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title

28 Health career scholarships to 203 students in SE US - financially needy students at 23 schools. Awarded funds to 91% of applicants.

Received scholarship endowment fund contributions of \$40,000.  
(Grants \$ 169,820) If this amount includes foreign grants, check here

28a 170, 136

170,136

29 Successful adaptive yoga program for people with multiple sclerosis or other physical limitations. One accompanied by assist dog. Major improvement in mobility and balance as result of class.

(Grants \$  ) If this amount includes foreign grants, check here

29a 3,350

3,350

30 See Statement 9

(Grants \$ ) If this amount includes foreign grants, check here

30a 4,996

4,996

31 Other program services (attach schedule) See Statement 10

31a 130,602

130,602

**32 Total program service expenses (add lines 28a through 31a)**

32 309,084

309,084

**Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated (See the instructions for Part IV.)

| (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 |
|----------------------|--|--|---|--|
| Judith F Hagadorn    | Salem  | President                                  | 0   | 0  |
| 3136 W club Dr       | VA 24153   | 30.00                                      | 0   | 0  |
| See attached list    |  | Officers                                   | 0   | 0  |
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## Part V Other Information (Note the statement requirements in the instructions for Part V.)

33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity 33

34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes 34

35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T

a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements? 35a

b If "Yes," has it filed a tax return on Form 990-T for this year? 35b

36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N 36

37a Enter amount of political expenditures, direct or indirect, as described in the instr 37a ►

b Did the organization file Form 1120-POL for this year? 37b

38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return? 38a

b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b

39 Section 501(c)(7) organizations Enter 39a

a Initiation fees and capital contributions included on line 9 39b

b Gross receipts, included on line 9, for public use of club facilities

40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► , section 4912 ► , section 4955 ►  40b

b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I

c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ►

d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ►

e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T 40e

41 List the states with which a copy of this return is filed ► **VA**42a The organization's books are in care of ► **Lewis-Gale Foundation**Telephone no ► **540-774-4022****1902 Braeburn Dr**Located at ► **Salem, VA**ZIP + 4 ► **24153**

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 U S ?

If "Yes," enter the name of the foreign country ► 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year 43 ► 44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ 44 45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ 45 

Form 990-EZ (2009)

**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51

|     |  | Yes | No |
|-----|--|-----|----|
| 46  | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I   | 46  | X  |
| 47  | Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II   | 47  | X  |
| 48  | Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E   | 48  | X  |
| 49a | Did the organization make any transfers to an exempt non-charitable related organization?  | 49a | X  |
| b   | If "Yes," was the related organization a section 527 organization?   | 49b |    |
| 50  | Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None" |     |    |

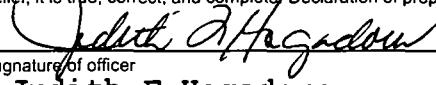
|      | (a) Name and address of each employee paid more than \$100,000 | (b) Title and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans & deferred compensation | (e) Expense account and other allowances |
|------|--|--|------------------|---|--|
| None |  |  |                  |   |  |
|      |  |  |                  |   |  |
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f Total number of other employees paid over \$100,000 ► \_\_\_\_\_

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

|      | (a) Name and address of each independent contractor paid more than \$100,000 | (b) Type of service | (c) Compensation |
|------|--|---------------------|------------------|
| None |  |                     |                  |
|      |  |                     |                  |
|      |  |                     |                  |
|      |  |                     |                  |
|      |  |                     |                  |

d Total number of other independent contractors each receiving over \$100,000 ► \_\_\_\_\_

|                                 |   |  |   |
|---------------------------------|---|--|---|
| <b>Sign Here</b>                | 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<br><br>Signature of officer<br><b>Judith F Hagadorn</b><br>Type or print name and title |  |   |
|                                 |   | Date<br><b>08/16/10</b>  | Check if self-employed ► <input type="checkbox"/> |
| <b>Paid Preparer's Use Only</b> | Preparer's signature ►<br><br>Firm's name (or yours if self-employed), address, and ZIP + 4 ►   | Preparer's Identifying Number (See instr)<br><br><input type="checkbox"/> EIN ►<br><input type="checkbox"/> Phone no ► |   |

May the IRS discuss this return with the preparer shown above? See instructions

►  Yes  No

Form 990-EZ (2009)

**SCHEDULE A**  
(Form 990 or 990-EZ)
Department of the Treasury  
Internal Revenue Service
**Public Charity Status and Public Support**

OMB No 1545-0047

**2009**Open to Public  
Inspection

Name of the organization

**Lewis-Gale Foundation**Employer identification number  
**54-6051298**
**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1  A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).  
 2  A school described in section 170(b)(1)(A)(ii). (Attach Schedule E )  
 3  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).  
 4  A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state  
 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II )  
 6  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).  
 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II )  
 8  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II )  
 9  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 exempt 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). (Complete Part III )  
 10  An organization organized and operated exclusively to test for public safety See section 509(a)(4).  
 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h  
 a  Type I      b  Type II      c  Type III—Functionally integrated      d  Type III—Other  
 e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)  
 f  If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box  
 g  Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  
 (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?  
 (ii) A family member of a person described in (i) above?  
 (iii) A 35% controlled entity of a person described in (i) or (ii) above?  
 h Provide the following information about the supported organization(s)

|          | Yes | No |
|----------|-----|----|
| 11g(i)   |     |    |
| 11g(ii)  |     |    |
| 11g(iii) |     |    |

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) | (iv) Is the organization in col (i) listed in your governing document? | (v) Did you notify the organization in col (i) of your support? |    | (vi) Is the organization in col (i) organized in the U S ? |    | (vii) Amount of support |
|------------------------------------|----------|---|--|---|----|--|----|-------------------------|
|                                    |          |   |  | Yes   | No | Yes  | No |                         |
|                                    |          |   |  |   |    |  |    |                         |
|                                    |          |   |  |   |    |  |    |                         |
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| <b>Total</b>                       |          |   |  |   |    |  |    |                         |

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**  
 (Complete only if you checked the box on line 9 of Part I.)
**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ►  | (a) 2005       | (b) 2006       | (c) 2007       | (d) 2008       | (e) 2009       | (f) Total        |
|--|----------------|----------------|----------------|----------------|----------------|------------------|
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")   | 180,503        | 198,244        | 184,092        | 168,785        | 163,387        | 895,011          |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | 58,533         | 55,626         | 109,133        | 39,005         | 26,724         | 289,021          |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513   |                |                |                |                | 1,025          | 1,025            |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  |                |                |                |                |                |                  |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge  |                |                |                |                |                |                  |
| <b>6 Total.</b> Add lines 1 through 5  | <b>239,036</b> | <b>253,870</b> | <b>293,225</b> | <b>207,790</b> | <b>191,136</b> | <b>1,185,057</b> |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons   | 11,000         | 15,567         | 11,555         | 12,449         | 10,485         | 61,056           |
| <b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year    |                |                |                |                |                |                  |
| <b>c</b> Add lines 7a and 7b   | <b>11,000</b>  | <b>15,567</b>  | <b>11,555</b>  | <b>12,449</b>  | <b>10,485</b>  | <b>61,056</b>    |
| <b>8 Public support</b> (Subtract line 7c from line 6 )  |                |                |                |                |                | <b>1,124,001</b> |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ►   | (a) 2005       | (b) 2006       | (c) 2007       | (d) 2008       | (e) 2009       | (f) Total        |
|---|----------------|----------------|----------------|----------------|----------------|------------------|
| 9 Amounts from line 6   | 239,036        | 253,870        | 293,225        | 207,790        | 191,136        | 1,185,057        |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  | 35,156         | 48,703         | 57,675         | 35,525         | 25,724         | 202,783          |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  |                |                |                |                |                |                  |
| <b>c</b> Add lines 10a and 10b  | <b>35,156</b>  | <b>48,703</b>  | <b>57,675</b>  | <b>35,525</b>  | <b>25,724</b>  | <b>202,783</b>   |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  |                |                |                |                | 6,162          | 6,162            |
| 12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )   |                |                |                |                |                |                  |
| <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12 )  | <b>274,192</b> | <b>302,573</b> | <b>350,900</b> | <b>243,315</b> | <b>223,022</b> | <b>1,394,002</b> |
| <b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► |                |                |                |                |                |                  |

**Section C. Computation of Public Support Percentage**

|   |    |         |
|---|----|---------|
| 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) | 15 | 80.63 % |
| 16 Public support percentage from 2008 Schedule A, Part III, line 15                      | 16 | 80.53 % |

**Section D. Computation of Investment Income Percentage**

|  |    |      |
|--|----|------|
| 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))   | 17 | 15 % |
| 18 Investment income percentage from 2008 Schedule A, Part III, line 17  | 18 | 15 % |
| 19a 33 1/3 % support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization ► <input checked="" type="checkbox"/>     |    |      |
| <b>b</b> 33 1/3 % support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/> |    |      |
| <b>20 Private foundation</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>   |    |      |

**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

|   | (a) Event #1<br><br><b>Distance run</b><br>(event type) | (b) Event #2<br><br>(event type) | (c) Other events<br><br><b>None</b><br>(total number) | (d) Total events<br>(add col (a) through col (c)) |
|---|---|----------------------------------|---|---|
| Revenue   |   |                                  |   |   |
| 1 Gross receipts  | <b>9,954</b>  |                                  |   | <b>9,954</b>                                      |
| 2 Less Charitable contributions                               |   |                                  |   |   |
| 3 Gross revenue (line 1 minus line 2)                         | <b>9,954</b>  |                                  |   | <b>9,954</b>                                      |
| Direct Expenses   |   |                                  |   |   |
| 4 Cash prizes   |   |                                  |   |   |
| 5 Noncash prizes  |   |                                  |   |   |
| 6 Rent/facility costs   |   |                                  |   |   |
| 7 Food and beverages  |   |                                  |   |   |
| 8 Entertainment   |   |                                  |   |   |
| 9 Other direct expenses                                       | <b>3,488</b>  |                                  |   | <b>3,488</b>                                      |
| 10 Direct expense summary Add lines 4 through 9 in column (d) |   |                                  |   | <b>3,488</b>                                      |
| 11 Net income summary Combine line 3, column (d), and line 10 |   |                                  |   | <b>6,466</b>                                      |

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

|  | (a) Bingo  | (b) Pull tabs/instant bingo/progressive bingo                            | (c) Other gaming   | (d) Total gaming (Add col (a) through col (c)) |
|--|--|--|--|--|
| Revenue  |  |  |  |  |
| 1 Gross revenue  |  |  |  |  |
| Direct Expenses  |  |  |  |  |
| 2 Cash prizes  |  |  |  |  |
| 3 Noncash prizes   |  |  |  |  |
| 4 Rent/facility costs  |  |  |  |  |
| 5 Other direct expenses  |  |  |  |  |
| 6 Volunteer labor  | <input type="checkbox"/> Yes %<br><input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes %<br><input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes %<br><input checked="" type="checkbox"/> No |  |
| 7 Direct expense summary Add lines 2 through 5 in column (d)     |  |  |  |  |
| 8 Net gaming income summary Combine line 1, column d, and line 7 |  |  |  |  |

9 Enter the state(s) in which the organization operates gaming activities

a Is the organization licensed to operate gaming activities in each of these states?  
b If "No," Explain

|     | Yes | No                                  |
|-----|-----|-------------------------------------|
| 9a  |     | <input checked="" type="checkbox"/> |
| 10a |     | <input checked="" type="checkbox"/> |
| 11  |     | <input checked="" type="checkbox"/> |
| 12  |     | <input checked="" type="checkbox"/> |

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If "Yes," Explain

11 Does the organization operate gaming activities with nonmembers?

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

13 Indicate the percentage of gaming activity operated in

- a The organization's facility
- b An outside facility

|     | Yes | No |
|-----|-----|----|
| 13a | %   |    |
| 13b | %   |    |

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name ► Lewis-Gale Foundation  
1902 Braeburn Dr

d/b/a Health Focus of SWVA

Address ► Salem

VA 24153

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?

- b If "Yes," enter the amount of gaming revenue received by the organization ► \$ amount of gaming revenue retained by the third party ► \$
- c If "Yes," enter name and address of the third party

Name ►

Address ►

16 Gaming manager information

Name ►

Gaming manager compensation ► \$

Description of services provided ►

Director/officer       Employee       Independent contractor

17 Mandatory distributions

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?
- b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$

15a

X

17a

X

Form **4562**Department of the Treasury  
Internal Revenue Service  
(99)**Depreciation and Amortization**  
**(Including Information on Listed Property)**

OMB No 1545-0172

**2009**Attachment  
Sequence No **67**

Name(s) shown on return

**Lewis-Gale Foundation**Identifying number  
**54-6051298**

Business or activity to which this form relates

**Indirect Depreciation****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                            | <b>250,000</b>   |
| 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                            | <b>800,000</b>   |
| 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 2008 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 2010 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 instr.)**

|    |   |    |              |
|----|---|----|--------------|
| 14 | Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) | 14 | <b>163</b>   |
| 15 | Property subject to section 168(f)(1) election  | 15 |              |
| 16 | Other depreciation (including ACRS)   | 16 | <b>1,180</b> |

**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 2009  | 17 | <b>6,272</b>             |
| 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 2009 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                |                                      | 100  | 5.0                 | MQ             | 200DB      | 5                          |
| c   | 7-year property                |                                      | 63   | 7.0                 | MQ             | 200DB      | 2                          |
| 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        |                            |
| i   | Nonresidential real property   |                                      |  | 27 5 yrs            | MM             | S/L        |                            |
|     |                                |                                      |  | 39 yrs              | MM             | S/L        |                            |
|     |                                |                                      |  |                     | MM             | S/L        |                            |

**Section C—Assets Placed in Service During 2009 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 | <b>7,622</b> |
| 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 |              |

For Paperwork Reduction Act Notice, see separate instructions.

DAA

There are no amounts for Page 2

Form **4562** (2009)

546051298 Lewis-Gale Foundation  
54-6051298  
FYE: 12/31/2009

## Federal Statements

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### Statement 1 - Form 990-EZ, Part I, Line 5c - Sale of Assets Other than Inventory - Securities

| <u>How Received</u>          | <u>Whom Sold</u> | <u>Date Acquired</u> | <u>Date Sold</u> | <u>Sale Price</u> | <u>Cost &amp; Expense</u> | <u>Depreciation</u> | <u>Gain / Loss</u> |
|------------------------------|------------------|----------------------|------------------|-------------------|---------------------------|---------------------|--------------------|
| Sovereign Bank CD            |                  | 9/03/08              | 9/11/09          | \$ 25,000         | \$ 25,000                 |                     | \$ -43             |
| Donation                     |                  | 9/07/05              | 1/16/09          | 14,961            | 15,004                    |                     | -6                 |
| Merrill Lynch Notes          |                  | 9/07/05              | 2/17/09          | 20,000            | 20,006                    |                     |                    |
| Donation                     |                  | 9/07/05              | 6/16/09          | 15,150            | 14,891                    |                     | 259                |
| Merrill Lynch Notes          |                  | 9/07/05              | 8/31/09          | 10,076            | 9,927                     |                     | 149                |
| Natural Utilities Bond       |                  | 9/07/05              | 9/16/09          | 10,257            | 9,927                     |                     | 330                |
| Donation                     |                  | 12/24/07             | 10/13/09         | 20,004            | 17,236                    |                     | 2,768              |
| Natural Utilities Bond       |                  | 12/24/07             | 5/03/07          | 20,066            | 15,158                    |                     | 4,908              |
| 191 SPDR Trust S&P 500       |                  |                      |                  | \$ 135,514        | \$ 127,149                |                     |                    |
| Donation                     |                  |                      |                  |                   |                           |                     |                    |
| 469 Vanguard All World Index |                  |                      |                  |                   |                           |                     |                    |
| Donation                     |                  |                      |                  |                   |                           |                     |                    |
| Total                        |                  |                      |                  |                   |                           |                     | \$ 8,365           |

### Statement 2 - Form 990-EZ, Part I, Line 5c - Sale of Assets Other than Inventory - Other

| <u>How Received</u>     | <u>Whom Sold</u> | <u>Date Acquired</u> | <u>Date Sold</u> | <u>Sale Price</u> | <u>Cost &amp; Expense</u> | <u>Depreciation</u> | <u>Gain / Loss</u> |
|-------------------------|------------------|----------------------|------------------|-------------------|---------------------------|---------------------|--------------------|
| Leasehold Improvements  |                  | 10/31/03             | 11/30/09         | \$ 50,192         | \$ 7,301                  |                     | \$ -42,891         |
| Purchase                |                  |                      |                  |                   |                           |                     |                    |
| Banner Printer          |                  | 8/22/06              | 11/30/09         | 8,000             | 6,157                     |                     | -1,843             |
| Purchase                |                  |                      |                  |                   |                           |                     |                    |
| Mac Computer - graphics |                  | 12/05/06             | 11/30/09         | 750               | 577                       |                     | -173               |
| Purchase                |                  |                      |                  |                   |                           |                     |                    |
| Audio Visual Equipment  |                  | 2/05/03              | 11/30/09         | 5,073             | 5,035                     |                     | -38                |
| Purchase                |                  |                      |                  |                   |                           |                     |                    |

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## Federal Statements

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### Statement 2 - Form 990-EZ, Part I, Line 5c - Sale of Assets Other than Inventory - Other (continued)

| <u>How Received</u>            | <u>Description</u> | <u>Whom Sold</u> | <u>Date Acquired</u> | <u>Date Sold</u> | <u>Sale Price</u> | <u>Cost &amp; Expense</u> | <u>Depreciation</u> | <u>Gain / Loss</u> |
|--------------------------------|--------------------|------------------|----------------------|------------------|-------------------|---------------------------|---------------------|--------------------|
| Furniture & Equipment Purchase |                    |                  | 10/25/02             | 11/30/09         | \$ 6,280          | \$ 91,235                 | \$ 91,235           | \$ 6,280           |
| HP Printer Purchase            |                    |                  | 6/01/07              | 11/30/09         |                   | 261                       | 124                 | -137               |
| Refrigerator Purchase          |                    |                  | 10/15/07             | 11/30/09         |                   | 449                       | 213                 | -236               |
| Furn & Equip Purchase          |                    |                  | 10/25/02             | 11/30/09         |                   | 35,768                    | 35,768              |                    |
| Furn & Equipment Purchase      |                    |                  | 10/25/02             | 11/30/09         | \$ 6,280          | \$ 3,827                  | \$ 135              | -3,692             |
| Total                          |                    |                  |                      |                  | \$ 6,280          | \$ 195,555                | \$ 146,545          | \$ -42,730         |

### Statement 3 - Form 990-EZ, Part I, Line 10 - Grants and Similar Amounts Paid to Organizations

| <u>Name and Address</u>       | <u>Class of Activity</u> | <u>Date of Gift</u> | <u>Description of Property</u> | <u>Cash Contribution</u> | <u>Noncash Contribution</u> | <u>Book Value</u> | <u>Book Value Explanation</u> | <u>FMV Explanation</u> |
|-------------------------------|--------------------------|---------------------|--------------------------------|--------------------------|-----------------------------|-------------------|-------------------------------|------------------------|
| Danville Regional Medical Ctr |                          |                     |                                |                          |                             | 12,850            |                               |                        |
| Danville, VA 24541            |                          |                     |                                |                          |                             |                   |                               |                        |
| 142 S Main St                 |                          |                     |                                |                          |                             |                   |                               |                        |
| Edward Via Sch Osteopathy     |                          |                     |                                |                          |                             |                   |                               |                        |
| 2265 Kraft Dr                 |                          |                     |                                |                          |                             |                   |                               |                        |
| Blacksburg, VA 24060          |                          |                     |                                |                          |                             |                   |                               |                        |
|                               |                          |                     |                                |                          |                             | 67,700            |                               |                        |

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**Federal Statements**

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**Statement 3 - Form 990-EZ, Part I, Line 10 - Grants and Similar Amounts Paid to  
Organizations (continued)**

| Name and Address   | Date of Gift | Description of Property | Class of Activity | Cash Contribution | Noncash Contribution | Book Value | Book Value Explanation | FMV Explanation |
|--|--------------|-------------------------|-------------------|-------------------|----------------------|------------|------------------------|-----------------|
| Jefferson C1ge Hlth Sciences<br>P O Box 13186<br>Roanoke, VA 24031 |              |                         |                   |                   |                      | 17,175     |                        |                 |
| Southwest VA Com Clge<br>369 College Rd<br>Richlands, VA 24641     |              |                         |                   |                   |                      | 10,175     |                        |                 |
| University of Appalachia<br>1060 Dragon Rd<br>Oakwood, VA 24631    |              |                         |                   |                   |                      | 17,395     |                        |                 |
| Va Comwlth Un<br>P O Box 980565<br>Richmond, VA 23298              |              |                         |                   |                   |                      | 8,750      |                        |                 |
| VA West Com Clge<br>P O Box 14007<br>Roanoke, VA 24038             |              |                         |                   |                   |                      | 8,100      |                        |                 |

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## Federal Statements

### Statement 3 - Form 990-EZ, Part I, Line 10 - Grants and Similar Amounts Paid to Organizations (continued)

| Name and Address             | Date of Gift | Description of Property | Class of Activity | Cash Contribution | Noncash Contribution | Book Value     | Book Value Explanation | FMV Explanation |
|------------------------------|--------------|-------------------------|-------------------|-------------------|----------------------|----------------|------------------------|-----------------|
| Shenandoah University        |              |                         |                   |                   |                      |                |                        |                 |
| P O Box 567                  |              |                         |                   |                   |                      |                |                        |                 |
| Buies Creek, VA 22601        |              |                         |                   |                   |                      |                |                        |                 |
| 20 other schools - awards of |              |                         |                   |                   |                      |                |                        |                 |
| 1902 Braeburn Dr             |              |                         |                   |                   |                      |                |                        |                 |
| Salem, VA 24153              |              |                         |                   |                   |                      |                |                        |                 |
| Total                        |              |                         |                   |                   |                      |                |                        |                 |
|                              |              |                         |                   |                   |                      | <u>169,820</u> |                        |                 |

## Federal Statements

### Statement 4 - Form 990-EZ, Part I, Line 16 - Other Expenses

| Description               | Amount           |
|---------------------------|------------------|
| Raffle, other minor funds |                  |
| Supplies                  | \$ 269           |
| Expenses                  |                  |
| Office                    | 1,363            |
| Information Technology    | 2,464            |
| Conferences/Meetings      | 167              |
| Insurance                 | 1,511            |
| Fund raising expenses dir | 1,053            |
| Dues and subscriptions    | 65               |
| Health screening expenses | 1,733            |
| Direct medical ed pgm exp | 2,749            |
| Volunteer expenses        | 74               |
| Equip repairs & maint     | 459              |
| CPR course expenses       | 2,247            |
| Sports physicals          | 1,044            |
| Exercise class expenses   | 3,350            |
| Scholarship expenses      | 58               |
| Miscellaneous             | 98               |
| Total                     | \$ <u>18,704</u> |

### Statement 5 - Form 990-EZ, Part I, Line 20 - Other Changes in Net Assets or Fund Balances

| Description                    | Amount           |
|--------------------------------|------------------|
| Unrealized gain on investments | \$ 97,176        |
| Total                          | \$ <u>97,176</u> |

### Statement 6 - Form 990-EZ, Part II, Line 24 - Other Assets

| Description                         | Beginning<br>of Year | End of<br>Year |
|-------------------------------------|----------------------|----------------|
| Pledges Receivable                  | \$ 4,802             | \$ 5,288       |
| Inventories for Sale or Use         | 423                  | 423            |
| Leashld imp, equip, furn, art work  | 287,340              | 98,547         |
| Less Accumulated Depreciation       | 206,408              | 74,136         |
| Cash surrender value life insurance | 34,257               | 34,953         |
| Accrued interest receivable         | 1,497                | 727            |
| CD's                                | 50,325               | 65,809         |
| Misc receivables                    | 758                  | 135            |
|                                     | <u>172,994</u>       | <u>131,746</u> |

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## Federal Statements

### Statement 7 - Form 990-EZ, Part II, Line 26 - Total Liabilities

| Description                           | Beginning<br>of Year | End of<br>Year |
|---------------------------------------|----------------------|----------------|
| Accounts Payable and Accrued Expenses | \$ 540               | \$ 307         |
| Grants Payable                        | 72,513               | 72,700         |
| Accrued taxes pay - payroll           | 2,303                | 2,787          |
| Vacation pay payable                  | 3,080                | 3,842          |
| Other                                 | 589                  | 760            |
|                                       | <u>79,025</u>        | <u>80,396</u>  |

## Federal Statements

### Statement 8 - Form 990-EZ, Part III - Organization's Primary Exempt Purpose

#### Description

Medical education and preventive medicine for healthcare professionals and the community, display of medical artifacts.

### Statement 9 - Form 990-EZ, Part III, Line 30 - Statement of Program Service Accomplishments

#### Description

CPR classes for health professionals classes per month plus training public and businesses on automatic external defibrillator, certification of 78 students. Developed continuing medical education program format arranging for grant and about 16 programs for physicians for 2010. Some programs for staff of 5 hospitals. Current year provided 4 programs.

### Statement 10 - Form 990-EZ, Part III, Line 31 - Statement of Program Service Accomplishments

#### Description

Health screenings for over 200 people/yr and school sports physicals open to public 280 people in one day for a 13 station complete physical.

Serve over 15,500 people per year - scholarships, screenings in house, community events, businesses, CPR classes all levels, yoga, Multiple Sclerosis yoga, aerobics 4/wk, rooms for medical meetings and training av 5/wk, volunteers for all programs & events, educational materials, work with trainably mentally handicapped in schools, physician continuing education lectures - 4/yr weekly support groups 10 with average 200 people per wk, community health lectures.

LEWIS-GALE FOUNDATION 54-6051298  
 d/b/a HEALTH FOCUS OF SOUTHWEST VIRGINIA

Board of Directors

As of August 15, 2010

Form 990-EZ Organization Exempt From Income Tax

| Name                        | Title           | Address                | City/St/Zip      | No Hrs/Wk |
|-----------------------------|-----------------|------------------------|------------------|-----------|
| Victor H. Bell, M.D.        |                 | 237 Hawthorn Rd        | Salem VA 24153   | 0.25      |
| W Stewart Bruce J.          | Secretary       | 512 Academy St         | Salem VA 24153   | 1         |
| Bonnie L Culkin, M.D.       |                 | 5941 Buckland Mill Rd  | Roanoke VA 24019 | 0.25      |
| Peter F Dawyot              | 2nd V President | 3128 Links Manor Dr    | Salem VA 24153   | 1         |
| Judith F Hagadorn           | President       | 3136 W Club Dr         | Salem VA 24153   | 30        |
| F Staley Hester, Jr         | Treasurer       | 9112 Douglas Ct        | Salem VA 24153   | 8         |
| Hefty T. Hoyt               |                 | 538 N Market St        | Salem VA 24153   | 0.25      |
| Mark E. Johnson             |                 | 1105 Debra Ln          | Salem VA 24153   | 0.25      |
| Alton L. Knighton           |                 | 2815 S Jefferson St    | Roanoke VA 24014 | 0.25      |
| Paula Mitchell, P.T.        |                 | 2320 Mt Vernon Rd      | Roanoke VA 24015 | 0.25      |
| Warren L. Moorman           |                 | 614 Highfield Rd       | Salem VA 24153   | 0.25      |
| E. Blackford Noland         |                 | 2632 Richelieu Ave SW  | Roanoke VA 24014 | 0.25      |
| Sydney H. Nordt             | Chairman        | 1569 Dunrovin Ln       | Salem VA 24153   | 3         |
| Melinda Payne               |                 | 722 Paragon Ave        | Salem VA 24153   | 0.25      |
| Douglas R. Southard         |                 | 4684 Carvins Cove Rd   | Salem VA 24153   | 0.25      |
| Cathie M. Thomas            |                 | 2151 Morgans Church Rd | Moneta VA 24121  | 0.25      |
| Joseph C. Thomas, Sr.       |                 | 1722 Sawgrass Rd       | Salem VA 24153   | 0.25      |
| G. Robert Vaughan, Jr.      |                 | 147 Boguey Ln          | Salem VA 24153   | 0.25      |
| Caroline A. Wallace, D.D.S. |                 | 808 Pendleton Dr       | Salem VA 24153   | 0.25      |
| Paul F White                | 1st V President | 920 Saddle Dr          | Salem VA 24153   | 2         |