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Form **990-EZ**Department of the Treasury
Internal Revenue Service**Short Form**
Return of Organization Exempt From Income TaxUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

- 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.

OMB No 1545-1150

2009**Open to Public Inspection**

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

B Check if applicable: ☒ Address change, ☐ Name change, ☐ Initial return, ☐ Termination, ☐ Amended return, ☐ Application pending.

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

D Employer identification number: **54-6051298**

E Telephone number: **540-444-2925**

F Group Exemption Number: **►**

G Accounting method: ☐ Cash, ☒ Accrual. Other (specify) **►**

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

I Website: **healthfocusswva.org**

J Tax-exempt status (check only one) — ☒ 501(c) (**3**) (insert no) ☐ 4947(a)(1) or ☐ 527

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 return.

L 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.)

Revenue	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)	5c	-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 ► _____)	8	
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	261,833
Expenses	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 ► See Statement 4)	16	18,704
	17 Total expenses. Add lines 10 through 16	17	364,826
Net Assets	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) See Statement 5	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.)

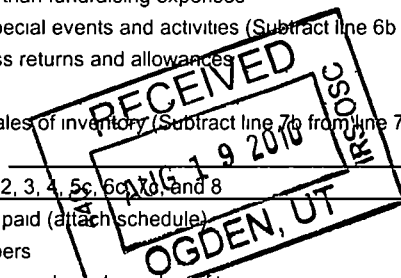
	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	682,225	719,027
23 Land and buildings		
24 Other assets (describe ► See Statement 6)	172,994	131,746
25 Total assets	855,219	850,773
26 Total liabilities (describe ► See Statement 7)	79,025	80,396
27 Net assets or fund balances (line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

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

Form 990-EZ (2009)

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Part V Other Information (Note the statement requirements in the instructions for Part V.)

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33	X
34 Were any changes made to the organizing or governing documents? If "Yes," attached a conformed copy of the changes	34	X
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	X
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	X
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	X
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	X
b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b		
39 Section 501(c)(7) organizations Enter		
a Initiation fees and capital contributions included on line 9 39a		
b Gross receipts, included on line 9, for public use of club facilities 39b		
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 40a , section 4912 40a , section 4955 40a		
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 40b		X
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 40c		
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization 40d		
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		X
41 List the states with which a copy of this return is filed 41 VA		
42a The organization's books are in care of 42a Lewis-Gale Foundation Telephone no 42a 540-774-4022 1902 Braeburn Dr Located at 42a Salem, VA ZIP + 4 42a 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)? 42b If "Yes," enter the name of the foreign country 42b See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		X
c At any time during the calendar year, did the organization maintain an office outside of the U S ? 42c If "Yes," enter the name of the foreign country 42c		X
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here 43 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		X
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		X

Form 990-EZ (2009)

Lewis-Gale Foundation

54-6051298

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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		<input checked="" type="checkbox"/>
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		<input checked="" type="checkbox"/>
48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		<input checked="" type="checkbox"/>
49a Did the organization make any transfers to an exempt non-charitable related organization?		<input checked="" type="checkbox"/>
b If "Yes," was the related organization a section 527 organization?		

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"

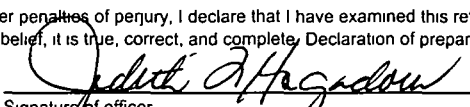





(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
None				

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 ▶

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
	 Signature of officer Judith F Hagadorn Type or print name and title		Date 8/16/10 President	
Paid Preparer's Use Only	Preparer's signature 	Date 08/16/10	Check if self-employed <input type="checkbox"/>	Preparer's Identifying Number (See instr.)
	Firm's name (or yours if self-employed), address, and ZIP + 4 	EIN 		
	Phone 			no 

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

☐ Yes ☐ No

Form 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						
6 Total. Add lines 1 through 5	239,036	253,870	293,225	207,790	191,136	1,185,057
7a 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 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						
c Add lines 7a and 7b	11,000	15,567	11,555	12,449	10,485	61,056
8 Public support (Subtract line 7c from line 6)						1,124,001

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 Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	35,156	48,703	57,675	35,525	25,724	202,783
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.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	274,192	302,573	350,900	243,315	223,022	1,394,002
14 First five years. 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 <input type="checkbox"/>						

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 ☒

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 ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

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

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 checked="" type="checkbox"/> Yes % <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes % <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes % <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

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?

	Yes	No
9a		X
10a		X
11		X
12		X

13 Indicate the percentage of gaming activity operated in**a** The organization's facility**b** An outside facility

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?**15a****X**

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ and the
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?

17a**X**

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 ► \$

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

OMB No 1545-0172

2009Attachment
Sequence No **67**

▶ See separate instructions.

▶ Attach to your tax return.

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	250,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	800,000
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	163
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	1,180

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	6,272
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	
			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 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	7,622
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.

Form **4562** (2009)

DAA

There are no amounts for Page 2

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

Description		How Received	Whom Sold	Date Acquired	Date Sold	Sale Price	Cost & Expense	Depreciation	Gain / Loss
Sovereign Bank CD Donation				9/03/08	9/11/09	\$ 25,000	\$ 25,000	\$	
Merrill Lynch Notes Donation				9/07/05	1/16/09	14,961	15,004		-43
Merrill Lynch Notes Donation				9/07/05	2/17/09	20,000	20,006		-6
Natural Utilities Bond Donation				9/07/05	6/16/09	15,150	14,891		259
Natural Utilities Bond Donation				9/07/05	8/31/09	10,076	9,927		149
Natural Utilities Bond Donation				9/07/05	9/16/09	10,257	9,927		330
191 SPDR Trust S&P 500 Donation				12/24/07	10/13/09	20,004	17,236		2,768
469 Vanguard All World Index Donation				12/24/07	5/03/07	20,066	15,158		4,908
Total						<u>\$ 135,514</u>	<u>\$ 127,149</u>	<u>\$ 0</u>	<u>\$ 8,365</u>

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

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

Federal Statements

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

Description		How Received	Whom Sold	Date Acquired	Date Sold	Sale Price	Cost & Expense	Depreciation	Gain / Loss
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		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

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

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

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		Noncash Contribution	Book Value	Book Value Explanation	FMV Explanation
			Cash Contribution					
Jefferson Clge Hlth Sciences P O Box 13186 Roanoke, VA 24031			17,175					
Southwest VA Com Clge 369 College Rd Richlands, VA 24641			10,175					
University of Appalachia 1060 Dragon Rd Oakwood, VA 24631			17,395					
Va Comwlth Un P O Box 980565 Richmond, VA 23298			8,750					
VA West Com Clge P O Box 14007 Roanoke, VA 24038			8,100					

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		Noncash Contribution	Book Value	Book Value Explanation	FMV Explanation
			Cash Contribution					
Shenandoah University P O Box 567 Bues Creek, VA 22601			6,750					
20 other schools - awards of 1902 Braeburn Dr Salem, VA 24153			20,925					
Total			169,820					

Federal Statements**Statement 4 - Form 990-EZ, Part I, Line 16 - Other Expenses**

<u>Description</u>	<u>Amount</u>
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

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

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

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
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>

Federal Statements**Statement 7 - Form 990-EZ, Part II, Line 26 - Total Liabilities**

Description	Beginning of Year	End of 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 trainable 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	912 Douglas Ct	Salem VA 24153	8
Hetty 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 Bogey 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