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Form 990-EZ

## Short Form

## Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)

- 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.

2009

Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service

A For the 2009 calendar year, or tax year beginning 07-01-2009, and ending 06-30-2010

B Check if applicable

- Address change
- Name change
- Initial return
- Terminated
- Amended return
- Application pending

Please use IRS label or print or type.  
See Specific Instructions.

C Name of organization WYOMING MEDICAL CENTER AUXILIARY	D Employer identification number 83-0240406
Number and street (or P O box, if mail is not delivered to street address) 1233 EAST 2ND STREET	E Telephone number (307) 577-4355
City or town, state or country, and ZIP + 4 CASPER, WY 826012926	F Group Exemption Number ►

\* 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: ► N/A

J Tax-Exempt status (check only one)  501(c) (4) (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 ► \$ 148,582

## 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	845
2	Program service revenue including government fees and contracts	2	
3	Membership dues and assessments	3	290
4	Investment income	4	227
5a	Gross amount from sale of assets other than inventory	5a	
b	Less cost or other basis and sales expenses	5b	
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ►	6c	1,883
a	Gross revenue (not including \$ of contributions reported on line 1)	6a	6,400
b	Less direct expenses other than fundraising expenses	6b	4,517
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	7c	47,813
7a	Gross sales of inventory, less returns and allowances	7a	140,820
b	Less cost of goods sold	7b	93,007
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		
8	Other revenue (describe ►)	8	
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	51,058
10	Grants and similar amounts paid (attach schedule) ►	10	27,661
11	Benefits paid to or for members	11	
12	Salaries, other compensation, and employee benefits	12	45,800
13	Professional fees and other payments to independent contractors	13	1,340
14	Occupancy, rent, utilities, and maintenance	14	
15	Printing, publications, postage, and shipping	15	
16	Other expenses (describe ►)	16	3,714
17	<b>Total expenses.</b> Add lines 10 through 16	17	78,515
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-27,457
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	111,072
20	Other changes in net assets or fund balances (attach explanation)	20	
21	Net assets or fund balances at end of year Combine lines 18 through 20	21	83,615

## 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	82,509	22
23 Land and buildings		23
24 Other assets (describe ►)	28,563	24
25 <b>Total assets</b>	111,072	25
26 <b>Total liabilities</b> (describe ►)		26
27 <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	111,072	27
		83,615

<b>Part III Statement of Program Service Accomplishments</b> (See the instructions for Part III )				<b>Expenses</b> (Required for section 501 (c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others )
What is the organization's primary exempt purpose? <b>TO PROMOTE THE WELFARE OF THE WYOMING MEDICAL CENTER</b>				
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, and other relevant information for each program title				
<b>28 PROVIDE SCHOLARSHIP MONIES FOR HOSPITAL EMPLOYEES TO FURTHER THEIR EDUCATION</b> HELPED OVER 17 EMPLOYEES (Grants \$ 26,412)		If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>		<b>28a</b> 77,266
<b>29 PROJECTS TO BENEFIT CHILDREN</b> (Grants \$ 649)		If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>		<b>29a</b> 649
<b>30 PROVIDE SUPPORT FOR LOCAL MEDICAL CENTER</b> (Grants \$ 600)		If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>		<b>30a</b> 600
<b>31 Other program services (attach schedule)</b> (Grants \$ )		If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>		<b>31a</b>
<b>32 Total program service expenses</b> (add lines 28a through 31a)		. . . . . ► <input type="checkbox"/>		<b>32</b> 78,515
<b>Part IV List of Officers, Directors, Trustees, and Key Employees.</b> List each one even if not compensated (See the instructions for Part IV )				
<b>(a) Name and address</b>	<b>(b) Title and average hours per week devoted to position</b>	<b>(c) Compensation (If not paid, enter -0-.)</b>	<b>(d) Contributions to employee benefit plans &amp; deferred compensation</b>	<b>(e) Expense account and other allowances</b>

<b>Part V Other Information</b> (Note the statement requirements in the instructions for Part V.)			<b>Yes</b>	<b>No</b>
<b>33</b> Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	<b>33</b>		No	
<b>34</b> Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	<b>34</b>		No	
<b>35</b> If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T				
<b>a</b> 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?	<b>35a</b>		No	
<b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?	<b>35b</b>			
<b>36</b> 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	<b>36</b>		No	
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions ► <b>37a</b>	<b>37a</b>			
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year?	<b>37b</b>		No	
<b>38a</b> Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	<b>38a</b>		No	
<b>b</b> If "Yes," complete Schedule L, Part II and enter the total amount involved	<b>38b</b>			
<b>39</b> <i>Section 501(c)(7) organizations.</i> Enter	<b>39a</b>			
<b>a</b> Initiation fees and capital contributions included on line 9	<b>39a</b>			
<b>b</b> Gross receipts, included on line 9, for public use of club facilities	<b>39b</b>			
<b>40a</b> <i>Section 501(c)(3) organizations.</i> Enter amount of tax imposed on the organization during the year under section 4911 ► _____, section 4912 ► _____, section 4955 ► _____				
<b>b</b> <i>Section 501(c)(3) and 501(c)(4) organizations.</i> 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	<b>40b</b>		No	
<b>c</b> <i>Section 501(c)(3) and 501(c)(4) organizations.</i> Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ► _____				
<b>d</b> <i>Section 501(c)(3) and 501(c)(4) organizations.</i> Enter amount of tax on line 40c reimbursed by the organization ► _____				
<b>e</b> <i>All organizations.</i> At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	<b>40e</b>		No	
<b>41</b> List the states with which a copy of this return is filed ► _____				
<b>42a</b> The organization's books are in care of ► <u>WMC AUXILIARY OFFICE</u> Telephone no ► (307) 577-4355				
1233 EAST 2ND STREET 1233 EAST 2ND STREET Located at ► <u>CASPER, WY</u>		ZIP + 4	82601	
<b>b</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)?	<b>42b</b>		No	
If "Yes," enter the name of the foreign country ► _____				
See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.</b>				
<b>c</b> At any time during the calendar year, did the organization maintain an office outside of the U.S.?	<b>42c</b>		No	
If "Yes," enter the name of the foreign country ► _____				
<b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here ► <input checked="" type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ► <b>43</b>	<b>43</b>			
<b>44</b> Did the organization maintain any donor advised funds? If "Yes", <i>Form 990 must be completed instead of Form 990-EZ.</i>	<b>44</b>		No	
<b>45</b> Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes", <i>Form 990 must be completed instead of Form 990-EZ.</i>	<b>45</b>		No	

**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.

		<b>Yes</b>	<b>No</b>
<b>46</b>	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	<b>46</b>	
<b>47</b>	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	<b>47</b>	
<b>48</b>	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<b>48</b>	
<b>49a</b>	Did the organization make any transfers to an exempt non-charitable related organization?	<b>49a</b>	
	<b>b</b> If "Yes," was the related organization a section 527 organization?	<b>49b</b>	
<b>50</b>	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."		

<b>(a)</b> Name and address of each employee paid more than \$100,000	<b>(b)</b> Title and average hours per week devoted to position	<b>(c)</b> Compensation	<b>(d)</b> Contributions to employee benefit plans & deferred compensation	<b>(e)</b> Expense account and other allowances

**50(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."

<b>(a)</b> Name and address of each independent contractor paid more than \$100,000	<b>(b)</b> Type of service	<b>(c)</b> Compensation

**51(d)** Total number of other independent contractors each receiving over \$100,000 . . . . . ► \_\_\_\_\_

<b>Please 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		
	***** Signature of officer <b>MARIE HILL TREASURER</b> Type or print name and title	2010-11-05 Date	

<b>Paid Preparer's Use Only</b>	Preparer's signature <b>ROGER W WESNITZER CPA</b>	Date 2010-11-08	Check if self-employed <input checked="" type="checkbox"/>	Preparer's identifying number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4 <b>CPA CONSULTING GROUP LLP 300 COUNTRY CLUB RD 302 CASPER, WY 826092171</b>			EIN <input checked="" type="checkbox"/>
			Phone no <input checked="" type="checkbox"/> (307) 577-4040	

May the IRS discuss this return with the preparer shown above? See instructions . . . . . ►  Yes  No

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 83-0240406  
**Name:** WYOMING MEDICAL CENTER AUXILARY

**Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees**

(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
LILLIAN WRIGHT  PO BOX 1033 MILLS, WY 82644	PRESIDENT 0	0		
KAREN LEHRER  1815 EAST 16TH STREET CASPER, WY 82601	VICE PRES 0	0		
MARIE HILL  PO BOX 1244 CASPER, WY 82602	AUX TREAS 0	0		
RITA NEVILLE  1535 S CENTER CASPER, WY 82601	RECORD SEC 0	0		
TONY MAIORANA  82 DAHLIA ST CASPER, WY 82604	CORR SECR 0	0		
PATSY O'HEARN  1411 EAST SUNLIGHT DRIVE CASPER, WY 82601	SHOP TREAS 0	0		
DORTHEA BAXTER  1360 GLENNAIRE DR CASPER, WY 82609	CHAIR COORDI 0	0		
MARY LONG  1842 KIT CARSON CASPER, WY 82604	MEM AT-LARGE 0	0		
KATHY WEBER  1510 MARIPOSA CASPER, WY 82604	MEM AT-LARGE 0	0		
EDITH BREKKEN  165 WESTRIDGE PLACE CASPER, WY 82604	PAST PRES 0	0		
CHERI CASPER  2411 BRENTWOOD CASPER, WY 82604	SHOP CHAIRMA 0	0		
JACK LAIRD  1401 SOUTH FOREST DRIVE CASPER, WY 82609	PARLIMENTARI 0	0		
JUDY LINN  1345 SOUTH WOLCOTT CASPER, WY 82601	HISTORIAN 0	0		
KELLY PEEK  1504 TROJAN DR CASPER, WY 82609	SCHOLARSHIP 0	0		

## TY 2009 Compensation Explanation

**Name:** WYOMING MEDICAL CENTER AUXILARY

**EIN:** 83-0240406

Person Name	Explanation
LILLIAN WRIGHT	
KAREN LEHRER	
MARIE HILL	
RITA NEVILLE	
TONY MAIORANA	
PATSY OHEARN	
DORTHEA BAXTER	
MARY LONG	
KATHY WEBER	
EDITH BREKKEN	
CHERI CASPER	
JACK LAIRD	
JUDY LINN	
KELLY PEEK	

## TY 2009 Explanation of Non UBI

**Name:** WYOMING MEDICAL CENTER AUXILARY

**EIN:** 83-0240406

**Explanation:** NO INCOME RECEIVED IS REQUIRED TO BE REPORTED ON FORM 990-T AS IT IS ALL RELATED TO THE EXEMPT FUNTION INCOME OR IS RECEIVED FROM SPECIAL FUNDRAISING ACTIVITIES

## TY 2009 Grants and Similar Amounts Paid Schedule

**Name:** WYOMING MEDICAL CENTER AUXILARY**EIN:** 83-0240406

<b>Item No.</b>	1
<b>Class of Activity</b>	EDUCATIONAL
<b>Donee's Name</b>	CASPER COLLEGE FOUNDATION
<b>Donee's Address</b>	125 COLLEGE DRIVE CASPER, WY 82601
<b>Amount (FMV)</b>	
<b>Purpose of Payment to Affiliate</b>	
<b>Relationship</b>	
<b>Description</b>	
<b>Book Value</b>	
<b>How BV Determined</b>	
<b>How FMV Determined</b>	
<b>Date of Gift</b>	

## TY 2009 Other Assets Schedule

**Name:** WYOMING MEDICAL CENTER AUXILARY**EIN:** 83-0240406

Description	Beginning of Year Amount	End of Year Amount
INVENTORIES FOR SALE OR USE	28,563	25,076
	28,563	25,076

## TY 2009 Other Expenses Schedule

**Name:** WYOMING MEDICAL CENTER AUXILARY**EIN:** 83-0240406

Description	Amount
EXPENSES	
OFFICE EXPENSE	353
TRAVEL, SEMINARS & MEETINGS	761
BANK & CREDIT CARD CHARGE	306
EQUIPMENT REPAIRS	2,294

## TY 2009 Other Liabilities Schedule

**Name:** WYOMING MEDICAL CENTER AUXILARY**EIN:** 83-0240406

Description	Beginning of Year Amount	End of Year Amount
ACCOUNTS PAYABLE AND ACCRUED EXPENSES		494
		494