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Form 990-EZ

Department of the Treasury
Internal Revenue Service

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.

OMB No 1545-1150

2009

Open to Public Inspection

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 AUXILARY

Number and street (or P O box, if mail is not delivered to street address)Room/suite

1233 EAST 2ND STREET

City or town, state or country, and ZIP + 4

CASPER, WY 826012926

D Employer identification number

83-0240406

E Telephone number

(307) 577-4355

F Group Exemption Number

G Accounting method

☒ Cash

☐ Accrual

Other (specify)

I Website:

NA

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

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)				
Revenue	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	5c	
	b	Less cost or other basis and sales expenses		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>	6c	1,883
	a	Gross revenue (not including \$ _of contributions reported on line 1)		
	b	Less direct expenses other than fundraising expenses		
Expenses	7a	Gross sales of inventory, less returns and allowances	7c	47,813
	b	Less cost of goods sold		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		
	8	Other revenue (describe)	8	
	9	Total revenue. 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	
Net Assets	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe)	16	3,714
	17	Total expenses. 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)

22 Cash, savings, and investments

23 Land and buildings

24 Other assets (describe)

25 Total assets

26 Total liabilities (describe)

27 Net assets or fund balances (line 27 of column (B) must agree with line 21) .

(A) Beginning of year

82,509

28,563

111,072

111,072

(B) End of year

59,033

25,076

84,109

494

83,615

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

Cat No 10642I

Form 990-EZ (2009)

Part III Statement of Program Service Accomplishments (See the instructions for Part III)		Expenses (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? TO PROMOTE THE WELFARE OF THE WYOMING MEDICAL CENTER			
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			
28 PROVIDE SCHOLARSHIP MONIES FOR HOSPITAL EMPLOYEES TO FURTHER THEIR EDUCATION HELPED OVER 17 EMPLOYEES (Grants \$ 26,412) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		28a	77,266
29 PROJECTS TO BENEFIT CHILDREN (Grants \$ 649) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		29a	649
30 PROVIDE SUPPORT FOR LOCAL MEDICAL CENTER (Grants \$ 600) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		30a	600
31 Other program services (attach schedule) (Grants \$) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		31a	
32 Total program service expenses (add lines 28a through 31a)		32	78,515

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

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	No
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34	No
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	No
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	No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶	37a	
b	Did the organization file Form 1120-POL for this year?	37b	No
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	No
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 ▶ _____, section 4912 ▶ _____, section 4955 ▶ _____		
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	No
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	No
41	List the states with which a copy of this return is filed ▶ _____		
42a	The organization's books are in care of ▶ WMC AUXILIARY OFFICE Telephone no ▶ (307) 577-4355 1233 EAST 2ND STREET 1233 EAST 2ND STREET Located at ▶ CASPER, WY ZIP + 4 ▶ 82601		
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 .	42b	No
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 ▶ _____	42c	No
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here ▶ <input checked="" type="checkbox"/> 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	No
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	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.

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

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 "

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

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

Please Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
	***** Signature of officer		2010-11-05 Date	
MARIE HILL, TREASURER Type or print name and title				
Paid Preparer's Use Only	Preparer's signature	ROGER W WESNITZER, CPA	Date 2010-11-08	Check if self-employed <input type="checkbox"/>
	Firm's name (or yours if self-employed), address, and ZIP + 4			Preparer's identifying number (See instructions)
	CPA CONSULTING GROUP LLP 300 COUNTRY CLUB RD 302 CASPER, WY 826092171			EIN Phone no (307) 577-4040
May the IRS discuss this return with the preparer shown above? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 GLENAIRE 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

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

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