

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)

2002



Department of the Treasury Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2002 calendar year, or tax year beginning and ending

- B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending

C Name of organization: United Medical Center Foundation. Address: 300 East 23rd Street, Cheyenne, WY 82001.

D Employer identification number: 83-0236858. E Telephone number: (307) 633-7667. F Accounting method: Cash.

G Web site: www.umcfound.org

J ORGANIZATION TYPE (check only one): [X] 501(c)(3)

K Check here if the organization's gross receipts are normally not more than \$25,000

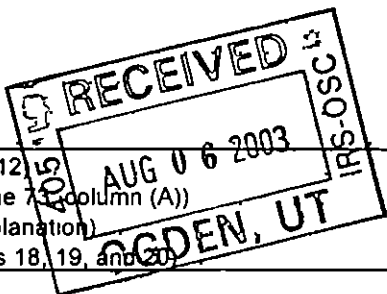
H and I are not applicable to section 527 organizations. H(a) Is this a group return for affiliates? No. H(b) If "Yes" enter number of affiliates. H(c) Are all affiliates included? N/A. H(d) Is this a separate return filed by an organization covered by a group ruling? No.

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12: 2,861,690

M Check if the organization is NOT required to attach Sch B (Form 990, 990-EZ, or 990-PF)

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 17 of the instructions)

Table with 12 columns for Revenue, Expenses, and Net Assets. Rows include Contributions, Program service revenue, Membership dues, Dividends, Gross rents, Gross amount from sales of assets, Special events, Gross sales of inventory, Other revenue, Program services, Management and general, Fundraising, Payments to affiliates, Excess or (deficit) for the year, Net assets at beginning/end of year.



Part II Statement of Functional Expenses		All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See page 21 of the instructions.)				
Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising	
22	Grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____)	22	0			
23	Specific assistance to individuals (attach schedule)	23	0			
24	Benefits paid to or for members (attach schedule)	24	0			
25	Compensation of officers, directors, etc	25	101,989	101,989		
26	Other salaries and wages	26	180,069	46,906	133,163	
27	Pension plan contributions	27	0			
28	Other employee benefits	28	0			
29	Payroll taxes	29	20,120	3,346	16,774	
30	Professional fundraising fees	30	0			
31	Accounting fees	31	3,100	3,100		
32	Legal fees	32	0			
33	Supplies	33	16,208	16,208		
34	Telephone	34	0			
35	Postage and shipping	35	14,192	14,192		
36	Occupancy	36	0			
37	Equipment rental and maintenance	37	0			
38	Printing and publications	38	36,421		36,421	
39	Travel	39	0			
40	Conferences, conventions, and meetings	40	10,026	10,026		
41	Interest	41	0			
42	Depreciation, depletion, etc (attach schedule)	42	6,869	6,869		
43	Other expenses not covered above (itemize) a MISC	43a	37,084	37,084		
	b PURCHASED SERVICES	43b	262,660	258,611	4,049	
	c CUSTOMER RELATIONS	43c	6,101		6,101	
	d DUES AND SUBSCRIPTIONS	43d	5,500	5,500		
	e INVESTMENT MANAGEMENT FEES	43e	53,296	53,296		
	f SPECIFIC ASSISTANCE	43f	534,242	534,242		
44	TOTAL FUNCTIONAL EXPENSES (add lines 22 through 43) ORGANIZATIONS COMPLETING COLUMNS (B)-(D) CARRY THESE TOTALS TO LINES 13-15	44	1,287,877	849,974	395,381	42,522

JOINT COSTS Check if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If "Yes," enter (i) the aggregate amount of these joint costs \$ _____, (ii) the amount allocated to Program services \$ _____, (iii) the amount allocated to Management and general \$ _____, and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments (See page 24 of the instructions)		Program Service Expenses
What is the organization's primary exempt purpose? <u>SUPPORT OF THE UNITED MEDICAL CENTER</u>		Required for 501(c)(3) and (4) orgs and 4947(a)(1) trusts but optional for others
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)		
a	PURCHASE OF MEDICAL EQUIPMENT AND RELATED EXPENSES IN SUPPORT OF THE UNITED MEDICAL CENTER DEVELOPMENT	
	(Grants and allocations \$ _____)	849,974
b		
	(Grants and allocations \$ _____)	
c		
	(Grants and allocations \$ _____)	
d		
	(Grants and allocations \$ _____)	
e	Other program services (attach schedule)	(Grants and allocations \$ _____)
f	TOTAL OF PROGRAM SERVICE EXPENSES (should equal line 44, column (B), Program services)	849,974

Part IV Balance Sheets (See page 24 of the instructions)

Note Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A)		(B)
		Beginning of year		End of year
Assets	45 Cash - non-interest-bearing		45	
	46 Savings and temporary cash investments	20,881	46	41,041
	47 a Accounts receivable	47a 0		
	b Less allowance for doubtful accounts	47b 0		
	48 a Pledges receivable	48a 0		
	b Less allowance for doubtful accounts	48b 0		
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		0	50 0
	51 a Other notes and loans receivable (attach schedule)	51a 0		
	b Less allowance for doubtful accounts	51b 0		
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges		53	
	54 Investments - securities (attach schedule) <input checked="" type="checkbox"/> Cost <input type="checkbox"/> FMV		4,633,397	54 4,148,904
	55 a Investments - land, buildings, and equipment basis	55a 0		
	b Less accumulated depreciation (attach schedule)	55b 0		
56 Investments - other (attach schedule)		0	56 0	
57 a Land, buildings, and equipment basis	57a 35,515			
b Less accumulated depreciation (attach schedule)	57b 19,772			19,356
58 Other assets (describe _____)		0	58 0	
59 TOTAL ASSETS (add lines 45 through 58) (must equal line 74)		4,673,634	59	4,205,688
Liabilities	60 Accounts payable and accrued expenses		60	
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		0	63 0
	64 a Tax-exempt bond liabilities (attach schedule)		0	64a 0
	b Mortgages and other notes payable (attach schedule)		0	64b 0
65 Other liabilities (describe _____)		0	65 0	
66 TOTAL LIABILITIES (add lines 60 through 65)		0	66	0
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	67 Unrestricted		2,356,369	67 1,438,106
	68 Temporarily restricted		1,388,979	68 1,817,350
	69 Permanently restricted		928,286	69 950,232
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74			
	70 Capital stock, trust principal, or current funds			70
	71 Paid-in or capital surplus, or land, building, and equipment fund			71
	72 Retained earnings, endowment, accumulated income, or other funds			72
73 TOTAL NET ASSETS OR FUND BALANCES (add lines 67 through 69 OR lines 70 through 72, column (A) MUST equal line 19, column (B) MUST equal line 21)		4,673,634	73	4,205,688
74 TOTAL LIABILITIES AND NET ASSETS / FUND BALANCES (add lines 66 and 73)		4,673,634	74	4,205,688

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Part VII Analysis of Income-Producing Activities (See page 31 of the instructions)

Note Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a					
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities			14	100,060	
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	-496,270	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0		-396,210	0
105 TOTAL (add line 104, columns (B), (D), and (E))					-396,210

Note Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See page 32 of the instructions)

Line No ▼	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 32 of the instructions)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
NOT APPLICABLE	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See page 33 of the instructions)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note If "Yes" to (b), file Form 8870 AND Form 4720 (see instructions)

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, the information reported hereon is true and correct. I understand that anyone who furnishes false or misleading information on a tax return or who omits material or information on a tax return is guilty of tax evasion, tax fraud, and willfully failing to file a tax return. I declare under penalty of perjury that the information on this return is based on all information of which preparer has any knowledge.

8/1/03
Date

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust
Supplementary Information - (See separate instructions)

MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

2002

Name of the organization United Medical Center Foundation	Employer identification number 83-0236858
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Part III Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions List each one If there are none, enter "None ")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
KATHY POST CHEYENNE, WYOMING				
	PROGRAM COOR	55,339	0	0
Total number of other employees paid over \$50,000	1			

Part III Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions List each one (whether individuals or firms) If there are none, enter "None ")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services	0	

Part III Statements About Activities (See page 2 of the instructions)	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities \$ <u>0</u> (Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities	1	X
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions)		
a Sale, exchange, or leasing of property?	2a	X
b Lending of money or other extension of credit?	2b	X
c Furnishing of goods, services, or facilities?	2c	X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	X
e Transfer of any part of its income or assets?	2e	X
3 Does the organization make grants for scholarships, fellowships, student loans, etc ? (See NOTE below)	3	X
4 Do you have a section 403(b) annuity plan for your employees?	4	X
Note Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs "qualify" to receive payments		

Part IV Reason for Non-Private Foundation Status (See pages 3 through 5 of the instructions)	
The organization is not a private foundation because it is (Please check only ONE applicable box)	
5 <input type="checkbox"/> A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)	
6 <input type="checkbox"/> A school Section 170(b)(1)(A)(ii) (Also complete Part V)	
7 <input type="checkbox"/> A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)	
8 <input type="checkbox"/> A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)	
9 <input type="checkbox"/> A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) ENTER THE HOSPITAL'S NAME, CITY, AND STATE _____	
10 <input type="checkbox"/> An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the SUPPORT SCHEDULE in Part IV-A)	
11 a <input type="checkbox"/> An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the SUPPORT SCHEDULE in Part IV-A)	
11 b <input type="checkbox"/> A community trust Section 170(b)(1)(A)(vi) (Also complete the SUPPORT SCHEDULE in Part IV-A)	
12 <input type="checkbox"/> 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 charitable, etc., 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) (Also complete the SUPPORT SCHEDULE in Part IV-A)	
13 <input checked="" type="checkbox"/> An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3))	
Provide the following information about the supported organizations (See page 5 of the instructions)	
(a) Name(s) of supported organization(s)	(b) Line number from above
UNITED MEDICAL CENTER	7
14 <input type="checkbox"/> An organization organized and operated to test for public safety Section 509(a)(4) (See page 5 of the instructions)	

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) USE CASH METHOD OF ACCOUNTING

Note You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting NOT APPLICABLE

Calendar year (or fiscal year beginning in)	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
15 Gifts, grants and contributions received (Do not include unusual grants See line 28)					0
16 Membership fees received					0
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					0
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975					0
19 Net income from unrelated business activities not included in line 18					0
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
21 The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge					0
22 Other income Attach a schedule Do not include gain or (loss) from sale of capital assets					0
23 Total of lines 15 through 22	0	0	0	0	0
24 Line 23 minus line 17	0	0	0	0	0
25 Enter 1% of line 23	0	0	0	0	0

26 ORGANIZATIONS DESCRIBED ON LINES 10 OR 11 a Enter 2% of amount in column (e), line 24	26a	0
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1998 through 2001 exceeded the amount shown in line 26a DO NOT FILE THIS LIST WITH YOUR RETURN Enter the total of all these excess amounts	26b	
c Total support for section 509(a)(1) test Enter line 24, column (e)	26c	0
d Add Amounts from column (e) for lines 18 <u>0</u> 19 <u>0</u>	26d	0
22 <u>0</u> 26b <u>0</u>	26e	0
e Public support (line 26c minus line 26d total)	26e	0
f PUBLIC SUPPORT PERCENTAGE (LINE 26E (NUMERATOR) DIVIDED BY LINE 26C (DENOMINATOR))	26f	0 00%

27 ORGANIZATIONS DESCRIBED ON LINE 12 a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from each "disqualified person" DO NOT FILE THIS LIST WITH YOUR RETURN Enter the sum of such amounts for each year				
(2001) _____ (2000) _____ (1999) _____ (1998) _____				
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the LARGER of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11, as well as individuals) DO NOT FILE THIS LIST WITH YOUR RETURN After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year				
(2001) _____ (2000) _____ (1999) _____ (1998) _____				
c Add Amounts from column (e) for lines 15 <u>0</u> 16 <u>0</u>	27c	0		
17 <u>0</u> 20 <u>0</u> 21 <u>0</u>	27d	0		
d Add Line 27a total <u>0</u> and line 27b total <u>0</u>	27e	0		
e Public support (line 27c total minus line 27d total)	27e	0		
f Total support for section 509(a)(2) test Enter amount from line 23, column (e)	27f	0		
g PUBLIC SUPPORT PERCENTAGE (LINE 27E (NUMERATOR) DIVIDED BY LINE 27F (DENOMINATOR))	27g	0 00%		
h INVESTMENT INCOME PERCENTAGE (LINE 18, COLUMN (E) (NUMERATOR) DIVIDED BY LINE 27F (DENOMINATOR))	27h	0 00%		

28 UNUSUAL GRANTS For an organization described in line 10, 11 or 12 that received any unusual grants during 1998 through 2001, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant DO NOT FILE THIS LIST WITH YOUR RETURN Do not include these grants in line 15

Part IV

Private School Questionnaire (See page 7 of the instructions)
 (To be completed ONLY by schools that checked the box on line 6 in Part IV)

NOT APPLICABLE

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)		
32	Does the organization maintain the following		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d	Copies of all material used by the organization or on its behalf to solicit contributions?		
	If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)		
33	Does the organization discriminate by race in any way with respect to		
a	Students' rights or privileges?		
b	Admissions policies?		
c	Employment of faculty or administrative staff?		
d	Scholarships or other financial assistance?		
e	Educational policies?		
f	Use of facilities?		
g	Athletic programs?		
h	Other extracurricular activities?		
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)		
34 a	Does the organization receive any financial aid or assistance from a governmental agency?		
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement		
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation		

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions)
 (To be completed ONLY by an eligible organization that filed Form 5768) NOT APPLICABLE

Check **a** if the organization belongs to an affiliated group Check **b** if you checked "a" and "limited control" provisions apply

Limits on Lobbying Expenditures		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
(The term "expenditures" means amounts paid or incurred)			
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	0	0
39	Other exempt purpose expenditures		
40	Total exempt purpose expenditures (add lines 38 and 39)	0	0
41	Lobbying nontaxable amount Enter the amount from the following table -		
	If the amount on line 40 is -		
	Not over \$500,000		
	Over \$500,000 but not over \$1,000,000		
	Over \$1,000,000 but not over \$1,500,000		
	Over \$1,500,000 but not over \$17,000,000		
	Over \$17,000,000		
	The lobbying nontaxable amount is -		
	20% of the amount on line 40		
	\$100,000 plus 15% of the excess over \$500,000		
	\$175,000 plus 10% of the excess over \$1,000,000		
	\$225,000 plus 5% of the excess over \$1,500,000		
	\$1,000,000		
42	Grassroots nontaxable amount (enter 25% of line 41)	0	0
43	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	0	0
44	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	0	0

Caution If there is an amount on either line 43 or line 44, you must file Form 4720

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below
 See the instructions for lines 45 through 50 on page 11 of the instructions)

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
45 Lobbying nontaxable amount					0
46 Lobbying ceiling amount (150% of line 45(e))					0
47 Total lobbying expenditures					0
48 Grassroots nontaxable amount					0
49 Grassroots ceiling amount (150% of line 48(e))					0
50 Grassroots lobbying expenditures					0

Part VI-B Lobbying Activity by Nonelecting Public Charities (For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions) NOT APPLICABLE

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	Amount		
	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (Add lines c through h)			0

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

UNITED MEDICAL CENTER FOUNDATION
 2002 990 TAX RETURN
 EIN 83-0236858

FORM 990; PAGE 1; LINE 8, GROSS AMOUNT FROM SALES:

INVESTMENT SALES	\$ 1,531,983
INVESTMENT COST/BASIS	<u>2,028,253</u>
(LOSS) FROM PUBLICLY TRADED SECURITIES	<u>\$ (496,270)</u>

FORM 990; PAGE 3; PART IV; LINE 54, INVESTMENTS:

INVESTMENTS AT COST

CORPORATE AND INT'L BONDS	\$ 983,884
US TREASURY NOTES AND BONDS	40,156
COMMON STOCKS	1,848,221
MUTUAL FUNDS	148,216
PREFERRED STOCKS	982,874
SHORT TERM INVESTMENTS	<u>145,553</u>
	<u>\$ 4,148,904</u>

FORM 990, PAGE 3, PART IV; LINE 57, LAND, BUILDINGS & EQUIPMENT:

	COST	ACCUM DEPR	DEPR EXP
VEHICLES	\$ 20,259	\$ 12,155	\$ 4,052
EQUIPMENT	15,256	7,617	2,817
	<u>\$ 35,515</u>	<u>\$ 19,772</u>	<u>\$ 6,869</u>

FORM 990, PAGE 4, PART IV-A; LINE d, RECONCILIATION OF REVENUE.

ADJUSTMENT TO CONVERT ACCRUAL INCOME TO CASH INCOME

UNCONDITIONAL PROMISES TO GIVE - 2002	\$ (134,411)
UNCONDITIONAL PROMISES TO GIVE - 2001	101,171
AMOUNT DUE TO UMC - 2002	668,279
AMOUNT DUE TO UMC - 2001	(639,139)
GRANT RECEIVABLE - 2002	(6,524)
GRANT RECEIVABLE - 2001	11,511
ACCRUED INTEREST RECEIVABLE - 2002	(2,776)
ACCRUED INTEREST RECEIVABLE - 2001	4,521
UNREALIZED LOSS ON MILSTEAD TRUST	(25,951)
UNREALIZED LOSS ON INVESTMENTS	258,311
UNREALIZED LOSS ON ENDOWMENTS	59,717
ROUNDING	3
TOTAL ACCRUAL ADJUSTMENTS	<u>294,712</u>

UNITED MEDICAL CENTER FOUNDATION
 2002 990 TAX RETURN
 EIN 83-0236858

FORM 990, PAGE 4, PART IV-B, LINE d, RECONCILIATION OF EXPENSES

ADJUSTMENT TO CONVERT ACCRUAL EXPENSES TO CASH EXPENSES

ACCOUNTS PAYABLE - 2002	\$ (2,140)
ACCOUNTS PAYABLE - 2001	15,045
TOTAL ACCRUAL ADJUSTMENTS	<u>\$ 12,905</u>

FORM 990, PAGE 4, PART V, LIST OF OFFICERS, DIRECTORS, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE/ AVG HRS	COMPENSATION	CONTRIBUTIONS TO EMPLOYEEE BENEFIT PLAN	EXPENSE ACCOUNT
LES BALL CHEYENNE, WYOMING	CHAIRMAN 2+/WEEK	0	0	0
LYNNE CARLTON CHEYENNE, WYOMING	VICE-CHAIR 2+/WEEK	0	0	0
JOE PAIZ CHEYENNE, WYOMING	SECRETARY/ TREASURER 2+/WEEK	0	0	0
OTHER BOARD OF DIRECTORS				
PATTI CALDWELL	VARIOUS	0	0	0
BILL DUBOIS	VARIOUS	0	0	0
THOMAS FAGAN	VARIOUS	0	0	0
RANDY FORD	VARIOUS	0	0	0
DAVE FOREMAN	VARIOUS	0	0	0
JON GATES	VARIOUS	0	0	0
GAYE HARRELL	VARIOUS	0	0	0
DONALD IVERSON	VARIOUS	0	0	0
KATHY JOANNIDES	VARIOUS	0	0	0
ALAN KIRKBRIDE	VARIOUS	0	0	0
JEAN LEACH	VARIOUS	0	0	0
VICKIE LEWIS	VARIOUS	0	0	0
THOMAS LONG	VARIOUS	0	0	0
WILLIAM NICHOLS	VARIOUS	0	0	0
CYNTHIA POMEROY	VARIOUS	0	0	0
ROBERT PRETICE	VARIOUS	0	0	0
LOUISE RAIMONDI	VARIOUS	0	0	0
DUFFIE REDENBAUGH	VARIOUS	0	0	0
DIXIE ROBERTS	VARIOUS	0	0	0
SUE SAMUELSON	VARIOUS	0	0	0
PAUL SMITH	VARIOUS	0	0	0
W M STALCUP	VARIOUS	0	0	0
TOM STUCKEY	VARIOUS	0	0	0
ROBIN VOLK	VARIOUS	0	0	0
DONNA WEAVER	VARIOUS	0	0	0
DIANE WHITE	VARIOUS	0	0	0
ARLINE COHEN HARRIS	VARIOUS	0	0	0
RUBY MERCER	VARIOUS	0	0	0
BRENT WEIGNER, PH D	VARIOUS	0	0	0
KATHERINE DAUTERMAN	VARIOUS	0	0	0
KATHY RECKLING	VARIOUS	0	0	0

Depreciation and Amortization

(Including Information on Listed Property)

(Rev. March 2002)

Department of the Treasury
Internal Revenue Service (99)

See separate instructions Attach to your tax return

Name(s) shown on return United Medical Center Foundation	Business or activity to which this form relates	Identifying number 83-0236858
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Part I Election To Expense Certain Tangible Property Under Section 179

Note If you have any listed property, complete Part V before you complete Part I

1 Maximum amount See page 2 of the instructions for a higher limit for certain businesses	1	24,000
2 Total cost of section 179 property placed in service (see page 2 of the instructions)	2	0
3 Threshold cost of section 179 property before reduction in limitation	3	200,000
4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	0
5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see page 2 of the instructions	5	24,000

6 (a) Description of property	(b) Cost (business use only)	(c) Elected cost
7 Listed property Enter the amount from line 29	7	0
8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	0
9 Tentative deduction Enter the smaller of line 5 or line 8	9	0
10 Carryover of disallowed deduction from line 13 of your 2001 Form 4562	10	0
11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	0
12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	0
13 Carryover of disallowed deduction to 2003 Add lines 9 and 10, less line 12	13	0

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)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see page 3 of the instructions)	14	0
15 Property subject to section 168(f)(1) election (see page 4 of the instructions)	15	
16 Other depreciation (including ACRS) (see page 4 of the instructions)	16	6,869

Part III MACRS Depreciation (Do not include listed property) (See page 4 of the instructions)

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2002	17	0
18 If you are electing under section 168(i)(4) 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 2002 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19 a 3-year property						0
b 5-year property						0
c 7-year property						0
d 10-year property						0
e 15-year property						0
f 20-year property						0
g 25-year property			25 yrs		S/L	0
h Residential rental property			27.5 yrs	MM	S/L	0
i Nonresidential real property			39 yrs	MM	S/L	0

Section C - Assets Placed in Service During 2002 Tax Year Using the Alternative Depreciation System

20 a Class life					S/L	0
b 12-year			12 yrs		S/L	0
c 40-year			40 yrs	MM	S/L	0

Part IV Summary (see page 6 of the instructions)

21 Listed property Enter amount from line 28	21	0
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	6,869
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	