

**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)

**2005**

**Open to Public Inspection**

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 2005 calendar year, or tax year beginning** , 2005, and ending , 20

<p><b>B</b> Check if applicable</p> <p><input type="checkbox"/> Address change</p> <p><input type="checkbox"/> Name change</p> <p><input type="checkbox"/> Initial return</p> <p><input type="checkbox"/> Final return</p> <p><input type="checkbox"/> Amended return</p> <p><input type="checkbox"/> Application pending</p>	<p>Please use IRS label or print or type. See Specific Instructions</p>	<p><b>C</b> Name of organization, number and street, city, town, street, and ZIP code</p> <p align="center">UNITED MEDICAL CENTER FOUNDATION</p> <p align="center">300 EAST 23RD STREET</p> <p align="center">CHEYENNE WY 82001-</p>	<p><b>D</b> Employer identification number</p> <p align="center">83-0236858</p> <p><b>E</b> Telephone number</p> <p><b>F</b> Acctg. method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual</p> <p><input type="checkbox"/> Other (specify) ▶</p>
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• **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

**G Website:** ▶ N/A

**J Organization type** (check only one) ▶  501(c)(3) ◀ (insert no) 4947(a)(1) or 527

**K** Check here  if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization chooses to file a return, be sure to file a complete return **Some states require a complete return.**

**H and I** are not applicable to section 527 organizations.

**H(a)** Is this a group return for affiliates?  Yes  No

**H(b)** If "Yes," enter number of affiliates ▶

**H(c)** Are all affiliates included? (If "No," attach a list. See instructions)  Yes  No

**H(d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No

**I** Group Exemption Number ▶

**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 8,007,330.

**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 the instructions.)

	<b>1</b> Contributions, gifts, grants, and similar amounts received				
	<b>a</b> Direct public support	<b>1a</b>	4,567,655.		
	<b>b</b> Indirect public support	<b>1b</b>			
	<b>c</b> Government contributions (grants)	<b>1c</b>	188,384.		
	<b>d</b> Total (add lines 1a through 1c) (cash \$ 3,830,500. noncash \$ 925,539.)	<b>1d</b>		4,756,039.	
	<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)	<b>2</b>			
	<b>3</b> Membership dues and assessments	<b>3</b>			
	<b>4</b> Interest on savings and temporary cash investments	<b>4</b>		172,207.	
	<b>5</b> Dividends and interest from securities	<b>5</b>			
Revenue	<b>6 a</b> Gross rents	<b>6a</b>			
	<b>b</b> Less: rental expenses	<b>6b</b>			
	<b>c</b> Net rental income or (loss) (subtract line 6b from line 6a)	<b>6c</b>			
	<b>7</b> Other investment income (describe ▶)	<b>7</b>			
	<b>8 a</b> Gross amount from sales of assets other than inventory	(A) Securities	<b>8a</b>	3,079,084.	(B) Other
		<b>8b</b>	2,850,953.		
	<b>c</b> Gain or (loss) (attach schedule)	<b>8c</b>	228,131.		
	<b>d</b> Net gain or (loss) (combine line 8c, columns (A) and (B))	<b>8d</b>		228,131.	
	<b>9</b> Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>				
	<b>a</b> Gross revenue (not including \$ _____ of contributions reported on line 1a)	<b>9a</b>			
	<b>b</b> Less: direct expenses other than fundraising expenses	<b>9b</b>			
	<b>c</b> Net income or (loss) from special events (subtract line 9b from line 9a)	<b>9c</b>			
	<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>			
	<b>b</b> Less: cost of goods sold	<b>10b</b>			
	<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	<b>10c</b>			
	<b>11</b> Other revenue (from Part VII, line 103)	<b>11</b>			
	<b>12</b> Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	<b>12</b>		5,156,377.	
Expenses	<b>13</b> Program services (from line 44, column (B))	<b>13</b>		624,174.	
	<b>14</b> Management and general (from line 44, column (C))	<b>14</b>		715,262.	
	<b>15</b> Fundraising (from line 44, column (D))	<b>15</b>		119,311.	
	<b>16</b> Payments to affiliates (attach schedule)	<b>16</b>			
	<b>17</b> Total expenses (add lines 16 and 44, column (A))	<b>17</b>		1,458,747.	
Net Assets	<b>18</b> Excess or (deficit) for the year (subtract line 17 from line 12)	<b>18</b>		3,697,630.	
	<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>		6,597,671.	
	<b>20</b> Other changes in net assets or fund balances (attach explanation)	<b>20</b>			
	<b>21</b> Net assets or fund balances at end of year (combine lines 18, 19, and 20)	<b>21</b>		10,295,301.	

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

Form **990** (2005)

**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 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
<b>22</b> Grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>22</b>			
<b>23</b> Specific assistance to individuals (attach schedule) <input type="checkbox"/>	<b>23</b>			
<b>24</b> Benefits paid to or for members (attach schedule) ..	<b>24</b>			
<b>25</b> Compensation of officers, directors, etc . . . . .	<b>25</b>			
<b>26</b> Other salaries and wages . . . . .	<b>26</b>	453956.	55352.	398604.
<b>27</b> Pension plan contributions . . . . .	<b>27</b>			
<b>28</b> Other employee benefits . . . . .	<b>28</b>			
<b>29</b> Payroll taxes . . . . .	<b>29</b>	32336.	4234.	28102.
<b>30</b> Professional fundraising fees . . . . .	<b>30</b>			
<b>31</b> Accounting fees . . . . .	<b>31</b>			
<b>32</b> Legal fees . . . . .	<b>32</b>			
<b>33</b> Supplies . . . . .	<b>33</b>	40485.		40485.
<b>34</b> Telephone . . . . .	<b>34</b>			
<b>35</b> Postage and shipping . . . . .	<b>35</b>	13450.		13450.
<b>36</b> Occupancy . . . . .	<b>36</b>			
<b>37</b> Equipment rental and maintenance . . . . .	<b>37</b>	10743.		10743.
<b>38</b> Printing and publications . . . . .	<b>38</b>	71962.		71962.
<b>39</b> Travel . . . . .	<b>39</b>			
<b>40</b> Conferences, conventions, and meetings . . . . .	<b>40</b>	9176.		9176.
<b>41</b> Interest . . . . .	<b>41</b>			
<b>42</b> Depreciation, depletion, etc (attach schedule) . . . . .	<b>42</b>	8136.	3109.	5027.
<b>43</b> Other expenses not covered above (itemize):				
<b>a</b> PURCHASED SERVICES	<b>43a</b>	310964.	270972.	39992.
<b>b</b> CUSTOMER RELATIONS	<b>43b</b>	48625.		1276.
<b>c</b> MISCELLANEOUS	<b>43c</b>	162837.	90507.	72330.
<b>d</b> SPECIFIC ASSISTANCE	<b>43d</b>	200000.	200000.	
<b>e</b> DUES & SUBSCRIPTIONS	<b>43e</b>	10546.		10546.
<b>f</b> INVESTMENT MANAGEMENT	<b>43f</b>	85531.		85531.
<b>g</b> _____	<b>43g</b>			
<b>44</b> Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	<b>44</b>	1458747.	624174.	715262.
				119311.

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 the instructions.)**

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 and 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.

What is the organization's primary exempt purpose? **SUPPORT OF UNITED MEDICAL CNTR**

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.)

**Program Service Expenses**  
(Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others)

**a PURCHASE OF MEDICAL EQUIPMENT AND RELATED EXPENSES IN SUPPORT OF THE UNITED MEDICAL CENTER DEVELOPMENT**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

624174.

**b**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

**c**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

**d**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

**e Other program services (attach schedule)**  
(Grants and allocations \$ \_\_\_\_\_ ) If this amount includes foreign grants, check here

**f Total of Program Service Expenses** (should equal line 44, column (B), Program services) **624174.**

**Part IV Balance Sheets** (See the instructions)

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>45</b> Cash - non-interest-bearing	64,544.	<b>45</b>	120,235.
	<b>46</b> Savings and temporary cash investments		<b>46</b>	
	<b>47 a</b> Accounts receivable	<b>47 a</b>		
	<b>b</b> Less: allowance for doubtful accounts	<b>47 b</b>		<b>47 c</b>
	<b>48 a</b> Pledges receivable	<b>48 a</b>		
	<b>b</b> Less: allowance for doubtful accounts	<b>48 b</b>		<b>48 c</b>
	<b>49</b> Grants receivable			<b>49</b>
	<b>50</b> Receivables from officers, directors, trustees, and key employees (attach schedule)			<b>50</b>
	<b>51 a</b> Other notes and loans receivable (attach schedule)	<b>51 a</b>		
	<b>b</b> Less: allowance for doubtful accounts	<b>51 b</b>		<b>51 c</b>
	<b>52</b> Inventories for sale or use			<b>52</b>
	<b>53</b> Prepaid expenses and deferred charges			<b>53</b>
	<b>54</b> Investments - securities (attach schedule) <input checked="" type="checkbox"/> Cost <input type="checkbox"/> FMV	6,012,098.	<b>54</b>	9,648,722.
	<b>55 a</b> Investments - land, buildings, and equipment: basis	<b>55 a</b>		
	<b>b</b> Less: accumulated depreciation (attach schedule)	<b>55 b</b>		<b>55 c</b>
<b>56</b> Investments - other (attach schedule)			<b>56</b>	
<b>57 a</b> Land, buildings, and equipment basis	<b>57 a</b> 563,504.			
<b>b</b> Less: accumulated depreciation (attach schedule)	<b>57 b</b> 37,160.	521,029.	<b>57 c</b>	526,344.
<b>58</b> Other assets (describe ▶ _____)			<b>58</b>	
<b>59 Total assets</b> (must equal line 74) Add lines 45 through 58.	6,597,671.	<b>59</b>	10,295,301.	
<b>Liabilities</b>	<b>60</b> Accounts payable and accrued expenses		<b>60</b>	
	<b>61</b> Grants payable		<b>61</b>	
	<b>62</b> Deferred revenue		<b>62</b>	
	<b>63</b> Loans from officers, directors, trustees, and key employees (attach schedule)		<b>63</b>	
	<b>64 a</b> Tax-exempt bond liabilities (attach schedule)		<b>64 a</b>	
	<b>b</b> Mortgages and other notes payable (attach schedule)		<b>64 b</b>	
	<b>65</b> Other liabilities (describe ▶ _____)		<b>65</b>	
<b>66 Total liabilities</b> (add lines 60 through 65)		<b>66</b>		
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	<b>67</b> Unrestricted	1,521,891.	<b>67</b>	2,758,682.
	<b>68</b> Temporarily restricted	4,137,994.	<b>68</b>	6,331,231.
	<b>69</b> Permanently restricted	937,786.	<b>69</b>	1,205,388.
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> and complete lines 70 through 74.			
	<b>70</b> Capital stock, trust principal, or current funds		<b>70</b>	
	<b>71</b> Paid-in or capital surplus, or land, building, and equipment fund		<b>71</b>	
	<b>72</b> Retained earnings, endowment, accumulated income, or other funds		<b>72</b>	
	<b>73 Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19, column (B) must equal line 21)	6,597,671.	<b>73</b>	10,295,301.
	<b>74 Total liabilities and net assets/fund balances.</b> Add lines 66 and 73	6,597,671.	<b>74</b>	10,295,301.





<b>Part VI Other Information</b> (continued)		Yes	No
<b>82 a</b>	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
	<b>b</b> If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III)		
	<b>82 b</b>		
<b>83 a</b>	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
<b>83 b</b>	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
<b>84 a</b>	Did the organization solicit any contributions or gifts that were not tax deductible?		X
<b>84 b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>85 a</b>	501(c)(4), (5), or (6) organizations. <b>a</b> Were substantially all dues nondeductible by members?		
<b>85 b</b>	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		
	If "Yes" was answered to either 85a or 85b, <b>do not</b> complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
<b>85 c</b>	Dues, assessments, and similar amounts from members		
<b>85 d</b>	Section 162(e) lobbying and political expenditures		
<b>85 e</b>	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
<b>85 f</b>	Taxable amount of lobbying and political expenditures (line 85d less 85e)		
<b>85 g</b>	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		
<b>85 h</b>	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		
<b>86 a</b>	501(c)(7) orgs. Enter: <b>a</b> Initiation fees and capital contributions included on line 12		
<b>86 b</b>	Gross receipts, included on line 12, for public use of club facilities		
<b>87 a</b>	501(c)(12) orgs. Enter: <b>a</b> Gross income from members or shareholders		
<b>87 b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them)		
<b>88</b>	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		X
<b>89 a</b>	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ _____; section 4912 ▶ _____; section 4955 ▶ _____		
<b>89 b</b>	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		X
<b>89 c</b>	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
<b>89 d</b>	Enter: Amount of tax on line 89c, above, reimbursed by the organization		
<b>90 a</b>	List the states with which a copy of this return is filed ▶ _____		
<b>90 b</b>	Number of employees employed in the pay period that includes March 12, 2005 (See instructions.)	6	
<b>91 a</b>	The books are in care of ▶ <u>UMC FOUNDATION</u> Telephone no. ▶ <u>307-633-7667</u> Located at ▶ <u>300 EAST 23RD STREET</u> ZIP + 4 ▶ <u>82001-</u>		
<b>91 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)? 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</b> , Report of Foreign Bank and Financial Accounts.	X	
<b>91 c</b>	At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country ▶ _____		X
<b>92</b>	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of <b>Form 1041</b> - Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ <b>92</b> <input type="checkbox"/>		

**Part VII Analysis of Income-Producing Activities** (See the instructions.)

	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	
<b>Note:</b> Enter gross amounts unless otherwise indicated.					
<b>93</b> Program service revenue					
<b>a</b> _____					
<b>b</b> _____					
<b>c</b> _____					
<b>d</b> _____					
<b>e</b> _____					
<b>f</b> Medicare/Medicaid payments					
<b>g</b> Fees & contracts from govt. agencies					
<b>94</b> Membership dues & assessments					
<b>95</b> Interest on savings and temporary cash investments			14	172,207.	
<b>96</b> Dividends & interest from securities					
<b>97</b> Net rental income or (loss) from real estate					
<b>a</b> debt-financed property					
<b>b</b> not debt-financed property					
<b>98</b> Net rental income or (loss) from personal property					
<b>99</b> Other investment income					
<b>100</b> Gain or (loss) from sales of assets other than inventory					228,131.
<b>101</b> Net income or (loss) from special events					
<b>102</b> Gross profit or (loss) from sales of inventory					
<b>103</b> Other revenue: <b>a</b> _____					
<b>b</b> _____					
<b>c</b> _____					
<b>d</b> _____					
<b>e</b> _____					
<b>104</b> Subtotal (add columns (B), (D), & (E))				172,207.	228,131.
<b>105</b> Total (add line 104, columns (B), (D), and (E))					400,338.

**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 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).
100	PURCHASE OF MEDICAL EQUIPMENT AND RELATED EXPENSES IN SUPPORT OF THE UNITED MEDICAL CENTER

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership int.	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See the instructions.)

- (a) Did the organization, during the yr., 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, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Please Sign Here**

Signature of officer: *Joseph J. Parry* Date: 8/8/06

Treasurer

Type or print name and title.

**Paid Preparer's Use Only**

Preparer's signature: *Sandra Murray* Date: 8/2/06

Check if self-employed:

Preparer's SSN or PTIN (See Gen Inst W): P00498510

Firm's name (or yours if self-employed), address, and ZIP + 4: HALLEY & MURRAY, CPAS, PC  
311 WEST 18TH STREET  
CHEYENNE WY 82001-

EIN: 20-3369491

Phone no: 307-637-2345

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

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 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**

OMB No 1545-0047

**2005**

Name of the organization  
**UNITED MEDICAL CENTER FOUNDATION**

Employer identification number  
**83-0236858**

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**

(See 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 allowance
KATHY POST CHEYENNE WYOMING	PROGRAM CORD 40+	54,372.		
Total number of other employees paid over \$50,000 ▶				

**Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services**

(See 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
N/A		
Total number of others receiving over \$50,000 for professional services ▶		

**Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services**

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
Total number of other contractors receiving over \$50,000 for other services ▶		

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

Schedule A (Form 990 or 990-EZ) 2005

<b>Part III Statements About Activities</b> (See instructions.)		Yes	No
<b>1</b>	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 ▶ \$ _____ (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.		X
<b>2</b>	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.)		
<b>a</b>	Sale, exchange, or leasing of property?	<b>2a</b>	X
<b>b</b>	Lending of money or other extension of credit?	<b>2b</b>	X
<b>c</b>	Furnishing of goods, services, or facilities?	<b>2c</b>	X
<b>d</b>	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	<b>2d</b>	X
<b>e</b>	Transfer of any part of its income or assets?	<b>2e</b>	X
<b>3a</b>	Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)	<b>3a</b>	X
<b>b</b>	Do you have a section 403(b) annuity plan for your employees?	<b>3b</b>	X
<b>c</b>	During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?	<b>3c</b>	X
<b>4a</b>	Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	<b>4a</b>	X
<b>b</b>	Do you provide credit counseling, debt management, credit repair, or debt negotiation services?	<b>4b</b>	X

**Part IV Reason for Non-Private Foundation Status** (See instructions.)

The organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5**  A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6**  A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7**  A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8**  A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9**  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**  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.)
- 11a**  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.)
- 11b**  A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12**  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**  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) sections 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). Check the box that describes the type of supporting organization ▶  Type 1  Type 2  Type 3

Provide the following information about the supported organizations. (See instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above
UNITED MEDICAL CENTER	7

- 14**  An organization organized and operated to test for public safety. Section 509(a)(4). (See instructions.)

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See instructions)

(To be completed ONLY by an eligible organization that filed Form 5768)

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**

(The term "expenditures" means amounts paid or incurred.)

	(a) Affiliated group totals	(b) To be completed for ALL electing organizations
<b>36</b> Total lobbying expenditures to influence public opinion (grassroots lobbying) . . . . .	<b>36</b>	
<b>37</b> Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .	<b>37</b>	
<b>38</b> Total lobbying expenditures (add lines 36 and 37) . . . . .	<b>38</b>	
<b>39</b> Other exempt purpose expenditures . . . . .	<b>39</b>	
<b>40</b> Total exempt purpose expenditures (add lines 38 and 39) . . . . .	<b>40</b>	
<b>41</b> Lobbying nontaxable amount. Enter the amount from the following table -		
<b>If the amount on line 40 is -</b>		
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 . . . . .		
<b>The lobbying nontaxable amount is -</b>		
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 . . . . .		
<b>42</b> Grassroots nontaxable amount (enter 25% of line 41) . . . . .	<b>42</b>	
<b>43</b> Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36 . . . . .	<b>43</b>	
<b>44</b> Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38 . . . . .	<b>44</b>	

**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)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
<b>45</b> Lobbying nontaxable amount					
<b>46</b> Lobbying ceiling amount (150% of line 45(e)) . . . . .					
<b>47</b> Total lobbying expenditures . . . . .					
<b>48</b> Grassroots nontaxable amount					
<b>49</b> Grassroots ceiling amount (150% of line 48(e)) . . . . .					
<b>50</b> Grassroots lobbying expenditures . . . . .					

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See instructions)

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:	Yes	No	Amount
<b>a</b> Volunteers . . . . .		X	
<b>b</b> Paid staff or management (Include compensation in expenses reported on lines c through h.) . . . . .		X	
<b>c</b> Media advertisements . . . . .		X	
<b>d</b> Mailings to members, legislators, or the public . . . . .		X	
<b>e</b> Publications, or published or broadcast statements . . . . .		X	
<b>f</b> Grants to other organizations for lobbying purposes . . . . .		X	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body . . . . .		X	
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means . . . . .		X	
<b>i</b> Total lobbying expenditures (Add lines c through h.) . . . . .			

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

M 3,4



## Application for Extension of Time to File an Exempt Organization Return

OMB No. 1545-1709

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension complete only Part I** and check this box
- If you are filing for an **Additional (not automatic) 3-Month Extension, complete only Part II** (on page 2 of this form).

**Do not complete Part II unless** you have already been granted an automatic 3-month extension of a previously filed Form 8868.

**Part I Automatic 3-Month Extension of Time** - Only submit original (no copies needed)

**Form 990-T corporations** requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

**Electronic Filing (e-file).** Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile).

<b>Type or print</b>	Name of Exempt Organization <b>UNITED MEDICAL CENTER FOUNDATION</b>	<b>Employer identification number</b> <b>83-0236858</b>
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P.O. box, see instructions. <b>300 EAST 23RD STREET</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>CHEYENNE WY 82001-</b>	

**Check type of return to be filed** (file a separate application for each return):

- |  |   |                                    |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)                 | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)      | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041-A                              | <input type="checkbox"/> Form 8870 |

- The books are in the care of ▶ **UMC FOUNDATION**  
 Telephone No. ▶ **307-633-7667** FAX No. ▶ \_\_\_\_\_
- If the organization does **not** have an office or place of business in the United States, check this box
- If this is for **Group Return**, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the **whole** group, check this box ▶ . If it is for part of the group, check this box ▶  and attach a list with the names and EINs of all members the extension will cover.

**1** I request an automatic 3-month (6-month, for a **Form 990-T corporation**) extension of time until     **AUG 15**    , 20    **06**     to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ▶  calendar year     **2005**     or  
 ▶  tax year beginning \_\_\_\_\_, 20\_\_\_\_ and ending \_\_\_\_\_, 20\_\_\_\_

**2** If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

**3 a** If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ \_\_\_\_\_

**b** If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$ \_\_\_\_\_

**c Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ \_\_\_\_\_

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

**For Privacy Act and Paperwork Reduction Act Notice, see instructions.**

Form **8868** (12-2004)

**UNITED MEDICAL CENTER FOUNDATION  
2005 990 TAX RETURN  
EIN 83-0236858**

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

INVESTMENT SALES	\$ 3,079,084
INVESTMENT COST/BASIS	<u>2,850,953</u>
(LOSS) FROM PUBLICLY TRADED SECURITIES	<u>\$ 228,131</u>

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

CORPORATE AND INT'L BONDS	\$ 1,529,679
COMMON STOCKS	5,463,287
MUTUAL FUNDS	1,566,136
PREFERRED STOCKS	327,572
SHORT TERM INVESTMENTS	<u>1,523,343</u>
	10,410,017
LESS. UNREALIZED GAIN/LOSS	761,295
INVESTMENTS AT COST	<u>\$ 9,648,722</u>

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

	COST	ACCUM DEPR	DEPR EXP
LAND	\$ 515,216	\$ -	\$ -
VEHICLES	20,259	20,259	-
EQUIPMENT	<u>28,029</u>	<u>16,901</u>	<u>3,109</u>
	<u>\$ 563,504</u>	<u>\$ 37,160</u>	<u>\$ 3,109</u>

**FORM 990; PAGE 4; PART IV-A; LINE d; RECONCILIATION OF REVENUE:**

**ADJUSTMENT TO CONVERT ACCRUAL INCOME TO CASH INCOME:**

INCREASE IN ALLOWANCE FOR UNREALIZED GAINS	\$ (17,153)
INCREASE IN PLEDGES RECEIVABLE	(5,381,205)
INCREASE IN ACCRUED INTEREST RECEIVABLE	(521)
DECREASE IN GRANTS RECEIVABLE	9,960
INCREASE IN COMMITMENTS TO UMC	180,500
TOTAL ACCRUAL ADJUSTMENTS	<u>(5,208,419)</u>

**UNITED MEDICAL CENTER FOUNDATION  
2005 990 TAX RETURN  
EIN 83-0236858**

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

NAME AND ADDRESS	TITLE/ AVG HRS	COMPENSATION	CONTRIBUTIONS	
			TO EMPLOYEE BENEFIT PLAN	EXPENSE ACCOUNT
LEIGH WEST CHEYENNE, WYOMING	EXEC DIR 40+/WEEK	\$ 112,199	0	0
DAVE FORMAN CHEYENNE, WYOMING	CHAIRMAN 2+/WEEK	0	0	0
JACQUELINE FERRALL CHEYENNE, WYOMING	VICE-CHAIR 2+/WEEK	0	0	0
JOE PAIZ CHEYENNE, WYOMING	SECRETARY/ TREASURER 2+/WEEK	0	0	0
OTHER BOARD OF DIRECTORS:				
MICHAEL BELL	VARIOUS	0	0	0
LYNNE CARLTON	VARIOUS	0	0	0
ANDREA COOK	VARIOUS	0	0	0
RICK DAVIS	VARIOUS	0	0	0
LORI DICKERSON	VARIOUS	0	0	0
BILL DUBOIS	VARIOUS	0	0	0
GUS FLEISCHLI	VARIOUS	0	0	0
RANDY FORD	VARIOUS	0	0	0
CHARLIE HARMS	VARIOUS	0	0	0
JAMES HARPER	VARIOUS	0	0	0
KATHY JOANNIDES	VARIOUS	0	0	0
SHARON KEIZER	VARIOUS	0	0	0
JEAN LEACH	VARIOUS	0	0	0
THOMAS LONG	VARIOUS	0	0	0
CAROL MERRELL	VARIOUS	0	0	0
SUSAN MILLER	VARIOUS	0	0	0
WILLIAM MURRAY, II	VARIOUS	0	0	0
DIXIE ROBERTS	VARIOUS	0	0	0
SUSAN SAMUELSON	VARIOUS	0	0	0
KRISTI SANSONETTI	VARIOUS	0	0	0
PAUL SMITH	VARIOUS	0	0	0
W.M. STALCUP	VARIOUS	0	0	0
TOM STUCKEY	VARIOUS	0	0	0
SANDRA SURBRUGG	VARIOUS	0	0	0
ROBIN VOLK	VARIOUS	0	0	0
MARY OTTOES	VARIOUS	0	0	0
ARLINE HARRIS	VARIOUS	0	0	0
RUBY MERCER	VARIOUS	0	0	0
BRENT WEIGNER, PH.D.	VARIOUS	0	0	0