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Form **990**

Department of the Treasury
Internal Revenue Service

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)

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

OMB No 1545-0047

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 07-01-2010 and ending 06-30-2011

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
Wyoming Medical Center Inc

Doing Business As

Number and street (or P O box if mail is not delivered to street address) 1233 E Second ST

Room/suite

City or town, state or country, and ZIP + 4
Casper, WY 82601

D Employer identification number
83-0279242

E Telephone number
(307) 577-7201

G Gross receipts $ 232,636,513

F Name and address of principal officer
Vickie Diamond
1233 E Second ST
Casper, WY 82601

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

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ www wyomingmedicalcenter org

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1986

M State of legal domicile WY

Part I Summary

1 Briefly describe the organization's mission or most significant activities
To manage the Hospital and provide patient healthcare

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	9
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	5
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	**5**	1,686
6	Total number of volunteers (estimate if necessary)	**6**	119
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	90,600	1,624,934
9	Program service revenue (Part VIII, line 2g)	230,999,248	229,003,308
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,319,345	-3,096,944
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,260,798	395,615
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	236,669,991	227,926,913
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	25,500
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	99,646,970	105,755,340
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	128,325,694	114,104,351
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	227,972,664	219,885,191
19	Revenue less expenses Subtract line 18 from line 12	8,697,327	8,041,722

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	226,823,256	254,432,585
21	Total liabilities (Part X, line 26)	55,935,183	68,732,780
22	Net assets or fund balances Subtract line 21 from line 20	170,888,073	185,699,805

Part II Signature Block

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.

Sign Here

****** — Signature of officer — 2012-05-10 — Date

Donnie J Claunch CFO — Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: Kim Hunwardsen CPA	Preparer's signature: Kim Hunwardsen CPA	Date: 2012-05-10	Check if self-employed ▶ ☐	PTIN
Firm's name ▶ Eide Bailly LLP				Firm's EIN ▶
Firm's address ▶ 800 Nicollet Mall Ste 1300 Minneapolis, MN 554027033				Phone no ▶ (612) 253-6500

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III . . . . . ☑

1 Briefly describe the organization's mission

To manage the Hospital and provide patient healthcare

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☑ Yes ☐ No

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 197,919,755 including grants of $ 25,500) (Revenue $ 229,003,308)

Wyoming Medical Center's mission is "Outstanding Quality Delivered by People Who Care " This mission translates into Wyoming Medical Center being a leader in its community and the state in offering quality care Wyoming Medical Center was formed in 1986 as a non-profit corporation to provide healthcare to the residents of Natrona County Since that time Wyoming Medical Center has grown into a regional Trauma II Center that provides critical services not only to Natrona County, but to the state and surrounding states Wyoming Medical Center provided $15,131,602 in Charity Care services

4b (Code) (Expenses $ including grants of $) (Revenue $)

4c (Code) (Expenses $ including grants of $) (Revenue $)

4d Other program services (Describe in Schedule O)
(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses** ▶ $ 197,919,755

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)?	2	Yes	
3	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*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9	Yes	
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X.*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I (see instructions)*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a	Yes	
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b	Yes	

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**		No
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		No
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization 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*	**25b**		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	**35**	Yes	
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2* ☑ **Yes** ☐ **No**			
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V . . . . . .

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	436		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	2a	1,686		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		3a		No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*		3b		
4a	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)?		4a		No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .		5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?		6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .		7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		8		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?		9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O		13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .		14b		

Part VI **Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	9		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	5		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . .		3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4	Yes	
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .		5		No
6	Does the organization have members or stockholders?		6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . .		7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		8a	Yes	
b	Each committee with authority to act on behalf of the governing body?		8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	Yes	
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		No

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available Check all that apply

☐ Own website ☐ Another's website ☑ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

Donnie J Claunch
1233 East 2nd Street
Casper, WY 82601
(307) 577-2185

Part VII Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII . . . . . .☐

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Linda Young Chair	5 00	X		X				0	0	0
(2) John Bailey Vice Chair	5 00	X		X				0	0	0
(3) Susan McMurray Secretary	5 00	X		X				0	0	0
(4) James Anderson Board Member	5 00	X						93,400	0	0
(5) Ruth Moran Board Member	5 00	X						0	0	0
(6) Mark Dowell Board Member	5 00	X						0	0	0
(7) Jimmy Goolsby Board Member	5 00	X						0	0	0
(8) Stephen Sasser Board Member - thru 10-10	5 00	X						0	0	0
(9) John Masterson Board Member	5 00	X						0	0	0
(10) Christopher Murihead Board Member	5 00	X						0	0	0
(11) Vickie Diamond CEO	45 00			X				525,468	0	27,207
(12) Donnie J Claunch CFO (March-June)	45 00			X				204,039	0	63,061
(13) Nancy A Brandt Past CFO (July-March)	45 00			X				333,833	0	7,158
(14) Julia Cann-Taylor CNO	45 00				X			251,391	0	197,397
(15) Richard Williams VP Human Resources and Legal Services	45 00				X			279,847	0	90,882
(16) Joseph Sramek Doctor	45 00					X		1,145,131	0	0

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(17) Robert F Hollis Doctor	45 00					X		908,137	0	0
(18) Michelle R Mohr Doctor	45 00					X		379,116	0	0
(19) Mark McGinley Doctor	45 00					X		371,320	0	0
(20) Robert T Neff Doctor	45 00					X		362,755	0	0
(21) Steven Chadderdon Former Officer	40 00						X	160,896	0	7,572
1b **Sub-Total** . . . . . ▶										
c **Total from continuation sheets to Part VII, Section A** . . . . ▶										
d **Total (add lines 1b and 1c)** . . . . . ▶								5,015,333	0	393,277

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶ 92

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**	Yes	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
Price Waterhouse PO Box 75647 Chicago, IL 60675	Consulting	5,095,815
Haselden-Pope 6950 S Potomac Centennial, CO 80112	Consulting/Construction	4,630,616
McKesson Information Systems PO Box 98347 Chicago, IL 60693	Consulting/IT	4,573,093
C & A IndustryFocus One PO Box 3037 Omaha, NE 68103	Temporary Staff	2,508,298
Universal HealthWyoming 2521 E 15th St Casper, WY 82609	Medical	1,565,493

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 150

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns . . 1a					
	b Membership dues 1b					
	c Fundraising events 1c					
	d Related organizations . . . 1d					
	e Government grants (contributions) 1e					
	f All other contributions, gifts, grants, and similar amounts not included above 1f	1,624,934				
	g Noncash contributions included in lines 1a-1f $					
	h **Total.** Add lines 1a-1f . . . . . ▶		1,624,934			
Program Service Revenue		Business Code				
	2a Net Patient Revenue	621110	220,268,846	220,268,846		
	b JV Investment Income	621300	2,223,217	2,223,217		
	c Cafeteria Sales	722210	414,758	414,758		
	d Child Care Revenue	624410	303,711	303,711		
	e Lab Revenue	621500	291,452	291,452		
	f All other program service revenue		5,501,324	5,501,324		
	g **Total.** Add lines 2a–2f . . . . . ▶		229,003,308			
	3 Investment income (including dividends, interest and other similar amounts) . . . . . ▶		1,069,235			1,069,235
	4 Income from investment of tax-exempt bond proceeds . . ▶					
	5 Royalties . . . . . ▶					
		(i) Real	(ii) Personal			
	6a Gross Rents	908,161				
	b Less rental expenses	512,546				
	c Rental income or (loss)	395,615				
	d Net rental income or (loss) . . . . . ▶		395,615			395,615
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory		30,875			
	b Less cost or other basis and sales expenses		4,197,054			
	c Gain or (loss)		-4,166,179			
	d Net gain or (loss) . . . . . ▶		-4,166,179			-4,166,179
Other Revenue	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . . a					
	b Less direct expenses . . . b					
	c Net income or (loss) from fundraising events . . ▶					
	9a Gross income from gaming activities See Part IV, line 19 . a					
	b Less direct expenses . . . . . b					
	c Net income or (loss) from gaming activities . . ▶					
	10a Gross sales of inventory, less returns and allowances . a					
	b Less cost of goods sold . . b					
	c Net income or (loss) from sales of inventory . . ▶					
	Miscellaneous Revenue	Business Code				
	11a					
	b					
	c					
	d All other revenue					
	e **Total.** Add lines 11a–11d . . . . . ▶					
	12 **Total revenue.** See Instructions . . . ▶		227,926,913	229,003,308	0	2,701,329

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21				
2 Grants and other assistance to individuals in the U S See Part IV, line 22	25,500	25,500		
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	2,184,871	462,680	1,722,191	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	163,241	163,241		
7 Other salaries and wages	77,316,019	64,655,431	12,660,588	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	12,616,808	10,313,024	2,303,784	
9 Other employee benefits	11,761,124	11,604,134	156,990	
10 Payroll taxes	1,713,277	1,395,293	317,984	
a Fees for services (non-employees) Management				
b Legal	151,959		151,959	
c Accounting	347,137		347,137	
d Lobbying				
e Professional fundraising services *See Part IV, line 17*				
f Investment management fees				
g Other	19,307,580	17,049,498	2,258,082	
12 Advertising and promotion	728,212	725,093	3,119	
13 Office expenses	1,924,162	1,720,144	204,018	
14 Information technology	3,860,796	3,860,137	659	
15 Royalties				
16 Occupancy	1,677,565	1,677,565		
17 Travel	2,243,260	1,856,948	386,312	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	129,158	113,237	15,921	
20 Interest	60,264	60,264		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	11,639,676	11,639,676		
23 Insurance	3,003,684	3,003,684		
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a Drugs and Medical Suppl	33,280,622	33,275,604	5,018	
b Bad Debt Expense	19,941,260	19,941,260		
c Equipment Lease/Rental	6,191,916	6,177,297	14,619	
d Repairs and Maintenance	2,668,749	2,668,749		
e Food	1,532,639	1,489,454	43,185	
f All other expenses	5,415,712	4,041,842	1,373,870	
25 **Total functional expenses.** Add lines 1 through 24f	219,885,191	197,919,755	21,965,436	0
26 **Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		36,698,501	1	38,139,865
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		33,883,601	4	35,088,823
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Schedule L			6	
	7	Notes and loans receivable, net		2,099,655	7	2,604,898
	8	Inventories for sale or use		6,635,397	8	5,701,483
	9	Prepaid expenses and deferred charges		4,775,854	9	5,160,025
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 243,013,633			
	b	Less accumulated depreciation	10b 155,668,404	87,924,836	10c	87,345,229
	11	Investments—publicly traded securities		47,859,775	11	72,955,203
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11		6,921,308	13	7,437,059
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		24,329	15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		226,823,256	16	254,432,585
Liabilities	17	Accounts payable and accrued expenses		20,013,925	17	15,457,012
	18	Grants payable			18	
	19	Deferred revenue			19	151,028
	20	Tax-exempt bond liabilities		2,074,168	20	20,039,244
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			21	25,200
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties		1,338,833	23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D		32,508,257	25	33,060,296
	26	**Total liabilities.** Add lines 17 through 25		55,935,183	26	68,732,780
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		170,888,073	27	185,699,805
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		170,888,073	33	185,699,805
	34	Total liabilities and net assets/fund balances		226,823,256	34	254,432,585

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12)	1	227,926,913
2	Total expenses (must equal Part IX, column (A), line 25)	2	219,885,191
3	Revenue less expenses Subtract line 2 from line 1	3	8,041,722
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	170,888,073
5	Other changes in net assets or fund balances (explain in Schedule O)	5	6,770,010
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	185,699,805

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . . ☐

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separated basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
Wyoming Medical Center Inc

Employer identification number
83-0279242

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☑ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

_____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ 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 exempt 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).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support
Total									

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public Support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 **Total support** (Add lines 7 through 10)						

12 Gross receipts from related activities, etc (See instructions) **12**

13 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2009 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2010.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support test—2009.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2010.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2009.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

18 **Private Foundation** If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ▶☐

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	**(a)** 2006	**(b)** 2007	**(c)** 2008	**(d)** 2009	**(e)** 2010	**(f)** Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public Support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	**(a)** 2006	**(b)** 2007	**(c)** 2008	**(d)** 2009	**(e)** 2010	**(f)** Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support** (Add lines 9, 10c, 11 and 12)						

14 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	**15**	
16	Public support percentage from 2009 Schedule A, Part III, line 15	**16**	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2010** (line 10c column (f) divided by line 13 column (f))	**17**	
18	Investment income percentage from **2009** Schedule A, Part III, line 17	**18**	

19a **33 1/3% support tests—2010.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support tests—2009.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

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

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

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SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ Complete if the organization is described below.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35a (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization	Employer identification number
Wyoming Medical Center Inc	83-0279242

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $ _____

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c) except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $ _____

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities ▶ $ _____

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ $ _____

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	**(b)** Address	**(c)** EIN	**(d)** Amount paid from filing organization's funds If none, enter -0-	**(e)** Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

Part II-A **Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

A Check ☐ if the filing organization belongs to an affiliated group
B Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount Enter the amount from the following table in both columns		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000
Over $17,000,000	$1,000,000

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ Yes ☐ No

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 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		3,551
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities? If "Yes," describe in Part IV		No	
j	Total lines 1c through 1i			3,551
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of $2,000 or less?	2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3		

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) non-deductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid).**		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

Identifier	Return Reference	Explanation

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
Wyoming Medical Center Inc

Employer identification number
83-0279242

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☑ No

b If "Yes," explain the arrangement in Part XIV and complete the following table

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☑ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶
- c Term endowment ▶

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		7,347,813		7,347,813
b Buildings		84,524,871	54,311,531	30,213,340
c Leasehold improvements		43,227	15,321	27,906
d Equipment		127,050,302	98,582,380	28,467,922
e Other		24,047,420	2,759,172	21,288,248
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				87,345,229

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
Pension Liability	24,940,835
Estimated Third Party Payor Settlements	8,119,461
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	33,060,296

2. Fin 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC740)

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	227,926,913
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	219,885,191
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	8,041,722
4	Net unrealized gains (losses) on investments	4	5,381,782
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	1,388,228
9	Total adjustments (net) Add lines 4 - 8	9	6,770,010
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	14,811,732

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	233,934,458
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	5,381,782		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	625,763		
e	Add lines **2a** through **2d**			2e	6,007,545
3	Subtract line **2e** from line **1**			3	227,926,913
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	227,926,913

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	218,665,685
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	0
3	Subtract line **2e** from line **1**			3	218,665,685
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b	1,219,506		
c	Add lines **4a** and **4b**			4c	1,219,506
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	219,885,191

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
	Part IV, Line 2b	In 2011, Wyoming Medical Center, Inc issued 3 year certificates to employees at an interest rate equal to the yield of a 3 year bond The employees were allowed to purchase the certificates which were issued in $500 00 increments WMC holds the certificates and pays the interest differential to the accounts Interest income for the employees will be treated as W-2 income and is paid quarterly When an employee terminates from the organization they are automatically cashed out of the program The purpose of the program was to allow employees to invest in the new West Tower project and have a sense of ownership
Description of Uncertain Tax Positions Under FIN 48	Part X	The Hospital, Care, WHMG and the Foundation are organized as Wyoming nonprofit corporations and have been recognized by the Internal Revenue Service as exempt from federal income taxes under Internal Revenue Code Section 501(c)(3) These entities undergo annual analysis of their various tax positions, assessing the likelihood of these positions being upheld with relevant tax authorities, as defined by the accounting principles generally accepted in the United States of America These entities believe that they are compliant with all IRS tax regulations and as of June 30, 2011 have not recorded a tax liability for a tax uncertainty These entities will recognize future accrued interest and penalties related to unrecognized tax liabilities in income tax expense if incurred
Part XI, Line 8 - Other Adjustments		Change in Minimum Pension Liability 1,388,228
Part XII, Line 2d - Other Adjustments		Expenses Recorded in Revenue on Financial Statements - 1,219,506 Change in Minimum Pension Liability 1,388,228 Net Income From WHMG 457,036 Rounding Adjustment 5
Part XIII, Line 4b - Other Adjustments		Expenses Recorded in Revenue on Financial Statements 1,219,506

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 20.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
Wyoming Medical Center Inc

Employer identification number
83-0279242

Part I Financial Assistance and Certain Other Community Benefits at Cost

			Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes	
b	If "Yes," is it a written policy?	1b	Yes	
2	If the organization has multiple hospitals, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year			
	☑ Applied uniformly to all hospitals ☐ Applied uniformly to most hospitals ☐ Generally tailored to individual hospitals			
3	Answer the following based on the the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year			
a	Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing *free* care to low income individuals? If "Yes," indicate which of the following is the FPG family income limit for eligibility for free care	3a	Yes	
	☐ 100% ☐ 150% ☑ 200% ☐ Other ____ %			
b	Does the organization use FPG to determine eligibility for providing *discounted* care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care	3b	Yes	
	☐ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☑ Other 275.000000000000 %			
c	If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care			
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b		No
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care?	5c		
6a	Does the organization prepare a community benefit report during the tax year?	6a	Yes	
6b	If "Yes," did the organization make it available to the public?	6b		No
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H			

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheets 1 and 2)			14,352,755		14,352,755	7 180 %
b Unreimbursed Medicaid (from Worksheet 3, column a)			16,901,756	13,029,259	3,872,497	1 940 %
c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b)			7,740,880	3,917,832	3,823,048	1 910 %
d **Total** Financial Assistance and Means-Tested Government Programs			38,995,391	16,947,091	22,048,300	11 030 %
Other Benefits						
e Community health improvement services and community benefit operations (from (Worksheet 4)			992,726	263,509	729,217	0 360 %
f Health professions education (from Worksheet 5)			783,673	66,206	717,467	0 360 %
g Subsidized health services (from Worksheet 6)			4,522,011	1,331,450	3,190,561	1 600 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions to community groups (from Worksheet 8)			40,161		40,161	0 020 %
j **Total** Other Benefits			6,338,571	1,661,165	4,677,406	2 340 %
k **Total.** Add lines 7d and 7j			45,333,962	18,608,256	26,725,706	13 370 %

Part II Community Building Activities during the tax year, and describe in Part VI how its community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development			13,660		13,660	0 010 %
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy			828		828	0 %
8 Workforce development			697,394		697,394	0 320 %
9 Other						
10 **Total**			711,882		711,882	0 330 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?	1	Yes		
2	Enter the amount of the organization's bad debt expense (at cost)	2	8,463,023		
3	Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's financial assistance policy	3			
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including a portion of bad debt amounts as community benefit				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	44,845,557
6	Enter Medicare allowable costs of care relating to payments on line 5	6	58,201,196
7	Subtract line 6 from line 5 This is the surplus or (shortfall)	7	-13,355,639
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used		

☐ Cost accounting system ☐ Cost to charge ratio ☑ Other

Section C. Collection Practices

9a	Does the organization have a written debt collection policy?	9a	Yes		
b	If "Yes," does the organization's collection policy contain provisions on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance? Describe in Part VI	9b	Yes		

Part IV Management Companies and Joint Ventures

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership%	(e) Physicians' profit % or stock ownership %
1 1 Outpatient Radiology	Imaging Services	50 000 %		50 000 %
2 2 Central Wyoming Outpatient Surgery Center	Surgical Center	50 000 %		50 000 %
3 3 Sweetwater Surgery Center	Surgical Center	10 000 %		90 000 %
4 4 Template	Property	25 000 %		75 000 %
5 5 Wyoming Imaging Center	Imaging Services	10 300 %		89 700 %
6				
7				
8				
9				
10				
11				
12				
13				

Part V Facility Information

Section A. Hospital Facilities

(list in order of size, measured by total revenue per facility, from largest to smallest)

How many hospital facilities did the organization operate during the tax year? 1

	Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
1	Wyoming Medical Center 122 East 2nd Street Casper, WY 82601	X	X					X		

Part V **Facility Information** *(continued)*

Section C. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility
(list in order of size, measured by total revenue per facility, from largest to smallest)

How many non-hospital facilities did the organization operate during the tax year? **5**

	Name and address	Type of Facility (Describe)
1	Central WY Outpatient Surgery Cente 1201 E 3 Rd St Casper, WY 82601	Surgical Center
2	Central WY Outpatient Surgery Cente 1201 E 3 Rd St Casper, WY 82601	Surgical Center
3	Central WY Outpatient Surgery Cente 1201 E 3 Rd St Casper, WY 82601	Surgical Center
4	Central WY Outpatient Surgery Cente 1201 E 3 Rd St Casper, WY 82601	Surgical Center
5	Central WY Outpatient Surgery Cente 1201 E 3 Rd St Casper, WY 82601	Surgical Center
6		
7		
8		
9		
10		

Part VI Supplemental Information

Complete this part to provide the following information

1 **Required descriptions.** Provide the description required for Part I, lines 3c, 6a, and 7, Part II, Part III, lines 4, 8, and 9b, and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Identifier	ReturnReference	Explanation
		Part I, Line 7 Charity care was converted to cost on Line 7a based on overall cost to charge ratio using Worksheet 2 For Line 7b Medicaid gross patient charges are tracked and the cost to charge ratio that is calculated from Schedule H Worksheet 1 is applied This amount is offset by net patient service revenue which is a calculation of actual payment minus total expeced payment (account balance x reimbursement percentage) Lines 7e-i are actual expenses from the general ledger

Identifier	ReturnReference	Explanation
		Part I, L7 Col(f) The amount of bad debt expense removed from the denominator of the calculations was 19,941,260

Identifier	ReturnReference	Explanation
		Part II The community building activities promote health of the community by providing needed specialists and physicians as well as determining what is needed by the residents in the local community and surrounding area Wyoming Medical Center spent $697,394 in recruiting physicians for pediatrics, OB/GYN, primary care, radiology services, and emergency care WMC also spent $828 for proper disposal service for unwanted and unusable pharmaceuticals in order to keep the community and environment safe

Identifier	ReturnReference	Explanation
		Part III, Line 4 The amount of bad debt expense (at cost) reported is calculated as follows payment arrangements include prospectively determined rates per discharge, reimbursed costs, discounted charges and per diem payments Net patient service revenue is reported at the estimated net realizable amounts from patients, third-party payors, and others for services rendered, including estimated retroactive adjstments under reimbursement agreements with third-party payors

Identifier	ReturnReference	Explanation
		Part III, Line 8 The Hospital used the Medicare operating cost-to-charge ratio to calculate the costs relating to Medicare revenue applied against actual receipts The Hospital experienced costs not covered by Medicare in the amount of $13,355,639 This is a direct benefit to the Medicare population in our community

Identifier	ReturnReference	Explanation
		Part III, Line 9b Collection practices are only pursued if the patient is determined to not qualify for charity care or does not qualify for another program This includes notification to the patient via a letter 10 days prior to assignment of an account to collections

Identifier	ReturnReference	Explanation
		Part VI, Line 2 In April 2011 WMC, Community Health Center of Central Wyoming, Wyoming Business Coalition, Kids First Natrona County and the City of Casper conducted a needs assessment survey These surveys were sent through the mail In June focus group meetings were conducted through Casper Results are being compiled and will be presented to the board in late 2011

Identifier	ReturnReference	Explanation
		Part VI, Line 3 Through our charity care program Wyoming Medical Center offers full or partially subsidized services to individuals and families who are unable to pay Patients are given a brochure at time of admission that provides information on financial options for patients If the patient is concerned about cost of care, there is always an assessment to try and match them with a program that will help, whether it be a federal or state program, reduced cost or full charity care Our patient financial service counselors meet one on one with patients and explain the financial assistance program that are available to them

Identifier	ReturnReference	Explanation
		Part VI, Line 4 Wyoming Medical Center has 209 beds with 102 private and 96 semi-private consisting of 912,109 square feet With 18 specialties WMC provides 13 Wyoming communities with over 1,100 outreach clinics each year A full spectrum of integrated healthcare services that includes Emergency Care and Trauma, Intensive Care, Medical/Surgical Care, Obstetrics and Pediatrics, Orthopedic Care Also, WMC offers many of these services in partnership with Wyoming Health Medical Group Casper currently has one county owned public hospital, a specialty hospital, a rehabilitation hospital, and a behavioral health center Wyoming Medical Center's Primary inpatient market share for FY2011 is 13 1% discharges of the 51,378 total Wyoming inpatient discharges WMC serves 11 secondary market counties including Campbell, Carbon, Converse, Fremont, Hot Springs, Johnson, Niobrara, Platte, Sheridan, Sweetwater, and Washakie The primary market share comprises 74 7%, secondary market share 8 4% and 0 4% tertiary of the total 8,083 inpatient discharges excluding newborns and rehabilitation Natrona County as of the 2010 Census data has 75,450 residents with total Wyoming 568,626 residents The county has 5,340 land areas in square miles and Wyoming has 97,093 land areas in square miles which equals 14 1 persons per square mile and 5 8 persons respectively Natrona County consists of 92 8% white persons, 0 9% black persons, 1 0% American Indian & Alaska Native persons, 0 7% Asian persons, 0 1% Native Hawaiian and other Pacific Islander persons, 2 4% persons reporting two or more races, 6 9% persons of Hispanic or Latino origin, and 89 1% white persons not Hispanic according to the 2010 Census data 8 4% of the total Natrona County persons are below the poverty level with 9 8% in Wyoming Median household income is $50,936 in Natrona County and $53,802 in Wyoming

Identifier	ReturnReference	Explanation
		Part VI, Line 6 The Hospital provides services for sexually assaulted victims through the SANE program in the emergency department The Hospital provides a variety of health improvement options for the community and its patients For example, the hospital provides education and products for weight loss, diabetes, stroke and smoking cessation The community building activities promote health of the community by providing needed specialists and physicians as well as determining what is needed by the residents in the local community and surrounding area WMC also provides a proper disposal service of unwanted and unusable pharmaceuticals in order to keep the community and environment safe Wyoming Medical Center is a not-for profit hospital The Hospital is governed by a volunteer board of directors Our medical staff is open to all qualified physicians and allied health professionals Our emergency department is open to all individuals regardless of their ability to pay Wyoming Medical Center subsidized $9,850,977 in healthcare services through its operation of Wyoming Health Medical Group, LLC Services offered include Neurosurgical Care, Internal Medicine and Family Practice, Wound Care and Reconstructive Surgery All specialties treat all patients regardless of their ability to pay Wyoming Medical Center is a training site for many specialties We provide training for students in Nursing, Phlebotomy, Respiratory Therapy, Paramedic Services, Occupational Therapy assistants, Physical Therapist, and Family Practice residents Wyoming Medical Center has been instrumental in implementing a Telehealth Stroke program for Wyoming This allows Casper physicians to view and treat patients from a remote location giving the patient time needed care Wyoming Medical Center provides Women Services to women who are pregnant or want to become pregnant This includes prenatal and post delivery education and support to mothers We also provide diabetes education and weight management programs During FY 2011 Wyoming Medical Center had over 54,000 patient days and over 33,000 emergency department visits

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
Wyoming Medical Center Inc

Employer identification number
83-0279242

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Part II can be duplicated if additional space is needed. . . . ▶ ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance

2 Enter total number of section 501(c)(3) and government organizations . . . ▶

3 Enter total number of other organizations . . . ▶

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) Stipends	1	25,500			

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S	Part I, Line 2	Schedule I, Part I, Line 2 The medical staff board reviews potential candidates which they would like to bring into the community The medical staff board reviews the candidate's services and determines if the services would meet a community need The grants are a recruiting tool to support the individual and are based on a contract The individual receives the funds directly and per the contract is required to be employed by Wyoming Medical Center, Inc following completion of their education

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
Wyoming Medical Center Inc

Employer identification number
83-0279242

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☑ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply			
	☑ Compensation committee	☑ Written employment contract		
	☐ Independent compensation consultant	☑ Compensation survey or study		
	☐ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment from the organization or a related organization?	**4a**	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) Vickie Diamond	(i)	433,541	82,000	9,927	27,207	4,310	556,985	0
	(ii)	0	0	0	0	0	0	0
(2) Donnie J Claunch	(i)	175,226	28,466	347	63,061	1,729	268,829	0
	(ii)	0	0	0	0	0	0	0
(3) Nancy A Brandt	(i)	287,065	45,526	1,242	7,158	2,514	343,505	0
	(ii)	0	0	0	0	0	0	0
(4) Julia Cann-Taylor	(i)	219,432	31,158	801	197,397	2,454	451,242	0
	(ii)	0	0	0	0	0	0	0
(5) Richard Williams	(i)	239,480	38,946	1,421	90,882	3,081	373,810	0
	(ii)	0	0	0	0	0	0	0
(6) Joseph Sramek	(i)	1,144,711	0	420	0	0	1,145,131	0
	(ii)	0	0	0	0	0	0	0
(7) Robert F Hollis	(i)	907,717	0	420	0	0	908,137	0
	(ii)	0	0	0	0	0	0	0
(8) Michelle R Mohr	(i)	378,912	0	204	0	0	379,116	0
	(ii)	0	0	0	0	0	0	0
(9) Mark McGinley	(i)	370,825	0	495	0	0	371,320	0
	(ii)	0	0	0	0	0	0	0
(10) Robert T Neff	(i)	361,000	1,425	330	0	0	362,755	0
	(ii)	0	0	0	0	0	0	0
(11) Steven Chadderdon	(i)	146,142	13,940	814	7,572	2,345	170,813	0
	(ii)	0	0	0	0	0	0	0
(12)								
(13)								
(14)								
(15)								
(16)								

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Identifier	Return Reference	Explanation
	Part I, Line 1a	Vickie Diamond - Petroleum Club Dues - $656 Vickie Diamond - Casper Country Club - $2,695 Nancy Brandt-Casper Country Club - $2,450
	Part I, Line 4a	Nancy Brandt received a severance payment in the amount of $190,300 82

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990).
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
Wyoming Medical Center Inc

Employer identification number
83-0279242

Part I Bond Issues

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	Natrona County Wyoming	83-6000113	638813CB9	02-28-2011	20,039,244	Construction of New West Tower		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired				
2	Amount of bonds legally defeased				
3	Total proceeds of issue	20,039,244			
4	Gross proceeds in reserve funds	1,667,227			
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrow				
7	Issuance costs from proceeds	257,480			
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds				
11	Other spent proceeds				
12	Other unspent proceeds	18,114,537			
13	Year of substantial completion	2013			

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X						
15	Were the bonds issued as part of an advance refunding issue?		X						
16	Has the final allocation of proceeds been made?		X						
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

Part III Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X						
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X						

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use?		X						
b	Are there any research agreements that may result in private business use of bond-financed property?		X						
c	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0 %							
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	0 %							
6	Total of lines 4 and 5	0 %							
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X							

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X						
2	Is the bond issue a variable rate issue?		X						
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?		X						
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was a hedge terminated?								
4a	Were gross proceeds invested in a GIC?		X						
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
5	Were any gross proceeds invested beyond an available temporary period?		X						
6	Did the bond issue qualify for an exception to rebate?		X						

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule K (see instructions)

Identifier	Return Reference	Explanation

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶See separate instructions.

OMB No 1545-0047

2010

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Name of the organization
Wyoming Medical Center Inc

Employer identification number
83-0279242

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1 (a) Name of disqualified person	(b) Description of transaction	(c) Corrected? Yes	(c) Corrected? No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ $

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization? To	(b) From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	(e) No	(f) Approved by board or committee? Yes	(f) No	(g) Written agreement? Yes	(g) No
Total . . . . . ▶ $										

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) Casper Orthopedics Associates PC (COA)	Board Member Dr John Bailey owns 14% of COA	283,500	Trauma Call Services		No
(2) 3rd Street Medical	Board Member Susie McMurry owns 50% of 3rd Street Medical	215,500	Building Lease		No
(3) Central Wyoming Outpatient Surgical Center dba Casper Surgical Center	Board Member Dr James Anderson owns 25% of CWOSC	350,000	Building Lease		No
(4) Central Wyoming Outpatient Surgical Center dba Casper Surgical Center	Board Member Dr James Anderson owns 25% of CWOSC	135,403	Master Service Agreement and Trauma Call Services		No
(5) Gabriel Williams	Family Member of Key Employee	28,955	Compensation and Benefits		No

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier	Return Reference	Explanation

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
Wyoming Medical Center Inc

Employer identification number
83-0279242

Identifier	Return Reference	Explanation
Changes in Program Services	Form 990, Part III, line 3	Wyoming Medical Center has ceased to offer its endocrinology services

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 1		The Executive Committee has broad authority to act on behalf of the Board of Directors The Executive Committee consists of the Chair, Vice Chair and Secretary The Executive Committee is responsible for carrying out the directives of the Board of Directors in the interim between regular board meetings, and is empowered to make such decisions or take such actions All substantive decisions made or actions taken by the Executive Committee are reported to the Board of Directors in the Chairman's standing report at the following regular board meeting, and acceptance of the report constitutes ratification by the Board of Directors of such decisions or actions

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 4		The bylaws were amended to allow up to two community members to be appointed to each of the following Board committees the Pension Committee, the Building Committee and the Quality and Safety Committee, and to allow an additional Board member to be appointed to the Pension Committee

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 11		The 990 was presented in its entirety to the Board of Directors The full 990 was given to each board member and the CFO went through a detailed review with the members

Identifier	Return Reference	Explanation
	Form 990, Part VI, Section B, line 12c	Wyoming Medical Center's conflict of interest policy applies to directors, the principal officer and any member of a committee with board-delegated powers Each individual governed by the policy annually signs a conflict of interest statement Periodic reviews are conducted to ensure that WMC operates in a manner consistent with its charitable purposes and that it does not engage in activities that could jeopardize its status as an organization exempt from federal income tax in connection with any actual or possible conflicts of interest An interested person must disclose the existence and nature of his or her financial interest and all material facts to the directors and committee Members of the committees with board delegated powers considering the proposed transaction or arrangement after disclosure of the financial interest and all material facts, and after discussion with the interested person, he or she leaves the board or committee meeting while the final determination of a conflict of interest is discussed and voted upon The remaining board or committee members decide if a conflict of interest exists An interested person may make a presentation at the board or committee meeting, but after such presentation, he/she leaves the meeting during the discussion of, and vote on, the transaction or arrangement that results in the conflict of interest The Chairperson of the board or committee can, if appropriate, appoint a disinterested person or committee to investigate alternatives to the proposed transaction or arrangement After exercising due diligence, the board or committee determines whether WMC can obtain a more advantageous transaction or arrangement with reasonable efforts from a person or entity that would not give rise to a conflict of interest If a more advantageous transaction or arrangement is not reasonably attainable under circumstances that would not give rise to a conflict of interest, the board or committee determines by a majority vote of the disinterested directors whether the transaction or arrangement is in WMC's best interest and for its own benefit and whether the transaction is fair and reasonable to WMC and makes its decision as to whether to enter into the transaction or arrangement in conformity with such determination A voting member of the board or any committee, who receives compensation, directly or indirectly, from WMC, is precluded from voting on matters pertaining to that member's Compensation Physician board members are precluded from voting on any compensation matters involving other physicians If the board or committee has reasonable cause to believe that a member has failed to disclose actual or possible conflicts of interest, it informs the member of the basis for such belief and affords the member an opportunity to explain the alleged failure to disclose If, after hearing the response of the member and making such further investigation as may be warranted in the circumstances, the board or committee determines that the member has in fact failed to disclose an actual or possible conflict of interest, it takes appropriate disciplinary and corrective action

Identifier	Return Reference	Explanation
	Form 990, Part VI, Section B, line 15	Wyoming Medical Center's executive compensation policy has the primary objective of providing a total compensation program that recognizes individual performance and experience and current market value of the position based on the skills, knowledge and behaviors required of a fully competent incumbent The compensation of the President & CEO is under the authority of the compensation review committee of the Board of Directors The compensation of the other officers is under the authority of the President & CEO, who is accountable to the Board of Directors Annually, the employee services department completes a thorough market analysis for all executive positions This market review considers equivalent positions in the industry and comparable organizations at the local, regional and national levels This analysis is provided to the compensation review committee The compensation review committee reviews the compensation of each executive position The President & CEO also participated in the review of the compensation of the other executive positions in 2010 This process included review and approval by independent persons, comparability data and contemporaneous substantiation

Identifier	Return Reference	Explanation
	Form 990, Part VI, Section C, line 19	Wyoming Medical Center does not make its governing documents, conflict of interest policy or financial statements available to the public

Identifier	Return Reference	Explanation
Changes in Net Assets or Fund Balances	Form 990, Part XI, line 5	Net unrealized gains on investments 5,381,782 Change in Minimum Pension Liability 1,388,228 Total to Form 990, Part XI, Line 5 6,770,010

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
Wyoming Medical Center Inc

Employer identification number
83-0279242

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) Wyoming Health Medical Group LLC 1233 E 2nd St Casper, WY 82601 80-0307419	Medical Services	WY	9,564,731	3,068,352	N/A

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
(1) Wyoming Medical Center Foundation 1233 E 2nd St Casper, WY 82601 83-0230808	Charity Activities	WY	501(c)(3)	Line 11a, I	N/A	Yes	
(2) WyMedco Care Inc 1233 E 2nd St Casper, WY 82601 83-0279267	Support in the Nonprofit Mission of WMC	WY	501(c)(3)	Line 11a, I	N/A	Yes	
(3) Wyoming Medical Center Auxiliary 1233 E 2nd St Casper, WY 82601 83-0240406	Hospital Gift Shop	WY	501(c)(3)	Line 9	N/A		No

Part III **Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) Template LLC 4940 Dexter St Casper, WY82601 83-0333323	Real Estate	WY	N/A	Related	144,240	1,047,636	Yes				No	25 000 %
(2) Central Wyoming Outpatient Surgery Center LLC 1201 E 3rd St Casper, WY82601 83-0331130	Medical Services	WY	N/A	Related	1,584,203	850,041		No			No	50 000 %

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) WyMedco Ventures Inc 1233 E 2nd St Casper, WY82601 83-0281137	Medical Services	WY		C	690,550	3,002,244	100 000 %

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)

		Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III or IV			
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity	1a	Yes	
b Gift, grant, or capital contribution to other organization(s)	1b		No
c Gift, grant, or capital contribution from other organization(s)	1c	Yes	
d Loans or loan guarantees to or for other organization(s)	1d	Yes	
e Loans or loan guarantees by other organization(s)	1e		No
f Sale of assets to other organization(s)	1f		No
g Purchase of assets from other organization(s)	1g		No
h Exchange of assets	1h		No
i Lease of facilities, equipment, or other assets to other organization(s)	1i	Yes	
j Lease of facilities, equipment, or other assets from other organization(s)	1j		No
k Performance of services or membership or fundraising solicitations for other organization(s)	1k	Yes	
l Performance of services or membership or fundraising solicitations by other organization(s)	1l	Yes	
m Sharing of facilities, equipment, mailing lists, or other assets	1m	Yes	
n Sharing of paid employees	1n	Yes	
o Reimbursement paid to other organization for expenses	1o		No
p Reimbursement paid by other organization for expenses	1p	Yes	
q Other transfer of cash or property to other organization(s)	1q		No
r Other transfer of cash or property from other organization(s)	1r	Yes	

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) Wyoming Medical Center Foundation	C	1,500,000	Donated Capital
(2) Wyoming Medical Center Foundation	P	608,106	Reimbursed Expenses
(3) Central Wyoming Outpatient Surgery Center LLC	I	350,000	Actual Disbursement
(4) Central Wyoming Outpatient Surgery Center LLC	R	1,412,500	Actual Disbursement
(5) Template LLC	I	110,000	General Ledger
(6) Template LLC	R		Actual Disbursement

Part VI **Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproprtionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 83-0279242
Name: Wyoming Medical Center Inc

Form 990, Schedule R, Part V - Transactions With Related Organizations

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved ($)	(d) Method of determining amount involved
(1)	Wyoming Medical Center Foundation	C	1,500,000	Donated Capital
(2)	Wyoming Medical Center Foundation	P	608,106	Reimbursed Expenses
(3)	Central Wyoming Outpatient Surgery Center LLC	I	350,000	Actual Disbursement
(4)	Central Wyoming Outpatient Surgery Center LLC	R	1,412,500	Actual Disbursement
(5)	Template LLC	I	110,000	General Ledger
(6)	Template LLC	R		Actual Disbursement

Consolidated Financial Statements
June 30, 2011 and 2010

Wyoming Medical Center, Inc. and Subsidiaries

Wyoming Medical Center, Inc. and Subsidiaries

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CPAs & BUSINESS ADVISORS

Independent Auditor's Report

The Board of Directors
Wyoming Medical Center, Inc. and Subsidiaries
Casper, Wyoming

We have audited the accompanying consolidated balance sheets of Wyoming Medical Center, Inc. and Subsidiaries (Medical Center) as of June 30, 2011, and the related consolidated statements of operations, changes in net assets, and cash flows for the year then ended. These financial statements are the responsibility of the Medical Center's management. Our responsibility is to express an opinion on these financial statements based on our audits. The consolidated financial statements of Wyoming Medical Center, Inc. and Subsidiaries for the year ended June 30, 2010 were audited by other auditors whose report thereon, dated September 9, 2010, expressed an unqualified opinion.

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes consideration of internal control over financial reporting as a basis for designing audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Medical Center's internal control over financial reporting. Accordingly, we do not express such an opinion. An audit also includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements, assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audit provides a reasonable basis for our opinion.

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of Wyoming Medical Center, Inc. and Subsidiaries as of June 30, 2011, and the results of their operations, changes in net assets, and cash flows for the year then ended in conformity with accounting principles generally accepted in the United States of America.

Eide Bailly LLP

Fargo, North Dakota
September 27, 2011

4310 17th Ave S · P O Box 2545 · Fargo, ND 58108-2545 · T 701 239 8500 · F 701 239 8600 · EOE

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	2011	2010
Assets		
Current Assets		
Cash and cash equivalents	$ 41,654,162	$ 40,002,446
Assets limited as to use	997,237	3,443,453
Receivables		
Patient and resident, net of estimated uncollectibles of $36,008,000 in 2011 and $32,658,000 in 2010	32,538,645	31,737,464
Physician	2,444,533	1,771,587
Other	2,956,424	2,619,673
Supplies	5,701,483	6,635,397
Prepaid expenses	4,909,922	4,710,806
Total current assets	91,202,406	90,920,826
Assets Limited as to Use	71,957,966	44,416,322
Property and Equipment, Net	88,698,840	89,293,679
Other Assets		
Investment in joint ventures	5,361,065	5,634,765
Long-term investments	1,390,709	841,287
Physician receivables	113,361	306,597
Note receivable	27,854	48,745
Deferred financing costs, net of accumulated amortization of $4,348 in 2011 and $369,516 in 2010	253,132	6,371
Other long-term assets	720,090	1,100,534
Total other assets	7,866,211	7,938,299
Total assets	$ 259,725,423	$ 232,569,126

See Notes to Consolidated Financial Statements

Wyoming Medical Center, Inc. and Subsidiaries
Consolidated Balance Sheets
June 30, 2011 and 2010

	2011	2010
Liabilities and Net Assets		
Current Liabilities		
Current maturities of long-term debt	$ -	$ 3,413,001
Accounts payable		
Trade	4,493,749	7,193,087
Estimated third-party payor settlements	8,119,461	6,605,061
Physician	312,707	368,065
Construction payables	590,772	1,343,265
Accrued expenses		
Salaries, wages and employee benefits	9,248,922	10,505,954
Interest	375,195	30,188
Malpractice and litigation costs	375,000	398,479
Payroll taxes and other	596,829	495,115
Total current liabilities	24,112,635	30,352,215
Long-Term Debt, Less Current Maturities	20,039,244	-
Pension Liability	24,940,835	25,903,196
Total liabilities	69,092,714	56,255,411
Net Assets		
Unrestricted	188,182,362	173,591,904
Temporarily restricted	1,886,916	2,558,380
Permanently restricted	563,431	163,431
Total net assets	190,632,709	176,313,715
Total liabilities and net assets	$ 259,725,423	$ 232,569,126

Wyoming Medical Center, Inc. and Subsidiaries
Consolidated Statements of Operations
Years Ended June 30, 2011 and 2010

	2011	2010
Unrestricted Revenues, Gains and Other Support		
Net patient and resident service revenue	$ 220,268,846	$ 212,686,180
Other revenue	7,645,789	5,902,083
Total revenues, gains and other support	227,914,635	218,588,263
Expenses		
Salaries, wages and employee benefits	105,348,431	99,824,148
Supplies and other	60,720,198	57,058,410
Professional fees	21,464,154	21,905,753
Lease expense	-	-
Provision for bad debts	19,941,260	22,885,274
Depreciation and amortization	11,707,820	11,836,946
Interest and financing costs	60,264	301,048
Total expenses	219,242,127	213,811,579
Operating Income	8,672,508	4,776,684
Other Income (Loss)		
Investment income (loss)	983,932	1,561,669
Loss on disposal of property and equipment	(4,166,179)	(725,567)
Other, net	2,164,081	2,876,297
Other income (loss), net	(1,018,166)	3,712,399
Revenues in Excess of Expenses	7,654,342	8,489,083
Changes in Unrealized Gains and Losses on Investments	5,545,181	752,780
Change in Minimum Pension Liability	1,388,228	(6,215,133)
Contributions for Long-Lived Assets	2,707	22,867
Increase in Unrestricted Net Assets	$ 14,590,458	$ 3,049,597

Wyoming Medical Center, Inc. and Subsidiaries
Consolidated Statements of Changes in Net Assets
Years Ended June 30, 2011 and 2010

	2011	2010
Unrestricted Net Assets		
Revenues in excess of expenses	$ 7,654,342	$ 8,489,083
Changes in unrealized gains and losses on investments	5,545,181	752,780
Change in minimum pension liability	1,388,228	(6,215,133)
Contributions for long-lived assets	2,707	22,867
Increase in unrestricted net assets	14,590,458	3,049,597
Temporarily Restricted Net Assets		
Restricted contributions and interest	1,118,356	1,086,003
Net assets released from restrictions	(1,789,820)	(296,160)
Increase (decrease) in temporarily restricted net assets	(671,464)	789,843
Permanently Restricted Net Assets		
Restricted contributions and interest	400,000	-
Increase in Net Assets	14,318,994	3,839,440
Net Assets, Beginning of Year	176,313,715	172,474,275
Net Assets, End of Year	$ 190,632,709	$ 176,313,715

	2011	2010
Operating Activities		
Change in net assets	$ 14,318,994	$ 3,839,440
Adjustments to reconcile change in net assets to net cash from operating activities		
Depreciation and amortization	11,707,820	11,836,946
Provision for bad debts	19,941,260	22,885,274
Income from joint ventures	(2,655,388)	(2,758,842)
Loss on disposal of property and equipment	4,166,179	748,034
Change in unrealized gains and losses on investments	(5,545,181)	(752,780)
Restricted contributions and interest	(1,518,356)	(1,086,003)
Change in minimum pension liability	(1,388,228)	6,215,133
Contributions for long-lived assets	(2,707)	(22,867)
Changes in assets and liabilities		
Receivables	(21,538,011)	(22,638,771)
Supplies	933,914	44,072
Prepaid expenses	(199,116)	(145,773)
Other long-term assets	380,444	(349,024)
Trade accounts payable	(2,699,338)	2,988,570
Estimated third-party payor settlements	1,514,400	5,519,556
Accrued salaries, wages, benefits and other	(1,155,318)	2,796,025
Physician payables	(55,358)	94,024
Accrued interest payable	345,007	(22,604)
Accrued malpractice and litigation	(23,479)	(64,322)
Pension liability	425,867	16,452
Net Cash From Operating Activities	16,953,405	29,142,540
Investing Activities		
Purchase and construction of property and equipment	(15,268,441)	(12,300,701)
Increase in assets limited as to use	(19,713,646)	(5,784,021)
Distributions from investments in joint ventures	2,929,088	2,193,542
Increase in long-term investments	(386,023)	-
Net Cash Used For Investing Activities	(32,439,022)	(15,891,180)
Financing Activities		
Repayment of long-term debt	(3,413,667)	(3,428,105)
Increase (decrease) in construction payables	(752,493)	1,278,574
Restricted contributions and interest	1,518,356	1,086,003
Contributions for long-lived assets	2,707	22,867
Proceeds from issuance of long-term debt	20,039,910	-
Payment of deferred financing costs	(257,480)	-
Net Cash From (Used For) Financing Activities	17,137,333	(1,040,661)
Net Increase in Cash and Cash Equivalents	1,651,716	12,210,699
Cash and Cash Equivalents, Beginning of Year	40,002,446	27,791,747
Cash and Cash Equivalents, End of Year	$ 41,654,162	$ 40,002,446
Supplemental Disclosure of Cash Flow Information		
Cash paid during the year for interest	$ 90,452	$ 323,652

Note 1 - Organization and Significant Accounting Policies

Organization and Principles of Consolidation

The accompanying consolidated financial statements include the accounts of Wyoming Medical Center, Inc. (the Hospital) and its subsidiary corporations: Wymedco Ventures, Inc. (Ventures), Wyoming Health Medical Group LLC (WHMG), and Wyoming Medical Center Foundation and Subsidiary (the Foundation). Collectively, the separate entities are referred to as the "Medical Center" in the consolidated financial statements.

The Hospital was formed by local citizens of Natrona County, Wyoming for the specific purpose of leasing all assets, as defined, from the Board of Trustees of Memorial Hospital of Natrona County (Landlord) with the approval and consent of The Natrona County Board of Commissioners and, thereafter, operating the Hospital for the public benefit through a structure designed to promote the delivery of effective healthcare. The lease provides, among other things, that the Hospital will own the operations of the hospital and related health care facilities and provide medical services to residents of Wyoming.

Ventures is organized to engage in various for-profit activities relating to the provision of healthcare. It is a member of Rocky Mountain Oncology Center, LLC (RMOC) and Wyoming Imaging Center, LP (WIC).

WHMG is wholly owned by the Hospital and is engaged in the management and oversight of the following professional service providers and specialists:

- Wyoming Brain & Spine Associates
- Wyoming Reconstructive and Plastic Surgery
- Wyoming Endocrine & Diabetes Clinic
- Hospitalist Services of Wyoming
- Sage Medical Group, LLC (Sage Primary Care)
- Employee Health Services
- Central Wyoming Nephrology
- Casper Pulmonary
- Intensivist Services of Wyoming
- Pain Associates of Wyoming
- Central Billing Office

The Foundation is organized to support the Hospital through financial endeavors that include providing contributions for other than normal operational expenses. The Foundation also assists the Hospital with public and community related efforts.

The accompanying consolidated financial statements include the accounts of the Hospital and its affiliated corporations. All significant inter-company balances and transactions have been eliminated in the consolidated financial statements.

Tax-Exempt Status

The Hospital, Care, WHMG and the Foundation are organized as Wyoming nonprofit corporations and have been recognized by the Internal Revenue Service as exempt from federal income taxes under Internal Revenue Code Section 501(c)(3). These entities undergo annual analysis of their various tax positions, assessing the likelihood of these positions being upheld with relevant tax authorities, as defined by the accounting principles generally accepted in the United States of America. These entities believe that they are compliant with all IRS tax regulations and as of June 30, 2011 have not recorded a tax liability for a tax uncertainty.

Ventures is a C corporation for federal income tax purposes. The provision for income taxes is based on amounts currently payable and those deferred because of temporary differences between the financial statements and tax bases of assets and liabilities. Any income tax provision is included in other expenses in the consolidated statements of operations.

These entities will recognize future accrued interest and penalties related to unrecognized tax liabilities in income tax expense if incurred.

Use of Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements. Estimates also affect the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Fair Value Measurements

The Medical Center has determined the fair value of certain assets and liabilities using a framework for measuring fair value under generally accepted accounting principles.

Fair value is defined as the exchange price that would be received for an asset or paid to transfer a liability (an exit price) in the principal or most advantageous market for the asset or liability in an orderly transaction between market participants on the measurement date. Valuation techniques that maximize the use of observable inputs and minimize the use of unobservable inputs. A fair value hierarchy has also been established, which prioritizes the valuation inputs into three broad levels.

Level 1 inputs consist of quoted prices in active markets for identical assets or liabilities that the reporting entity has the ability to access at the measurement date. Level 2 inputs are inputs other than quoted prices included within Level 1 that are observable for the related asset or liability. Level 3 inputs are unobservable inputs related to the asset or liability.

Cash and Cash Equivalents

Cash and cash equivalents include highly liquid investments with a maturity of three months or less, excluding assets limited as to use.

Patient Receivables

Patient receivables are uncollateralized patient and third-party payor obligations. Payments of patient receivables are allocated to the specific claims identified on the remittance advice or, if unspecified, are applied to the earliest unpaid claim.

The carrying amount of patient receivables is reduced by a valuation allowance that reflects management's estimate of amounts that will not be collected from patients and third-party payors. Management reviews patient receivables by payor class and applies percentages to determine estimated amounts that will not be collected from third parties under contractual agreements and amounts that will not be collected from patients and residents due to bad debts. Management considers historical write off and recovery information in determining the estimated bad debt provision.

Supplies

Supplies are stated at lower of cost (first in, first out) or market.

Investments and Investment Income

Investments in equity securities with readily determinable fair values and all investments in debt securities are measured at fair value in the balance sheet. Investment income or loss (including realized gains and losses on investments, interest, and dividends) is included in revenues in excess of expenses unless the income or loss is restricted by donor or law. Unrealized gains and losses on investments are excluded from revenues in excess of expenses unless the investments are trading securities.

Investments in Joint Ventures

The investments in joint ventures are accounted for using either the cost or equity method depending on the Medical Center's ownership percentage. Under the equity method the Medical Center recognizes the original investment in the joint venture adjusted by the Medical Center's percentage of the joint venture's profit or loss and any contributions or distributions.

Assets Limited as to Use

Assets limited as to use include assets set aside by the Board of Directors for future capital improvements, over which the Board retains control and may at its discretion subsequently use for other purposes; and assets held by trustees under bond indenture agreements. Assets limited as to use that are available for obligations classified as current liabilities are reported as current assets.

Property and Equipment

Property and equipment acquisitions in excess of $5,000 are capitalized and recorded at cost. Depreciation is provided over the estimated useful life of each depreciable asset and is computed using the straight-line method. Equipment under capital lease obligations is amortized using the straight-line method over the shorter period of the lease term or the estimated useful life of the equipment. Amortization is included in depreciation in the financial statements. The estimated useful lives of property and equipment are as follows:

Land improvements	5-25 years
Buildings and fixed equipment	15-40 years
Major movable equipment	5-20 years

Gifts of long-lived assets such as land, buildings, or equipment are reported as additions to unrestricted net assets and are excluded from revenues in excess of expenses unless explicit donor stipulations specify how the donated assets must be used. Gifts of long-lived assets with explicit restrictions that specify how the assets are to be used and gifts of cash or other assets that must be used to acquire long-lived assets are reported as restricted net assets. Absent explicit donor stipulations about how long those long-lived assets must be maintained, expirations of donor restrictions are reported when donated or when acquired long-lived assets are placed in service.

Physician Receivables

Physician receivables represent guaranteed payments provided to physicians and recruitment loans that will be forgiven over an agreement period or repaid should the agreement terms not be met.

Deferred Financing Costs and Original Issue Premiums

Deferred financing costs are amortized over the period the related obligation is outstanding using the straight-line method. Amortization of deferred financing costs is included in depreciation and amortization in the accompanying consolidated financial statements.

Original issue premiums are amortized to interest expense over the period the related obligation is outstanding using the straight-line method. Amortization of original issue discount is included as a reduction of interest expense in the accompanying consolidated financial statements.

Estimated Malpractice and Litigation Costs

The provision for estimated malpractice and litigation costs includes estimates of the ultimate costs for reported claims, unasserted claims, and litigation costs to the Medical Center.

Temporarily and Permanently Restricted Net Assets

Temporarily restricted net assets are those whose use by the Medical Center has been limited by donors to a specific time period or purpose. Permanently restricted net assets have been restricted by donors to be maintained by the Medical Center in perpetuity.

Revenues in Excess of Expenses

Revenues in excess of expenses excludes unrealized gains and losses on investments other than trading securities, transfers of assets to and from related parties for other than goods and services, and contributions of long-lived assets, including assets acquired using contributions which were restricted by donors.

Net Patient and Resident Service Revenue

The Medical Center has agreements with third-party payors that provide for payments to the Medical Center at amounts different from its established rates. Payment arrangements include prospectively determined rates, reimbursed costs, discounted charges, and per diem payments. Net service revenue is reported at the estimated net realizable amounts from patients, residents, third-party payors, and others for services rendered, including estimated retroactive adjustments under reimbursement agreements with third-party payors. Retroactive adjustments are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods, as final settlements are determined.

Charity Care

To fulfill its mission of community service, the Medical Center provides care to patients who meet certain criteria under its charity care policy without charge or at amounts less than its established rates. Because the Medical Center does not pursue collection of amounts determined to qualify as charity care, they are not reported as patient and resident service revenue.

Donor-restricted Gifts

Unconditional promises to give cash and other assets are reported at fair value at the date the promise is received. Conditional promises to give and indications of intentions to give are reported at fair value at the date the gift is received. The gifts are reported as either temporarily or permanently restricted support if they are received with donor stipulations that limit the use of the donated assets. When donor stipulated time restrictions or purpose restrictions are met or accomplished, temporarily restricted net assets are reclassified as unrestricted net assets and reported in the statement of operations as net assets released from restrictions. Donor-restricted contributions whose restrictions are met within the same year as received are reflected as unrestricted contributions in the statement of operations.

Advertising

The Medical Center expenses advertising costs as they are incurred.

Reclassifications

Certain items in the prior year consolidated financial statements have been reclassified to conform to current year presentations. These reclassifications had no effect on net assets or the net income previously reported.

Note 2 - Lease of Hospital Facilities

On August 11, 1986, the Medical Center entered into a lease with the Landlord with the approval and consent of the Board of County Commissioners of Natrona County, Wyoming. The lease was amended May 16, 1995. The lease provides that the net assets of the Hospital be leased to the Medical Center.

The amended lease is for a primary term of ten years with two optional ten-year renewals. In fiscal year 2006, the Medical Center entered into the first optional ten-year renewal. In the event of expiration, termination, or default of the lease, substantially all of the assets under the lease will revert to the board of trustees of Memorial Hospital of Natrona County.

Under this lease, the Medical Center is responsible for all costs, expenses, and obligations of every kind and nature relating to the use and occupancy of the leased premises. The Medical Center is required to comply with all covenants imposed on the County and/or Landlord by the Bond Indenture and is required to meet certain financial covenants, as defined in the lease.

As consideration for this lease, the Medical Center agrees to assume all costs and expense for services provided by the Medical Center for Natrona County prisoner medical care and involuntary hospitalizations in excess of $240,000 and provide charity care for the residents of Natrona County. In addition, the Medical Center is required to pay the principal, premium, interest, and all other obligations required by the Bond Indenture.

Note 3 - Charity Care

The Medical Center maintains records to identify and monitor the level of charity care it provides. These records include the amount of charges foregone for services and supplies furnished under its charity care policy and equivalent service statistics. The amounts of charges foregone, based on established rates, were approximately $34,463,000 and $22,117,000 for the years ended June 30, 2011 and 2010.

Note 4 - Net Patient and Resident Service Revenue

The Medical Center has agreements with third-party payors that provide for payments to the Medical Center at amounts different from its established rates. A summary of the payment arrangements with major third-party payors is as follows:

Medicare. The Medical Center is reimbursed under a prospective payment system. Acute care services provided to Medicare program beneficiaries are paid at prospectively determined rates. These rates vary according to a patient classification system that is based on clinical, diagnostic, and other factors. The Medical Center is reimbursed for cost reimbursable items at a tentative rate with final settlement determined after submission of annual cost reports by the Medical Center and audits thereof by the Medicare fiscal intermediary. The Medical Center's Medicare cost reports have been audited by the Medicare fiscal intermediary through June 30, 2007.

Medicare patients may participate in Advantage Part D Medicare plans. Contractual adjustments from those plans appear in the "Other" adjustment category on the summary of patient and resident service revenue and contractual adjustments on the following page.

Medicaid. Acute care inpatient services rendered to Medicaid program beneficiaries are paid at prospectively determined rates per discharge. Outpatient services rendered to Medicaid program beneficiaries are paid on a fee schedule. These rates vary according to a patient classification system that is based on clinical, diagnostic, and other factors.

The Medical Center has also entered into payment agreements with certain commercial insurance carriers and other organizations. The basis for payment to the Medical Center under these agreements includes prospectively determined rates per discharge, discounts from established charges, and prospectively determined daily rates.

A summary of patient service revenue and contractual adjustments is as follows:

	2011	2010
Total patient and resident service revenue	$ 416,598,525	$ 387,574,562
Contractual adjustments		
Hospitals		
Medicare	(137,949,832)	(121,308,052)
Medicaid	(28,927,524)	(26,658,587)
Other	(29,452,323)	(26,921,743)
Total contractual adjustments	(196,329,679)	(174,888,382)
Net patient and resident service revenue	$ 220,268,846	$ 212,686,180

Note 5 - Investments and Investment Income

Assets Limited as to Use

The composition of assets limited as to use at June 30, 2011 and 2010 is shown in the following tables. Mutual funds and fixed income securities are stated at fair value. Cash and cash equivalents are stated at cost plus accrued interest.

	2011	2010
Under bond indenture agreements - held by trustees		
Cash and cash equivalents	$ 20,189,399	$ 2,891,430
By Board for capital improvements		
Cash and cash equivalents	9,749,985	2,150,379
Mutual funds	38,117,513	33,513,906
Fixed income securities	4,898,306	9,304,060
	72,955,203	47,859,775
Less amount shown as current	(997,237)	(3,443,453)
	$ 71,957,966	$ 44,416,322

Long-Term Investments

The composition of investments at June 30, 2011 and 2010 is shown in the following tables. Common stock, mutual funds, corporate bonds, and U.S Government securities are stated at fair value. Certificates of deposit are stated at cost plus accrued interest.

	2011	2010
Common stock	$ 679,423	$ 587,065
Certificates of deposit	500,665	101,418
Mutual funds	82,266	-
Corporate bonds	75,817	102,726
U.S. government securities	52,538	50,078
	$ 1,390,709	$ 841,287

Investment Income

Investment income and gains and losses on assets limited as to use, notes receivable, and cash equivalents consist of the following for the years ended June 30, 2011 and 2010:

	2011	2010
Other income		
Interest, dividends, and realized gains (losses)	$ 1,023,506	$ 1,601,144
Investment management fees	(39,574)	(39,475)
Total investment income	$ 983,932	$ 1,561,669
Other changes in unrestricted net assets		
Change in unrealized gains and losses on investments	$ 5,545,181	$ 752,780

Note 6 - Physician Receivables

The Medical Center has entered into agreements with non-employee physicians, which provide for guaranteed minimum levels of profitability during the initial twelve months of the agreement. The maximum amount of payments expected to be made to a physician is recorded as a liability at the date of the agreement. If payment of this guarantee is made, the amount paid is recorded as a receivable and will be forgiven over a period or repaid if the agreement terms are not met. These agreements have varying forgiveness and repayment terms and are collateralized by physician practice receivables.

The agreements amount to $2,557,894 and $2,078,184 at June 30, 2011 and 2010. These amounts represent receivables that result from payments under guarantees during the initial twelve months of the agreement. These receivables are recorded as current or long-term in accordance with the terms of the agreements. Liabilities associated with these agreements were $312,707 and $368,065 at June 30, 2011 and 2010.

The Medical Center also provides recruitment loan agreements to physicians. Through these agreements, the Medical Center provides the physician funds to apply toward the repayment of physician student loans. These loan agreements accrue interest at various rates and have various repayment and forgiveness terms. At June 30, 2011 and 2010, physician recruitment receivables, included in current physician receivables in the balance sheet, totaled $588,797 and $491,178.

Note 7 - Property and Equipment

A summary of property and equipment at June 30, 2011 and 2010 follows:

	2011		2010	
	Cost	Accumulated Depreciation	Cost	Accumulated Depreciation
Land and improvements	$ 19,191,913	$ 2,759,172	13,627,461	$ 2,085,604
Buildings and fixed equipment	121,051,777	78,004,001	117,774,082	72,662,261
Major movable equipment	92,770,401	75,539,307	90,143,802	69,813,291
Construction in progress	11,987,229	-	12,309,490	-
	$ 245,001,320	$ 156,302,480	$ 233,854,835	$ 144,561,156
Net property and equipment		$ 88,698,840		$ 89,293,679

Construction in progress at June 30, 2011 represents costs for a facility construction and remodeling project and other smaller projects. These projects will be financed with operational funds and assets limited as to use. The majority of this cost is comprised of the facility construction and remodeling project that will be completed in 2013.

Note 8 - Investments in Joint Ventures

A summary of investments in joint ventures at June 30, 2011 and 2010 is as follows:

	2011	2010
Casper Surgical Center	$ 1,892,584	$ 1,889,316
Outpatient Radiology, LLC	397,317	462,443
Template, LLC	1,091,291	989,101
Sweetwater Surgery Center, LLC	50,000	50,000
Wyoming Imaging Center, LLC	297,172	475,514
Rocky Mountain Oncology Center, LLC	208,177	208,177
Elkhorn Valley Rehabilitation Hospital, LLC	1,197,782	1,343,740
Mountain State Healthcare Reciprocal Risk Retention Group	215,287	215,287
Other	11,455	1,187
	$ 5,361,065	$ 5,634,765

Central Wyoming Outpatient Surgery Center, LLC dba Casper Surgical Center

In fiscal year 2001, the Medical Center entered into a joint venture with Central Wyoming ASC Surgeons, LLC for the purpose of owning and operating Casper Surgical Center (Surgical Center). The Surgical Center is owned 50% by each investor and is accounted for under the equity method by the Medical Center. Profits and losses of the Surgical Center are shared equally.

During 2011 and 2010, the Medical Center recorded a gain on investment of $1,415,768 and $1,558,763. The Medical Center received distributions from the Surgical Center totaling $1,412,500 and $1,525,000 during 2011 and 2010.

The Medical Center performs maintenance, and other limited services for the Surgical Center in the ordinary course of business. Revenue from services provided to the Surgical Center for the years ended June 30, 2011 and 2010 is approximately $127,000. At June 30, 2011 and 2010, the Medical Center had a receivable from the Surgical Center of $25,064 and $38,336.

The Medical Center also leases a building to the Surgical Center. The lease commenced on August 15, 2000 and continues through August 14, 2025, with lease payments being made monthly. The Surgical Center is also required to pay a portion of the operating costs of the building. Revenues earned from the rental agreement between the Medical Center and the Surgical Center are approximately $350,000 for the years ended June 30, 2011 and 2010.

Outpatient Radiology, LLC

On January 1, 2001, the Medical Center entered into an operating agreement with Real Estate Group, LLC (wholly owned by Casper Medical Imaging, PC) to form Outpatient Radiology, LLC (OPR), for the purpose of establishing and operating a new, free-standing outpatient medical imaging center. The joint venture is owned 50% by each investor and is recorded under the equity method by the Medical Center. Profits and losses are allocated based on the membership interests.

During 2011 and 2010, the Medical Center recorded a gain on investment of $109,874 and $378,615. The Medical Center received distributions from OPR totaling $175,000 and $300,000 during 2011 and 2010.

The Medical Center leases equipment from OPR. The lease contains a base rent of $5,508 per month through 2010. The Medical Center also contracts with OPR for ultrasound technician coverage in the ordinary course of business.

The Medical Center entered into an agreement in September 2005 with OPR to provide information technology services to OPR. The agreement requires monthly payments of $8,130 and will automatically renew annually unless either party terminates the agreement. The Medical Center has a note receivable from OPR that requires monthly payments of $5,508 per month. The notes require principal and interest payments at a rate of 6.75%. Notes receivables due from OPR amounted to $16,584 as of June 30, 2010.

Template, LLC

On February 9, 2001, the Medical Center entered into an operating agreement with a physician to form the joint venture Template, LLC (Template) for the purpose of facilitating a specialty services program in Rock Springs, Wyoming in an effort to meet the needs of patients in that portion of the Medical Center's service area. Template is owned 50% by the Medical Center and 50% by the physician. The joint venture is accounted for under the equity method by the Medical Center.

During 2011 and 2010, the Medical Center recorded a gain on investment of $118,526 and $119,998. The Medical Center received distributions from Template totaling $16,336 and $20,420 during 2011 and 2010.

Under the joint venture, a medical office building and ambulatory surgical center were constructed. Upon its completion, the Medical Center occupied 50% of the building. The lease commenced on November 1, 2001 and continues through October 31, 2011. Lease payments are made monthly totaling $110,000 per year. In addition to this, the Medical Center is also required to pay its portion of operating costs and real estate taxes.

All profits are initially allocated 100% to the Medical Center until the debt for construction is paid in full. After the debt has been paid, profits will be allocated based on ownership percentages. Losses are to be allocated based upon determination of the members. During the period the debt is outstanding, the Medical Center is entitled to receive a monthly distribution, commencing in the month after Template begins its lease in the facilities.

Sweetwater Surgery Center, LLC

On June 27, 2002, the Medical Center entered into an operating agreement to establish the joint venture Sweetwater Surgery Center, LLC (Sweetwater), located in Rock Springs, Wyoming, for the purpose of providing comprehensive outpatient surgical and procedural services to patients and needy individuals in the Sweetwater County/Southwest Wyoming areas in a manner that is consistent with the mission of Medical Center. The Medical Center has a 10% ownership percentage of Sweetwater and accounts for the investment under the cost method.

The Medical Center received distributions from Sweetwater totaling $140,000 and $93,000 during 2011 and 2010.

Wyoming Imaging Center, LLC

The Foundation and Ventures are separate members of Wyoming Imaging Center, LP (WIC). WIC provides outpatient diagnostic imaging services to patients who generally reside within the state of Wyoming. The Foundation owns 10.2% interest as a general partner and Ventures owns 4.7% interest as a general partner and 5.6% interest as limited partner, totaling 20.5% ownership. The investments in WIC are recorded using the equity method.

During 2011 and 2010, the Medical Center recorded a gain on investment of $565,331 and $521,542. The Medical Center received distributions from WIC totaling $654,502 and $348,122 during 2011 and 2010.

WIC allocates 4% of its cash receipts to be distributed to the general partners as a management fee, which is then allocated among the general partners on the basis of their ownership interest.

The Medical Center contracts with WIC for MRI services in the ordinary course of business. Either party has the option to terminate this agreement at any time with 60 days written notice. The Medical Center also leases a building to WIC. The lease commenced on September 1, 1996 and has been extended through February 28, 2013. The lease calls for a base rent payment of $72,000 per year through the remaining term of the lease plus a consumer price index adjustment ever year. In addition, WIC is also required to pay its portion of operating costs.

Rocky Mountain Oncology Center, LLC

On March 1, 2004, Ventures entered into an operating agreement to form a joint venture, Rocky Mountain Oncology Center, LLC (RMOC), for the purpose of establishing and operating an outpatient cancer center. For the years ended June 30, 2011 and 2010, the Venture's investment in RMOC is accounted for under the cost method as the Medical Center owns less than 20% of RMOC.

The Medical Center received distributions from RMOC totaling $530,750 and $220,000 during 2011 and 2010.

Elkhorn Valley Rehabilitation Hospital, LLC

In fiscal year 2007, the Medical Center entered into an operating agreement that organized Elkhorn Valley Rehabilitation Hospital (Elkhorn), a Wyoming limited liability company. Elkhorn provides comprehensive inpatient rehabilitation services to patients in Wyoming. The Medical Center is a 25% owner of Elkhorn. The Medical Center's investment in Elkhorn is accounted for using the equity method.

During 2011 the Medical Center recorded a loss on investment of $145,958 and a gain on investment of $179,911 during 2010.

The Medical Center is a 25% guarantor on a construction loan used to build the facility. At June 30, 2011 and 2010, the balance outstanding on the construction loan was approximately $11,515,000.

Mountain State Healthcare Reciprocal Risk Retention Group

The Medical Center and eleven other unrelated hospitals formed Mountain State Healthcare Reciprocal Risk Retention Group (MSHRRR) in fiscal year 2003. MSHRRR is an insurance reciprocal created to provide professional and general liability insurance its members. The Medical Center's subscription and policy are cancelable at any time. The Medical Center accounts for its investment in MSHRRR under the cost method as the Medical Center owns less than 20% of MSHRRR. The Medical Center did not receive dividends from MSHRRR for the years ended June 30, 2011 and 2010.

Note 9 - Notes Payable and Long-Term Debt

Line of Credit

The Medical Center has a revolving line of credit with a local bank, which allows them to borrow up to $2,000,000. This line of credit renews on an annual basis at the option of the Medical Center and is currently set to mature on November 30, 2011. The line is variable rate which was at 4.5% at June 30, 2011 and 2010. For the fiscal years ended June 30, 2011 and 2010, the Medical Center had no amounts outstanding on the line of credit.

Long-term debt consists of the following:

	2011	2010
Hospital Revenue Bonds, Series 2011		
3% to 5 5% serial bonds, due in varying annual installments to September 2022, commencing in September 2012	$ 7,580,000	$ -
6% term bonds, due September 2024, with varying annual sinking fund requirements commencing in September 2023	1,895,000	-
6% term bonds, due September 2026, with varying annual sinking fund requirements commencing in September 2025	2,135,000	-
6 35% term bonds, due September 2031, with varying annual sinking fund requirements commencing in September 2027	8,390,000	-
Original issue premium	39,244	-
Hospital Refunding Bonds, Series 1998	-	2,070,000
Original issue premium	-	4,168
Capital lease obligation, imputed interest rate of 7 75%	-	1,338,833
	20,039,244	3,413,001
Less current maturities	-	(3,413,001)
Long-term debt, less current maturities	$ 20,039,244	$ -

Long-term debt maturities are as follows:

Year Ending June 30,	Amount
2012	$ -
2013	560,000
2014	575,000
2015	595,000
2016	620,000
Thereafter	17,650,000
Original issue premium	39,244
Total	$ 20,039,244

Under the terms of the revenue bonds loan agreement, the Medical Center has made certain covenants in connection with the revenue bonds, including a covenant that income available for debt service coverage must equal at least 110 percent of the maximum annual debt service requirement on all funded debt and that the Medical Center maintain 90 days of unrestricted cash on hand. The loan agreements also place limits on the incurrence of additional borrowings.

Note 10 - Leases

The Medical Center leases certain equipment under noncancelable long-term lease agreements. At June 30, 2011, all leases were recorded as operating leases. The Medical Center recorded expenses of $6,183,920 and $5,883,421 for the years ended June 30, 2011 and 2010 related to these operating leases. Minimum future lease payments for the operating leases are as follows:

Year Ending June 30,	Amount
2012	$ 3,460,488
2013	2,715,520
2014	1,440,234
2015	215,500
Total minimum lease payments	$ 7,831,742

Note 11 - Temporarily and Permanently Restricted Net Assets

Temporarily Restricted Net Assets

Temporarily restricted net assets are available for the following purposes at June 30, 2011 and 2010:

	2011	2010
WMC building project	$ 1,515,416	$ 2,268,687
Cancer center	148,416	135,663
Safe Kids	81,191	22,618
Life flight	15,921	19,046
George Kelly pain management	15,137	15,137
Stroock fellowship	10,358	10,358
Emergency services	18,560	4,846
Other	81,917	82,025
	$ 1,886,916	$ 2,558,380

In 2011 and 2010, net assets were released from donor restrictions by incurring expenditures satisfying the restricted purposes in the amounts of $2,018,642 and $296,160. These amounts are included in other revenue and net assets released from restrictions in the accompanying financial statements.

Permanently Restricted Net Assets and Endowment Funds

At June 30, 2011 and 2010, permanently restricted net assets and endowment funds consisted of the following:

June 30, 2010	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
Endowment net assets, beginning of year	$ 947,839	$ -	$ 163,431	$ 1,111,270
Investment return				
Investment income	15,679	-	-	15,679
Change in unrealized gains (losses) on investments	26,652	-	-	26,652
Appropriation of endowment assets for expenditure	(42,331)	-	-	(42,331)
Endowment net assets, end of year	$ 947,839	$ -	$ 163,431	$ 1,111,270

Interpretation of Relevant Law

The State of Wyoming adopted State Prudent Management of Institutional Funds Act (the Act). The Board of Directors of the Foundation has interpreted the Act as requiring the preservation of the fair value of the original gift as of the gift date of the donor-restricted endowment funds absent explicit donor stipulations to the contrary. As a result of this interpretation, the Foundation classifies as permanently restricted net assets (1) the original value of gifts donated to the permanent endowment, (2) the original value of subsequent gifts to the permanent endowment, and (3) accumulations to the permanent endowment made in accordance with the direction of the applicable donor gift instrument at the time the accumulation is added to the fund.

The remaining portion of the donor-restricted endowment fund that is not classified in permanently restricted net assets is classified as temporarily restricted net assets until those amounts are appropriated for expenditure by the Foundation in a manner consistent with the standard of prudence prescribed in the Act. In accordance with the Act, the Foundation considers the following factors in making a determination to appropriate or accumulate donor restricted endowment funds:

- The duration and preservation of the fund
- The purposes of the Foundation and the donor- restricted endowment fund
- General economic conditions
- The possible effect of inflation and deflation
- The expected total return from income and the appreciation of investments
- Other resources of the Foundation
- The investment policy of the Foundation

The composition of endowment net assets by fund type as of June 30, 2011 and 2010 is as follows:

	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
June 30, 2011				
Donor-restricted endowment funds	$ -	$ -	$ 563,431	$ 563,431
Board-designated endowment funds	947,839	-	-	947,839
	$ 947,839	$ -	$ 563,431	$ 1,511,270
June 30, 2010				
Donor-restricted endowment funds	$ -	$ -	$ 163,431	$ 163,431
Board-designated endowment funds	947,839	-	-	947,839
	$ 947,839	$ -	$ 163,431	$ 1,111,270

Changes in endowment net assets for the years ending June 30, 2011 and 2010 are as follows:

	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
June 30, 2011				
Endowment net assets, beginning of year	$ 947,839	$ -	$ 163,431	$ 1,111,270
Restricted contributions	-	-	400,000	400,000
Investment return				
Investment income	11,691	-	-	11,691
Change in unrealized gains (losses) on investments	79,535	-	-	79,535
Appropriation of endowment assets for expenditure	(91,226)	-	-	(91,226)
Endowment net assets, end of year	$ 947,839	$ -	$ 563,431	$ 1,511,270

	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
June 30, 2010				
Endowment net assets, beginning of year	$ 947,839	$ -	$ 163,431	$ 1,111,270
Investment return				
Investment income	15,679	-	-	15,679
Change in unrealized gains (losses) on investments	26,652	-	-	26,652
Appropriation of endowment assets for expenditure	(42,331)	-	-	(42,331)
Endowment net assets, end of year	$ 947,839	$ -	$ 163,431	$ 1,111,270

The Foundation has adopted investment and spending policies for endowment assets that attempt to provide a predictable stream of funding to programs supported by its endowment. Endowment assets include those assets of donor-restricted funds that the Foundation must hold in perpetuity or for a donor-specified period. Under this policy, as approved by the board of directors, the endowment assets are invested in a manner that is intended to preserve and grow capital, strive for consistent absolute returns, preserve purchasing power by striving for long-term returns which either match or exceed the set payout, fees and inflation without putting the principal value at imprudent risk, and diversify investments consistent with commonly accepted industry standard to minimize the risk of large losses.

To satisfy its long-term rate-of-return objectives, the Foundation relies on a total return strategy in which investment returns are achieved through both capital appreciation (realized and unrealized) and current yield (interest and dividends). The Foundation targets a diversified asset allocation that meets the Foundation's long-term rate-of-return objectives while avoiding undue risk from imprudent concentration in any single asset class or investment vehicle. The Foundation's spending policy is consistent with its objective of preservation of the fair value of the original gift of the endowment assets held in perpetuity as well as to provide additional real growth through new gifts and investment return.

Note 12 - Income Taxes

Ventures recorded a deferred tax liability in the amount of $109,632 and $79,940 at June 30, 2011 and 2010, respectively, as the result of unrecorded WIC & RMOC income and other tax reconciling items. These amounts are reported as a non-operating income expense in the consolidated statements.

Note 13 - Defined Contribution Plan

The Medical Center adopted a defined contribution employee retirement plan under Section or 401(k) of the Internal Revenue Code on January 1, 2004. In general, employees are eligible to participate in the plan immediately upon hire. Employees must complete one year of service to be eligible for an employer contribution. Certain classes of employees are not eligible to participate in the plan. Eligible employees had until January 1, 2004 to elect participation in the Wyoming Medical Center 401(k) Plan. If this occurred the employee's participation in the Defined Benefit Plan was frozen as of that date. Employees hired after October 15, 2003 are eligible to participate in the Center's 401(k) plan and are not eligible to participate in the Defined Benefit plan. The Medical Center recorded expenses of $1,118,371 and $1,017,031 related to the plan for the years ended June 30, 2011 and 2010.

Note 14 - Defined Benefit Plan

The Medical Center has a defined benefit pension plan (the Plan) covering all eligible full-time and part-time employees. Benefits are based on years of service and the employee's compensation. The Center's policy is to make contributions in accordance with the Employee Retirement Income Security Act of 1974 (ERISA).The Center makes contributions to the Plan based on the funding recommendations of the Plan's actuary. Contributions are intended to provide not only for benefits attributed to service to date but also for those expected to be earned in the future.

In general, employees are eligible to participate in the Plan on the first day of the month following the completion of 1,000 hours of service during the 12 consecutive months immediately following the first hour of employment. Certain classes of employees may elect to commence participation in the Wyoming Medical Center 401(k) Plan; their participation in the Plan will be frozen as of that date. Employees hired after October 15, 2003 are not eligible to participate in the Plan.

The following table sets forth the plan's funded status and amounts recognized in the Medical Center's consolidated balance sheets as of June 30, 2011 and 2010:

	2011	2010
Change in Projected Benefit Obligation		
Benefit obligation, beginning of year	$ 64,334,113	$ 51,657,979
Service cost	2,348,204	1,968,593
Interest cost	3,058,979	3,118,287
Actuarial loss	7,122,163	9,480,525
Benefits paid	(4,674,565)	(1,891,271)
Projected benefit obligation, end of year	$ 72,188,894	$ 64,334,113
Change in Plan Assets		
Fair value of plan assets, beginning of year	$ 38,430,917	$ 31,986,368
Actual return on plan assets	7,491,707	2,335,820
Contributions made	6,000,000	6,000,000
Distributions	(4,674,565)	(1,891,271)
Fair value of plan assets, end of year	$ 47,248,059	$ 38,430,917
Pension Liability		
Funded status	$ (24,940,835)	$ (25,903,196)

The components of net periodic pension cost and the additional minimum pension liability for the years ended June 30, 2011 and 2010 are as follows:

	2011	2010
Components of Net Periodic Pension Cost		
Service cost	$ 2,348,204	$ 1,968,593
Interest cost	3,058,979	3,118,287
Expected return on plan assets	(2,664,421)	(2,101,469)
Amortization of unrecognized items		
Prior service credit	(40,029)	(61,832)
Accumulated net loss	3,723,134	3,092,873
Net periodic pension cost	$ 6,425,867	$ 6,016,452
Items not yet recognized as a component of net periodic pension costs		
Prior service credit	$ 32,739	$ 72,768
Accumulated net loss	(34,231,754)	(35,660,011)
Additional minimum pension liability	$ (34,199,015)	$ (35,587,243)
Cumulative contributions in excess of net periodic pension costs	$ 9,258,180	$ 9,684,047

The following weighted average assumptions were used to determine the actuarial present value of the projected benefit obligation at June 30, 2011 and 2010:

	2011	2010
Discount rate	5.20%	5.00%
Rate of compensation increase	4.22%	3.60%

The following weighted average assumptions were used to determine the net periodic benefit cost for the years ended June 30, 2011 and 2010:

	2011	2010
Discount rate	5.00%	6.25%
Expected long-term rate of return on plan assets	7.00%	7.00%
Rate of compensation increase	3.60%	3.67%

Estimated future benefit payments from the plan are as follows:

Year Ending September 30,	Amount
2012	$ 6,051,000
2013	3,776,000
2014	4,192,000
2015	7,928,000
2016	5,274,000
2017 through 2021	32,780,000

The Center made contributions of $6,000,000 for fiscal years ended June 30, 2011 and 2010. These transactions and assumptions noted above resulted in a net liability of $24,940,835 at June 30, 2011 and a net liability of $25,903,196 at June 30, 2010. The Medical Center expects to make a minimum contribution of $6,000,000 to the Plan during the year ending June 30, 2012.

Asset Allocation Strategy

The asset allocation of the funds will be left to the discretion of the investment managers. The funds will utilize the asset classes that the investment managers deem appropriate, which may include, but are not limited to:

- U.S. Equities
- Global (Ex-U.S. Equities)
- Emerging Market Equities
- U.S. Fixed Income
- Global (Ex-U.S.) Fixed Income
- High Yield Fixed Income
- Emerging Market Debt
- Cash Equivalents

Long-Term Rate of Return Assumption

To develop the expected long-term rate of return on assets assumption, the Medical Center considered the historical returns and the future expectations for returns for each asset class, as well as the target asset allocation of the pension portfolio. This resulted in the selection of the 7.00% long-term rate of return on assets assumption for the fiscal years ending June 30, 2011 and 2010.

General Investment Principals

1. Investments shall be made solely in the interest of the participants and beneficiaries of the fund and for the exclusive purpose of providing benefits accrued thereunder and defraying the reasonable expense of administration.
2. The fund shall be invested with the care, skill, prudence, and diligence under the circumstances then prevailing that a prudent man acting in like capacity and familiar with such matters would use in the investment of a fund like character and with like aims.
3. Investment of the Fund shall be so diversified as to minimize the risk of large losses, unless under the circumstances, it is clearly prudent not to do so.
4. The Pension Committee may employ one or more investment managers of varying styles and philosophies to attain the Fund's objectives.
5. Cash is to be employed productively at all times by investment in short-term cash equivalents to provide safety, liquidity, and return.

Note 15 - Concentrations of Credit Risk

The Medical Center grants credit without collateral to its patients and residents, most of whom are insured under third-party payor agreements. The mix of receivables from third-party payors, and patients at June 30, 2011 and 2010 was as follows:

	2011	2010
Medicare	30%	30%
Medicaid	7%	6%
Commercial insurance and other	48%	48%
Patients	15%	16%
	100%	100%

Note 16 - Functional Expenses

The Medical Center provides general health care services to residents within its geographic location. Expenses related to providing these services by functional class for the years ended June 30, 2011 and 2010 are as follows:

	2011	2010
Patient and resident health care services	$ 172,989,393	$ 168,704,509
General and administrative	46,252,734	45,107,070
	$ 219,242,127	$ 213,811,579

Note 17 - Fair Value of Assets and Liabilities

Assets and liabilities measured at fair value on a recurring basis at June 30, 2011 and 2010, respectively, are as follows:

	2011	2010
Assets		
Mutual funds	$ 38,199,779	$ 33,513,906
Fixed income securities	4,898,306	9,304,060
Common stock	679,423	587,065
Corporate bonds	75,817	102,726
U.S. government securities	52,538	50,078
Total assets	$ 43,905,863	$ 43,557,835

The related fair values of these assets and liabilities are determined as follows:

	Quoted Prices in Active Markets (Level 1)	Other Observable Inputs (Level 2)	Unobservable Inputs (Level 3)
June 30, 2011			
Assets			
Mutual funds	$ 38,199,779	$ -	$ -
Fixed income securities	4,898,306	-	-
Common stock	679,423	-	-
Corporate bonds	75,817	-	-
U.S. government securities	52,538	-	-
	$ 43,905,863	$ -	$ -
June 30, 2010			
Assets			
Mutual funds	$ 33,513,906	$ -	$ -
Fixed income securities	9,304,060	-	-
Common stock	587,065	-	-
Corporate bonds	102,726	-	-
U.S. government securities	50,078	-	-
	$ 43,557,835	$ -	$ -

The fair values for mutual funds, fixed income securities, common stock, corporate bonds, and U.S. government securities are determined by reference to quoted market prices.

Note 18 - Fair Value of Financial Instruments

The following methods and assumptions are used to estimate the fair value of each class of financial instruments for which it is practicable to estimate that value:

Cash and Cash Equivalents – The carrying amount approximates fair value because of the short maturity of those instruments.

Accounts Receivable and Accounts Payable – Accounts receivable has been recorded at net realizable value which is believed to approximate fair value. Account payable approximates fair value because of the short time for which accounts payable are outstanding.

Investments – The fair value of mutual funds, fixed income securities, common stock, corporate bonds, and U.S. government securities is estimated based on quoted market prices for those or similar investments. For other investments, for which there are no quoted prices, a reasonable estimate of fair value could not be made without incurring excessive costs.

Long-Term Debt – The fair value of long-term debt is based on current traded value. Management has estimated the fair value of these obligations to be approximately $20,603,000 at June 30, 2011.

Note 19 - Commitment and Contingencies

Malpractice Insurance

The Medical Center has an investment in an insurance reciprocal joint venture that was created to provide professional and general liability insurance its members.

Self-Funded Health Insurance

The Medical Center self-insures their liability for health and dental insurance. Estimated claim liabilities are recognized as claims are reported. A reserve for claims incurred but not reported is estimated based on historical experience and included as a liability. As of June 30, 2011 and 2010, the Medical Center has recorded an estimated liability of $1,361,463 and $1,238,833, included in accrued salaries, wages and employee benefits on the balance sheet. The Medical Center has reinsured their risk which limits the Medical Center's exposure to a set amount per claim. Total health and dental insurance expense for the years ended June 30, 2011 and 2010 was approximately $9,909,000 and $9,410,000.

Litigations, Claims, and Disputes

The Medical Center is subject to the usual contingencies in the normal course of operations relating to the performance of its tasks under its various programs. In the opinion of management, the ultimate settlement of any litigations, claims, and disputes in process will not be material to the financial position of Medical Center.

The health care industry is subject to numerous laws and regulations of federal, state, and local governments. Compliance with these laws and regulations, specifically those relating to the Medicare and Medicaid programs, can be subject to government review and interpretation, as well as regulatory actions unknown and unasserted at this time. Federal government activity has increased with respect to investigations and allegations concerning possible violations by health care providers of regulations, which could result in the imposition of significant fines and penalties, as well as significant repayments of previously billed and collected revenues from patient and resident services. Management believes that the Medical Center is in substantial compliance with current laws and regulations.

Note 20 - Subsequent Events

The Medical Center has evaluated subsequent events through September 27, 2011, the date which the financial statements were available to be issued. During this period, the Medical Center did not have any material recognizable subsequent events.

Consolidating Information
June 30, 2011 and 2010

Wyoming Medical Center, Inc. and Subsidiaries

EideBailly

CPAs & BUSINESS ADVISORS

Independent Auditor's Report on Consolidating Information

The Board of Directors
Wyoming Medical Center, Inc. and Subsidiaries
Casper, Wyoming

We have audited the financial statements of Wyoming Medical Center, Inc. and Subsidiaries as of and for the year ended June 30, 2011, and our report thereon dated September 27, 2011, which expressed an unqualified opinion on those financial statements, appears on page 1. Our audit was conducted for the purpose of forming an opinion on the 2011 financial statements as a whole. The 2011 consolidating schedules are presented for the purpose of additional analysis and are not a required part of the 2011 financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the 2011 financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the 2011 financial statements or to the 2011 financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements for the year ended June 30, 2011, as a whole.

The financial statements of Wyoming Medical Center, Inc. and Subsidiaries for the year ended June 30, 2010, were audited by other auditors and their report thereon dated September 9, 2010, which expressed an unqualified opinion on those financial statements. Their report, as of the same date, on the 2010 consolidating schedules stated that, in their opinion, such information was fairly stated in all material respects in relation to the financial statements for the year ended June 30, 2010, as a whole.

Eide Bailly LLP

Fargo, North Dakota
September 27, 2011

4310 17th Ave S | P O Box 2545 | Fargo, ND 58108-2545 | T 701 239 8500 | F 701 239 8600 | EOE

Wyoming Medical Center, Inc. and Subsidiaries
Consolidating Balance Sheet – Assets
June 30, 2011

	Hospital	Ventures	Foundation	WHMG	Elimination Entries	Consolidated
Assets						
Current Assets						
Cash and cash equivalents	$ 37,074,620	$ 2,553,428	$ 960,869	$ 1,065,245	$ -	$ 41,654,162
Assets limited as to use	997,237	-	-	-	-	997,237
Receivables						
Patient, net	31,256,762	-	-	1,281,883	-	32,538,645
Physician	2,260,236	-	-	184,297		2,444,533
Other	2,564,229	89,024	457,815	5,099	(159,743)	2,956,424
Supplies	5,681,247	-	-	20,236	-	5,701,483
Prepaid expenses	4,636,518	3,029	-	270,375	-	4,909,922
Total current assets	84,470,849	2,645,481	1,418,684	2,827,135	(159,743)	91,202,406
Assets Limited as to Use	71,957,966	-	-	-	-	71,957,966
Property and Equipment, Net	87,112,125	-	1,353,611	233,104	-	88,698,840
Other Assets						
Investment in joint ventures	9,826,606	356,763	148,586	-	(4,970,890)	5,361,065
Long-term investments	-	-	1,390,709	-	-	1,390,709
Physician receivables	105,248	-	-	8,113	-	113,361
Note receivable	27,854	-	-	-	-	27,854
Deferred financing costs, net	253,132	-	-	-	-	253,132
Other long-term assets	-	-	720,090	-	-	720,090
Total other assets	10,212,840	356,763	2,259,385	8,113	(4,970,890)	7,866,211
Total assets	$ 253,753,780	$ 3,002,244	$ 5,031,680	$ 3,068,352	$ (5,130,633)	$ 259,725,423

Wyoming Medical Center, Inc. and Subsidiaries
Consolidating Balance Sheet – Liabilities and Net Assets
June 30, 2011

	Hospital	Ventures	Foundation	WHMG	Elimination Entries	Consolidated
Liabilities and Net Assets						
Current Liabilities						
Current maturities of long-term debt	$ -	$ -	$ -	$ -	$ -	$ -
Accounts payable						
Trade	4,287,939	-	-	205,810	-	4,493,749
Estimated third-party payor settlements	8,119,461	-	-	-	-	8,119,461
Physician	312,707	-	-	-	-	312,707
Related parties	-	300	98,776	60,667	(159,743)	-
Construction payables	590,772	-	-	-	-	590,772
Accrued expenses						
Salaries, wages and employee benefits	8,836,594	-	-	412,328	-	9,248,922
Interest	375,195	-	-	-	-	375,195
Malpractice and litigation costs	375,000	-	-	-	-	375,000
Payroll taxes and other	176,228	420,601	-	-	-	596,829
Total current liabilities	23,073,896	420,901	98,776	678,805	(159,743)	24,112,635
Long-Term Debt, Less Current Maturities	20,039,244	-	-	-	-	20,039,244
Pension Liability	24,940,835	-	-	-	-	24,940,835
Total liabilities	68,053,975	420,901	98,776	678,805	(159,743)	69,092,714
Net Assets						
Unrestricted	185,699,805	2,581,343	2,482,557	2,389,547	(4,970,890)	188,182,362
Temporarily restricted	-	-	1,886,916	-	-	1,886,916
Permanently restricted	-	-	563,431	-	-	563,431
Total net assets	185,699,805	2,581,343	4,932,904	2,389,547	(4,970,890)	190,632,709
Total liabilities and net assets	$ 253,753,780	$ 3,002,244	$ 5,031,680	$ 3,068,352	$ (5,130,633)	$ 259,725,423

Wyoming Medical Center, Inc. and Subsidiaries

Consolidating Statement of Operations

Year Ended June 30, 2011

	Hospital	Ventures	Foundation	WHMG	Elimination Entries	Consolidated
Unrestricted Revenues, Gains and Other Support						
Net patient and resident service revenue	$ 211,170,325	$ -	$ -	$ 9,098,521	$ -	$ 220,268,846
Other revenue	5,688,074	-	2,167,904	478,127	(688,316)	7,645,789
Total revenues, gains and other support	216,858,399	-	2,167,904	9,576,648	(688,316)	227,914,635
Expenses						
Salaries, wages and employee benefits	91,563,894	-	272,633	13,366,128	145,776	105,348,431
Supplies and other	57,456,838	3,398	2,409,154	2,407,736	(1,556,928)	60,720,198
Professional fees	19,581,954	4,675	-	2,654,689	(777,164)	21,464,154
Lease expense	-	-	-	-	-	-
Provision for bad debts	19,010,859	-	-	930,401	-	19,941,260
Depreciation and amortization	11,576,168	812	74,086	56,754	-	11,707,820
Interest and financing costs	60,264	-	-	-	-	60,264
Total expenses	199,249,977	8,885	2,755,873	19,415,708	(2,188,316)	219,242,127
Operating Income (Loss)	17,608,422	(8,885)	(587,969)	(9,839,060)	1,500,000	8,672,508
Other Income (Loss)						
Investment income, net	939,317	668	37,683	6,264	-	983,932
Gain (loss) on disposal of equipment	(4,168,684)	-	-	2,505	-	(4,166,179)
Other income (loss), net	(7,840,035)	619,400	165,608	(20,686)	9,239,794	2,164,081
Total other income (loss), net	(11,069,402)	620,068	203,291	(11,917)	9,239,794	(1,018,166)
Revenues in Excess of (Less Than) Expenses	6,539,020	611,183	(384,678)	(9,850,977)	10,739,794	7,654,342
Changes in Unrealized Gains and Losses on Investments	5,381,782	-	163,399	-	-	5,545,181
Change in Minimum Pension Liability	1,388,228	-	-	-	-	1,388,228
Contributions for Long-Lived Assets	1,502,707	-	-	-	(1,500,000)	2,707
Intercompany Transfers	-	-	-	10,308,013	(10,308,013)	-
Increase (Decrease) in Unrestricted Net Assets	$ 14,811,737	$ 611,183	$ (221,279)	$ 457,036	$ (1,068,219)	$ 14,590,458

Wyoming Medical Center, Inc. and Subsidiaries
Consolidating Statement of Changes in Net Assets
Year Ended June 30, 2011

	Hospital	Ventures	Foundation	WHMG	Elimination Entries	Consolidated
Unrestricted Net Assets						
Revenues in excess of (less than) expenses	$ 6,539,020	$ 611,183	$ (384,678)	$ (9,850,977)	$ 10,739,794	$ 7,654,342
Changes in unrealized gains and losses on investments	5,381,782	-	163,399	-	-	5,545,181
Change in minimum pension liability	1,388,228	-	-	-	-	1,388,228
Contribution for long-lived assets	1,502,707	-	-	-	(1,500,000)	2,707
Intercompany transfers	-	-	-	10,308,013	(10,308,013)	-
Increase (decrease) in unrestricted net assets	14,811,737	611,183	(221,279)	457,036	(1,068,219)	14,590,458
Temporarily Restricted Net Assets						
Restricted contributions and interest	-	-	1,118,356	-	-	1,118,356
Net assets released from restrictions	-	-	(1,789,820)	-	-	(1,789,820)
Increase in temporarily restricted net assets	-	-	(671,464)	-	-	(671,464)
Permanently Restricted Net Assets						
Restricted contributions and interest	-	-	400,000	-	-	400,000
Change in Net Assets	14,811,737	611,183	(492,743)	457,036	(1,068,219)	14,318,994
Net Assets, Beginning of Year	170,888,068	1,970,160	5,425,647	1,932,511	(3,902,671)	176,313,715
Net Assets, End of Year	$ 185,699,805	$ 2,581,343	$ 4,932,904	$ 2,389,547	$ (4,970,890)	$ 190,632,709

Wyoming Medical Center, Inc. and Subsidiaries
Consolidating Balance Sheet – Assets
June 30, 2010

	Hospital	Ventures	Foundation	WHMG	Elimination Entries	Consolidated
Assets						
Current Assets						
Cash and cash equivalents	$ 36,066,307	$ 1,827,395	$ 1,476,550	$ 632,194	$ -	$ 40,002,446
Assets limited as to use	3,443,453	-	-	-	-	3,443,453
Receivables						
Patient, net	30,018,257	-	-	1,719,207	-	31,737,464
Physician	1,655,664	-	-	115,923		1,771,587
Other	2,333,788	2,642	459,627	2,124	(178,508)	2,619,673
Supplies	6,608,613	-	-	26,784	-	6,635,397
Prepaid expenses	4,280,223	3,102	-	427,481	-	4,710,806
Total current assets	84,406,305	1,833,139	1,936,177	2,923,713	(178,508)	90,920,826
Assets Limited as to Use	44,416,322	-	-	-	-	44,416,322
Property and Equipment, Net	87,660,387	812	1,368,031	264,449	-	89,293,679
Other Assets						
Investment in joint ventures	8,853,819	445,934	237,683	-	(3,902,671)	5,634,765
Long-term investments	-	-	841,287	-	-	841,287
Physician receivables	300,854	-	-	5,743	-	306,597
Note receivable	48,745	-	-	-	-	48,745
Deferred financing costs, net	6,371	-	-	-	-	6,371
Other long-term assets	-	-	1,100,534	-	-	1,100,534
Total other assets	9,209,789	445,934	2,179,504	5,743	(3,902,671)	7,938,299
Total assets	$ 225,692,803	$ 2,279,885	$ 5,483,712	$ 3,193,905	$ (4,081,179)	$ 232,569,126

Wyoming Medical Center, Inc. and Subsidiaries
Consolidating Balance Sheet – Liabilities and Net Assets
June 30, 2010

	Hospital	Ventures	Foundation	WHMG	Elimination Entries	Consolidated
Liabilities and Net Assets						
Current Liabilities						
Current maturities of long-term debt	$ 3,413,001	$ -	$ -	$ -	$ -	$ 3,413,001
Accounts payable						
Trade	6,866,808	-	10,503	315,776	-	7,193,087
Estimated third-party payor settlements	6,524,902	-	-	80,159	-	6,605,061
Physician	368,065	-	-	-	-	368,065
Related parties	-	548	47,562	130,398	(178,508)	-
Construction payables	1,343,265	-	-	-	-	1,343,265
Accrued expenses						
Salaries, wages and employee benefits	9,770,893	-	-	735,061	-	10,505,954
Interest	30,188	-	-	-	-	30,188
Malpractice and litigation costs	398,479	-	-	-	-	398,479
Payroll taxes and other	185,938	309,177	-	-	-	495,115
Total current liabilities	28,901,539	309,725	58,065	1,261,394	(178,508)	30,352,215
Long-Term Debt, Less Current Maturities	-	-	-	-	-	-
Pension Liability	25,903,196	-	-	-	-	25,903,196
Total liabilities	54,804,735	309,725	58,065	1,261,394	(178,508)	56,255,411
Net Assets						
Unrestricted	170,888,068	1,970,160	2,703,836	1,932,511	(3,902,671)	173,591,904
Temporarily restricted	-	-	2,558,380	-	-	2,558,380
Permanently restricted	-	-	163,431	-	-	163,431
Total net assets	170,888,068	1,970,160	5,425,647	1,932,511	(3,902,671)	176,313,715
Total liabilities and net assets	$ 225,692,803	$ 2,279,885	$ 5,483,712	$ 3,193,905	$ (4,081,179)	$ 232,569,126

Wyoming Medical Center, Inc. and Subsidiaries
Consolidating Statement of Operations
Year Ended June 30, 2010

	Hospital	Ventures	Foundation	WHMG	Elimination Entries	Consolidated
Unrestricted Revenues, Gains and Other Support						
Net patient and resident service revenue	$ 203,889,747	$ -	$ -	$ 8,796,433	$ -	$ 212,686,180
Other revenue	4,532,103	-	693,797	767,729	(91,546)	$ 5,902,083
Total revenues, gains and other support	208,421,850	-	693,797	9,564,162	(91,546)	218,588,263
Expenses						
Salaries, wages and employee benefits	87,405,539	-	228,873	11,690,053	499,683	99,824,148
Supplies and other	54,079,163	4,067	828,229	2,586,365	(439,414)	57,058,410
Professional fees	19,797,260	6,816	-	2,253,492	(151,815)	21,905,753
Lease expense	-	-	-	-	-	-
Provision for bad debts	21,526,559	-	-	1,358,715	-	22,885,274
Depreciation and amortization	11,679,238	812	78,839	78,057	-	11,836,946
Interest and financing costs	301,048	-	-	-	-	301,048
Total expenses	194,788,807	11,695	1,135,941	17,966,682	(91,546)	213,811,579
Operating Income (Loss)	13,633,043	(11,695)	(442,144)	(8,402,520)	-	4,776,684
Other Income (Loss)						
Investment income, net	1,533,619	6,462	19,696	1,892	-	1,561,669
Loss on disposal of property and equipment	(689,151)	-	-	(36,416)	-	(725,567)
Other income (loss), net	(5,803,057)	352,374	237,077	(24,359)	8,114,262	2,876,297
Total other income (loss), net	(4,958,589)	358,836	256,773	(58,883)	8,114,262	3,712,399
Revenues in Excess of (Less Than) Expenses	8,674,454	347,141	(185,371)	(8,461,403)	8,114,262	8,489,083
Changes in Unrealized Gains and Losses on Investments	698,586	-	54,194	-	-	752,780
Change in Minimum Pension Liability	(6,215,133)	-	-	-	-	(6,215,133)
Contributions for Long-Lived Assets	22,867	-	-	-	-	22,867
Intercompany Transfers	-	-	-	8,800,535	(8,800,535)	-
Increase (Decrease) in Unrestricted Net Assets	$ 3,180,774	$ 347,141	$ (131,177)	$ 339,132	$ (686,273)	$ 3,049,597

Wyoming Medical Center, Inc. and Subsidiaries
Consolidating Statement of Changes in Net Assets
Year Ended June 30, 2010

	Hospital	Ventures	Foundation	WHMG	Elimination Entries	Consolidated
Unrestricted Net Assets						
Revenues in excess of (less than) expenses	$ 8,674,454	$ 347,141	$ (185,371)	$ (8,461,403)	$ 8,114,262	$ 8,489,083
Changes in unrealized gains and losses on investments	698,586	-	54,194	-	-	752,780
Change in minimum pension liability	(6,215,133)	-	-	-	-	(6,215,133)
Contribution for long-lived assets	22,867	-	-	-	-	22,867
Intercompany transfers	-	-	-	8,800,535	(8,800,535)	-
Increase (decrease) in unrestricted net assets	3,180,774	347,141	(131,177)	339,132	(686,273)	3,049,597
Temporarily Restricted Net Assets						
Restricted contributions	-	-	1,086,003	-	-	1,086,003
Net assets released from restrictions	-	-	(296,160)	-	-	(296,160)
Increase in temporarily restricted net assets	-	-	789,843	-	-	789,843
Change in Net Assets	3,180,774	347,141	658,666	339,132	(686,273)	3,839,440
Net Assets, Beginning of Year	167,707,294	1,623,019	4,766,981	1,593,379	(3,216,398)	172,474,275
Net Assets, End of Year	$ 170,888,068	$ 1,970,160	$ 5,425,647	$ 1,932,511	$ (3,902,671)	$ 176,313,715