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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

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 04-01-2011 and ending 03-31-2012

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

C Name of organization
Northwest Medical Center Association Inc

Doing Business As
Northwest Medical Center

Number and street (or P O box if mail is not delivered to street address) | Room/suite
705 NORTH COLLEGE ST

City or town, state or country, and ZIP + 4
ALBANY, MO 64402

D Employer identification number
44-0580870

E Telephone number
(660)726-3941

G Gross receipts $ 15,848,230

F Name and address of principal officer
JON DOOLITTLE
705 N COLLEGE ST
ALBANY, MO 64402

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 NORTHWESTMEDICALCENTER ORG

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

L Year of formation 1955

M State of legal domicile MO

Part I Summary

1 Briefly describe the organization's mission or most significant activities
TO SERVE OUR COMMUNITY BY PROVIDING COMPASSIONATE, VALUE-DRIVEN HEALTH CARE AS WE PREVENT ILLNESS, RESTORE HEALTH, AND PROVIDE COMFORT TO ALL WHO ENTRUST US WITH THEIR CARE

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

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	12
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	11
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	**5**	205
6	Total number of volunteers (estimate if necessary)	**6**	12
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	5,321
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	2,368

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	104,603	10,633
9	Program service revenue (Part VIII, line 2g)	14,316,551	15,346,004
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	138,979	202,461
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	204,400	269,045
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	14,764,533	15,828,143
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	40,789	30,776
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)	8,278,093	8,822,000
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–24e)	6,441,351	7,358,705
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	14,760,233	16,211,481
19	Revenue less expenses Subtract line 18 from line 12	4,300	-383,338

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	17,831,490	17,718,033
21	Total liabilities (Part X, line 26)	2,714,219	2,948,132
22	Net assets or fund balances Subtract line 21 from line 20	15,117,271	14,769,901

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

****** | 2013-02-15
Signature of officer | Date

JON DOOLITTLE CEO
Type or print name and title

Paid Preparer's Use Only

Preparer's signature: Michael J Engle	Date	Check if self-employed ▶☐	Preparer's taxpayer identification number (see instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4: BKD LLP, 1201 Walnut Suite 1700, Kansas City, MO 641062246			EIN ▶
			Phone no ▶ (816) 221-6300

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 SERVE OUR COMMUNITY BY PROVIDING COMPASSIONATE, VALUE-DRIVEN HEALTH CARE AS WE PREVENT ILLNESS, RESTORE HEALTH, AND PROVIDE COMFORT TO ALL WHO ENTRUST US WITH THEIR CARE

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 organization's program service accomplishments for each of its three largest program services, as measured 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 $ 8,984,865 including grants of $ 30,776) (Revenue $ 8,656,783)

INPATIENT - WE SAW A TOTAL OF 3,771 PATIENTS DAYS COMBINED FOR OUR ACUTE CARE AND SWING BED PROGRAM 2,738(73 6%) PATIENT DAYS WERE MEDICARE PATIENTS WITH ANOTHER 143(3 8%) DAYS BEING MEDICAID

4b (Code) (Expenses $ 3,005,491 including grants of $) (Revenue $ 6,018,704)

EMERGENCY ROOM - WE SAW 3,096 PATIENTS IN THE LAST YEAR THROUGH THE EMERGENCY ROOM 32 1% OF PATIENTS SEEN IN THE ER WERE FROM MEDICARE AND 21 0% WERE MEDICAID

4c (Code) (Expenses $ 1,052,703 including grants of $) (Revenue $ 670,517)

HOME HEALTH - WE SERVED 4,781 PATIENTS THROUGH OUR HOME HEALTH AGENCY OUT OF THE TOTAL PATIENTS SEEN, 82 1% WERE MEDICARE AND 2 9% WERE MEDICAID

4d Other program services (Describe in Schedule O)

(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses** ▶ $ 13,043,059

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 instructions)?	2		No
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		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
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	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e		No
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	Yes	
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		No
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, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Part I*	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, Part 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, Part 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*	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	Yes	
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.** All Form 990 filers that operated one or more hospitals must attach audited financial statements	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**	Yes	
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**		No
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 questions 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
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**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
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 owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
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**		No
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**		No
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	**35a**		No
b	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*	**35b**		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**	41		
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**	205			
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 or securities 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**	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			**7b**	Yes	
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.** All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state			**13a**		
b	Enter the aggregate 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 aggregate 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	12		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	11		
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		Yes	
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			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5			No
6	Did the organization have members or stockholders?	6			No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		Yes	
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	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete 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 the Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did 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		No
	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		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

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

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 made 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 made 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 ▶

JON DOOLITTLE
705 N COLLEGE
ALBANY, MO 64402
(660) 726-3941

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, or 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 organizations compensated any current or former officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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) KEVIN HARDING DIRECTOR/PRESIDENT	1 0	X		X						
(2) KENT PETERSON DIRECTOR/VICE PRESIDENT	1 0	X		X						
(3) JOANN GIBBANY DIRECTOR/TREASURER	1 0	X		X						
(4) RHONDA SCHNEIDER DIRECTOR/SECRETARY	1 0	X		X						
(5) KIM FINDLEY DIRECTOR	1 0	X								
(6) MARY EWING DIRECTOR	1 0	X								
(7) NORMA HILL DIRECTOR	1 0	X								
(8) JIM HUMPHREY DIRECTOR	1 0	X								
(9) ROBERT MILLER DIRECTOR	1 0	X								
(10) SERENA NAYLOR DIRECTOR	1 0	X								
(11) DAVID PARMAN DIRECTOR	1 0	X								
(12) ROBERT SMITH DIRECTOR	1 0	X								
(13) BARBARA AXON EXECUTIVE VICE PRESIDENT	36 0			X				101,315		12,617
(14) DONNA WALTER VP OF CARE TRANSFORMATION	40 0			X				100,120		24,098
(15) MARK THORN RESIGNED 61711 VP OF FINANCE	40 0			X				66,926		3,593
(16) JAMES CROUCH VP OF INFORMATION TECHNOLOGY	40 0			X				93,198		19,890
(17) JON DOOLITTLE PRESIDENT AND CEO	40 0			X				150,660	0	6,975

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 (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(18) NATE BLACKFORD VP OF FINANCE & HR	40 0			X				21,688		8,121
(19) DR NASER SOGHRATI ER PHYSICIAN	75 0					X		364,979		11,792
(20) DR ANGELA MARTIN FAMILY PRACTICE PHYSICIAN	40 0					X		196,664		5,577
(21) DR JACKIE MILLER FAMILY PRACTICE PHYSICIAN	40 0					X		282,221		11,902

1b	**Sub-Total**			
c	**Total from continuation sheets to Part VII, Section A**			
d	**Total (add lines 1b and 1c)**	1,377,771	0	104,565

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 6

			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		No
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 Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
HAVE A NICE DAY ANESTHESIA	ANESTHESIA SERVICES	127,676

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 1

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	6,120			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	4,513			
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f		10,633			
			Business Code				
Program Service Revenue	2a	NET PATIENT SERVICE REVENUE	621110	15,346,004	15,346,004		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f		15,346,004			
	3	Investment income (including dividends, interest and other similar amounts)		204,510			204,510
	4	Income from investment of tax-exempt bond proceeds		0			
	5	Royalties		0			
			(i) Real	(ii) Personal			
	6a	Gross rents	7,700				
	b	Less rental expenses	4,531				
	c	Rental income or (loss)	3,169				
	d	Net rental income or (loss)		3,169			3,169
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory					
	b	Less cost or other basis and sales expenses		2,049			
	c	Gain or (loss)		-2,049			
	d	Net gain or (loss)		-2,049			-2,049
Other Revenue	8a	Gross income from fundraising events (not including $ 6,120 of contributions reported on line 1c) See Part IV, line 18	a 34,048				
	b	Less direct expenses	b 13,507				
	c	Net income or (loss) from fundraising events		20,541			20,541
	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		0			
	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		0			
		Miscellaneous Revenue	Business Code				
	11a	CAFETERIA	811000	72,492			72,492
	b	VENDING MACHINE	900099	1,556			1,556
	c	MISCELLANEOUS		171,287		5,321	165,966
	d	All other revenue		171,287		5,321	165,966
	e	**Total.** Add lines 11a–11d		245,335			
	12	**Total revenue.** See Instructions		15,828,143	15,346,004	5,321	466,185

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)

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

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 United States See Part IV, line 21	30,776	30,776		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	709,136		709,136	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	78,220	78,220		
7	Other salaries and wages	5,998,578	5,722,669	275,909	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	105,344	90,052	15,292	
9	Other employee benefits	1,476,252	1,176,440	299,812	
10	Payroll taxes	454,470	388,499	65,971	
11	Fees for services (non-employees)				
a	Management	0			
b	Legal	0			
c	Accounting	101,720		101,720	
d	Lobbying	0			
e	Professional fundraising *See Part IV, line 17* . .	0			
f	Investment management fees	0			
g	Other	1,415,042	690,514	724,528	
12	Advertising and promotion	14,448	4,890	9,558	
13	Office expenses	757,575	541,740	215,835	
14	Information technology	202,034	165,080	36,954	
15	Royalties . .	0			
16	Occupancy	273,474	220,016	53,458	
17	Travel	119,299	71,607	47,692	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	0			
20	Interest	66,739		66,739	
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	870,461	687,664	182,797	
23	Insurance	188,036	148,548	39,488	
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	BAD DEBT	1,419,724	1,419,724		
b	REPAIRS AND MAINTENANCE	664,590	518,261	146,329	
c	EDUCATION	50,103	38,605	11,498	
d	MEDICAL SUPPLIES	885,060	885,060		
e					
f	All other expenses	330,400	164,694	165,706	
25	**Total functional expenses.** Add lines 1 through 24f	16,211,481	13,043,059	3,168,422	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		486,376	1	584,963
	2	Savings and temporary cash investments		19,304	2	19,313
	3	Pledges and grants receivable, net		0	3	0
	4	Accounts receivable, net		3,730,250	4	3,469,775
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		0	5	0
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		0	6	0
	7	Notes and loans receivable, net		0	7	0
	8	Inventories for sale or use		418,152	8	245,264
	9	Prepaid expenses and deferred charges		169,936	9	171,107
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 13,930,406			
	b	Less accumulated depreciation	10b 7,245,990	7,069,740	10c	6,684,416
	11	Investments—publicly traded securities		1,349,566	11	1,227,176
	12	Investments—other securities See Part IV, line 11		0	12	0
	13	Investments—program-related See Part IV, line 11		0	13	0
	14	Intangible assets		0	14	0
	15	Other assets See Part IV, line 11		4,588,166	15	5,316,019
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		17,831,490	16	17,718,033
Liabilities	17	Accounts payable and accrued expenses		1,112,740	17	1,054,908
	18	Grants payable		0	18	0
	19	Deferred revenue		0	19	0
	20	Tax-exempt bond liabilities		0	20	0
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*		0	21	0
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties		1,601,479	23	1,893,224
	24	Unsecured notes and loans payable to unrelated third parties		0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		0	25	0
	26	**Total liabilities.** Add lines 17 through 25		2,714,219	26	2,948,132
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		11,379,390	27	11,002,130
	28	Temporarily restricted net assets		3,605,116	28	3,635,006
	29	Permanently restricted net assets		132,765	29	132,765
		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		15,117,271	33	14,769,901
	34	Total liabilities and net assets/fund balances		17,831,490	34	17,718,033

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	15,828,143
2	Total expenses (must equal Part IX, column (A), line 25)	2	16,211,481
3	Revenue less expenses Subtract line 2 from line 1	3	-383,338
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	15,117,271
5	Other changes in net assets or fund balances (explain in Schedule O)	5	35,968
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	14,769,901

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

2011

Open to Public Inspection

Name of the organization
Northwest Medical Center Association Inc

Employer identification number
44-0580870

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 **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 IRC 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
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 2011 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2010 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2011.** 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—2010.** 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—2011.** 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—2010.** 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 IRC 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2011** (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from **2010** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2011.** 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—2010.** 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 explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

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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

2011

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, line 35c (Proxy Tax), then

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

Name of the organization	Employer identification number
Northwest Medical Center Association Inc	44-0580870

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 on behalf of or in opposition to candidates for public office 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 (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

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) 2008	(b) 2009	(c) 2010	(d) 2011	(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)?		No	
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?	Yes		6,033
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
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			6,033
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, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
Northwest Medical Center Association Inc

Employer identification number
44-0580870

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	132,765	132,765	132,765	132,765	
b Contributions					
c Investment earnings or losses	6,077	36,702	14,604	0	
d Grants or scholarships					
e Other expenditures for facilities and programs	6,077	36,702	14,604	0	
f Administrative expenses					
g End of year balance	132,765	132,765	132,765	132,765	

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

- a Board designated or quasi-endowment ▶ 0 %
- b Permanent endowment ▶ 100 000 %
- c Term endowment ▶ 0 %

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)		No
(ii) related organizations	3a(ii)		No
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 Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		41,867		41,867
b Buildings		7,608,920	3,518,935	4,089,985
c Leasehold improvements		0	0	0
d Equipment		5,792,735	3,570,693	2,222,042
e Other		486,884	156,362	330,522
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				6,684,416

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
(1) OTHER ASSETS	121,400
(2) INTEREST RECEIVABLE	107,089
(3) REPURCHASE AGREEMENTS	0
(4) INTEREST IN TRUST ASSETS	3,635,006
(5) ANNUITIES	704,524
(6) Due from Third Party Payers	748,000
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	5,316,019

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

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	0
See Additional Data Table	
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	0

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	15,828,143
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	16,211,481
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-383,338
4	Net unrealized gains (losses) on investments	4	6,078
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	29,890
9	Total adjustments (net) Add lines 4 - 8	9	35,968
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-347,370

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	15,692,543
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	6,078		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	18,038		
e	Add lines **2a** through **2d**			2e	24,116
3	Subtract line **2e** from line **1**			3	15,668,427
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	159,716		
c	Add lines **4a** and **4b**			4c	159,716
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	15,828,143

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

1	Total expenses and losses per audited financial statements			1	16,229,519
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	18,038		
e	Add lines **2a** through **2d**			2e	18,038
3	Subtract line **2e** from line **1**			3	16,211,481
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			
c	Add lines **4a** and **4b**			4c	
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	16,211,481

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
INTENDED USE OF ENDOWMENT FUNDS	SCHEDULE D, PART V, LINE 4	THE ENDOWMENT IS USED FOR ANY AND ALL HOSPITAL EXPENSES OF ANY NATURE
UNCERTAIN TAX POSITIONS DISCLOSURE	SCHEDULE D, PART X, LINE 2	MANAGEMENT HAS EVALUATED THEIR INCOME TAX POSITIONS UNDER THE GUIDANCE INCLUDED IN ASC 740 BASED ON THEIR REVIEW, MANAGEMENT HAS NOT IDENTIFIED ANY MATERIAL UNCERTAIN TAX POSITIONS TO BE RECORDED OR DISCLOSED IN THE FINANCIAL STATEMENTS
RECONCILIATION OF CHANGE IN NET ASSETS	SCHEDULE D, PART XI, LINE 8	NET GAIN ON INTEREST IN TRUST ASSETS $ 189,606 NET ASSETS RELEASED FROM RESTRICTION $(156,716) ---------- $ 29,890
OTHER REVENUE ON BOOKS BUT NOT ON RETURN	SCHEDULE D, PART XII, LINE 2D	SPECIAL EVENT EXPENSES $ 13,507 RENTAL EXPENSES $ 4,531 ---------- $ 18,038
OTHER REVENUE ON RETURN BUT NOT ON BOOKS	SCHEDULE D, PART XII, LINE 4B	NET ASSETS RELEASED FROM RESTRICTION $ 159,716
OTHER EXPENSES ON BOOKS BUT NOT ON RETURN	SCHEDULE D, PART XIII, LINE 2D	SPECIAL EVENT EXPENSES $ 13,507 RENTAL EXPENSES $ 4,531 ---------- $ 18,038

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.
Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
Northwest Medical Center Association Inc

Employer identification number
44-0580870

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

a ☐ Mail solicitations
b ☐ Internet and e-mail solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ **Yes** ☐ **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization Form 990-EZ filers are not required to complete this table

(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions?		**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
		Yes	**No**			
Total . . . . . ▶						

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000.

		(a) Event #1 GOLF TOURNAMENT (event type)	(b) Event #2 (event type)	(c) Other Events 0 (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	40,168			40,168
	2 Less Charitable contributions	6,120			6,120
	3 Gross income (line 1 minus line 2)	34,048			34,048
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes	226			226
	6 Rent/facility costs	2,500			2,500
	7 Food and beverages	1,995			1,995
	8 Entertainment				
	9 Other direct expenses	8,786			8,786
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(13,507)
	11 Net income summary Combine lines 3 and 10 in column (d) ▶				20,541

Part III **Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				( )
	8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶				

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," Explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," Explain _____

11 Does the organization operate gaming activities with nonmembers? . . . . . ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . . ☐ Yes ☐ No

13 Indicate the percentage of gaming activity operated in

a	The organization's facility	**13a**	
b	An outside facility	**13b**	

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ ----------

Address ▶ ----------

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . . ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____

c If "Yes," enter name and address

Name ▶ ----------

Address ▶ ----------

16 Gaming manager information

Name ▶ ----------

Gaming manager compensation ▶ $ ----------

Description of services provided ▶ ----------

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . . ☐ Yes ☐ No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation

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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

2011

Open to Public Inspection

Name of the organization
Northwest Medical Center Association Inc

Employer identification number
44-0580870

Part I Charity Care and Certain Other Community Benefits at Cost

			Yes	No
1a	Did the organization have a charity care policy? If "No," skip to question 6a	1a	Yes	
b	If "Yes," is it a written policy?	1b	Yes	
2	If the organization had multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals ☑ Applied uniformly to all hospitals ☐ Applied uniformly to most hospitals ☐ Generally tailored to individual hospitals			
3	Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients during the tax year			
a	Did the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing *free* care? If "Yes," indicate which of the following is the FPG family income limit for eligibility for free care ☐ 100% ☐ 150% ☐ 200% ☑ Other **125. %**	3a	Yes	
b	Did the organization use FPG to determine eligibility for providing *discounted* care? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☐ Other **%**	3b		No
c	If the organization did 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 policy provide 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 charity care expenses exceed the budgeted amount?	5b	Yes	
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		No
6a	Did the organization prepare a community benefit reportduring the tax year?	6a	Yes	
6b	If "Yes," did the organization make it available to the public?	6b	Yes	
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H			

7 Charity Care and Certain Other Community Benefits at Cost

Charity Care 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 Charity care at cost (from Worksheet 1)			708,711	212,044	496,668	3 060 %
b Medicaid (from Worksheet 3, column a)			1,827,143	951,452	876,692	5 400 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total** Charity Care and Means-Tested Government Programs			2,535,854	1,163,496	1,373,360	8 460 %
Other Benefits						
e Community health improvement services and community benefit operations (from (Worksheet 4)			2,790		2,790	0 %
f Health professions education (from Worksheet 5)			51,613		51,613	0 320 %
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			30,776		30,776	0 190 %
j **Total** Other Benefits			85,179		85,179	0 510 %
k **Total.** Add lines 7d and 7j			2,621,033	1,163,496	1,458,539	8 970 %

Part II Community Building Activities Complete this table if the organization conducted any community building activities.

		(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						
3	Community support			30,776		30,776	0 190 %
4	Environmental improvements						
5	Leadership development and training for community members						
6	Coalition building						
7	Community health improvement advocacy						
8	Workforce development						
9	Other						
10	**Total**			30,776		30,776	0 190 %

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		No
2	Enter the amount of the organization's bad debt expense	2	988,527		
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's charity care policy	3	395,411		
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	7,393,222		
6	Enter Medicare allowable costs of care relating to payments on line 5	6	7,467,710		
7	Subtract line 6 from line 5 This is the surplus or (shortfall)	7	-74,488		
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	Did the organization have a written debt collection policy during the tax year?		9a	Yes	
b	If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI		9b	Yes	

Part IV Management Companies and Joint Ventures (see instructions)

	(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					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					

Part V Facility Information

Section A. Hospital Facilities

(list in order of size 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	NORTHWEST MEDICAL CENTER 705 NORTH COLLEGE ST ALBANY,MO 64402	X	X			X		X		

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices.

(Complete a separate Section B for each of the hospital facilities listed in Part V, Section A)

NORTHWEST MEDICAL CENTER

Name of Hospital Facility:

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 1

		Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2011)			
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8	1		
If "Yes," indicate what the Needs Assessment describes (check all that apply)			
a ☐ A definition of the community served by the hospital facility			
b ☐ Demographics of the community			
c ☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d ☐ How data was obtained			
e ☐ The health needs of the community			
f ☐ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g ☐ The process for identifying and prioritizing community health needs and services to meet those needs			
h ☐ The process for consulting with persons representing the community's interests			
i ☐ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j ☐ Other (describe in Part VI)			
2 Indicate the tax year the hospital facility last conducted a Needs Assessment 20 ___			
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3		
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4		
5 Did the hospital facility make its Needs Assessment widely available to the public?	5		
If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)			
a ☐ Hospital facility's website			
b ☐ Available upon request from the hospital facility			
c ☐ Other (describe in Part VI)			
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)			
a ☐ Adoption of an implementation strategy to address the health needs of the hospital facility's community			
b ☐ Execution of the implementation strategy			
c ☐ Development of a community-wide community benefit plan for the facility			
d ☐ Participation in community-wide community benefit plan			
e ☐ Inclusion of a community benefit section in operational plans			
f ☐ Adoption of a budget for provision of services that address the needs identified in the CHNA			
g ☐ Prioritization of health needs in the community			
h ☐ Prioritization of services that the hospital facility will undertake to meet health needs in its community			
i ☐ Other (describe in Part VI)			
7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7		
Financial Assistance Policy			
Did the hospital facility have in place during the tax year a written financial assistance policy that			
8 Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8	Yes	
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care?	9	Yes	
If "Yes," indicate the FPG family income limit for eligibility for free care 125 %			
If "No," explain in Part VI the criteria the hospital facility used			

Part V Facility Information *(continued)*

			Yes	No
10	Used FPG to determine eligibility for providing discounted care?	10		No
	If "Yes," indicate the FPG family income limit for eligibility for discounted care __% If "No," explain in Part VI the criteria the hospital facility used			
11	Explained the basis for calculating amounts charged to patients?	11	Yes	
	If "Yes," indicate the factors used in determining such amounts (check all that apply)			
	a ☑ Income level			
	b ☑ Asset level			
	c ☐ Medical indigency			
	d ☐ Insurance status			
	e ☐ Uninsured discount			
	f ☐ Medicaid/Medicare			
	g ☐ State regulation			
	h ☐ Other (describe in Part VI)			
12	Explained the method for applying for financial assistance?	12	Yes	
13	Included measures to publicize the policy within the community served by the hospital facility?	13	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
	a ☐ The policy was posted at all times on the hospital facility's web site			
	b ☐ The policy was attached to all billing invoices			
	c ☑ The policy was posted in the hospital facility's emergency rooms or waiting rooms			
	d ☐ The policy was posted in the hospital facility's admissions offices			
	e ☐ The policy was provided, in writing, to patients upon admission to the hospital facility			
	f ☑ The policy was available upon request			
	g ☐ Other (describe in Part VI)			

Billing and Collections

14	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	14	Yes	
15	Check all of the following collection actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP			
	a ☐ Reporting to credit agency			
	b ☐ Lawsuits			
	c ☐ Liens on residences			
	d ☐ Body attachments or arrests			
	e ☐ Other similar actions (describe in Part VI)			
16	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP?	16		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
	a ☐ Reporting to credit agency			
	b ☐ Lawsuits			
	c ☐ Liens on residences			
	d ☐ Body attachments			
	e ☐ Other similar actions (describe in Part VI)			
17	Indicate which efforts the hospital facility made before initiating any of the actions checked in question 16 (check all that apply)			
	a ☐ Notified patients of the financial assistance policy upon admission			
	b ☐ Notified patients of the financial assistance policy prior to discharge			
	c ☐ Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills			
	d ☐ Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy			
	e ☐ Other (describe in Part VI)			

Part V Facility Information *(continued)*

Policy Relating to Emergency Medical Care

		Yes	No
18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**18**	Yes	
If "No," indicate why			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)			
d ☐ Other (describe in Part VI)			

Individuals Eligible for Financial Assistance

19 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a ☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b ☐ The hospital facility used the average of it's three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c ☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d ☐ Other (describe in Part VI)			
20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care?	**20**		No
If "Yes," explain in Part VI			
21 Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for services provided to that patient?	**21**		No
If "Yes," explain in Part VI			

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 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	NMC CLINIC EAST 1607 EAST HWY 136 ALBANY,MO 64402	PHYSICIAN CLINIC
2	NMC CLINIC WEST 402 EAST HWY 136 ALBANY,MO 64402	PHYSICIAN CLINIC
3	NMC HOME HEALTH AGENCY 1607 EAST HWY 136 ALBANY,MO 64402	HOME HEALTH AGENCY
4	NMC GRANT CITY CLINIC 16 WEST 4TH STREET GRANT CITY,MO 64456	PHYSICIAN CLINIC
5	STANBERRY RURAL HEALTH CLINIC 202 EAST MAIN STREET STANBERRY,MO 64489	RURAL HEALTH CLINIC
6		
7		
8		
9		
10		

Part VI Supplemental Information

Complete this part to provide the following information

1 **Required descriptions.** Provide the descriptions 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, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21

2 **Community health needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any community health 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
SCHEDULE H, PART I, LINE 3C		THE PATIENT QUALIFIES FOR 100% DISCOUNTED CARE IF THEY ARE BELOW 125% OF THE FPG THE ORGANIZATION DOES NOT USE AN ASSET TEST OR ANY OTHER THRESHOLD OTHER THAN PRIOR YEARS TAX RETURNS, 3 CONSECUTIVE PAY STUBS, OR PROOF OF UNEMPLOYEMENT

Identifier	ReturnReference	Explanation
SCHEDULE H, PART I, LINE 7, COLUMN F		THE AMOUNT OF BAD DEBT EXPENSE REMOVED FROM TOTAL EXPENSES FOR CALCULATING THE NET COMMUNITY BENEFIT EXPENSE PERCENTAGE WAS $1,419,724

Identifier	ReturnReference	Explanation
SCHEDULE H, PART I, LINE 7		THE COSTING METHODOLOGY USED TO CALCULATE THE AMOUNTS CONTAINED IN THE TABLE OF PART I, LINE 7, OF SCHEDULE H, IS A COST TO CHARGE RATIO

Identifier	ReturnReference	Explanation
COMMUNITY BUILDING ACTIVITIES	SCHEDULE H, PART II	WE HAVE A BOARD OF DIRECTORS THAT IS MADE UP OF 12 VOLUNTEERS OF THE COMMUNITY EVERY DECISION WE MAKE IS BASED ON HOW IT EFFECTS THE COMMUNITY WE GIVE DONATIONS AND CHARITY CARE TO AID IN LOCAL NEEDS BECAUSE WE ARE A SMALL RURAL HOSPITAL AND ARE ONE OF THE LARGEST EMPLOYERS IN THE AREA, EVERYTHING WE DO EFFECTS THE BUILDING OF THE COMMUNITY AROUND US

Identifier	ReturnReference	Explanation
BAD DEBT EXPENSE	SCHEDULE H, PART III, LINE 4	Accounts are considered delinquent and subsequently written off as bad debts based on individual credit evaluation and specific circumstances of the account Our bad debt is figured on the allowance method, therefore, anything outstanding in the aging buckets would be included in the allowance calculation This also means that there will be people who are currently in the process of submitting charity care paperwork that are included in the bad debt number

Identifier	ReturnReference	Explanation
MEDICARE SHORTFALL	SCHEDULE H, PART III, LINE 8	SERVING PATIENTS WITH GOVERNMENT HEALTH BENEFITS, SUCH AS MEDICARE, IS A COMPONENT OF THE COMMUNITY BENEFIT STANDARD THAT TAX-EXEMPT HOSPITALS ARE HELD TO THIS IMPLIES THAT SERVING MEDICARE PATIENTS IS A COMMUNITY BENEFIT AND THAT THE HOSPITAL OPERATES TO PROMOTE THE HEALTH OF THE COMMUNITY

Identifier	ReturnReference	Explanation
COLLECTION PRACTICES	SCHEDULE H, PART III, LINE 9B	IF THE PATIENT QUALIFIES FOR CHARITY CARE THEN WE WRITE OFF THEIR BILL TO CHARITY CARE THOSE PATIENTS NO LONGER OWE THE HOSPITAL WHAT IS OWED FOR THOSE PATIENT VISITS

Identifier	ReturnReference	Explanation
CHARGES FOR MEDICAL CARE	SCHEDULE H, PART V, LINE 19D	ALL PATIENTS THAT ARE DETERMINED TO BE ELIGIBLE UNDER THE FINANCIAL ASSISTANCE POLICY ARE GIVEN A 100% DISCOUNT

Identifier	ReturnReference	Explanation
NEEDS ASSESSMENT	SCHEDULE H, PART VI, LINE 4	WE DO OUR NEEDS ASSESSMENT THROUGH OUR BALANCED SCORECARD COMMITTEE WE LOOK AT WHO WE SERVE AND WHAT WE NEED TO DO DIFFERENTLY TO MAKE SURE WE ARE MEETING THE NEEDS OF OUR COMMUNITY

Identifier	ReturnReference	Explanation
PATIENT EDUCATION OF ELGIBILITY FOR ASSISTANCE	SCHEDULE H, PART VI, LINE 3	OUR SOCIAL WORKER PERSONALLY VISITS WITH PATIENTS TO DISCUSS WITH THEM ALL OF THEIR OPTIONS AND WILL HELP IN ANY WAY TO FILL OUT PAPERWORK AND FILE IT WITH THE APPROPRIATE AGENCY, IF NECESSARY WE HAVE A DESIGNATED PERSON IN FINANCIAL PATIENT SERVICES TO HELP IN SETTING UP PAYMENTS, GIVING OUT CHARITY CARE PACKETS, FOLLOWING UP ON MISSING OR INCOMPLETE FORMS, AND TO ANSWER ANY AND ALL QUESTIONS PERTAINING TO OUR CHARITY CARE POLICY

Identifier	ReturnReference	Explanation
COMMUNITY INFORMATION	SCHEDULE H, PART VI, LINE 4	WE SERVE A THREE COUNTY (GENTRY, WORTH, HARRISON) RURAL AREA THAT IS MADE UP OF 18,093 PEOPLE HARRISON COUNTY DOES HAVE ITS OWN RURAL HOSPITAL SO THAT IS NOT OUR TARGET COUNTY ALTHOUGH WE DO SEE SOME PATIENTS FROM THERE THE MEDIAN INCOME LEVEL FOR THESE COUNTIES IS $28,700 WHICH IS $13,280 LESS THAN THE NATIONAL AVERAGE

Identifier	ReturnReference	Explanation
PROMOTION OF COMMUNITY HEALTH	SCHEDULE H, PART VI, LINE 5	WE PROVIDE FREE DENTAL CARE TO CHILDREN WHO CANNOT AFFORD DENTAL CARE ON THEIR OWN WE HAVE ANNUAL HEALTH FAIRS AND SPORTS PHYSICALS AT ALL OUR AREA CLINICS WE HAVE ALWAYS SUPPORTED LOCAL BUSINESSES AND SCHOOLS AS WELL AS ASSOCIATIONS

Identifier	ReturnReference	Explanation
STATE FILING OF COMMUNITY BENEFIT REPORT	SCHEDULE H, PART VI, LINE 7	MISSOURI

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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

2011

Open to Public Inspection

Name of the organization
Northwest Medical Center Association Inc

Employer identification number
44-0580870

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. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . ▶ ☑

(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 listed in the line 1 table . . . ▶

3 Enter total number of other organizations listed in the line 1 table . . . ▶

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

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
MONITORING OF GRANTS	SCHEDULE I, PART I, LINE 2	THE RECIPIENTS OF THE GRANTS REQUEST AN EXACT AMOUNT OF FUNDS THAT IS SUPPORTED BY DOCUMENTATION THEY PROVIDE THE HOSPITAL

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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

2011

Open to Public Inspection

Name of the organization
Northwest Medical Center Association Inc

Employer identification number
44-0580870

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?	**4a**		No
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 Schedule J-1 if additional space 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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

(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) DR NASER SOGHRATI	(i) (ii)	364,979	0	0	9,898 0	1,894 0	376,771 0	0 0
(2) DR ANGELA MARTIN	(i) (ii)	196,664	0	0	0 0	5,577 0	202,241 0	0 0
(3) DR JACKIE MILLER	(i) (ii)	272,221	10,000	0	2,600 0	9,302 0	294,123 0	0 0
(4) JON DOOLITTLE	(i) (ii)	125,660 0	25,000 0	0 0	450 0	6,525 0	157,635 0	0 0

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
HEALTH OR SOCIAL CLUB DUES OR INITIATION FEES	SCHEDULE J, PART I, LINE 1A	JON DOOLITTLE - GOLF CLUB MEMBERSHIP WAS USED 100% FOR BUSINESS PURPOSES, THEREFORE THE COST OF THE MEMBERSHIP WAS NOT TREATED AS TAXABLE COMPENSATION

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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

2011

Open to Public Inspection

Name of the organization
Northwest Medical Center Association Inc

Employer identification number
44-0580870

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) SEE SCHEDULE L PART V					

Part V Supplemental Information

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

Identifier	Return Reference	Explanation
BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS	SCHEDULE L, PART IV	(A) ALLISON THORN (B) ALLISON THORN IS A FORMER NURSE PRACTIONER (LEFT JUNE 2011) FOR NORTHWEST MEDICAL CENTER IN THEIR GRANT CITY, MO CLINIC AND IS THE SPOUSE OF MARK THORN, WHO IS THE FORMER CFO (LEFT JUNE 2011) OF NORTHWEST MEDICAL CENTER (C) $23,954 (D) SALARY FOR NURSE PRACTIONER SERVICES (E) NO (A) SARAH FOUNTAIN (B) SARAH FOUNTAIN IS THE LABORATORY MANAGER AT NORTHWEST MEDICAL CENTER, AND IS THE DAUGHTER OF RHONDA SCHNEIDER WHO IS A BOARD MEMBER OF NORTHWEST MEDICAL CENTER (C) $54,265 (D) SALARY FOR LABORATORY MANAGER SERVICES (E) NO

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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

2011

Open to Public Inspection

Name of the organization
Northwest Medical Center Association Inc

Employer identification number
44-0580870

Identifier	Return Reference	Explanation
BUSINESS RELATIONSHIPS	FORM 990, PART VI, SECTION A, LINE 2	DAVID PARMAN (BOARD MEMBER), AND NORMA HILL (BOARD MEMBER) HAVE A BUSINESS RELATIONSHIP
MEMBERS OR STOCKHOLDERS	FORM 990, PART VI, SECTION A, LINES 7A AND 7B	LINE 7A OUR HOSPITAL HAS MEMBERS OF THE HOSPITALS ASSOCIATION THAT VOTE ON THE BOARD MEMBERS EVERY YEAR IN AUGUST THEY ARE NOT PAID AND ARE PEOPLE FROM THE COMMUNITY WHO PAY $10 PER PERSON (WHICH IS USED AS A DONATION) THAT WILL VOTE ON THE NOMINATED BOARD MEMBERS THAT WERE PICKED BY THE NOMINATIONS COMMITTEE WHICH IS MADE UP OF CURRENT BOARD MEMBERS LINE 7B THE VOTE BY THE ASSOCIATION ON THE NOMINATIONS FOR NEW BOARD MEMBERS BY THE NOMINATIONS COMMITTEE IS THE ONLY DECISIONS SUBJECT TO APPROVAL BY MEMBERS, STOCKHOLDERS, OR OTHER PERSONS
REVIEW OF THE 990	FORM 990, PART VI, SECTION B, LINE 11B	WE DISTRIBUTE THE 990 VIA EMAIL TO THE BOARD MEMBERS THEY REVIEW IT AND RELAY ANY ISSUES OR QUESTIONS THE CEO AND CFO BOTH REVIEW IT AS WELL IF THERE ARE ANY CORRECTIONS, THE PREPARING COMPANY IS NOTIFIED UPON ALL AGREEMENT, THE 990 IS APPROVED FOR SUBMISSION
MONITORING OF CONFLICT OF INTEREST POLICY	FORM 990, PART VI, SECTION B, LINE 12C	EVERY YEAR ALL OFFICERS AND BOARD MEMBERS HAVE TO READ AND SIGN A CONFLICT OF INTEREST STATEMENT STATING THEY UNDERSTAND WHAT THEY CAN AND CANNOT DO AND HOW THE REPORTING PROCESS IS HANDLED IF THERE ARE ISSUES, ALL CONFLICTS OF INTEREST ARE REPORTED THROUGH THE CORPORATE COMPLIANCE COMMITTEE FOR INVESTIGATION BY WHICH A RESOLUTION WILL BE SUGGESTED TO THE GOVERNING BODY ANY BOARD MEMBER THAT HAS A CONFLICT OF INTEREST DOES NOT VOTE ON THE ISSUE
COMPENSATION REVIEW	FORM 990, PART VI, SECTION B, LINES 15A & 15B	LINE 15A THE CEO'S COMPENSATION IS REVIEWED BY THE EXECUTIVE COMMITTEE ON A YEARLY BASIS THE EXECUTIVE COMMITTEE COMES UP WITH THE COMPENSATION PLAN AND GIVES THAT PLAN TO THE HUMAN RESOURCES DIRECTOR UPON APPROVAL FROM THE CHAIRMAN OF THE BOARD LINE 15B THE CEO REVIEWS ALL OTHER OFFICER'S COMPENSATION AND SHARES WITH THE HUMAN RESOURCES DIRECTOR ANY CHANGES
AVAILABIILITY OF DOCUMENTS	FORM 990, PART VI, SECTION C, LINES 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST
RECONCILIATION OF NET ASSETS	FORM 990, PART XI, LINE 5	NET UNREALIZED GAIN (LOSSES) ON INVESTMENTS $ 6,078 NET GAIN ON INTEREST IN TRUST ASSETS $ 189,606 NET ASSETS RELEASED FROM RESTRICTION $ (159,716) ---------- $ 35,968

Northwest Medical Center Association, Inc.

Accountants' Report and Financial Statements

March 31, 2012 and 2011

BKD LLP
CPAs & Advisors

Northwest Medical Center Association, Inc.

March 31, 2012 and 2011

Contents

BKD LLP
CPAs & Advisors

1201 Walnut Street, Suite 1700
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Independent Accountants' Report

Board of Directors
Northwest Medical Center Association, Inc
Albany, Missouri

We have audited the accompanying balance sheets of Northwest Medical Center Association, Inc (Medical Center) as of March 31, 2012 and 2011, and the related statements of operations, changes in net assets and cash flows for the years 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

We conducted our audits 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 examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation We believe that our audits provide a reasonable basis for our opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Northwest Medical Center Association, Inc as of March 31, 2012 and 2011, and the results of its operations, changes in its net assets and its cash flows for the years then ended in conformity with accounting principles generally accepted in the United States of America

As discussed in Note 1, in 2012, the Medical Center changed its method of presentation and disclosure of patient service revenue and provision for bad debts in accordance with Accounting Standards Update 2011-07

Our audit was performed for the purpose of forming an opinion on the financial statements as a whole The schedules of patient service revenues and schedules of operating expenses listed in the table of contents are presented for purposes of additional analysis and are not a required part of the 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 financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the 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 taken as a whole

BKD, LLP

August 27, 2012

Northwest Medical Center Association, Inc.

Balance Sheets

March 31, 2012 and 2011

Assets

	2012	2011
Current Assets		
Cash and cash equivalents	$ 604,275	$ 505,680
Accounts receivable, net of allowance, 2012 – $2,099,580, 2011 – $627,500	3,260,055	3,592,380
Other receivables	209,721	137,870
Estimated amounts due from third-party payers	748,000	70,000
Prepaid expenses and supplies	416,371	588,088
Total current assets	5,238,422	4,894,018
Investments	207,173	211,338
Assets Limited as to Use		
Internally designated	1,698,851	1,792,813
Externally restricted by donors	3,767,771	3,737,881
	5,466,622	5,530,694
Property and Equipment, At Cost		
Land and land improvements	244,246	244,246
Building	7,608,920	7,608,920
Equipment	5,792,735	4,640,637
Construction in progress	284,505	1,218,289
	13,930,406	13,712,092
Less accumulated depreciation	7,245,990	6,642,352
	6,684,416	7,069,740
Other Assets	121,400	125,700
Total Assets	$ 17,718,033	$ 17,831,490

See Notes to Financial Statements

Liabilities and Net Assets

	2012	2011
Current Liabilities		
Note payable to bank	$ -	$ 1,500,000
Current maturities of long-term debt	353,250	101,479
Accounts payable	404,382	528,343
Accrued salaries and payroll taxes	143,223	122,770
Accrued interest	-	2,225
Accrued compensated absences	389,887	361,602
Estimated self insurance costs	117,416	97,800
Total current liabilities	1,408,158	2,714,219
Long-term Debt	1,539,974	-
Total liabilities	2,948,132	2,714,219
Net Assets		
Unrestricted	11,002,130	11,379,390
Temporarily restricted	3,635,006	3,605,116
Permanently restricted	132,765	132,765
Total net assets	14,769,901	15,117,271
Total Liabilities and Net Assets	$ 17,718,033	$ 17,831,490

Northwest Medical Center Association, Inc.

Statements of Operations

Years Ended March 31, 2012 and 2011

	2012	2011
Unrestricted Revenues, Gains and Other Support		
Patient service revenue (net of contractual allowances)	$ 15,346,004	$ 14,316,551
Provision for bad debts	(1,419,724)	(1,011,340)
Net patient service revenue, less provision for bad debts	13,926,280	13,305,211
Cafeteria revenue	72,492	60,908
Other	178,494	169,142
	14,177,266	13,535,261
Expenses		
Salaries	6,785,934	6,566,658
Employee benefits	1,878,171	1,606,808
Medical professional fees and services	855,540	1,082,460
Supplies and other operating expenses	4,348,419	3,849,735
Depreciation and amortization	874,992	656,818
Interest	66,739	3,587
	14,809,795	13,766,066
Operating Loss	(632,529)	(230,805)
Other Income		
Investment income	44,794	40,593
Change in net unrealized gains and losses on trading securities	6,078	44,038
Contributions	44,681	116,536
	95,553	201,167
Deficiency of Revenues Over Expenses	(536,976)	(29,638)
Net assets released from restriction for purchase of property and equipment	159,716	77,976
Increase (Decrease) in Unrestricted Net Assets	$ (377,260)	$ 48,338

Northwest Medical Center Association, Inc.

Statements of Changes in Net Assets

Years Ended March 31, 2012 and 2011

	2012	2011
Unrestricted Net Assets		
Deficiency of revenues over expenses	$ (536,976)	$ (29,638)
Net assets released from restriction for purchase of property and equipment	159,716	77,976
Increase (decrease) in unrestricted net assets	(377,260)	48,338
Temporarily Restricted Net Assets		
Net realized and unrealized gains on interest in trust assets	189,606	416,840
Net assets released from restriction	(159,716)	(77,976)
Increase in temporarily restricted net assets	29,890	338,864
Increase (Decrease) in Net Assets	(347,370)	387,202
Net Assets, Beginning of Year	15,117,271	14,730,069
Net Assets, End of Year	$ 14,769,901	$ 15,117,271

Northwest Medical Center Association, Inc.

Statements of Cash Flows

Years Ended March 31, 2012 and 2011

	2012	2011
Operating Activities		
Change in net assets	$ (347,370)	$ 387,202
Items not requiring (providing) cash		
Depreciation and amortization	874,992	656,818
Loss on sale of fixed assets	2,049	-
Net unrealized gains on investments	(6,078)	(44,038)
Net realized and unrealized gains on interest in trust assets	(189,606)	(416,840)
Changes in		
Accounts receivable	332,325	(1,326,920)
Other receivables	(71,851)	(39,838)
Estimated amounts due to/from third-party payers	(678,000)	722,800
Prepaid expenses and supplies	171,717	(213,834)
Accounts payable	(97,674)	190,103
Accrued expenses	66,129	(572,662)
Net cash provided by (used in) operating activities	56,633	(657,209)
Investing Activities		
Purchase of property and equipment	(310,704)	(1,430,528)
Proceeds on sale of fixed assets	-	20,410
(Increase) decrease in investments	10,243	(877)
Decrease in assets limited as to use	253,678	456,993
Net cash used in investing activities	(46,783)	(954,002)
Financing Activities		
Proceeds from issuance of debt	1,700,000	1,500,000
Principal payments on long-term debt and line of credit	(1,611,255)	(145,252)
Net cash provided by financing activities	88,745	1,354,748
Net Increase (Decrease) in Cash and Cash Equivalents	98,595	(256,463)
Cash and Cash Equivalents, Beginning of Year	505,680	762,143
Cash and Cash Equivalents, End of Year	$ 604,275	$ 505,680
Additional Cash Flows Information		
Interest paid	$ 89,258	$ 42,508
Property and equipment included in accounts payable	-	26,287
Capital lease	203,000	-

Northwest Medical Center Association, Inc.

Notes to Financial Statements

March 31, 2012 and 2011

Note 1: Nature of Operations and Summary of Significant Accounting Policies

Nature of Operations

Northwest Medical Center Association, Inc (Medical Center) is a Missouri not-for-profit corporation The Medical Center primarily earns revenue by providing inpatient, outpatient and emergency care services to residents in Gentry County, Missouri It also operates a home health agency, physician clinics and a rural health clinic in the same geographic area

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America 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 and the reported amounts of revenues and expenses during the reporting period Actual results could differ from those estimates

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

Cash and Cash Equivalents

The Medical Center considers all liquid investments, other than those limited as to use, with original maturities of three months or less to be cash equivalents At March 31, 2012 and 2011, cash equivalents consisted primarily of money market accounts

Effective July 21, 2010, the FDIC's insurance limits were permanently increased to $250,000 At March 31, 2012, the Medical Center's deposit account balances, including those limited as to use, did not exceed federally insured limits

Pursuant to legislation enacted in 2010, the FDIC will fully insure all noninterest-bearing transaction accounts beginning December 31, 2010 through December 31, 2012, at all FDIC-insured institutions

Change in Accounting Principle

In 2012, the Medical Center changed its method of presentation and disclosure of patient service revenue, provision for bad debts and the allowance for doubtful accounts in accordance with Accounting Standards Update (ASU) 2011-07, *Presentation and Disclosure of Patient Service Revenue, Provision for Bad Debts and the Allowance for Doubtful Accounts for Certain Health Care Entities* The major changes associated with ASU 2011-07 are to reclassify the provision for uncollectible accounts related to patient service revenue to a deduction from patient service revenue and to provide enhanced disclosures around the Medical Center's policies related to uncollectible accounts As a result of adopting ASU 2011-07, total net patient service revenue, total revenues and total expenses decreased by $1,530,937 and $1,011,340 for the years ended March 31, 2012 and 2011, respectively The change had no effect on prior year change in net assets

Patient Accounts Receivable

Accounts receivable are reduced by an allowance for doubtful accounts In evaluating the collectibility of accounts receivable, the Medical Center analyzes its past history and identifies trends for each of its major payer sources of revenue to estimate the appropriate allowance for doubtful accounts and provision for bad debts Management regularly reviews data about these major payer sources of revenue in evaluating the sufficiency of the allowance for doubtful accounts

For receivables associated with services provided to patients who have third-party coverage, the Medical Center analyzes contractually due amounts and provides an allowance for doubtful accounts and a provision for bad debts, if necessary (for example, for expected uncollectible deductibles and copayments on accounts for which the third-party payer has not yet paid, or for payers who are known to be having financial difficulties that make the realization of amounts due unlikely)

For receivables associated with self-pay patients (which includes both patients without insurance and patients with deductible and copayment balances due for which third-party coverage exists for part of the bill), the Medical Center records a significant provision for bad debts in the period of service on the basis of its past experience, which indicates that many patients are unable or unwilling to pay the portion of their bill for which they are financially responsible The difference between the standard rates (or the discounted rates if negotiated or provided by policy) and the amounts actually collected after all reasonable collection efforts have been exhausted is charged off against the allowance for doubtful accounts

The Medical Center's allowance for doubtful accounts for self-pay patients increased from 41% of self-pay accounts receivable at March 31, 2011, to 74% of self-pay accounts receivable at March 31, 2012 In addition, the Medical Center's write-offs decreased approximately $912,000 from approximately $975,000 for the year ended March 31, 2011, to approximately $63,000 for the year ended March 31, 2012

Supplies

Supply inventories are stated at the lower of cost, determined using the first-in, first-out method or market

Investments and Investment Return

Investments in equity securities having a readily determinable fair value and in all debt securities are carried at fair value Other investments are valued at the lower of cost (or fair value at time of donation, if acquired by contribution) or fair value Investment return includes dividend, interest and other investment income, realized and unrealized gains and losses on investments carried at fair value, and realized gains and losses on other investments Investment return that is initially restricted by donor stipulation and for which the restriction will be satisfied in the same year is included in unrestricted net assets Other investment return is reflected in the statements of operations and changes in net assets as unrestricted, temporarily restricted or permanently restricted based upon the existence and nature of any donor or legally imposed restrictions

Transfers Between Fair Value Hierarchy Levels

Transfers in and out of Level 1 (quoted market prices), Level 2 (other significant observable inputs) and Level 3 (significant unobservable inputs) are recognized on the actual transfer date

Assets Limited as to Use

Assets limited as to use include (1) assets restricted by donors and (2) 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 the assets for other purposes

Property and Equipment

Property and equipment are recorded at cost and are depreciated using the straight-line method over the estimated useful life of each asset Assets under capital lease obligations and leasehold improvements are depreciated over the shorter of the lease term or their respective estimated useful lives

The estimated useful lives for each major depreciable classification of property and equipment are as follows

Buildings and improvements	5 – 40 years
Equipment	3 – 20 years

The Medical Center capitalizes interest costs as a component of construction in progress, based on the weighted-average rates paid for long-term borrowing Total interest incurred was

	2012	2011
Interest costs capitalized	$ 18,107	$ 37,055
Interest costs charged to expenese	66,739	3,587
Total interest incurred	$ 84,846	$ 40,642

The Medical Center implemented a new electronic medical record technology system with total implementation costs incurred as of March 31, 2012 totaling approximately $1,516,000 At March 31, 2012, a significant portion of the project had been implemented The Medical Center has approximately $284,000 in construction in progress at March 31, 2012 The Medical Center funded the project through a note for $1,700,000 (*see Notes 7 and 8*)

Long-lived Asset Impairment

The Medical Center evaluates the recoverability of the carrying value of long-lived assets whenever events or circumstances indicate the carrying amount may not be recoverable If a long-lived asset is tested for recoverability and the undiscounted estimated future cash flows expected to result from the use and eventual disposition of the asset is less than the carrying amount of the asset, the asset cost is adjusted to fair value and an impairment loss is recognized as the amount by which the carrying amount of a long-lived asset exceeds its fair value

No asset impairment was recognized during the years ended March 31, 2012 and 2011

Net Patient Service Revenue

The Medical Center has agreements with third-party payers that provide for payments to the Medical Center at amounts different from its established rates Net patient service revenue is reported at the estimated net realizable amounts from patients, third-party payers and others for services rendered and includes estimated retroactive adjustments Retroactive adjustments are considered in the recognition of revenue on an estimated basis in the period the related services are rendered and such estimated amounts are revised in future periods as adjustments become known

Medical Malpractice Coverage and Claims

The Medical Center purchases medical malpractice insurance under a claims-made policy on a fixed premium basis Accounting principles generally accepted in the United States of America require a health care provider to accrue the expense of its share of the malpractice claims costs, if any, for any reported and unreported incidents of potential improper professional service occurring during the year by estimating the probable ultimate costs of the incidents The cost of the coverage is accrued over the coverage period and includes both the minimum premium plus any estimated additional

costs related to claims during the period It is reasonably possible that this estimate could change materially in the near term

Contributions

Unconditional promises to give cash and other assets are accrued at estimated fair value at the date each promise 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 a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, temporarily restricted net assets are reclassified as unrestricted net assets and reported as an increase in unrestricted net assets Donor-restricted contributions whose restrictions are met within the same year as received are reported as unrestricted contributions Receipt of contributions, which are conditional, are reported as liabilities until the condition is eliminated or the contributed assets are returned to the donor

Charity Care

The Medical Center provides care without charge or at amounts less than its established rates to patients meeting certain criteria under its charity care policy Because the Medical Center does not pursue collection of amounts determined to qualify as charity care, these amounts are not included in net patient service revenue

Income Taxes

The Medical Center is exempt from income taxes under Section 501 of the Internal Revenue Code and a similar provision of state law However, the Medical Center is subject to federal income tax on any unrelated business taxable income The Medical Center is no longer subject to tax examinations by taxing authorities for years prior to 2009

Estimated Self Insurance

The Medical Center has elected to self-insure costs related to the employee health program An annual estimated provision is accrued for the self-insured portion of health insurance and includes an estimate of the ultimate costs for both reported claims and claims incurred but not reported

Deficiency of Revenues Over Expenses

The statements of operations include deficiency of revenues over expenses Changes in unrestricted net assets, which are excluded from deficiency of revenues over expenses, consistent with industry practice, include unrealized gains and losses on investments other than trading securities and contributions of long-lived assets (including assets acquired using contributions which by donor restriction were to be used for the purpose of acquiring such assets)

Subsequent Events

Subsequent events have been evaluated through the date of the Independent Accountants' Report, which is the date the financial statements were available to be issued

Reclassifications

Certain reclassifications have been made to the 2011 financial statements to conform to the 2012 financial statement presentation These reclassifications had no effect on the change in net assets

Note 2: Net Patient Service Revenue

The Medical Center recognizes patient service revenue associated with services provided to patients who have third-party payer coverage on the basis of contractual rates for the services rendered For uninsured patients that do not qualify for charity care, the Medical Center recognizes revenue on the basis of its standard rates for services provided On the basis of historical experience, a significant portion of the Medical Center's uninsured patients will be unable or unwilling to pay for the services provided Thus, the Medical Center records a significant provision for bad debts related to uninsured patients in the period the services are provided This provision for bad debts is presented on the statement of operations as a component of net patient service revenue

The Medical Center has agreements with third-party payers that provide for payments to the Medical Center at amounts different from its established rates These payment arrangements include

- **Medicare.** Inpatient and substantially all outpatient services related to Medicare beneficiaries are paid based on a cost reimbursement methodology The Medical Center is reimbursed for certain services 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
- **Medicaid.** Inpatient and outpatient services rendered to Medicaid patients are reimbursed at prospectively determined rates

Laws and regulations governing the Medicare and Medicaid programs are complex and subject to interpretation and change As a result, it is reasonably possible that recorded estimates will change materially in the near term

The Medical Center has also entered into payment agreements with certain commercial insurance carriers, health maintenance organizations and preferred provider 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

Patient service revenue, net of contractual allowances (but before the provision for bad debts), recognized in the year ended March 31, 2012, was

Medicare	$ 8,081,182
Medicaid	739,408
Other third-party payers	5,054,971
Self-pay	1,470,443
Total	$ 15,346,004

Note 3: Charity Care

Patient accounts that are classified by the Medical Center as charity care are not reported as net patient service revenue

The cost of charity care is calculated by applying Medical Center specific cost to charge ratios to the total amount of charity care deductions from gross charges The amount of charity care provided at cost was approximately $145,000 and $228,000 for the years ended March 31, 2012 and 2011, respectively

Community benefit is also provided through discounted services and free programs offered throughout the year The Medical Center provides various uncompensated activities and services intended to meet the community health needs These activities include wellness programs and community education programs The cost of providing this community benefit services is reported on Schedule H of the Medical Center's IRS Form 990

Note 4: Investments and Investment Return

Assets Limited as to Use

Assets limited as to use at March 31, 2012 and 2011 include

	2012	2011
Internally designated		
Cash	$ 8,610	$ 5,620
Money market mutual funds	161,737	231,398
Certificates of deposit	495,543	616,875
Repurchase agreements	-	60,000
Interest receivable	107,089	43,346
Mutual funds	62,542	-
Corporate bonds	158,806	151,570
Annuities	704,524	684,004
	1,698,851	1,792,813
Externally restricted by donors		
Beneficial interest in trust assets (*see Note 11*)	3,635,006	3,605,116
Mutual funds	112,000	112,000
Certificates of deposit	20,765	20,765
	3,767,771	3,737,881
	$ 5,466,622	$ 5,530,694

Other Investments

Other investments at March 31, 2012 and 2011 include

	2012	2011
Certificates of deposit	$ 11,587	$ 21,128
Mutual funds	195,586	190,210
	$ 207,173	$ 211,338

Investment Return

Investment return during 2012 and 2011 consisted of the following

	2012	2011
Interest and dividends	$ 44,794	$ 40,593
Net realized and unrealized gains on investments	195,684	460,878
	$ 240,478	$ 501,471

Total investment return is reflected in the statements of operations and changes in net assets as follows

	2012	2011
Unrestricted net assets		
Other nonoperating income	$ 44,794	$ 40,593
Change in net unrealized gains on investments	6,078	44,038
Temporarily restricted net assets		
Net realized and unrealized gains on interest in trust assets	189,606	416,840
	$ 240,478	$ 501,471

Note 5: Temporarily and Permanently Restricted Net Assets

Temporarily restricted net assets at March 31 are available for the following purposes or periods

	2012	2011
Health care services		
Construction of facilities for periods after June 2035	$ 3,635,006	$ 3,605,116

Permanently restricted net assets at March 31 are restricted to the following

	2012	2011
Investments to be held in perpetuity, the income from which is available for appropriation without restriction	$ 132,765	$ 132,765

Note 6: Endowments

The Medical Center's endowment consists of two individual funds established for a variety of purposes The endowments include donor-restricted endowment funds As required by accounting principles generally accepted in the United States of America (GAAP), net assets associated with endowment funds are classified and reported based on the existence or absence of donor-imposed restrictions

The Medical Center's governing body has interpreted the State of Missouri Prudent Management of Institutional Funds Act (SPMIFA) as requiring 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 Medical Center classifies as permanently restricted net assets (a) the original value of gifts donated to the permanent endowment, (b) the original value of subsequent gifts to the permanent endowment and (c) 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 In accordance with SPMIFA, the Medical Center considers the following factors in making a determination to appropriate or accumulate donor-restricted endowment funds

1 Duration and preservation of the fund
2 Purposes of the Medical Center and the fund
3 General economic conditions
4 Possible effect of inflation and deflation
5 Expected total return from investment income and appreciation or depreciation of investments
6 Other resources of the Medical Center
7 Investment policies of the Medical Center

Amounts of donor-restricted endowment funds classified as permanently restricted net assets at 2012 and 2011, consisted of

	2012	2011
Permanently restricted net assets - portion of perpetual endowment funds required to be retained permanently by explicit donor stipulation	$ 132,765	$ 132,765

From time to time, the fair value of assets associated with individual donor-restricted endowment funds may fall below the level the Medical Center is required to retain as a fund of perpetual duration pursuant to donor stipulation In accordance with GAAP, deficiencies of this nature are reported in unrestricted net assets The Medical Center did not have any deficiencies of this nature at March 31, 2012 and 2011

The Medical Center has investment policies for endowment assets as established for the general investments of the Medical Center The Medical Center has spending policies as set forth in the donor agreements Endowment assets include those assets of donor-restricted endowment funds the Medical Center must hold in perpetuity or for donor-specified periods Under the Medical Center's policies, endowment assets are invested in a manner that is intended to produce reasonable results while assuming a low level of investment risk

The Medical Center's investment portfolio is designed to obtain a reasonable rate of return taking into account investment risk constraints and the cash flow characteristics of the portfolio The Medical Center targets a diversified asset allocation in order to ensure that potential losses on individual securities do not exceed the income guaranteed from the remainder of the portfolio

Note 7: Note Payable to Bank

In 2011, The Medical Center entered into a line of credit which provided for borrowing of up to $2,300,000, with an outstanding balance of $1,500,000 at March 31, 2011 The line of credit bears interest at 5 75% in 2011 and 2012, payable monthly The Medical Center only made interest payments during 2011 The Medical Center repaid the line of credit in March 2012 with proceeds from the issuance of long-term debt *(see Note 8)*

Note 8: Long-term Debt

	2012	2011
Revenue bonds payable, bank (A)	$ -	$ 101,479
Note payable (B)	1,700,000	-
Capital lease obligation (C)	193,224	-
	1,893,224	101,479
Less current maturities	353,250	101,479
Noncurrent portion	$ 1,539,974	$ -

(A) Hospital Revenue Bonds, Series 1997, $1,500,000 original balance, payable annually at approximately $149,000 to July 1, 2011, including interest (2.21% in 2012 and 2011) equal to 68% of the prime rate adjusted each July 1, secured by a Deed of Trust

(B) Note payable, due March 2017, payable monthly at approximately $31,300 to March 2017, including interest at 4%, secured by certain property and equipment

(C) At imputed interest rate of 1.57%, due through January 2017, collateralized by certain property and equipment

Aggregate annual maturities of long-term debt based on current interest rates at March 31, 2012 are as follows

	Long-term Debt (Excluding Capital Lease Obligations)	Capital Lease Obligations	Total
2013	$ 313,759	$ 42,240	$ 355,999
2014	326,076	42,240	368,316
2015	339,360	42,240	381,600
2016	353,186	42,240	395,426
2017	367,619	31,680	399,299
	$ 1,700,000	200,640	$ 1,900,640
Less amount representing interest		7,416	
Present value of future minimum lease payment		193,224	
Less current maturities		39,491	
Noncurrent portion		$ 153,733	

Note 9: Concentration of Credit Risk

The Medical Center grants credit without collateral to its patients, most of whom are local residents and are insured under third-party payer agreements The mix of receivables from patients and third-party payers at March 31, 2012 and 2011 is as follows

	2012	2011
Medicare	40%	41%
Medicaid	10%	10%
Other third-party payers	31%	33%
Patients	19%	16%
	100%	100%

Note 10: Functional Expenses

The Medical Center provides general health care services to residents within its geographic location, including pediatric care and outpatient surgery Expenses related to providing these services are as follows

	2012	2011
Health care services	$ 11,447,591	$ 10,660,648
General and administrative	3,362,204	3,105,418
	$ 14,809,795	$ 13,766,066

Note 11: Assets Held in Trust

The Medical Center is one of numerous income beneficiaries of the Helen O Griffin Trust Distributions of income are made annually The Trust will continue until June 2035, at which time the principal will be distributed to the beneficiaries At March 31, 2012 and 2011, the estimated value of the Trust was $12,116,685 and $12,017,053, respectively The Trust investments are comprised of approximately 57% equity securities, 21% fixed income securities, and 22% hedge funds and other The Medical Center's share of $3,635,006 and $3,605,116 (30% of Trust assets) is recorded as assets held in trust at March 31, 2012 and 2011, respectively Distributions of income for 2012 and 2011 totaled $159,716 and $77,976, respectively

All funds distributed to the Medical Center by the Trust are restricted for construction of facilities

Note 12: Pension Plan

The Medical Center has a defined contribution pension plan covering substantially all employees The plan allows employees to contribute amounts not to exceed 25% of their gross compensation or IRS-allowed limits The Board of Directors annually determines the amount of matching, if any, of the Medical Center's contribution to the plan Pension expense was $105,344 and $115,123 for the years ended March 31, 2012 and 2011, respectively

Note 13: Self Insurance

The Medical Center is primarily self-insured for employee health care claims Claims individually and in the aggregate that exceed certain amounts are covered by insurance The Medical Center has accrued as other liabilities $117,416 and $97,800 for self-insured losses at March 31, 2012 and 2011, respectively The accrued liabilities are based on management's evaluation of the merits of various claims, historical experience and consultation with external insurance consultants, and include estimates for incurred by not reported claims There can be no assurance that the accrued liabilities will be sufficient for the ultimate amounts that will be paid for claims and settlements

Note 14: Disclosures About Fair Value of Financial Instruments

ASC Topic 820, *Fair Value Measurements*, defines fair value as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date Topic 820 also specifies a fair value hierarchy which requires an entity to maximize the use of observable inputs and minimize the use of unobservable inputs when measuring fair value The standard describes three levels of inputs that may be used to measure fair value

Level 1 Quoted prices in active markets for identical assets or liabilities

Level 2 Observable inputs other than Level 1 prices, such as quoted prices for similar assets or liabilities, quoted prices in active markets that are not active, or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets or liabilities

Level 3 Unobservable inputs that are supported by little or no market activity and that are significant to the fair value of the assets or liabilities

Following is a description of the inputs and valuation methodologies used for instruments measured at fair value on a recurring basis and recognized in the accompanying balance sheets, as well as the general classification of such instruments pursuant to the valuation hierarchy

Investments

Where quoted market prices are available in an active market, securities are classified within Level 1 of the valuation hierarchy. Level 1 securities include mutual funds. If quoted market prices are not available, then fair values are estimated by using pricing models, quoted prices of securities with similar characteristics or discounted cash flows. Level 2 securities include corporate debt obligations.

Beneficial Interest in Trust

The fair value of an interest in a charitable trust is estimated at the present value of the future distributions expected to be received over the term of the agreement. Due to the nature of the valuation inputs, the interest is classified within Level 3 of the hierarchy.

Fair Value Measurements

The following table presents the fair value measurements of assets and liabilities recognized in the accompanying balance sheets measured at fair value on a recurring basis and the level within the fair value hierarchy in which the fair value measurements fall at March 31, 2012 and 2011.

	2012 Fair Value Measurements Using			
	Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Mutual funds	$ 531,865	$ 531,865		
Corporate bonds	158,806	-	$ 158,806	
Beneficial interest in trust	3,635,006	-	-	$ 3,635,006
	$ 4,325,677	$ 531,865	$ 158,806	$ 3,635,006

	2011 Fair Value Measurements Using			
	Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Mutual funds	$ 533,608	$ 533,608		
Corporate bonds	151,571	-	$ 151,571	
Beneficial interest in trust	3,605,116	-	-	$ 3,605,116
	$ 4,290,295	$ 533,608	$ 151,571	$ 3,605,116

The following is a reconciliation of the beginning and ending balances of recurring fair value measurements recognized in the accompanying balance sheets using significant unobservable (Level 3) inputs

	Beneficial Interest in Trust
Balance, March 31, 2010	$ 3,266,252
Total unrealized gain included in change in net assets	416,840
Earnings distributed to the Medical Center	(77,976)
Balance, March 31, 2011	3,605,116
Total unrealized gain included in change in net assets	189,606
Earnings distributed to the Medical Center	(159,716)
Balance, March 31, 2012	$ 3,635,006
Total gains or losses for the period included in the change in net assets attributable to the change in unrealized gains or losses related to assets still held at the reporting date (included in net realized and unrealized gains on interest in trust assets temporarily restricted)	
Year ended March 31, 2011	$ 416,840
Year ended March 31, 2012	$ 189,606

Note 15: Significant Estimates and Concentrations

Accounting principles generally accepted in the United States of America require disclosure of certain significant estimates and current vulnerabilities due to certain concentrations Those matters include the following

Allowance for Net Patient Service Revenue Adjustments

Estimates of allowances for adjustments included in net patient service revenue are described in *Notes 1 and 2*

Admitting Physicians

The Medical Center is served by five admitting physicians whose patients comprise approximately 84% and 79% of the Medical Center's 2012 and 2011 net patient service revenue, respectively

Current Economic Conditions

The current protracted economic decline continues to present hospitals with difficult circumstances and challenges, which in some cases have resulted in large and unanticipated declines in the fair value of investments and other assets, large declines in contributions, constraints on liquidity and difficulty obtaining financing The financial statements have been prepared using values and information currently available to the Medical Center

Current economic and financial market conditions, including the rising unemployment rate, have made it difficult for certain patients to pay for services rendered As employers make adjustments to health insurance plans or more patients become unemployed, services provided to self-pay and other payers may significantly impact net patient service revenue, which could have an adverse impact on the Medical Center's future operating results Further, the effect of economic conditions on the state may have an adverse effect on cash flows related to the Medicaid program

Given the volatility of current economic conditions, the values of assets and liabilities recorded in the financial statements could change rapidly, resulting in material future adjustments in investment values and allowances for accounts receivable that could negatively impact the Medical Center

Northwest Medical Center Association, Inc.

Schedules of Patient Service Revenues

Years Ended March 31, 2012 and 2011

	2012			2011		
	Total	Inpatient	Outpatient	Total	Inpatient	Outpatient
Daily Patient Services						
Daily patient care	$ 1,556,914	$ 1,556,914		$ 1,411,096	$ 1,411,096	
Swing-bed	605,774	605,774		868,665	868,665	
	2,162,688	2,162,688		2,279,761	2,279,761	
Other Nursing Services						
Medical and surgical	2,190,718	601,564	$ 1,589,154	2,501,944	1,096,338	$ 1,405,606
Operating room	120,356	1,455	118,901	84,708	2,496	82,212
Emergency room	3,152,862	-	3,152,862	2,697,258	-	2,697,258
Home health	472,994	-	472,994	497,389	-	497,389
	5,936,930	603,019	5,333,911	5,781,299	1,098,834	4,682,465
Other Professional Services						
Pharmacy	1,631,892	847,485	784,407	1,681,185	1,044,003	637,182
Laboratory	2,677,998	698,652	1,979,346	2,646,487	920,474	1,726,013
Inhalation therapy	709,015	536,939	172,076	770,059	635,277	134,782
Radiology	5,356,796	853,155	4,503,641	4,778,915	808,236	3,970,679
Anesthesiology	251,191	3,516	247,675	262,212	12,084	250,128
Electrocardiology	422,757	147,906	274,851	432,996	173,876	259,120
Physical therapy	492,764	153,919	338,845	532,866	189,056	343,810
Speech therapy	61,602	7,457	54,145	47,803	14,720	33,083
Occupational therapy	-	-	-	27,874	12,266	15,608
Cardiac rehabilitation	73,327	-	73,327	123,196	-	123,196
Physicians clinic	1,619,965	-	1,619,965	1,410,650	-	1,410,650
Rural health clinic	583,129	-	583,129	625,782	-	625,782
	13,880,436	3,249,029	10,631,407	13,340,025	3,809,992	9,530,033
Patient Service Revenue	21,980,054	$ 6,014,736	$ 15,965,318	21,401,085	$ 7,188,587	$ 14,212,498
Third-Party Contractual Adjustments and Charity	6,634,050			7,084,534		
	15,346,004			14,316,551		
Provision for Bad Debts	1,419,724			1,011,340		
Net Patient Service Revenues	$ 13,926,280			$ 13,305,211		

Northwest Medical Center Association, Inc.

Schedules of Operating Expenses

Years Ended March 31, 2012 and 2011

	2012			2011		
	Total	Salaries	Supplies and Expenses	Total	Salaries	Supplies and Expenses
Nursing Services						
Routine care	$ 1,853,434	$ 1,525,178	$ 328,256	$ 1,760,968	$ 1,416,240	$ 344,728
Operating room	297,605	62,269	235,336	137,329	91,938	45,391
Nursing administration	157,455	148,622	8,833	149,233	143,157	6,076
Emergency room	1,069,193	724,608	344,585	1,105,434	665,597	439,837
	3,377,687	2,460,677	917,010	3,152,964	2,316,932	836,032
Other Professional Services						
Pharmacy	526,216	32,511	493,705	492,206	32,164	460,042
Laboratory	609,981	326,389	283,592	634,797	338,468	296,329
Inhalation therapy	118,045	85,702	32,343	74,586	51,290	23,296
Radiology	941,379	384,389	556,990	930,248	365,902	564,346
Anesthesiology	134,794	-	134,794	130,237	-	130,237
Electrocardiology	33,470	-	33,470	47,183	16,146	31,037
Medical records	280,078	181,210	98,868	326,875	179,332	147,543
Physical therapy	182,849	171,328	11,521	190,246	163,912	26,334
Occupational therapy	180	-	180	62	-	62
Speech therapy	51,715	42,077	9,638	45,732	37,090	8,642
Cardiac rehabilitation	36,528	25,642	10,886	59,162	53,313	5,849
Outpatient clinics	248,399	218,414	29,985	177,131	164,678	12,453
Physicians clinic	1,012,973	786,928	226,045	970,752	683,155	287,597
Rural Health Clinic	336,984	218,893	118,091	333,758	220,049	113,709
Home Health Agency	374,495	316,233	58,262	356,660	303,763	52,897
	4,888,086	2,789,716	2,098,370	4,769,635	2,609,262	2,160,373

Northwest Medical Center Association, Inc.

Schedules of Operating Expenses (Continued)

Years Ended March 31, 2012 and 2011

	2012			2011		
	Total	Salaries	Supplies and Expenses	Total	Salaries	Supplies and Expenses
General Services						
Dietary	$ 382,544	$ 227,472	$ 155,072	$ 385,832	$ 218,680	$ 167,152
Operation and maintenance of plant	445,316	113,270	332,046	434,347	112,212	322,135
Housekeeping	161,521	110,983	50,538	161,024	110,154	50,870
	989,381	451,725	537,656	981,203	441,046	540,157
Administrative Services						
Administration	2,599,631	992,007	1,607,624	2,486,577	1,100,883	1,385,694
Purchasing	87,662	45,567	42,095	60,377	51,719	8,658
Employee benefits	1,878,171	-	1,878,171	1,606,808	-	1,606,808
Social services	47,446	46,242	1,204	48,097	46,816	1,281
	4,612,910	1,083,816	3,529,094	4,201,859	1,199,418	3,002,441
Depreciation and Amortization	874,992		874,992	656,818		656,818
Interest	66,739		66,739	3,587		3,587
	$ 14,809,795	$ 6,785,934	$ 8,023,861	$ 13,766,066	$ 6,566,658	$ 7,199,408

Additional Data

Software ID:
Software Version:
EIN: 44-0580870
Name: Northwest Medical Center Association Inc

Form 990, Special Condition Description:

Special Condition Description