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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 07-01-2011 and ending 06-30-2012

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

C Name of organization
Wyoming Medical Center Inc

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
1233 E Second St

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

D Employer identification number
83-0279242

E Telephone number
(307) 577-7201

G Gross receipts $ 235,512,600

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

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

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

H(c) Group exemption number ▶

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

J Website: ▶ www wyomingmedicalcenter org

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

L Year of formation 1986

M State of legal domicile WY

Part I Summary

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

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	9
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	5
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	**5**	1,649
6	Total number of volunteers (estimate if necessary)	**6**	106
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	1,624,934	57,668
9	Program service revenue (Part VIII, line 2g)	229,003,308	234,168,676
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-3,096,944	-709,713
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	395,615	477,844
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	227,926,913	233,994,475
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	25,500	0
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)	105,755,340	108,897,608
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)	114,104,351	124,133,688
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	219,885,191	233,031,296
19	Revenue less expenses Subtract line 18 from line 12	8,041,722	963,179

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	254,432,585	264,313,142
21	Total liabilities (Part X, line 26)	68,732,780	87,053,344
22	Net assets or fund balances Subtract line 21 from line 20	185,699,805	177,259,798

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

****** | 2013-05-15
Signature of officer | Date

Don J Claunch CFO
Type or print name and title

Paid Preparer's Use Only

Preparer's signature: Lisa Chaffee CPA	Date 2013-05-13	Check if self-employed ☐	Preparer's taxpayer identification number (see instructions) P00193453
Firm's name (or yours if self-employed), address, and ZIP + 4: Eide Bailly LLP, 800 Nicollet Mall Ste 1300, Minneapolis, MN 554027033			EIN ▶ 45-0250958; Phone no ▶ (612) 253-6500

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

To manage the Hospital and provide patient healthcare

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

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

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

If "Yes," describe these changes on Schedule O

4 Describe the 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 $ 209,558,205 including grants of $) (Revenue $ 234,165,766)

Wyoming Medical Center's mission is "Outstanding Quality Delivered by People Who Care " This mission translates into Wyoming Medical Center being a leader in its community and the state in offering quality care Wyoming Medical Center was formed in 1986 as a non-profit corporation to provide healthcare to the residents of Natrona County Since that time Wyoming Medical Center has grown into a regional Trauma II Center that provides critical services not only to Natrona County, but to the state and surrounding states Wyoming Medical Center provided $12,961,104 in Charity Care services based on total direct and indirect costs

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

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

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

4e **Total program service expenses** ▶ $ 209,558,205

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	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		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	Yes	
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		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X.*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, 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		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a	Yes	
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** 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**		No
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		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**	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		No
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? *If "Yes," complete Schedule L, Part IV*	**28c**	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	**35a**	Yes	
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**	Yes	
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**	414		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			**1c**	Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	**2a**	1,649			
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**		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			**7b**		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			**7c**		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			**7e**		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			**7f**		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**7h**		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			**8**		
9	**Sponsoring organizations maintaining donor advised funds.**					
a	Did the organization make any taxable distributions under section 4966?			**9a**		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			**9b**		
10	**Section 501(c)(7) organizations.** Enter					
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**				
11	**Section 501(c)(12) organizations.** Enter					
a	Gross income from members or shareholders	**11a**				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			**12a**		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** 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	9		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	5		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			2 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 Yes	
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	No
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	No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?			8a Yes	
b	Each committee with authority to act on behalf of the governing body?			8b Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9	No

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

			Yes	No
10a	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	Yes	
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	Yes	
b	If "Yes," 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		No

Section C. Disclosure

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

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

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

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, 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) Linda Young Chair	5 00	X		X				0	0	0
(2) Christopher Muirhead Vice Chair	5 00	X		X				0	0	0
(3) John Bailey Secretary	5 00	X		X				0	0	0
(4) James Anderson Board Member	5 00	X						93,825	0	0
(5) Ruth Moran Board Member	5 00	X						0	0	0
(6) Mark Dowell Board Member	5 00	X						2,375	0	0
(7) Jimmy Goolsby Board Member	5 00	X						0	0	0
(8) VH McDonald Board Member	5 00	X						0	0	0
(9) John Masterson Board Member	5 00	X						0	0	0
(10) Vickie Diamond CEO	45 00			X				572,431	0	26,288
(11) Don J Claunch CFO	45 00			X				245,948	0	87,535
(12) Julia Cann-Taylor CNO	45 00				X			307,639	0	218,075
(13) Richard Williams VP HR and Legal Services	45 00				X			289,351	0	203,811
(14) Robert M Kaiser VP of Employee Services	45 00				X			153,815	0	33,638
(15) Joseph Sramek Doctor	45 00					X		980,299	0	0
(16) Robert F Hollis Doctor	45 00					X		937,772	0	0
(17) Tara L Taylor Doctor	45 00					X		455,231	0	0

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (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) Mark McGinley Doctor	45 00					X		438,619	0	0
(19) Robert T Neff Doctor	45 00					X		443,841	0	0
(20) Steven Chadderdon Former Officer	40 00						X	181,414	0	7,022
(21) Nancy Brandt Former Officer	40 00						X	322,753	0	0

1b	**Sub-Total** . . . . . ▶			
c	**Total from continuation sheets to Part VII, Section A** . . . . ▶			
d	**Total (add lines 1b and 1c)** . . . . . ▶	5,425,313	0	576,369

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 ▶ 106

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization 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
McKesson Technologies PO Box 98347 Chicago, IL 60693	Consulting	2,574,347
Universal HealthWyoming 2521 E 15th St Casper, WY 82609	Medical	2,045,979
Focus Solutions LLC PO Box 3037 Omaha, NE 68103	Temporary Staff	1,985,254
Wyoming Cardiac Surgery 805 E 2nd St Casper, WY 82601	Medical	1,422,243
Haselden Construction LLC 6950 S Potomac St Centennial, CO 80112	Construction	1,075,617

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 ▶ 144

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 57,668				
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f		57,668			
Program Service Revenue			Business Code				
	2a	Net Patient Revenue	621110	225,840,239	225,840,239		
	b	JV Investment Income	621300	2,202,996	2,202,996		
	c	Cafeteria Sales	722210	415,241	415,241		
	d	Lab Revenue	621500	382,551	382,551		
	e	Child Care Revenue	624410	304,810	304,810		
	f	All other program service revenue		5,022,839	5,022,839		
	g	**Total.** Add lines 2a–2f		234,168,676			
	3	Investment income (including dividends, interest and other similar amounts)		207,503			207,503
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
			(i) Real / (ii) Personal				
	6a	Gross rents	1,007,266 /				
	b	Less rental expenses	529,422 /				
	c	Rental income or (loss)	477,844 /				
	d	Net rental income or (loss)		477,844			477,844
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory	/ 71,487				
	b	Less cost or other basis and sales expenses	/ 988,703				
	c	Gain or (loss)	/ -917,216				
	d	Net gain or (loss)		-917,216			-917,216
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from fundraising events					
	9a	Gross income from gaming activities See Part IV, line 19	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from gaming activities					
	10a	Gross sales of inventory, less returns and allowances	a				
	b	Less cost of goods sold	b				
	c	Net income or (loss) from sales of inventory					
		Miscellaneous Revenue	Business Code				
	11a						
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d					
	12	**Total revenue.** See Instructions		233,994,475	234,168,676	0	-231,869

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				
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	1,904,890	76,575	1,828,315	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	63,035	63,035		
7	Other salaries and wages	71,422,087	59,884,765	11,537,322	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	20,399,852	16,909,254	3,490,598	
9	Other employee benefits	13,335,623	13,071,194	264,429	
10	Payroll taxes	1,772,121	1,452,253	319,868	
11	Fees for services (non-employees)				
a	Management				
b	Legal	772,763		772,763	
c	Accounting	89,433		89,433	
d	Lobbying				
e	Professional fundraising *See Part IV, line 17* . .				
f	Investment management fees				
g	Other	23,099,188	20,312,531	2,786,657	
12	Advertising and promotion	713,574	713,487	87	
13	Office expenses	1,794,151	1,607,927	186,224	
14	Information technology	5,944,797	5,944,797		
15	Royalties . .				
16	Occupancy	1,745,136	1,745,136		
17	Travel	340,744	109,352	231,392	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	87,731	73,978	13,753	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	12,493,388	12,493,388		
23	Insurance	2,826,780	2,826,780		
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	Drugs and Medical Suppl	33,505,165	33,119,936	385,229	
b	Bad Debt Expense	27,621,829	27,621,829		
c	Equipment Lease/Rental	6,165,463	6,014,693	150,770	
d	Repairs and Maintenance	2,678,678	2,678,678		
e					
f	All other expenses	4,254,868	2,838,617	1,416,251	
25	**Total functional expenses.** Add lines 1 through 24f	233,031,296	209,558,205	23,473,091	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		38,139,865	1	40,295,953
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		35,088,823	4	39,764,063
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net		2,604,898	7	2,639,495
	8	Inventories for sale or use		5,701,483	8	5,663,831
	9	Prepaid expenses and deferred charges		5,160,025	9	4,655,572
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 255,902,951			
	b	Less accumulated depreciation	10b 165,466,271	87,345,229	10c	90,436,680
	11	Investments—publicly traded securities		72,955,203	11	73,725,791
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11		7,437,059	13	7,131,757
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11			15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		254,432,585	16	264,313,142
Liabilities	17	Accounts payable and accrued expenses		15,457,012	17	21,193,634
	18	Grants payable			18	
	19	Deferred revenue		151,028	19	471,555
	20	Tax-exempt bond liabilities		20,039,244	20	20,037,249
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*		25,200	21	18,500
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	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		33,060,296	25	45,332,406
	26	**Total liabilities.** Add lines 17 through 25		68,732,780	26	87,053,344
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		185,699,805	27	177,259,798
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		185,699,805	33	177,259,798
	34	Total liabilities and net assets/fund balances		254,432,585	34	264,313,142

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	233,994,475
2	Total expenses (must equal Part IX, column (A), line 25)	2	233,031,296
3	Revenue less expenses Subtract line 2 from line 1	3	963,179
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	185,699,805
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-9,403,186
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	177,259,798

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
Wyoming Medical Center Inc

Employer identification number
83-0279242

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

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

1 ☐ A church, convention of churches, or association of churches **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
Wyoming Medical Center Inc	83-0279242

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

1 Provide a description of the organization's direct and indirect political campaign activities 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)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		2,023
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			2,023
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
Explanation of Lobbying Activities	Part II-B, Line 1	WMC spent $2,023 in reimbursed expenses related to direct communications with legislators

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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
Wyoming Medical Center Inc

Employer identification number
83-0279242

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part VI 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		11,015,482		11,015,482
b Buildings		86,707,749	55,592,813	31,114,936
c Leasehold improvements		43,227	21,676	21,551
d Equipment		132,762,003	106,329,062	26,432,941
e Other		25,374,490	3,522,720	21,851,770
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				90,436,680

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

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

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

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

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

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

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

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
Pension Liability	34,051,904
Estimated Third Party Payor Settlements	11,280,502
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	45,332,406

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	233,994,475
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	233,031,296
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	963,179
4	Net unrealized gains (losses) on investments	4	292,868
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-9,696,054
9	Total adjustments (net) Add lines 4 - 8	9	-9,403,186
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-8,440,007

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	194,368,505
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	292,868		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	-39,918,838		
e	Add lines **2a** through **2d**			2e	-39,625,970
3	Subtract line **2e** from line **1**			3	233,994,475
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	233,994,475

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

1	Total expenses and losses per audited financial statements			1	204,609,751
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	0
3	Subtract line **2e** from line **1**			3	204,609,751
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	28,421,545		
c	Add lines **4a** and **4b**			4c	28,421,545
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	233,031,296

Part XIV Supplemental Information

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

Identifier	Return Reference	Explanation
	Part IV, Line 2b	In 2011, Wyoming Medical Center, Inc issued 3 year certificates to employees at an interest rate equal to the yield of a 3 year bond The employees were allowed to purchase the certificates which were issued in $500 00 increments WMC holds the certificates and pays the interest differential to the accounts Interest income for the employees will be treated as W-2 income and is paid quarterly When an employee terminates from the organization they are automatically cashed out of the program The purpose of the program was to allow employees to invest in the new West Tower project and have a sense of ownership
Description of Uncertain Tax Positions Under FIN 48	Part X	The Hospital and WHMG are organized as Wyoming nonprofit corporations and have been recognized by the Internal Revenue Service as exempt from federal income taxes under Internal Revenue Code Section 501(c)(3) These entities are annually required to file a Return of Organization Exempt from Income Tax (Form 990) with the IRS These entities have determined that they are not subject to unrelated business income tax and have not filed an Exempt Organization Business Income Tax Return (Form 990-T) with the IRS These entities believe that they have appropriate support for any tax positions taken affecting their annual filing requirements, and as such, do not have any uncertain tax positons that are material to the financial statements These entities would recognize future accrued interest and penalties related to unrecognized tax benefits and liabilities in income tax expense if such interest and penalties incurred
Part XI, Line 8 - Other Adjustments		Change in Minimum Pension Liability -9,696,054
Part XII, Line 2d - Other Adjustments		Expenses Recorded in Revenue on Financial Statements -799,716 Change in Minimum Pension Liability -9,696,054 Eliminate WHMG Excess Revenue -7,903,707 Eliminate WHMG Intercompany Transfers 6,102,468 Bad Debt Expense Included in Revenue on Financial Statements -27,621,829
Part XIII, Line 4b - Other Adjustments		Expenses Recorded in Revenue on Financial Statements 799,716 Bad Debt Expense Included in Revenue on Financial Statements 27,621,829

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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
Wyoming Medical Center Inc

Employer identification number
83-0279242

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 ____ %	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 275.000000000000 %	3b	Yes	
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		No
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care?	5c		
6a	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		No
	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)			12,961,104		12,961,104	6 310 %
b Medicaid (from Worksheet 3, column a)			18,115,341	13,609,571	4,505,770	2 190 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			6,998,643	4,357,450	2,641,193	1 290 %
d **Total** Charity Care and Means-Tested Government Programs			38,075,088	17,967,021	20,108,067	9 790 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			984,762	278,673	706,089	0 340 %
f Health professions education (from Worksheet 5)			676,236	69,832	606,404	0 300 %
g Subsidized health services (from Worksheet 6)			4,269,402	1,170,260	3,099,142	1 510 %
h Research (from Worksheet 7)						0 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			27,500		27,500	0 010 %
j **Total** Other Benefits			5,957,900	1,518,765	4,439,135	2 160 %
k **Total.** Add lines 7d and 7j			44,032,988	19,485,786	24,547,202	11 950 %

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			10,800		10,800	0 010 %
3	Community support						
4	Environmental improvements						
5	Leadership development and training for community members						
6	Coalition building						
7	Community health improvement advocacy			1,004		1,004	0 %
8	Workforce development			1,240,601		1,240,601	0 600 %
9	Other						
10	**Total**			1,252,405		1,252,405	0 610 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?	1	Yes		
2	Enter the amount of the organization's bad debt expense	2	27,621,828		
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's charity care policy	3	0		
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	47,862,593
6	Enter Medicare allowable costs of care relating to payments on line 5	6	63,790,518
7	Subtract line 6 from line 5 This is the surplus or (shortfall)	7	-15,927,925
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	1 Outpatient Radiology	Imaging Services	50 000 %		50 000 %
2	2 Central Wyoming Outpatient Surgery Center	Surgical Center	50 000 %	25 000 %	25 000 %
3	3 Sweetwater Surgery Center	Surgical Center	10 000 %		90 000 %
4	4 Template	Specialty Service Programs	25 000 %		75 000 %
5	5 Wyoming Imaging Center	Imaging Services	20 570 %		79 430 %
6	6 North Platte Pathology	Pathological Services	50 000 %		50 000 %
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	Wyoming Medical Center 1233 East 2nd Street Casper, WY 82601	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)

Wyoming 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 200 000000000000%			
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	Yes	
	If "Yes," indicate the FPG family income limit for eligibility for discounted care 275 000000000000%			
	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**	Yes	
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**	Yes	
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? 6

	Name and address	Type of Facility (Describe)
1	Central WY Outpatient Surgery Cente 1201 E 3 Rd St Casper, WY 82601	Surgical Center
2	Outpatient Radiology 419 S Washington St Ste 100 Casper, WY 82601	Imaging Services
3	Sweetwater Surgery Center 2761 Commercial Way Rock Springs, WY 82901	Surgical Center
4	Elkhorn Valley Rehabilitation Hospital 5715 E 2nd St Casper, WY 82609	Rehabilitation
5	WY Health Medical Group MultiSpecialty 1233 E 2nd St Casper, WY 82601	Physician Practice
6	North Platte Pathology LLC 111 S Jefferson Street Casper, WY 82601	Pathological Services
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
		Part I, Line 7 Line 7a financial assistance was converted to cost based on the average ratios of cost to gross charges Line 7b Medicaid gross patient charges are tracked and the cost to charge ratio that is calculated from Schedule H Worksheet 2 is applied This amount is offset by net patient service revenue which is a calculation of actual payment minus total expected payment (account balance x reimbursement percentage) Lines 7e-i are actual expenses from the general ledger

Identifier	ReturnReference	Explanation
		Part I, Line 7g Line 7g includes $1,640,676 of costs attributable to a clinic

Identifier	ReturnReference	Explanation
		Part I, L7 Col(f) The amount of bad debt expense removed from the denominator of the calculations was 27,621,829

Identifier	ReturnReference	Explanation
		Part II The community building activities promote health of the community by providing needed specialists and physicians as well as determining what is needed by the residents in the local community and surrounding area Wyoming Medical Center spent $1,240,601 in recruiting physicians for pediatrics, OB/GYN, primary care, radiology services, and emergency care WMC also spent $1,004 for proper disposal service for unwanted and unusable pharmaceuticals in order to keep the community and environment safe A WMC employee also donated $10,800 of his time to serve on the Casper Area Economic Development Association

Identifier	ReturnReference	Explanation
		Part III, Line 4 The Medical Center follows Healthcare Financial Management Association Statement No 15, and therefore bad debt does not include amounts that would be attributable to charity care Footnote from organization's financial statements Patient accounts receivable are reduced by an allowance for doubtful accounts In evaluating the collectability of accounts receivable, the Medical Center analyzes its past history and identifies trends for each of its major payor sources of revenue to estimate the appropriate allowance for doubtful accounts and provision for bad debts Management regularly reviews data about these major payor 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 payor has not yet paid, or for payors 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) and the amounts actually collected after all reasonable collection efforts have been exhausted is charged off against the allowance for doubtful accounts

Identifier	ReturnReference	Explanation
		Part III, Line 8 The Hospital used the Medicare operating cost-to-charge ratio to calculate the costs relating to Medicare revenue applied against actual receipts This is a direct benefit to the Medicare population in our community

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

Identifier	ReturnReference	Explanation
Wyoming Medical Center		Part V, Section B, Line 11h In addition to income level and Medicaid/Medicare, WMC will bypass the application process if the patient already qualifies for other county or state programs, such as the Food Stamp Program

Identifier	ReturnReference	Explanation
Wyoming Medical Center		Part V, Section B, Line 13g In addition to the full policy being provided on the website and available upon request, WMC provides a brochure at the time of admissions with financial options in the patient's information packet and a summary is provided in the billing invoices A financial service counselor is also available to explain the financial assistance program

Identifier	ReturnReference	Explanation
Wyoming Medical Center		Part V, Section B, Line 19d The maximum amount charged to a patient under the financial assistance policy for emergency and medically necessary care is 75% of the gross charges This is based on the lowest discount under the charity care policy of 25% The Medical Center will review the proposed methods to determine amounts generally billed to determine its discount under the financial assistance policy meets the requirements of 501(r)

Identifier	ReturnReference	Explanation
Wyoming Medical Center		Part V, Section B, Line 20 The Medical Center provides a reduction to gross charges based on a sliding fee schedule using income level and household size The hospital has not determined the amount generally billed under the various proposed methods of calculation Therefore, it is possible a patient under the financial assistance policy could have paid more than the amount generally billed The hospital will review the various methods to determine amounts generally billed to ensure it is in compliance with Section 501(r)

Identifier	ReturnReference	Explanation
Wyoming Medical Center		Part V, Section B, Line 21 All individuals eligible under the Medical Center financial assistance policy are provided a discount for emergency and other medically necessary care The financial assistance policy does not apply to elective procedures Therefore, FAP-eligible patients without insurance may be charged gross charges on elective procedures

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

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

Identifier	ReturnReference	Explanation
		Part VI, Line 4 Wyoming Medical Center has 207 beds with 101 private and 106 semi-private consisting of 912,109 square feet With 18 specialties WMC provides 13 Wyoming communities with over 1,100 outreach clinics each year A full spectrum of integrated healthcare services that includes Emergency Care and Trauma, Intensive Care, Medical/Surgical Care, Obstetrics and Pediatrics, Orthopedic Care Also, WMC offers many of these services in partnership with Wyoming Health Medical Group Casper currently has one county owned public hospital, a specialty hospital, a rehabilitation hospital, and a behavioral health center Wyoming Medical Center's Primary inpatient market share for FY2012 is 14 3% discharges of the 50,659 total Wyoming inpatient discharges WMC serves 11 secondary market counties including Campbell, Carbon, Converse, Fremont, Hot Springs, Johnson, Niobrara, Platte, Sheridan, Sweetwater, and Washakie The primary market share comprises 73 89%, secondary market share 9 3% and 0 6% tertiary of the total 8,719 inpatient discharges excluding newborns and rehabilitation Natrona County as of the 2010 Census data has 75,450 residents with total Wyoming 568,626 residents The county has 5,340 land areas in square miles and Wyoming has 97,093 land areas in square miles which equals 14 1 persons per square mile and 5 8 persons respectively Natrona County consists of 92 8% white persons, 0 9% black persons, 1 0% American Indian & Alaska Native persons, 0 7% Asian persons, 0 1% Native Hawaiian and other Pacific Islander persons, 2 4% persons reporting two or more races, 6 9% persons of Hispanic or Latino origin, and 89 1% white persons not Hispanic according to the 2010 Census data 8 4% of the total Natrona County persons are below the poverty level with 9 8% of the people in Wyoming live below the poverty level Median household income is $50,936 in Natrona County and $53,802 in Wyoming

Identifier	ReturnReference	Explanation
		Part VI, Line 5 Wyoming Medical Center is a not-for profit hospital The Hospital is governed by a volunteer board of directors Our medical staff is open to all qualified physicians and allied health professionals The facility applies surplus funds to improvements in patient care, medical education, and research Our emergency department is open to all individuals regardless of their ability to pay Wyoming Medical Center subsidized $7,903,707 in healthcare services through its operation of Wyoming Health Medical Group, LLC Services offered include Neurosurgical Care, Internal Medicine and Family Practice, Wound Care and Reconstructive Surgery All specialties treat all patients regardless of their ability to pay Wyoming Medical Center provides air transportation for physicians to deliver service to clinic in over 13 communities across Wyoming Diabetes Education is a self-management education program that includes a staff of knowledgeable health professionals who provide participants with comprehensive information about diabetes management The team includes a medical director, director, and a host of specialty trained registered nurses and certified diabetes educators Community Development provides community based clinical services by marketing services throughout the community WMC Masterson Place along with Care Management provides courtesy room to patients and their families who cannot afford motel rooms when being treated at WMC WMC also provides taxi services to those individuals who cannot afford transportation to receive healthcare WMC's CEO works in the community to provide community benefit relationships There is also on-going work provided by WMC personnel on the Community Health Needs Assessment Wyoming Medical Center is a training site for many specialties We provide training for students in Nursing, Phlebotomy, Respiratory Therapy, Paramedic Services, Occupational Therapy assistants, Physical Therapist, and Family Practice residents Wyoming Medical Center has been instrumental in implementing a Telehealth Stroke program for Wyoming This allows Casper physicians to view and treat patients from a remote location giving the patient time needed care Wyoming Medical Center provides Women Services to women who are pregnant or want to become pregnant This includes prenatal and post delivery education and support to mothers We also provide diabetes education and weight management programs During FY 2012 Wyoming Medical Center had over 54,000 patient days and over 36,000 emergency department visits The Hospital provides services for sexually assaulted victims through the SANE program in the emergency department The Hospital provides a variety of health improvement options for the community and its patients For example, the hospital provides education and products for weight loss, diabetes, stroke and smoking cessation The community building activities promote health of the community by providing needed specialists and physicians as well as determining what is needed by the residents in the local community and surrounding area WMC also provides a proper disposal service of unwanted and unusable pharmaceuticals in order to keep the community and environment safe

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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
Wyoming Medical Center Inc

Employer identification number
83-0279242

Part I Questions Regarding Compensation

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

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use 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) Vickie Diamond	(i)	472,459	90,000	9,972	26,288	1,627	600,346	0
	(ii)	0	0	0	0	0	0	0
(2) Don J Claunch	(i)	215,836	29,666	446	87,535	1,627	335,110	0
	(ii)	0	0	0	0	0	0	0
(3) Julia Cann-Taylor	(i)	269,094	37,540	1,005	218,075	1,627	527,341	0
	(ii)	0	0	0	0	0	0	0
(4) Richard Williams	(i)	251,614	36,183	1,554	203,811	1,627	494,789	0
	(ii)	0	0	0	0	0	0	0
(5) Robert M Kaiser	(i)	142,740	10,817	258	33,638	1,292	188,745	0
	(ii)	0	0	0	0	0	0	0
(6) Joseph Sramek	(i)	979,879	0	420	0	0	980,299	0
	(ii)	0	0	0	0	0	0	0
(7) Robert F Hollis	(i)	937,142	0	630	0	0	937,772	0
	(ii)	0	0	0	0	0	0	0
(8) Tara L Taylor	(i)	385,312	69,380	539	0	0	455,231	0
	(ii)	0	0	0	0	0	0	0
(9) Mark McGinley	(i)	421,079	16,667	873	0	0	438,619	0
	(ii)	0	0	0	0	0	0	0
(10) Robert T Neff	(i)	369,096	74,394	351	0	0	443,841	0
	(ii)	0	0	0	0	0	0	0
(11) Steven Chadderdon	(i)	153,743	26,639	1,032	7,022	1,534	189,970	0
	(ii)	0	0	0	0	0	0	0
(12) Nancy Brandt	(i)	322,437	0	316	0	0	322,753	0
	(ii)	0	0	0	0	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
	Part I, Line 1a	Vickie Diamond - Petroleum Club Dues - $415 Vickie Diamond - Casper Country Club - $3,332 Vickie Diamond - Rotary Club - $200 Steve Chadderdon - Rotary Club - $67 Steve Chadderdon - Paradise Valley Country Club - $1,400
	Part I, Line 4a	Nancy Brandt received a severance payment in the amount of $190,300

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
Wyoming Medical Center Inc

Employer identification number
83-0279242

Part I Bond Issues

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

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired				
2	Amount of bonds defeased				
3	Total proceeds of issue	20,041,768			
4	Gross proceeds in reserve funds	1,667,241			
5	Capitalized interest from proceeds	1,489,073			
6	Proceeds in refunding escrow				
7	Issuance costs from proceeds	257,480			
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	1,522,498			
11	Other spent proceeds				
12	Other unspent proceeds	16,597,073			
13	Year of substantial completion	2014			

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

Part III Private Business Use

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

Part III Private Business Use *(Continued)*

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

Part IV Arbitrage

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

Part V Procedures To Undertake Corrective Action

Check the box if the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations . . . . . ☐ Yes ☑ No

Part VI Supplemental Information

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

Identifier	Return Reference	Explanation
Form 990, Schedule K, Part II, Line 3		The difference between Part I, Column (e) and Part II, Line 3 represents investment earnings on the bond proceeds during the construction phase

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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
Wyoming Medical Center Inc

Employer identification number
83-0279242

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

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

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

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

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

Part II Loans to and/or From Interested Persons.

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

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

Part III Grants or Assistance Benefitting Interested Persons.

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

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

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) Casper Orthopedics Associates PC (COA)	Board Member Dr John Bailey owns 14% of COA	273,000	Trauma Call Services		No
(2) Central Wyoming Outpatient Surgical Center dba Casper Surgical Center	Board Member Dr James Anderson owns 25% of CWOSC	320,833	Building Lease		No
(3) Central Wyoming Outpatient Surgical Center dba Casper Surgical Center	Board Member Dr James Anderson owns 25% of CWOSC	1,436,494	Master Service Agreement and Distributions		No
(4) Gabriel Williams	Family Member of Key Employee Richard Williams	63,035	Compensation and Benefits		No

Part V Supplemental Information

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

Identifier	Return Reference	Explanation

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
Wyoming Medical Center Inc

Employer identification number
83-0279242

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

Identifier	Return Reference	Explanation
	Form 990, Part VI, Section A, line 2	Vickie Diamond, Don Claunch and Linda Young have a business relationship due to serving on a related organization board together

Identifier	Return Reference	Explanation
	Form 990, Part VI, Section A, line 4	The bylaws were amended to reflect language that WMC officers, directors, and key employees will follow the Corporate Compliance Conflict of Interest Policy Procedures

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

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

Identifier	Return Reference	Explanation
	Form 990, Part VI, Section B, line 15	Wyoming Medical Center's executive compensation policy has the primary objective of providing a total compensation program that recognizes individual performance and experience and current market value of the position based on the skills, knowledge and behaviors required of a fully competent incumbent The compensation of the President & CEO is under the authority of the compensation review committee of the Board of Directors The compensation of the other officers is under the authority of the President & CEO, who is accountable to the Board of Directors Annually, the employee services department completes a thorough market analysis for all executive positions This market review considers equivalent positions in the industry and comparable organizations at the local, regional and national levels This analysis is provided to the compensation review committee The compensation review committee reviews the compensation of each executive position The President & CEO also participated in the review of the compensation of the other executive positions in 2011 This process included review and approval by independent persons, comparability data and contemporaneous substantiation

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

Identifier	Return Reference	Explanation
Hours Served to Related Organizations	Form 990, Part VII, Section A, Item B	Vickie Diamond, Don Claunch, and Linda Young all serve an additional five hours per week to WyMedco Care Inc , a related organization Vickie Diamond serves an additional one hour a week to Wyoming Medical Center Foundation, a related organization

Identifier	Return Reference	Explanation
Changes in Net Assets or Fund Balances	Form 990, Part XI, line 5	Net unrealized gains on investments 292,868 Change in Minimum Pension Liability -9,696,054 Total to Form 990, Part XI, Line 5 -9,403,186

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
Wyoming Medical Center Inc

Employer identification number
83-0279242

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) Wyoming Health Medical Group LLC 1233 E 2nd St Casper, WY 82601 80-0307419	Medical Services	WY	7,028,087	1,539,087	N/A

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) Central Wyoming Outpatient Surgery Center LLC 1201 E 3rd St Casper, WY 82601 83-0331130	Medical Services	WY	Wyoming Medical Center Inc	Related	1,436,987	887,807		No		Yes		50 000 %
(2) North Platte Pathology 111 S Jefferson St Casper, WY 82601 45-3676843	Medical Services	WY	Wyoming Medical Center Inc	Related	-46,809	203,191		No		Yes		50 000 %

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) WyMedco Ventures Inc 1233 E 2nd St Casper, WY 82601 83-0281137	Medical Services	WY	Wyoming Medical Center Inc	C	693,412	3,729,565	100 000 %
(2) Hospital Foundation Ventures Inc 1233 E 2nd St Casper, WY 82601 83-0282249	Business Investment	WY	N/A	C			

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

Note. Complete line 1 if any entity is listed in Parts II, III or IV

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

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

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) North Platte Pathology LLC	B	250,000	Donated Capital
(2) Wyoming Medical Center Foundation	P	501,831	Reimbursed Expenses
(3) Central Wyoming Outpatient Surgery Center LLC	I	320,833	Actual Receipts
(4) Central Wyoming Outpatient Surgery Center LLC	R	1,436,494	Actual Receipts
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

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

Identifier	Return Reference	Explanation	

Consolidated Financial Statements
June 30, 2012 and 2011
Wyoming Medical Center, Inc. and Subsidiaries

Wyoming Medical Center, Inc. and Subsidiaries

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June 30, 2012 and 2011

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Independent Auditor's Report

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

We have audited the accompanying consolidated balance sheets of Wyoming Medical Center, Inc and Subsidiaries (Medical Center) as of June 30, 2012 and 2011, and the related consolidated 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 consideration of internal control over financial reporting as a basis for designing audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Medical Center's internal control over financial reporting Accordingly, we do not express such an opinion An audit also includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements, assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation We believe that our audits provide a reasonable basis for our opinion

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of Wyoming Medical Center, Inc and Subsidiaries as of June 30, 2012 and 2011, and the results of their operations, changes in net assets, and cash flows for the year then ended in conformity with accounting principles generally accepted in the United States of America

As discussed in Note 19, the Medical Center early adopted recently issued revised accounting standards related to the presentation and disclosure of patient service revenue, provision for bad debts, and the allowance for doubtful accounts In accordance with the implementation guidance, the Medical Center retroactively applied the presentation requirements to 2011

Eide Bailly LLP

Fargo, North Dakota
September 25, 2012

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	2012	2011
Assets		
Current Assets		
Cash and cash equivalents	$ 44,571,017	$ 41,654,162
Assets limited as to use	1,480,604	997,237
Receivables		
Patient and resident, net of estimated uncollectibles of $43,831,000 in 2012 and $36,008,000 in 2011	34,649,548	32,538,645
Physician	2,497,938	2,444,533
Professional insurance	3,580,947	-
Other	2,029,604	2,956,424
Supplies	5,663,831	5,701,483
Prepaid expenses	4,418,513	4,909,922
Total current assets	98,892,002	91,202,406
Assets Limited as to Use	72,245,187	71,957,966
Property and Equipment, Net	91,722,612	88,698,840
Other Assets		
Investment in joint ventures	5,312,820	5,361,065
Long-term investments	1,455,805	1,390,709
Physician receivables	115,444	113,361
Deferred financing costs, net of accumulated amortization of $17,393 in 2012 and $4,348 in 2011	240,087	253,132
Other long-term assets	302,299	747,944
Total other assets	7,426,455	7,866,211
Total assets	$ 270,286,256	$ 259,725,423

See Notes to Consolidated Financial Statements

Wyoming Medical Center, Inc. and Subsidiaries
Consolidated Balance Sheets
June 30, 2012 and 2011

	2012	2011
Liabilities and Net Assets		
Current Liabilities		
Current maturities of long-term debt	$ 560,000	$ -
Accounts payable		
Trade	5,523,552	4,488,149
Estimated third-party payor settlements	11,280,502	8,119,461
Physician	549,963	312,707
Construction payables	641,600	590,772
Accrued expenses		
Salaries, wages and employee benefits	7,883,030	9,248,922
Interest	325,703	375,395
Malpractice and litigation costs	4,110,947	375,000
Payroll taxes and other	1,302,627	602,229
Post retirement benefits	644,447	-
Total current liabilities	32,822,371	24,112,635
Long-Term Debt, Less Current Maturities	19,477,249	20,039,244
Post Retirement Benefits, Less Current Portion	1,431,815	-
Pension Liability	34,051,904	24,940,835
Total liabilities	87,783,339	69,092,714
Net Assets		
Unrestricted	180,299,451	188,292,453
Temporarily restricted	1,640,035	1,776,825
Permanently restricted	563,431	563,431
Total net assets	182,502,917	190,632,709
Total liabilities and net assets	$ 270,286,256	$ 259,725,423

	2012	2011
Unrestricted Revenues, Gains and Other Support		
Net patient service revenue	$ 225,840,239	$ 220,261,193
Provision for bad debts	(27,621,829)	(19,941,450)
Net patient service revenue less provision for bad debts	198,218,410	200,319,743
Other revenue	6,169,423	7,653,442
Total revenues, gains and other support	204,387,833	207,973,185
Expenses		
Salaries, wages and employee benefits	106,611,206	105,348,241
Supplies and other	63,715,388	60,720,198
Professional fees	22,052,210	21,464,154
Depreciation and amortization	12,559,529	11,707,820
Interest and financing costs	-	60,264
Total expenses	204,938,333	199,300,677
Operating Income (Loss)	(550,500)	8,672,508
Other Income (Loss)		
Investment income	174,913	983,932
Loss on disposal of property and equipment	(917,216)	(4,166,179)
Other, net	2,738,394	2,164,081
Other income (loss), net	1,996,091	(1,018,166)
Revenues in Excess of Expenses	1,445,591	7,654,342
Changes in Unrealized Gains and Losses on Investments	253,761	5,545,181
Change in Minimum Pension Liability	(9,696,054)	1,388,228
Contributions for Long-Lived Assets	3,700	2,707
Increase (Decrease) in Unrestricted Net Assets	$ (7,993,002)	$ 14,590,458

Wyoming Medical Center, Inc. and Subsidiaries
Consolidated Statements of Changes in Net Assets
Years Ended June 30, 2012 and 2011

	2012	2011
Unrestricted Net Assets		
Revenues in excess of expenses	$ 1,445,591	$ 7,654,342
Changes in unrealized gains and losses on investments	253,761	5,545,181
Change in minimum pension liability	(9,696,054)	1,388,228
Contributions for long-lived assets	3,700	2,707
Increase (decrease) in unrestricted net assets	(7,993,002)	14,590,458
Temporarily Restricted Net Assets		
Restricted contributions and interest	293,726	1,118,356
Net assets released from restrictions	(430,516)	(1,789,820)
Decrease in temporarily restricted net assets	(136,790)	(671,464)
Permanently Restricted Net Assets		
Restricted contributions and interest	-	400,000
Increase (Decrease) in Net Assets	(8,129,792)	14,318,994
Net Assets, Beginning of Year	190,632,709	176,313,715
Net Assets, End of Year	$ 182,502,917	$ 190,632,709

	2012	2011
Operating Activities		
Change in net assets	$ (8,129,792)	$ 14,318,994
Adjustments to reconcile change in net assets to net cash from operating activities		
Depreciation and amortization	12,559,529	11,707,820
Provision for bad debts	27,621,829	19,941,260
Income from joint ventures	(3,830,457)	(2,655,388)
Loss on disposal of property and equipment	917,216	4,166,179
Change in unrealized gains and losses on investments	(253,761)	(5,545,181)
Restricted contributions and interest	(293,726)	(1,118,356)
Change in minimum pension liability	9,696,054	(1,388,228)
Contributions for long-lived assets	(3,700)	(2,707)
Changes in assets and liabilities		
Receivables	(32,442,347)	(21,538,011)
Supplies	37,652	933,914
Prepaid expenses	491,409	(199,116)
Other long-term assets	445,645	380,444
Trade accounts payable	1,035,403	(2,699,338)
Estimated third-party payor settlements	3,161,041	1,514,400
Physician payables	237,256	(55,358)
Accrued salaries, wages, benefits and other	(665,494)	(1,155,318)
Accrued interest payable	(49,692)	345,007
Accrued malpractice and litigation	3,735,947	(23,479)
Post retirement benefits	2,076,262	-
Pension liability	(584,985)	425,867
Net Cash From Operating Activities	15,761,289	17,353,405
Investing Activities		
Purchase and construction of property and equipment	(15,845,872)	(15,268,441)
Increase in assets limited as to use	(477,720)	(19,713,646)
Distributions from investments in joint ventures	3,878,702	2,929,088
Proceeds from sale of long-term investments	508,702	-
Purchase of long-term investments	(612,905)	(386,023)
Net Cash Used For Investing Activities	(12,549,093)	(32,439,022)
Financing Activities		
Repayment of long-term debt	(1,995)	(3,413,667)
Repayment of construction payables	(590,772)	(752,493)
Restricted contributions and interest	293,726	1,118,356
Contributions for long-lived assets	3,700	2,707
Proceeds from issuance of long-term debt	-	20,039,910
Payment of deferred financing costs	-	(257,480)
Net Cash From (Used For) Financing Activities	(295,341)	16,737,333
Net Increase in Cash and Cash Equivalents	2,916,855	1,651,716
Cash and Cash Equivalents, Beginning of Year	41,654,162	40,002,446
Cash and Cash Equivalents, End of Year	$ 44,571,017	$ 41,654,162

See Notes to Consolidated Financial Statements

	2012	2011
Supplemental Disclosure of Cash Flow Information		
Cash paid during the year for interest, net of amount capitalized of $1,114,543 and $374,529 for the years ended June 30, 2012 and 2011	$ -	$ 90,452
Supplemental Disclosure of Non-cash Investing and Financing Activities		
Accounts payable for construction	$ 641,600	$ 590,772

Note 1 - Organization and Significant Accounting Policies

Organization and Principles of Consolidation

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

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

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

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

- Wyoming Brain & Spine Associates
- Hospitalist Services of Wyoming
- Sage Medical Group, LLC (Sage Primary Care)
- Central Wyoming Nephrology
- Casper Pulmonary
- Intensivist Services of Wyoming
- Pain Associates of Wyoming
- Central Billing Office

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

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

Cash and Cash Equivalents

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

Patient Receivables

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

Patient accounts receivable are reduced by an allowance for doubtful accounts In evaluating the collectability of accounts receivable, the Medical Center analyzes its past history and identifies trends for each of its major payor sources of revenue to estimate the appropriate allowance for doubtful accounts and provision for bad debts Management regularly reviews data about these major payor 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 payor has not yet paid, or for payors 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) 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 process for calculating the allowance for doubtful accounts for self-pay patients has not significantly changed from June 30, 2011 to June 30, 2012 The Medical Center does not maintain a material allowance for doubtful accounts from third-party payors, nor did it have significant write offs from third-party payors The Medical Center has not significantly changed its charity care or uninsured discount policies during fiscal years 2012 or 2011

Supplies

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

Investments and Investment Income

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

Investments in Joint Ventures

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

Fair Value Measurements

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

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

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

Assets Limited as to Use

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

Property and Equipment

Property and equipment acquisitions in excess of $2,500 are capitalized and recorded at cost Depreciation is provided over the estimated useful life of each depreciable asset and is computed using the straight-line method Equipment under capital lease obligations is amortized using the straight-line method over the shorter period of the lease term or the estimated useful life of the equipment Amortization is included in depreciation in the financial statements The estimated useful lives of property and equipment are as follows

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

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

Physician Receivables

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

Deferred Financing Costs and Original Issue Premiums

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

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

Estimated Malpractice and Litigation Costs

The provision for estimated malpractice and litigation costs includes estimates of the ultimate costs for reported claims, unasserted claims, and litigation costs to the Medical Center. Anticipated recoveries from the Medical Center's professional liability policy are recorded as a receivable.

Income Taxes

The Hospital, WHMG and the Foundation are organized as Wyoming nonprofit corporations and have been recognized by the Internal Revenue Service as exempt from federal income taxes under Internal Revenue Code Section 501(c)(3). These entities are annually required to file a Return of Organization Exempt from Income Tax (Form 990) with the IRS. These entities have determined that they are not subject to unrelated business income tax and have not filed an Exempt Organization Business Income Tax Return (Form 990T) with the IRS.

These entities believe that they have appropriate support for any tax positions taken affecting their annual filing requirements, and as such, do not have any uncertain tax positions that are material to the financial statements. These entities would recognize future accrued interest and penalties related to unrecognized tax benefits and liabilities in income tax expense if such interest and penalties are incurred.

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

Temporarily and Permanently Restricted Net Assets

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

Revenues in Excess of Expenses

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

Net Patient Service Revenue

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

The Medical Center recognizes patient service revenue associated with services provided to patients who have third-party payor coverage on the basis of contractual rates for the services rendered, as noted above 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 (or on the basis of discounted rates, if negotiated or provided by policy) 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 Net patient service revenue, but before the provision for bad debts, recognized for the years ended June 30, 2012 and 2011 from these major payor sources, is as follows

	2012	2011
Net patient service revenue		
Third-party payors	$ 176,989,006	$ 177,633,566
Self-pay	48,851,233	42,627,627
Total all payors	$ 225,840,239	$ 220,261,193

Charity Care

The Hospital provides care to patients who meet certain criteria under its charity care policy without charge or at amounts less than established rates Because the Hospital does not pursue collection of amounts determined to qualify as charity care, they are not reported as revenue The amount of charges foregone for services provided under the Hospital's charity care policy were approximately $30,679,000 and $34,463,000 for the years ended June 30, 2012 and 2011 Total direct and indirect costs related to these foregone charges were $12,852,000 and $15,855,000 at June 30, 2012 and 2011, based on average ratios of cost to gross charges

Donor-restricted Gifts

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

Advertising

The Medical Center expenses advertising costs as they are incurred and totaled $597,511 and $651,998 for the years ended June 30, 2012 and 2011

Use of Estimates

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

Reclassifications

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

Note 2 - Lease of Hospital Facilities

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

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

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

As consideration for this lease, the Hospital agrees to assume all costs and expense for services provided by the Medical Center for Natrona County prisoner medical care and involuntary hospitalizations in excess of $120,000 and provide charity care for the residents of Natrona County In addition, the Medical Center is required to pay the principal, premium, interest, and all other obligations required by the Bond Indenture

Note 3 - Net Patient Service Revenue

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

Medicare Inpatient acute care and outpatient services rendered to Medicare program beneficiaries are paid at prospectively determined rates per visit These rates vary according to a patient classification system based on clinical, diagnostic, and other factors The Hospital is reimbursed for cost reimbursable items at a tentative rate with final settlement determined after submission of annual cost reports by the Hospital and audits thereof by the Medicare fiscal intermediary The Medical Center's Medicare cost reports have been audited by the Medicare fiscal intermediary through the year ended June 30, 2007

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

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

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

Revenue from the Medicare and Medicaid programs accounted for approximately 44% and 9% of the hospital's net patient service revenue for the year ended June 30, 2012 and 44% and 9% for the year ended June 30, 2011 Laws and regulations governing the Medicare, Medicaid, and other programs are extremely complex and subject to interpretation As a result, there is at least a reasonable possibility that recorded estimates will change by a material amount in the near term The net patient service revenue for the year ended June 30, 2012 decreased by approximately $12,282,000, due to removal of allowances previously estimated that are no longer necessary as a result of final settlements, years that are no longer likely subject to audits, reviews, and investigations, and the revocation of the Hospital's Sole Community status with Medicare

During 2012, the Hospital was informed by Medicare that it would have its Sole Community status revoked This is a result of no longer meeting the 8% threshold for inpatient days as established by Medicare The revocation was retroactive to the date of January 1, 2010 As a result, Wyoming Medical Center, Inc had a significant increase in its third-party liability estimate of approximately $11,500,000 This had a one-time negative effect to the net patient service revenues of the Hospital and was recorded during the year ended June 30, 2012

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

	2012	2011
Total patient service revenue	$ 470,486,989	$ 416,590,872
Contractual adjustments		
Medicare	(174,660,294)	(137,949,832)
Medicaid	(34,247,456)	(28,927,524)
Other	(35,739,000)	(29,452,323)
Total contractual adjustments	(244,646,750)	(196,329,679)
Net patient service revenue	$ 225,840,239	$ 220,261,193

Note 4 - Investments and Investment Income

Assets Limited as to Use

The composition of assets limited as to use at June 30, 2012 and 2011 is shown in the following tables Mutual funds and fixed income securities are stated at fair value Cash and cash equivalents are stated at cost plus accrued interest

	2012	2011
Under bond indenture agreements - held by trustees		
Cash and cash equivalents	$ 20,623,279	$ 20,189,399
By Board for capital improvements		
Cash and cash equivalents	14,628,673	9,749,985
Mutual funds	38,473,839	38,117,513
Fixed income securities	-	4,898,306
	73,725,791	72,955,203
Less amount shown as current	(1,480,604)	(997,237)
	$ 72,245,187	$ 71,957,966

Long-Term Investments

The composition of investments at June 30, 2012 and 2011 is shown in the following tables Common stock, mutual funds, corporate bonds, and U S Government securities are stated at fair value Certificates of deposit are stated at cost plus accrued interest

	2012	2011
Common stock	$ 669,411	$ 679,423
Certificates of deposit	578,698	500,665
Mutual funds	78,473	82,266
Corporate bonds	75,339	75,817
U S government securities	53,884	52,538
	$ 1,455,805	$ 1,390,709

Investment Income

Investment income and gains and losses on assets limited as to use, notes receivable, and cash equivalents consist of the following for the years ended June 30, 2012 and 2011

	2012	2011
Other income		
Interest, dividends, and realized gains (losses)	$ 200,624	$ 1,023,506
Investment management fees	(25,711)	(39,574)
Total investment income	$ 174,913	$ 983,932
Other changes in unrestricted net assets		
Change in unrealized gains and losses on investments	$ 253,761	$ 5,545,181

Note 5 - Physician Receivables

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

The agreements amount to $2,102,122 and $1,969,097 at June 30, 2012 and 2011 These amounts represent receivables that result from payments under guarantees during the initial twelve months of the agreement These receivables are recorded as current or long-term in accordance with the terms of the agreements Liabilities associated with these agreements were $549,963 and $312,707 at June 30, 2012 and 2011

The Medical Center also provides recruitment loan agreements to physicians Through these agreements, the Medical Center provides the physician funds to apply toward the repayment of physician student loans These loan agreements accrue interest at various rates and have various repayment and forgiveness terms At June 30, 2012 and 2011, physician recruitment receivables, included in current physician receivables in the balance sheets, totaled $510,557 and $588,797

Note 6 - Property and Equipment

A summary of property and equipment at June 30, 2012 and 2011 follows

	2012		2011	
	Cost	Accumulated Depreciation	Cost	Accumulated Depreciation
Land and improvements	$ 23,808,894	$ 3,522,720	19,191,913	$ 2,759,172
Buildings and fixed equipment	123,485,652	81,062,503	121,051,777	78,004,001
Major movable equipment	98,171,436	81,588,020	92,770,401	75,539,307
Construction in progress	12,429,873	-	11,987,229	-
	$ 257,895,855	$ 166,173,243	$ 245,001,320	$ 156,302,480
Net property and equipment		$ 91,722,612		$ 88,698,840

Construction in progress at June 30, 2012 represents costs for a facility construction and remodeling project and other smaller projects These projects will be financed with operational funds and assets limited as to use The majority of this cost is comprised of the facility construction and remodeling project that will be completed in 2014 The estimated cost to complete these projects is $35,300,000

Note 7 - Investments in Joint Ventures

A summary of investments in joint ventures at June 30, 2012 and 2011 is as follows

	2012	2011
Casper Surgical Center	$ 2,088,157	$ 1,892,584
Outpatient Radiology, LLC	501,818	397,317
Template, LLC	1,018,360	1,091,291
Sweetwater Surgery Center, LLC	50,000	50,000
Rocky Mountain Oncology Center, LLC	208,177	208,177
Elkhorn Valley Rehabilitation Hospital, LLC	26,645	1,197,782
Mountain State Healthcare Reciprocal Risk Retention Group	215,287	215,287
North Platte Pathology, LLC	109,212	-
Wyoming Imaging Center, LLC	1,033,864	297,172
Wyoming Integrated Care Network	50,000	-
Other	11,300	11,455
	$ 5,312,820	$ 5,361,065

Central Wyoming Outpatient Surgery Center, LLC, dba Casper Surgical Center

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

During 2012 and 2011, the Medical Center recorded a gain on investment of $1,498,073 and $1,415,768 The Medical Center received distributions from the Surgical Center totaling $1,302,500 and $1,412,500 during 2012 and 2011

The Medical Center performs maintenance, and other limited services for the Surgical Center in the ordinary course of business Revenue from services provided to the Surgical Center for the years ended June 30, 2012 and 2011 was approximately $127,000 each year At June 30, 2012 and 2011, the Medical Center had a receivable from the Surgical Center of $8,160 and $25,064

The Medical Center also leases a building to the Surgical Center The lease commenced on August 15, 2000 and continues through August 14, 2025, with lease payments being made monthly The Surgical Center is also required to pay a portion of the operating costs of the building Revenues earned from the rental agreement between the Medical Center and the Surgical Center were approximately $321,000 and $350,000 for the years ended June 30, 2012 and 2011

Outpatient Radiology, LLC

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

During 2012 and 2011, the Medical Center recorded a gain on investment of $479,501 and $109,874 The Medical Center received distributions from OPR totaling $375,000 and $175,000 during 2012 and 2011

The Medical Center has an agreement with OPR to provide ultrasound coverage to after hour patients The cost of this coverage to the Medical Center for the year ended June 30, 2012 was $207,159

The Medical Center entered into an agreement in September 2005 with OPR to provide information technology services to OPR The agreement requires monthly payments of $8,130 and will automatically renew annually unless either party terminates the agreement

Template, LLC

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

During 2011, the Medical Center recorded a gain on investment of $118,526. There was no gain or loss recorded for 2012. The Medical Center received distributions from Template totaling $72,931 and $16,336 during 2012 and 2011.

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

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

Sweetwater Surgery Center, LLC

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

The Medical Center received distributions from Sweetwater totaling $120,930 and $140,000 during 2012 and 2011.

Wyoming Imaging Center, LLC

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

During 2012 and 2011, the Medical Center recorded a gain on investment of $1,452,164 and $565,331. The Medical Center received distributions from WIC totaling $715,472 and $654,502 during 2012 and 2011.

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

The Medical Center leased a building to WIC. During 2012, the Medical Center reached an agreement with WIC for the early termination of the lease. Through this agreement, the Medical Center agreed to pay WIC $3,192,469. The lease was bought out so that the building could be demolished as part of the Medical Center remodeling project.

Rocky Mountain Oncology Center, LLC

On March 1, 2004, Ventures entered into an operating agreement to form a joint venture, Rocky Mountain Oncology Center, LLC (RMOC), for the purpose of establishing and operating an outpatient cancer center For the years ended June 30, 2012 and 2011, the Venture's investment in RMOC is accounted for under the cost method as the Medical Center owns slightly less than 20% of RMOC

The Medical Center received distributions from RMOC totaling $408,750 and $530,750 during 2012 and 2011

Elkhorn Valley Rehabilitation Hospital, LLC

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

During 2012 the Medical Center recorded a gain on investment of $158,957 and a loss on investment of $145,958 during 2011 The Medical Center received distributions from Elkhorn totaling $1,330,094 during 2012

Mountain State Healthcare Reciprocal Risk Retention Group

The Medical Center and eleven other unrelated hospitals formed Mountain State Healthcare Reciprocal Risk Retention Group (MSHRRR) in fiscal year 2003 MSHRRR is an insurance reciprocal created to provide professional and general liability insurance to its members The Medical Center's subscription and policy are cancelable at any time The Medical Center accounts for its investment in MSHRRR under the cost method as the Medical Center owns less than 20% of MSHRRR The Medical Center did not receive dividends from MSHRRR for the years ended June 30, 2012 and 2011

Note 8 - Notes Payable and Long-Term Debt

Line of Credit

The Medical Center has a revolving line of credit with a local bank, which allows them to borrow up to $2,000,000 This line of credit renews on an annual basis at the option of the Medical Center and is currently set to mature on November 30, 2012 The line is variable rate which was at 4 5% at June 30, 2012 and 2011 For the fiscal years ended June 30, 2012 and 2011, the Medical Center had no amounts outstanding on the line of credit

Long-term debt consists of the following

	2012	2011
Hospital Revenue Bonds, Series 2011		
3% to 5.5% serial bonds, due in varying annual installments commencing in September 2012 to September 2022	$ 7,580,000	$ 7,580,000
6% term bonds, due September 2024, with varying annual sinking fund requirements commencing in September 2023	1,895,000	1,895,000
6% term bonds, due September 2026, with varying annual sinking fund requirements commencing in September 2025	2,135,000	2,135,000
6.35% term bonds, due September 2031, with varying annual sinking fund requirements commencing in September 2027	8,390,000	8,390,000
Original issue premium	37,249	39,244
	20,037,249	20,039,244
Less current maturities	(560,000)	-
Long-term debt, less current maturities	$ 19,477,249	$ 20,039,244

Long-term debt maturities are as follows

Year Ending June 30,	Amount
2013	$ 560,000
2014	575,000
2015	595,000
2016	620,000
2017	645,000
Thereafter	17,005,000
Original issue premium	37,249
Total	$ 20,037,249

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

Note 9 - Leases

The Medical Center leases certain equipment under noncancelable long-term lease agreements At June 30, 2012, all leases were recorded as operating leases The Medical Center recorded expenses of $6,153,222 and $6,183,920 for the years ended June 30, 2012 and 2011 related to these operating leases Minimum future lease payments for the operating leases are as follows

Year Ending June 30,	Amount
2013	$ 2,715,520
2014	1,440,234
2015	215,500
Total minimum lease payments	$ 4,371,254

Note 10 - Temporarily and Permanently Restricted Net Assets

Temporarily Restricted Net Assets

Temporarily restricted net assets are available for the following purposes at June 30, 2012 and 2011

	2012	2011
WMC building project	$ 1,492,558	$ 1,515,416
Safe Kids	39,268	51,262
Emergency services	18,560	18,560
George Kelly pain management	17,389	15,137
Life flight	17,009	15,921
Breast cancer awareness	13,985	-
Stacy Marie True Memorial Trust	11,080	7,581
Stroock fellowship	10,358	10,358
Cancer center	-	125,582
Other	19,828	17,008
	$ 1,640,035	$ 1,776,825

In 2012 and 2011, net assets were released from donor restrictions by incurring expenditures satisfying the restricted purposes in the amounts of $430,516 and $1,789,820 These amounts are included in other revenue and net assets released from restrictions in the accompanying financial statements

Permanently Restricted Net Assets and Endowment Funds

At June 30, 2012 and 2011, permanently restricted net assets and endowment funds consisted of the following

	2012	2011
Donor restricted endowment funds	$ 563,431	$ 563,431
Unrestricted Board designated endowment funds	947,839	947,839
	$ 1,511,270	$ 1,511,270

Interpretation of Relevant Law

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

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

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

The composition of endowment net assets by fund type as of June 30, 2012 and 2011 is as follows

	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
June 30, 2012				
Donor-restricted endowment funds	$ -	$ -	$ 563,431	$ 563,431
Board-designated endowment funds	947,839	-	-	947,839
	$ 947,839	$ -	$ 563,431	$ 1,511,270
June 30, 2011				
Donor-restricted endowment funds	$ -	$ -	$ 563,431	$ 563,431
Board-designated endowment funds	947,839	-	-	947,839
	$ 947,839	$ -	$ 563,431	$ 1,511,270

Changes in endowment net assets for the years ending June 30, 2012 and 2011 are as follows

	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
June 30, 2012				
Endowment net assets, beginning of year	$ 947,839	$ -	$ 563,431	$ 1,511,270
Restricted contributions	-	-	-	-
Investment return				
Investment income	35,940	-	-	35,940
Change in unrealized gains (losses) on investments	(25,462)	-	-	(25,462)
Appropriation of endowment assets for expenditure	(10,478)	-	-	(10,478)
Endowment net assets, end of year	$ 947,839	$ -	$ 563,431	$ 1,511,270

	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
June 30, 2011				
Endowment net assets, beginning of year	$ 947,839	$ -	$ 163,431	$ 1,111,270
Restricted contributions	-	-	400,000	400,000
Investment return				
Investment income	13,953	-	-	13,953
Change in unrealized gains (losses) on investments	79,535	-	-	79,535
Appropriation of endowment assets for expenditure	(93,488)	-	-	(93,488)
Endowment net assets, end of year	$ 947,839	$ -	$ 563,431	$ 1,511,270

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

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

Note 11 - Income Taxes

Ventures recorded a deferred tax liability in the amount of $269,066 and $109,632 at June 30, 2012 and 2011, respectively, as the result of unrecorded WIC and RMOC income and other tax reconciling items These amounts are reported as other long-term assets in the consolidated statements

Note 12 - Defined Contribution Plan

The Medical Center adopted a defined contribution employee retirement plan under Section 401(k) of the Internal Revenue Code on January 1, 2004 In general, employees are eligible to participate in the plan immediately upon hire Employees must complete one year of service to be eligible for an employer contribution Certain classes of employees are not eligible to participate in the plan Eligible employees had until January 1, 2004 to elect participation in the Wyoming Medical Center 401(k) Plan If this occurred, the employee's participation in the Defined Benefit Plan was frozen as of that date Employees hired after October 15, 2003 are eligible to participate in the Center's 401(k) plan and are not eligible to participate in the Defined Benefit plan The Medical Center recorded expenses of $1,108,639 and $1,118,371 related to the plan for the years ended June 30, 2012 and 2011

Note 13 - Defined Benefit Retirement Plans

Defined Benefit Pension Plan

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

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

As part of its long term cost savings initiative Wyoming Medical Center offered early retirement to employees of 60 years of age or older Employees were offered post-retirement health insurance until they qualified for Medicare and those on the pension plan were offered the choice of either 3 years of service or 3 years of age under the Plan's benefit formula During this time, the Medical Center also outsourced its plant engineering function to an outside firm As a result of early retirement and outsourcing, the Medical Center experienced a significant change in the pension plan and had to recognize certain losses The cumulative one time effect of this change was a loss of approximately $8,700,000 which was recognized in salaries, wages and benefits expense during the year ended June 30, 2012

The following table sets forth the plan's funded status and amounts recognized in the Medical Center's consolidated balance sheets as of June 30, 2012 and 2011

	2012	2011
Change in Projected Benefit Obligation		
Benefit obligation, beginning of year	$ 72,188,894	$ 64,334,113
Service cost	2,806,892	2,348,204
Interest cost	3,340,850	3,058,979
Amendments	19,228	-
Curtailments	(1,797,116)	-
Termination benefits	1,978,584	-
Actuarial loss	15,998,821	7,122,163
Benefits paid	(15,256,185)	(4,674,565)
Projected benefit obligation, end of year	$ 79,279,968	$ 72,188,894
Change in Plan Assets		
Fair value of plan assets, beginning of year	$ 47,248,059	$ 38,430,917
Actual return on plan assets	398,190	7,491,707
Contributions made	12,838,000	6,000,000
Distributions	(15,256,185)	(4,674,565)
Fair value of plan assets, end of year	$ 45,228,064	$ 47,248,059
Pension Liability		
Funded status	$ (34,051,904)	$ (24,940,835)

The components of net periodic pension cost and the additional minimum pension liability for the years ended June 30, 2012 and 2011 are as follows

	2012	2011
Components of Net Periodic Pension Cost		
Service cost	$ 2,806,892	$ 2,348,204
Interest cost	3,340,850	3,058,979
Expected return on plan assets	(3,074,671)	(2,664,421)
Amortization of unrecognized items		
Prior service credit	(31,501)	(40,029)
Accumulated net loss	2,506,388	3,723,134
Net periodic pension cost	$ 5,547,958	$ 6,425,867
Items not yet recognized as a component of net periodic pension costs		
Prior service credit (cost)	$ (19,228)	$ 32,739
Accumulated net loss	(41,799,578)	(34,231,754)
Additional minimum pension liability	$ (41,818,806)	$ (34,199,015)
Cumulative contributions in excess of net periodic pension costs	$ 7,766,902	$ 9,258,180

The following weighted average assumptions were used to determine the actuarial present value of the projected benefit obligation at June 30, 2012 and 2011

	2012	2011
Discount rate	3 70%	5 20%
Rate of compensation increase	5 34%	4 22%

The following weighted average assumptions were used to determine the net periodic benefit cost for the years ended June 30, 2012 and 2011

	2012	2011
Discount rate	5 20%	5 00%
Expected long-term rate of return on plan assets	7 00%	7 00%
Rate of compensation increase	4 22%	3 60%

Estimated future benefit payments from the plan are as follows

Year Ending June 30,	Amount
2013	$ 5,704,000
2014	3,443,000
2015	3,754,000
2016	4,685,000
2017	5,196,000
2018 through 2022	30,073,000

The Medical Center made contributions of $12,838,000 and $6,000,000 for fiscal years ended June 30, 2012 and 2011 These transactions and assumptions noted above resulted in a net liability of $34,051,904 at June 30, 2012 and a net liability of $24,940,835 at June 30, 2011 The Medical Center is not required to make a minimum contribution to the Plan during the year ending June 30, 2013

Asset Allocation Strategy

During 2012 and 2011, 100% of plan assets were invested in the GMO Global Asset Allocation Fund, which is considered a Level 1 investment under accounting principles The asset allocation of the funds will be left to the discretion of the investment managers The funds will utilize the asset classes that the investment managers deem appropriate, which may include, but are not limited to

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

The general composition of the GMO Global Asset Allocation Fund is 30% cash and equivalents, 55% stocks, 6% bonds, and 8% other investments

Long-Term Rate of Return Assumption

To develop the expected long-term rate of return on assets assumption, the Medical Center considered the historical returns and the future expectations for returns for each asset class, as well as the target asset allocation of the pension portfolio This resulted in the selection of the 7 00% long-term rate of return on assets assumption for the fiscal years ending June 30, 2012 and 2011

General Investment Principals

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

Post Retirement Health Insurance Benefit Plan

In connection with the early retirement program offered in 2012, the Medical Center offered post retirement health insurance benefits Total expense of $2,357,330 for this special termination benefit was recorded for the year ended June 30, 2012 The Medical Center recognized a liability of $2,076,262 as of June 30, 2012, of which $644,447 is recorded as current, based on the actuarially determined costs of this benefit This actuarially determined liability assumes a discount rate of 1% The Medical Center will fund this liability from cash flows from operations

Note 14 - Concentrations of Credit Risk

The Medical Center grants credit without collateral to its patients, most of whom are insured under third-party payor agreements The mix of receivables from third-party payors, and patients at June 30, 2012 and 2011 was as follows

	2012	2011
Medicare	30%	30%
Medicaid	6%	7%
Commercial insurance and other	49%	48%
Patients	15%	15%
	100%	100%

Note 15 - Functional Expenses

The Medical Center provides general health care services to residents within its geographic location Expenses related to providing these services by functional class for the years ended June 30, 2012 and 2011 are as follows

	2012	2011
Patient health care services	$ 161,703,220	$ 157,254,920
General and administrative	43,235,113	42,045,757
	$ 204,938,333	$ 199,300,677

Note 16 - Fair Value of Assets and Liabilities

Assets and liabilities measured at fair value on a recurring basis at June 30, 2012 and 2011, respectively, are as follows

	2012	2011
Assets		
Mutual funds	$ 38,552,312	$ 38,199,779
Fixed income securities	-	4,898,306
Common stock	669,411	679,423
Corporate bonds	75,339	75,817
U S government securities	53,884	52,538
Total assets	$ 39,350,946	$ 43,905,863

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

June 30, 2012	Quoted Prices in Active Markets (Level 1)	Other Observable Inputs (Level 2)	Unobservable Inputs (Level 3)
Assets			
Mutual funds			
World allocation	$ 38,473,839	$ -	$ -
Commodities broad basket	3,845	-	-
Diversified emerging markets	4,528	-	-
Foreign large blend	15,466	-	-
Large blend	25,647	-	-
Multisector bond	4,039	-	-
Real estate	4,121	-	-
Small blend	6,482	-	-
World stock	14,345	-	-
Common stock			
Basic materials	85,252	-	-
Consumer goods	24,585	-	-
Financial	107,111	-	-
Healthcare	113,923	-	-
Industrial goods	48,582	-	-
Services	140,553	-	-
Technology	149,405	-	-
Corporate bonds			
Financial	75,339	-	-
U S government securities	53,884	-	-
	$ 39,350,946	$ -	$ -

June 30, 2011	Quoted Prices in Active Markets (Level 1)	Other Observable Inputs (Level 2)	Unobservable Inputs (Level 3)
Assets			
Mutual funds			
World allocation	$ 38,117,513	$ -	$ -
Commodities broad basket	4,739	-	-
Diversified emerging markets	5,656	-	-
Foreign large blend	15,562	-	-
Large blend	25,528	-	-
Multisector bond	4,024	-	-
Real estate	4,199	-	-
Small blend	6,680	-	-
World stock	15,878	-	-
Mortgage-backed securities	4,898,306	-	-
Common stock			
Basic Materials	115,426	-	-
Conglomerates	7,253	-	-
Consumer Goods	52,299	-	-
Financial	85,284	-	-
Healthcare	104,110	-	-
Industrial Goods	43,385	-	-
Services	129,664	-	-
Technology	142,002	-	-
Corporate bonds			
Financial	75,817	-	-
U S government securities	52,538	-	-
	$ 43,905,863	$ -	$ -

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

Note 17 - Fair Value of Financial Instruments

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

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

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

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

Long-Term Debt – The fair value of long-term debt is based on current traded value Management has estimated the fair value of these obligations to be approximately $22,371,000 and $20,603,000 at June 30, 2012 and 2011

Note 18 - Commitments and Contingencies

Malpractice Insurance

The Medical Center has an investment in an insurance reciprocal joint venture that was created to provide professional and general liability insurance its members The Medical Center is not subject to any per claim or annual limits

Self-Funded Health Insurance

The Medical Center self-insures their liability for health and dental insurance Estimated claim liabilities are recognized as claims are reported A reserve for claims incurred but not reported is estimated based on historical experience and included as a liability As of June 30, 2012 and 2011, the Medical Center has recorded an estimated liability of $1,616,000 and $1,361,000, included in accrued salaries, wages and employee benefits on the balance sheets The Medical Center has reinsured their risk which limits the Medical Center's exposure to a set amount per claim Total health and dental insurance expense for the years ended June 30, 2012 and 2011 was approximately $10,554,000 and $9,909,000

Litigations, Claims, and Disputes

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

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

Note 19 - Changes in Accounting Principles

During the year ended June 30, 2012, the Medical Center early adopted the provisions of ASU No 2011-07, *Health Care Entities (Topic 954) Presentation and Disclosure of Patient Service Revenue, Provision for Bad Debts, and the Allowance for Doubtful Accounts for Certain Health Care Entities*, as allowable In accordance with the implementation guidance, the Medical Center retroactively applied the presentation requirements to 2011 The impact on 2011 was a decrease to total revenues, gains, and other support of $19,941,260, and a decrease to total expenses of the same amount in the consolidated statements of operations (and changes in net assets) There was no impact on operating income or net assets

Note 20 - Subsequent Events

The Medical Center has evaluated subsequent events through September 25, 2012, the date which the financial statements were available to be issued

Consolidating Information
June 30, 2012 and 2011
Wyoming Medical Center, Inc. and Subsidiaries

Independent Auditor's Report on Consolidating Information

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

We have audited the financial statements of Wyoming Medical Center, Inc and Subsidiaries as of and for the years ended June 30, 2012 and 2011, and our report thereon dated September 25, 2012, which expressed an unqualified opinion on those financial statements, appears on page 1 Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole The consolidating schedules are presented for the purpose 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 for the years ended June 30, 2012 and 2011, as a whole

Eide Bailly LLP

Fargo, North Dakota
September 25, 2012

Wyoming Medical Center, Inc. and Subsidiaries
Consolidating Balance Sheet – Assets
June 30, 2012

	Hospital	Ventures	Foundation	WHMG	Elimination Entries	Consolidated
Assets						
Current Assets						
Cash and cash equivalents	$ 40,413,350	$ 2,999,243	$ 1,275,821	$ (117,397)	$ -	$ 44,571,017
Assets limited as to use	1,480,604	-	-	-	-	1,480,604
Receivables						
Patient, net	33,435,770	-	-	1,213,778	-	34,649,548
Physician	2,484,665	-	-	13,273		2,497,938
Professional insurance	3,580,947	-	-	-	-	3,580,947
Other	1,551,816	2,185	582,603	902	(107,902)	2,029,604
Supplies	5,649,922	-	-	13,909	-	5,663,831
Prepaid expenses	4,212,089	3,028	-	203,396	-	4,418,513
Total current assets	92,809,163	3,004,456	1,858,424	1,327,861	(107,902)	98,892,002
Assets Limited as to Use	72,245,187	-	-	-	-	72,245,187
Property and Equipment, Net	90,228,360	-	1,285,932	208,320	-	91,722,612
Other Assets						
Investment in joint ventures	7,720,065	725,109	516,931	-	(3,649,285)	5,312,820
Long-term investments	-	-	1,455,805	-	-	1,455,805
Physician receivables	112,538	-	-	2,906	-	115,444
Deferred financing costs, net	240,087	-	-	-	-	240,087
Other long-term assets	6,963	-	295,336	-	-	302,299
Total other assets	8,079,653	725,109	2,268,072	2,906	(3,649,285)	7,426,455
Total assets	$ 263,362,363	$ 3,729,565	$ 5,412,428	$ 1,539,087	$ (3,757,187)	$ 270,286,256

Wyoming Medical Center, Inc. and Subsidiaries
Consolidating Balance Sheet – Liabilities and Net Assets
June 30, 2012

	Hospital	Ventures	Foundation	WHMG	Elimination Entries	Consolidated
Liabilities and Net Assets						
Current Liabilities						
Current maturities of long-term debt	$ 560,000	$ -	$ -	$ -	$ -	$ 560,000
Accounts payable						
Trade	4,890,836	-	-	632,716	-	5,523,552
Estimated third-party payor settlements	11,280,502	-	-	-	-	11,280,502
Physician	549,963	-	-	-	-	549,963
Related parties	-	300	31,201	76,401	(107,902)	-
Construction payables	641,600	-	-	-	-	641,600
Accrued expenses						
Salaries, wages and employee benefits	7,641,368	-	-	241,662	-	7,883,030
Interest	325,703	-	-	-	-	325,703
Malpractice and litigation costs	4,110,947	-	-	-	-	4,110,947
Payroll taxes and other	496,231	668,288	138,108	-	-	1,302,627
Post retirement benefits	644,447	-	-	-	-	644,447
Total current liabilities	31,141,597	668,588	169,309	950,779	(107,902)	32,822,371
Long-Term Debt, Less Current Maturities	19,477,249	-	-	-	-	19,477,249
Post Retirement Benefits, Less Current Portion	1,431,815	-	-	-	-	1,431,815
Pension Liability	34,051,904	-	-	-	-	34,051,904
Total liabilities	86,102,565	668,588	169,309	950,779	(107,902)	87,783,339
Net Assets						
Unrestricted	177,259,798	3,060,977	3,039,653	588,308	(3,649,285)	180,299,451
Temporarily restricted	-	-	1,640,035	-	-	1,640,035
Permanently restricted	-	-	563,431	-	-	563,431
Total net assets	177,259,798	3,060,977	5,243,119	588,308	(3,649,285)	182,502,917
Total liabilities and net assets	$ 263,362,363	$ 3,729,565	$ 5,412,428	$ 1,539,087	$ (3,757,187)	$ 270,286,256

Wyoming Medical Center, Inc. and Subsidiaries
Consolidating Statement of Operations
Year Ended June 30, 2012

	Hospital	Ventures	Foundation	WHMG	Elimination Entries	Consolidated
Unrestricted Revenues, Gains and Other Support						
Net patient service revenue	$ 218,629,291	$ -	$ -	$ 7,210,948	$ -	$ 225,840,239
Provision for bad debts	(27,108,982)	-	-	(512,847)	-	(27,621,829)
Net patient service revenue less provision for bad debts	191,520,309	-	-	6,698,101	-	198,218,410
Other revenue	5,669,248	-	776,850	345,894	(622,569)	6,169,423
Total revenues, gains and other support	197,189,557	-	776,850	7,043,995	(622,569)	204,387,833
Expenses						
Salaries, wages and employee benefits	96,771,500	-	168,680	9,647,433	23,593	106,611,206
Supplies and other	61,379,246	3,304	701,811	2,146,167	(515,140)	63,715,388
Professional fees	19,103,249	4,461	-	3,075,522	(131,022)	22,052,210
Lease expense	-	-	-	-	-	-
Depreciation and amortization	12,423,962	-	72,895	62,672	-	12,559,529
Interest and financing costs	-	-	-	-	-	-
Total expenses	189,677,957	7,765	943,386	14,931,794	(622,569)	204,938,333
Operating Income (Loss)	7,511,600	(7,765)	(166,536)	(7,887,799)	-	(550,500)
Other Income (Loss)						
Investment income, net	115,665	1,764	55,332	2,152	-	174,913
Gain (loss) on disposal of equipment	(913,096)	-	-	(4,120)	-	(917,216)
Other income (loss), net	(5,754,690)	485,635	597,316	(13,940)	7,424,073	2,738,394
Total other income (loss), net	(6,552,121)	487,399	652,648	(15,908)	7,424,073	1,996,091
Revenues in Excess of (Less Than) Expenses	959,479	479,634	486,112	(7,903,707)	7,424,073	1,445,591
Changes in Unrealized Gains and Losses on Investments	292,868	-	(39,107)	-	-	253,761
Change in Minimum Pension Liability	(9,696,054)	-	-	-	-	(9,696,054)
Contributions for Long-Lived Assets	3,700	-	-	-	-	3,700
Intercompany Transfers	-	-	-	6,102,468	(6,102,468)	-
Increase (Decrease) in Unrestricted Net Assets	$ (8,440,007)	$ 479,634	$ 447,005	$ (1,801,239)	$ 1,321,605	$ (7,993,002)

Wyoming Medical Center, Inc. and Subsidiaries
Consolidating Statement of Changes in Net Assets
Year Ended June 30, 2012

	Hospital	Ventures	Foundation	WHMG	Elimination Entries	Consolidated
Unrestricted Net Assets						
Revenues in excess of (less than) expenses	$ 959,479	$ 479,634	$ 486,112	$ (7,903,707)	$ 7,424,073	$ 1,445,591
Changes in unrealized gains and losses on investments	292,868	-	(39,107)	-	-	253,761
Change in minimum pension liability	(9,696,054)	-	-	-	-	(9,696,054)
Contribution for long-lived assets	3,700	-	-	-	-	3,700
Intercompany transfers	-	-	-	6,102,468	(6,102,468)	-
Increase (decrease) in unrestricted net assets	(8,440,007)	479,634	447,005	(1,801,239)	1,321,605	(7,993,002)
Temporarily Restricted Net Assets						
Restricted contributions and interest	-	-	293,726	-	-	293,726
Net assets released from restrictions	-	-	(430,516)	-	-	(430,516)
Decrease in temporarily restricted net assets	-	-	(136,790)	-	-	(136,790)
Permanently Restricted Net Assets						
Restricted contributions and interest	-	-	-	-	-	-
Increase (Decrease) in Net Assets	(8,440,007)	479,634	310,215	(1,801,239)	1,321,605	(8,129,792)
Net Assets, Beginning of Year	185,699,805	2,581,343	4,932,904	2,389,547	(4,970,890)	190,632,709
Net Assets, End of Year	$ 177,259,798	$ 3,060,977	$ 5,243,119	$ 588,308	$ (3,649,285)	$ 182,502,917

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

	Hospital	Ventures	Foundation	WHMG	Elimination Entries	Consolidated
Assets						
Current Assets						
Cash and cash equivalents	$ 37,074,620	$ 2,553,428	$ 960,869	$ 1,065,245	$ -	$ 41,654,162
Assets limited as to use	997,237	-	-	-	-	997,237
Receivables						
Patient, net	31,256,762	-	-	1,281,883	-	32,538,645
Physician	2,260,236	-	-	184,297		2,444,533
Other	2,564,229	89,024	457,815	5,099	(159,743)	2,956,424
Supplies	5,681,247	-	-	20,236	-	5,701,483
Prepaid expenses	4,636,518	3,029	-	270,375	-	4,909,922
Total current assets	84,470,849	2,645,481	1,418,684	2,827,135	(159,743)	91,202,406
Assets Limited as to Use	71,957,966	-	-	-	-	71,957,966
Property and Equipment, Net	87,112,125	-	1,353,611	233,104	-	88,698,840
Other Assets						
Investment in joint ventures	9,826,606	356,763	148,586	-	(4,970,890)	5,361,065
Long-term investments	-	-	1,390,709	-	-	1,390,709
Physician receivables	105,248	-	-	8,113	-	113,361
Deferred financing costs, net	253,132	-	-	-	-	253,132
Other long-term assets	27,854	-	720,090	-	-	747,944
Total other assets	10,212,840	356,763	2,259,385	8,113	(4,970,890)	7,866,211
Total assets	$ 253,753,780	$ 3,002,244	$ 5,031,680	$ 3,068,352	$ (5,130,633)	$ 259,725,423

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

	Hospital	Ventures	Foundation	WHMG	Elimination Entries	Consolidated
Liabilities and Net Assets						
Current Liabilities						
Current maturities of long-term debt	$ -	$ -	$ -	$ -	$ -	$ -
Accounts payable						
Trade	4,282,339	-	-	205,810	-	4,488,149
Estimated third-party payor settlements	8,119,461	-	-	-	-	8,119,461
Physician	312,707	-	-	-	-	312,707
Related parties	-	300	98,776	60,667	(159,743)	-
Construction payables	590,772	-	-	-	-	590,772
Accrued expenses						
Salaries, wages and employee benefits	8,836,594	-	-	412,328	-	9,248,922
Interest	375,395	-	-	-	-	375,395
Malpractice and litigation costs	375,000	-	-	-	-	375,000
Payroll taxes and other	181,628	420,601	-	-	-	602,229
Total current liabilities	23,073,896	420,901	98,776	678,805	(159,743)	24,112,635
Long-Term Debt, Less Current Maturities	20,039,244	-	-	-	-	20,039,244
Pension Liability	24,940,835	-	-	-	-	24,940,835
Total liabilities	68,053,975	420,901	98,776	678,805	(159,743)	69,092,714
Net Assets						
Unrestricted	185,699,805	2,581,343	2,592,648	2,389,547	(4,970,890)	188,292,453
Temporarily restricted	-	-	1,776,825	-	-	1,776,825
Permanently restricted	-	-	563,431	-	-	563,431
Total net assets	185,699,805	2,581,343	4,932,904	2,389,547	(4,970,890)	190,632,709
Total liabilities and net assets	$ 253,753,780	$ 3,002,244	$ 5,031,680	$ 3,068,352	$ (5,130,633)	$ 259,725,423

Wyoming Medical Center, Inc. and Subsidiaries
Consolidating Statement of Operations
Year Ended June 30, 2011

	Hospital	Ventures	Foundation	WHMG	Elimination Entries	Consolidated
Unrestricted Revenues, Gains and Other Support						
Net patient service revenue	$ 211,170,325	$ -	$ -	$ 9,090,868	$ -	$ 220,261,193
Provision for bad debts	(19,010,859)	-	-	(930,591)	-	(19,941,450)
Net patient service revenue less provision for bad debts	192,159,466	-	-	8,160,277	-	200,319,743
Other revenue	5,688,074	-	2,167,904	485,780	(688,316)	7,653,442
Total revenues, gains and other support	197,847,540	-	2,167,904	8,646,057	(688,316)	207,973,185
Expenses						
Salaries, wages and employee benefits	91,563,894	-	272,633	13,365,938	145,776	105,348,241
Supplies and other	57,456,838	3,398	2,409,154	2,407,736	(1,556,928)	60,720,198
Professional fees	19,581,954	4,675	-	2,654,689	(777,164)	21,464,154
Lease expense	-	-	-	-	-	-
Depreciation and amortization	11,576,168	812	74,086	56,754	-	11,707,820
Interest and financing costs	60,264	-	-	-	-	60,264
Total expenses	180,239,118	8,885	2,755,873	18,485,117	(2,188,316)	199,300,677
Operating Income (Loss)	17,608,422	(8,885)	(587,969)	(9,839,060)	1,500,000	8,672,508
Other Income (Loss)						
Investment income, net	939,317	668	37,683	6,264	-	983,932
Loss on disposal of property and equipment	(4,168,684)	-	-	2,505	-	(4,166,179)
Other income (loss), net	(7,840,035)	619,400	165,608	(20,686)	9,239,794	2,164,081
Total other income (loss), net	(11,069,402)	620,068	203,291	(11,917)	9,239,794	(1,018,166)
Revenues in Excess of (Less Than) Expenses	6,539,020	611,183	(384,678)	(9,850,977)	10,739,794	7,654,342
Changes in Unrealized Gains and Losses on Investments	5,381,782	-	163,399	-	-	5,545,181
Change in Minimum Pension Liability	1,388,228	-	-	-	-	1,388,228
Contributions for Long-Lived Assets	1,502,707	-	-	-	(1,500,000)	2,707
Intercompany Transfers	-	-	-	10,308,013	(10,308,013)	-
Increase (Decrease) in Unrestricted Net Assets	$ 14,811,737	$ 611,183	$ (221,279)	$ 457,036	$ (1,068,219)	$ 14,590,458

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

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