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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)	OMB No 1545-0047 2012 Open to Public Inspection
	The organization may have to use a copy of this return to satisfy state reporting requirements	

A For the 2012 calendar year, or tax year beginning 07-01-2012 , 2012, and ending 06-30-2013

B Check if applicable ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending	C Name of organization Wyoming Medical Center Inc		D Employer identification number 83-0279242
	Doing Business As		
	Number and street (or P O box if mail is not delivered to street address) 1233 E Second St	Room/suite	E Telephone number (307) 577-7201
	City or town, state or country, and ZIP + 4 Casper, WY 82601		G Gross receipts \$ 240,372,961
	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
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Part I	Summary
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Activities & Governance	1 Briefly describe the organization's mission or most significant activities WMC strives to advance the health and wellness of our community by providing excellent healthcare services, patient safety and experience at reasonable costs. Our highly skilled and engaged team of physicians, staff and volunteers ensures patients are well cared for while at WMC.			
	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	6
	5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	1,602
	6	Total number of volunteers (estimate if necessary)	6	112
	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
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	57,668	1,168,015
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	234,168,676	238,138,098
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-709,713	-153,438
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	477,844	474,637
			233,994,475	239,627,312
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	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)	108,897,608	96,737,408
	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)	124,133,688	127,276,548
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	233,031,296	224,013,956
	19	Revenue less expenses. Subtract line 18 from line 12	963,179	15,613,356
Net Assets or Fund Balances			Beginning of Current Year	End of Year
	20	Total assets (Part X, line 16)	264,313,142	282,582,727
	21	Total liabilities (Part X, line 26)	87,053,344	73,253,376
	22	Net assets or fund balances. Subtract line 21 from line 20	177,259,798	209,329,351

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	***** Signature of officer				2014-04-24 Date		
	B Yvonne Wington CFO Type or print name and title						
Paid Preparer Use Only	Prnt/Type preparer's name KIM C HUNWARDSEN		Preparer's signature		Date 2014-04-24	Check ☐ if self-employed	PTIN P00484560
	Firm's name  Eide Bailly LLP					Firm's EIN  45-0250958	
	Firm's address  800 Nicollet Mall Ste 1300 Minneapolis, MN 554027033					Phone no (612) 253-6500	
May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No							

Part IIISTatement of Program Service Accomplishments

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

1Briefly describe the organization’s mission

WMC strives to advance the health and wellness of our community by providing excellent healthcare services, patient safety and experience at reasonable costs Our highly skilled and engaged team of physicians, staff and volunteers ensures patients are well cared for while at WMC

2Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

If “Yes,” describe these new services on Schedule O

3Did the organization cease conducting, or make significant changes in how it conducts, any program services?

If “Yes,” describe these changes on Schedule O

4Describe 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 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 \$ 199,777,416 including grants of \$) (Revenue \$ 238,138,098)

Wyoming Medical Center’s mission is to advance the health and wellness of our community by providing excellent healthcare services, patient safety and experience at reasonable costs Wyoming Medical Center is the leader in health in the community and provides care to all people regardless of their ability to pay The hospital was formed in 1986 as a non-profit corporation to provide health care to the residents of Natrona County Since that time Wyoming Medical Center has grown into a Level II Trauma Center that provides critical services to Natrona County and to the entire state and beyond Wyoming Medical Center held over 90 community-oriented events in FY2013 It also released its regular quarterly publication, For Your Health, to 10,000 homes in Natrona and Fremont counties Wyoming Medical Center provided \$12,224,000 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 \$)

4dOther program services (Describe in Schedule O)

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

4eTotal program service expenses

199,777,416

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 for escrow or custodial account liability, 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, line 10? 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 and XII 	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 and XII 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, Parts I and IV	14b	No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 	20a Yes	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 	20b Yes	

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	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? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>	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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26	Yes	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	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? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	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? <i>If "Yes," complete Schedule R, Part I</i>	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b 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.		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	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.		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		No
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		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?		No
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
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 as charitable contributions?		No
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	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?		No
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
7d	If "Yes," indicate the number of Forms 8282 filed during the year.		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
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?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12.		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter:		
11a	Gross income from members or shareholders.		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		
13c	Enter the amount of reserves on hand.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

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	9	
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
1b	Enter the number of voting members included in line 1a, above, who are independent	6	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	No
7b	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		
8a	The governing body?	8a	Yes
8b	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
10b	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
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
12c	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?		
15a	The organization's CEO, Executive Director, or top management official	15a	Yes
15b	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
16b	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 ☐ Other (explain in Schedule O)
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 during the tax year
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization. B Yvonne Wigington 1233 East 2nd Street Casper, WY (307) 577-2920

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 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 organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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) Christopher Muirhead	5 00	X		X				0	0	0
Chair	0 00									
(2) John Masterson	5 00	X		X				0	0	0
Vice Chair	0 00									
(3) John Bailey MD	5 00	X		X				0	0	0
Secretary	0 00									
(4) David Wheeler MD	5 00	X						0	0	0
Board Member	0 00									
(5) Ruth Moran	5 00	X						0	0	0
Board Member	0 00									
(6) Mark Dowell MD	5 00	X						0	0	0
Board Member (Jul-Aug)	0 00									
(7) Jimmy Goolsby	5 00	X						0	0	0
Board Member (Jul-Oct)	0 00									
(8) VH McDonald	5 00	X						0	0	0
Board Member	0 00									
(9) Linda Young	5 00	X						0	0	0
Board Member	7 00									
(10) Susan McMurry	5 00	X						0	0	0
Board Member (Feb-Jun)	2 00									
(11) John Pickrell MD	5 00	X						0	0	0
Board Member (Dec-Jun)	0 00									
(12) Vickie Diamond	45 00			X				626,763	0	27,504
CEO	7 00									
(13) Don J Claunch	45 00			X				315,339	0	120,408
CFO	7 00									
(14) Julia Cann-Taylor	45 00				X			312,640	0	238,030
CNO	0 00									
(15) Robert M Kaiser	45 00				X			198,929	0	72,848
VP of Employee Services	0 00									
(16) Joseph Sramek MD	45 00					X		877,111	0	0
Physician, Neurosurgeon	0 00									
(17) Robert F Hollis MD	45 00					X		777,888	0	0
Physician, Neurosurgeon	0 00									

Part VII

1b	Sub-Total	▼			
c	Total from continuation sheets to Part VII, Section A	▼			
d	Total (add lines 1b and 1c)	▼	4,418,758	0	462,057

2

Section

1

2

Part VIII

Statement of Revenue

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

			(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	809,940			
	e	Government grants (contributions)	1e	204,129			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	153,946			
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f		1,168,015			
Program Service Revenue	2a	Net Patient Revenue	Business Code 621110	226,585,542	226,585,542		
	b	Non-patient Non-operating	900099	6,093,181	6,093,181		
	c	JV Investment Income	621300	4,135,396	4,135,396		
	d	Cafetera Sales	722210	418,609	418,609		
	e	Lab Revenue	621500	381,895	381,895		
	f	All other program service revenue		523,475	523,475		
	g	Total. Add lines 2a-2f		238,138,098			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)	84,600			84,600
4		Income from investment of tax-exempt bond proceeds . . .					
5		Royalties					
6a		Gross rents	(i) Real 967,107	(ii) Personal			
		b	Less rental expenses	492,470			
		c	Rental income or (loss)	474,637			
		d	Net rental income or (loss)		474,637		474,637
7a		Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other 15,141			
		b	Less cost or other basis and sales expenses		253,179		
		c	Gain or (loss)		-238,038		
		d	Net gain or (loss)		-238,038		-238,038
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		239,627,312	238,138,098	0	321,199	

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).

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.	1,725,121		1,725,121	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	25,049	25,049		
7	Other salaries and wages.	67,958,018	56,001,171	11,956,847	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	11,443,144	9,426,432	2,016,712	
9	Other employee benefits.	13,740,886	11,319,225	2,421,661	
10	Payroll taxes.	1,845,190	1,485,705	359,485	
11	Fees for services (non-employees):				
a	Management.				
b	Legal.	418,185		418,185	
c	Accounting.	64,684		64,684	
d	Lobbying.				
e	Professional fundraising services. See Part IV, line 17.				
f	Investment management fees.				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	29,018,154	25,959,964	3,058,190	
12	Advertising and promotion.	638,833	638,064	769	
13	Office expenses.	1,818,433	1,627,772	190,661	
14	Information technology.	5,599,425	5,599,305	120	
15	Royalties.				
16	Occupancy.	1,718,402	1,718,402		
17	Travel.	443,343	186,658	256,685	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.	81,350	64,905	16,445	
20	Interest.				
21	Payments to affiliates.				
22	Depreciation, depletion, and amortization.	12,348,848	12,348,848		
23	Insurance.	2,372,786	2,372,786		
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
a	Drugs and Medical Supply	32,029,415	32,029,415		
b	Bad Debt Expense	28,454,794	28,454,794		
c	Equipment Lease/Rental	4,911,729	4,822,356	89,373	
d	Repairs and Maintenance	2,623,605	2,623,605		
e	All other expenses	4,734,562	3,072,960	1,661,602	
25	Total functional expenses. Add lines 1 through 24e.	224,013,956	199,777,416	24,236,540	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720).				

Part X

Balance Sheet

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

☐

				(A)		(B)
				Beginning of year		End of year
Assets	1	Cash—non-interest-bearing		40,295,953	1	51,859,850
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		39,764,063	4	38,044,842
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	30,884
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net		2,639,495	7	1,323,830
	8	Inventories for sale or use		5,663,831	8	5,631,064
	9	Prepaid expenses and deferred charges		4,655,572	9	3,608,479
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a284,834,491			
	b	Less accumulated depreciation	10b177,592,495	90,436,680	10c	107,241,996
	11	Investments—publicly traded securities		73,725,791	11	67,746,230
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11		7,131,757	13	7,095,552
	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)		264,313,142	16	282,582,727
Liabilities	17	Accounts payable and accrued expenses		21,193,634	17	17,788,423
	18	Grants payable			18	
	19	Deferred revenue		471,555	19	62,410
	20	Tax-exempt bond liabilities		20,037,249	20	19,475,254
	21	Escrow or custodial account liability Complete Part IV of Schedule D		18,500	21	17,500
	22	Loans and other 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		45,332,406	25	35,909,789
	26	Total liabilities. Add lines 17 through 25		87,053,344	26	73,253,376
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ☒ and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		177,259,798	27	209,329,351
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
	Organizations that do not follow SFAS 117 (ASC 958), 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		177,259,798	33	209,329,351
	34	Total liabilities and net assets/fund balances		264,313,142	34	282,582,727

Part XI Reconciliation 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	239,627,312
2	Total expenses (must equal Part IX, column (A), line 25)	2	224,013,956
3	Revenue less expenses Subtract line 2 from line 1	3	15,613,356
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	177,259,798
5	Net unrealized gains (losses) on investments	5	3,692,389
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	12,763,808
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	209,329,351

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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		No
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis	Yes	
2c	If "Yes," to line 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	Yes	
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?		No
3b	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		

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

2012

Open to Public Inspection

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

Part I

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

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

- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 3

☒

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9

☐

An organization that normally receives (1) more than 33¹/₃% 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 33¹/₃% 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 - Non-functionally integrated
- 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?

(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 supported organization?

(ii)

A family member of a person described in (i) above?

(iii)

A 35% controlled entity of a person described in (i) or (ii) above?
- h

☐

Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(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?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
Total									

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage						
14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))		14				
15 Public support percentage for 2011 Schedule A, Part II, line 14		15				
16a 33 1/3% support test—2012. 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—2011. If the organization did not check a 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—2012. 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—2011. 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 IIISupport Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 2012 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2012. 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—2011. 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.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

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

2012

Open to Public Inspection

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

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

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

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

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

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

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

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

1	Provide a description of the organization’s direct and indirect political campaign activities in Part IV	
2	Political expenditures	▶ \$
3	Volunteer hours	

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

1	Enter the amount of any excise tax incurred by the organization under section 4955	▶ \$
2	Enter the amount of any excise tax incurred by organization managers under section 4955	▶ \$
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?	☐ Yes ☐ No
4a	Was a correction made?	☐ Yes ☐ No
b	If “Yes,” describe in Part IV	

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

1	Enter the amount directly expended by the filing organization for section 527 exempt function activities	▶ \$
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function 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															
<table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		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		
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														
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-															
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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable 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)).

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(a)		(b)
		Yes	No	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		1,929
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?		No	
j	Total. Add lines 1c through 1i.			1,929
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		
2		
3		

Part III-B

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

1	Dues, assessments and similar amounts from members.	1	
2	Section 162(e) nondeductible 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, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1. Also, complete this part for any additional information.

Identifier	Return Reference	Explanation
Explanation of Lobbying Activities	Part II-B, Line 1	WMC spent \$1,929 in reimbursed expenses related to direct communications with legislators.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No 1545-0047

2012

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 can 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 education) ☐ Preservation of an historically important land area

☐ Protection of natural habitat ☐ Preservation of a certified historic structure

☐ Preservation of open space

2

Complete lines 2a through 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
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 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 section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

In Part XIII, 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 (ASC 958), 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 XIII, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116 (ASC 958), 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 (ASC 958) relating to these items

a

Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

b

Assets included in Form 990, Part X

▶ \$ _____

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

Cat No 52283D

Schedule D (Form 990) 2012

Part III

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

3

Using the organization's acquisition, 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 XIII

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 XIII and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
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 XIII. Check here if the explanation has been provided in Part XIII

☒

Part V

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

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and 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 current year end balance (line 1g, column (a)) held as

a

Board designated or quasi-endowment

b

Permanent endowment

c

Temporarily restricted endowment

The percentages in lines 2a, 2b, and 2c should equal 100%

3a

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

(i) unrelated organizations

(ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4

Describe in Part XIII 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		87,430,174	59,299,732	28,130,442
c Leasehold improvements		13,079	9,012	4,067
d Equipment		136,672,284	114,002,057	22,670,227
e Other		49,703,472	4,281,694	45,421,778
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				107,241,996

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return			
1	Total revenue, gains, and other support per audited financial statements	1	225,462,306
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	3,692,389
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	-17,857,395
e	Add lines 2a through 2d	2e	-14,165,006
3	Subtract line 2e from line 1	3	239,627,312
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 XIII)	4b	
c	Add lines 4a and 4b	4c	0
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	239,627,312
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return			
1	Total expenses and losses per audited financial statements	1	194,033,515
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 XIII)	2d	
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	194,033,515
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 XIII)	4b	29,980,441
c	Add lines 4a and 4b	4c	29,980,441
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	224,013,956

Part XIII 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, line 2, Part XI, lines 2d and 4b, and Part XII, 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, Line 2	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). WHMG is a single member LLC, wholly owned by the Hospital, and is therefore treated for tax purposes under the Hospital's tax exemption status. 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 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 incurred.
Part XI, Line 2d - Other Adjustments		Expenses Recorded in Revenue on Financial Statements - 1,525,647. Change in Minimum Pension Liability 12,763,808. Eliminate WHMG Net Income Included in WMC Joint Venture Income -8,265,862. Eliminate WHMG Intercompany Transfers 7,625,100. Bad Debt Expense Included in Revenue on Financial Statements -28,454,794.
Part XII, Line 4b - Other Adjustments		Expenses Recorded in Revenue on Financial Statements 1,525,647. Bad Debt Expense Included in Revenue on Financial Statements 28,454,794.

SCHEDULE H
(Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

OMB No 1545-0047

2012

Open to Public Inspection

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

Name of the organization
Wyoming Medical Center Inc

Employer identification number
83-0279242

Part I

Financial Assistance and Certain Other Community Benefits at Cost

		Yes	No	
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes	
b	If "Yes," was it a written policy?	1b	Yes	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year ☒ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities ☐ Generally tailored to individual hospital facilities			
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for <i>free</i> care ☐ 100% ☐ 150% ☒ 200% ☐ Other _____ % b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☒ Other _____ 27500 0000000000 % c If the organization used factors other than FPG in determining eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care	3a	Yes	
		3b	Yes	
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b		No
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c		
6a	Did the organization prepare a community benefit report during the tax year?	6a	Yes	
b	If "Yes," did the organization make it available to the public?	6b		No
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H			

7

Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			12,224,000		12,224,000	6 250 %
b Medicaid (from Worksheet 3, column a)			14,880,238	11,505,928	3,374,310	1 730 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			644,967	198,168	446,799	0 230 %
d Total Financial Assistance and Means-Tested Government Programs			27,749,205	11,704,096	16,045,109	8 210 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			872,693	259,146	613,547	0 310 %
f Health professions education (from Worksheet 5)			744,585	64,200	680,385	0 350 %
g Subsidized health services (from Worksheet 6)			4,486,890	1,045,133	3,441,757	1 760 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			5,000		5,000	0 %
j Total Other Benefits			6,109,168	1,368,479	4,740,689	2 420 %
k Total. Add lines 7d and 7j			33,858,373	13,072,575	20,785,798	10 630 %

Part II

Community Building Activities

Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing					
2	Economic development		7,200		7,200	0 %
3	Community support					
4	Environmental improvements		1,260		1,260	0 %
5	Leadership development and training for community members					
6	Coalition building					
7	Community health improvement advocacy		15,021		15,021	0 010 %
8	Workforce development		1,718,441		1,718,441	0 880 %
9	Other					
10	Total		1,741,922		1,741,922	0 890 %

Part III

Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

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. Explain in Part VI the methodology used by the organization to estimate this amount.

2

28,454,794

3

Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.

3

0

4

Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.

Section B. Medicare

5

Enter total revenue received from Medicare (including DSH and IME).

5

49,216,199

6

Enter Medicare allowable costs of care relating to payments on line 5.

6

61,670,422

7

Subtract line 6 from line 5. This is the surplus (or shortfall).

7

-12,454,223

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

(owned 10% or more by officers, directors, trustees, key employees, and physicians—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—see instructions)
How many hospital facilities did the organization operate during the tax year?
1

Name, address, and primary website address

		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
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 or facility reporting groups listed in Part V, Section A)

Wyoming Medical Center

Name of hospital facility or facility reporting group

For single facility filers only: line Number of Hospital Facility (from Schedule H, Part V, Section A)

1

	Yes	No
Community Health Needs Assessment (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)		
1 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 9 If "Yes," indicate what the CHNA report describes (check all that apply)	1 Yes	
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 the community health 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 CHNA 20 <u>12</u>		
3 In conducting its most recent CHNA, did the hospital facility take into account input from representatives of the community served by the hospital facility, including those with special knowledge of or expertise in public health? 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 Yes	
4 Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4	No
5 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	5 Yes	
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 CHNA, indicate how (check all that apply to date)		
a ☒ Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA		
b ☒ Execution of the implementation strategy		
c ☐ Participation in the development of a community-wide plan		
d ☐ Participation in the execution of a community-wide 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 its 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 CHNA? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs	7	No
8a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	8a	No
b If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?	8b	
c If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$_____		

Part V

Facility Information (continued)

Financial Assistance Policy		Yes	No
9 Did the hospital facility have in place during the tax year a written financial assistance policy that Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?		9	Yes
10 Used federal poverty guidelines (FPG) to determine eligibility for providing <i>free</i> care? If "Yes," indicate the FPG family income limit for eligibility for free care <u>200 00000000000000</u> % If "No," explain in Part VI the criteria the hospital facility used		10	Yes
11 Used FPG to determine eligibility for providing <i>discounted</i> care? If "Yes," indicate the FPG family income limit for eligibility for discounted care <u>275 00000000000000</u> % If "No," explain in Part VI the criteria the hospital facility used		11	Yes
12 Explained the basis for calculating amounts charged to patients? If "Yes," indicate the factors used in determining such amounts (check all that apply)		12	Yes
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)			
13 Explained the method for applying for financial assistance?		13	Yes
14 Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)		14	Yes
a ☒ The policy was posted on the hospital facility's website			
b ☐ The policy was attached to 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 on admission to the hospital facility			
f ☒ The policy was available upon request			
g ☒ Other (describe in Part VI)			
Billing and Collections			
15 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?		15	Yes
16 Check all of the following 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			
e ☐ Other similar actions (describe in Part VI)			
17 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? If "Yes," check all actions in which the hospital facility or a third party engaged		17	No
a ☐ Reporting to credit agency			
b ☐ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments			
e ☐ Other similar actions (describe in Part VI)			

Part V

Facility Information (continued)

- 18
- Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply)
- a

☒

Notified individuals of the financial assistance policy on admission
- b

☒

Notified individuals of the financial assistance policy prior to discharge
- c

☒

Notified individuals 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)

Policy Relating to Emergency Medical Care

		Yes	No
19	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? If "No," indicate why	Yes	
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)		

Charges to Individuals Eligible for Assistance under the FAP (FAP-Eligible Individuals)

20	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 its 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)			
21	During the tax year, did the hospital facility charge any FAP-eligible individuals 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? If "Yes," explain in Part VI	21		No
22	During the tax year, did the hospital facility charge any FAP-eligible individuals an amount equal to the gross charge for any service provided to that individual? If "Yes," explain in Part VI	22	Yes	

Part V

Facility Information (continued)

Section C. Other Health Care 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 health care facilities did the organization operate during the tax year?

6

Name and address	Type of Facility (describe)
1 Central WY Outpatient Surgery Center 1201 E 3rd 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, Part V, Section A, and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22
- 2
- Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B
- 3
- Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy
- 4
- Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
- 5
- Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)
- 6
- Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served
- 7
- State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report
- 8
- Facility reporting group(s).** If applicable, for each hospital facility in a facility reporting group provide the descriptions required for Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22

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
		Part I, Line 7g Line 7g includes \$1,393,490 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 28,454,794
		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 \$1,718,441 in recruiting physicians for pediatrics, O B/GYN, primary care, radiology services, and emergency care WMC also spent \$1,260 for proper disposal service for unwanted and unusable pharmaceuticals in order to keep the community and environment safe A WMC employee also donated \$7,200 of his time to serve on the Casper Area Economic Development Association In development of the Safe Kids/Safe Communities programs, Wyoming Medical Center has contributed \$15,020 in support of these programs

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 Bad debt on line 2 is reported at charges Footnote from organization's financial statements The footnote that describes bad debt expense is found on page nine of the audited financials
		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 Medicare patients are accepted regardless of whether or not a surplus or deficit is realized from providing the services Providing Medicare services promotes access to healthcare services for these patients in our community and, therefore, is a direct benefit to our population in our community

Identifier	ReturnReference	Explanation
		Part III, Line 9b The collection policy indicates WMC will make all attempts possible to determine if a patient qualifies for financial assistance, in include a notification to the patient via a letter 10 days prior to assignment of an account to collections Once a patient is determined to be eligible for financial assistance, all collection practices are ceased
Wyoming Medical Center		Part V, Section B, Line 3 The Hospital worked with the National Rural Health Resources Center which partnered with Wyoming Business Coalition on Health, Community Health Center, Wyoming Kids First-Natrona County, and the City of Casper The team conducted focus groups which consisted of senior citizens, caregivers, business leaders, young professionals, and healthcare professionals

Identifier	ReturnReference	Explanation
Wyoming Medical Center		Part V, Section B, Line 5c The CHNA is available at wyomingmedicalcenter.org/index.php/about/category/community-benefit
Wyoming Medical Center		Part V, Section B, Line 6i The implementation strategy is made available upon request The implementation strategy is available at wyomingmedicalcenter.org/index.php/about/category/community-benefit

Identifier	ReturnReference	Explanation
Wyoming Medical Center		Part V, Section B, Line 7 Regarding the first implementation plan goal to foster better communication between healthcare providers and agencies to improve overall health, Wyoming Medical Center (WMC) has made significant progress WMC hired and trained its transition coaches who are now working to assist patients in their transition from the hospital to home, skilled nursing care, home health or hospice Wyoming Medical Center's CEO also holds quarterly focus groups with a randomly selected group of patients each quarter WMC's electronic health record is fully implemented and the public portal has opened, where patients can see their records with secure access online Ongoing work will continue to ensure accurate dissemination of data to all providers In response to the Affordable Care Act, Wyoming Medical Center has committed itself to educating the community on options for accessing health insurance In addition to financial counselors being available, WMC has become a Certified Application Counselor Organization for the Health Insurance Marketplace and will hold several community talks to help people navigate the complicated process Wyoming Medical Center's efforts to promote health education continue Seven physicians (employed and from other practices in partnership with WMC) and WMC staff have committed to speaking engagements across Natrona County on subjects ranging from a heart healthy diet to the importance of safety Continued advertisement of various support groups and monthly screenings is seen in various media, including newspaper, social media, radio and more There are various needs addressed in the community health needs assessment that are being addressed in partnership with other community partnerships Regarding smoking, Wyoming Medical Center has worked closely with Casper Medical Imaging to launch a low-dose lung cancer screening program for longtime smokers Safe Communities, a grant-funded program run at WMC, works with various agencies including local police to address alcohol related issues, specifically drunken driving Wyoming Medical Center's Foundation is working on plans and funding for a Wellness Center to be housed in the new McMurry West Tower, which will offer another option for indoor exercise A health resource directory for the Senior Action Network is complete and was updated in 2013 Extended hours in WMC's outpatient clinics is in the planning stage and is expected to start in 2015 The following needs identified in the CHNA are being addressed through other community partnerships FOCUS ON PREVENTION AND WELLNESSLiving a healthy lifestyle is under-promoted and businesses in the community do not value prevention Natrona County has a high rate of smoking, alcohol use and suicide, and WMC has partnered with other agencies to address these pressing concerns Wyoming Medical Center is part of the ACHIEVE grant working with the City of Casper, Wyoming Health Fairs, Natrona County Health Department, Wyoming Cancer Resource Center, Wyoming Business Council, YMCA and others The committee is called CINCH- Casper's Initiative to Nurture Community Health CINCH identifies and addresses contributing factors to chronic disease and focuses on the well-being of Casper's residents CINCH worked with Smokefree Natrona County, which was key in the passage of a non-smoking ordinance that went into effect Sept 1, 2012 CINCH also worked on providing healthy choices in vending machines throughout City of Casper buildings to improve on the availability of healthy food options Wyoming Medical Center has since adopted similar vending for the hospital, thanks to WMC's Wellness Committee This committee continues to address pressing health concerns for the community INCREASED ACCESS TO INDOOR EXERCISE FACILITIESLiving in Natrona County year-round does not make it easy to exercise outdoors Casper does have more than 13 exercise facilities available to the general public, although they are not necessarily affordable for those without extra income WMC does offer discounts to employees on fitness memberships and is currently working on a Wellness Center as part of the new West Tower DEVELOP A HEALTH RESOURCE DIRECTORYAfter the CINCH Health Summit in January 2011, one participant worked with the Senior Action Network to develop a resource guide and senior resource website for the community EXTEND OUTPATIENT SERVICE HOURSIndividuals suggested WMC increase the outpatient services by extending the hours and days WMC's emergency room is currently operational 24/7, and WMC's primary care practice is looking at expanding into Saturday hours
Wyoming Medical Center		Part V, Section B, Line 12h 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 14g 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
Wyoming Medical Center		Part V, Section B, Line 22 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 An implementation strategy was presented to the board and put into place prior to November 15, 2013 The IRS April 3, 2013 proposed regulations provided transitional relief allowing WMC to adopt an implementation strategy on or before November 15, 2013
		Part VI, Line 3 Through Wyoming Medical Center's charity care program, individuals and families who are unable to pay may be offered full or partially subsidized services Patients are given a brochure at the time of admission that provides information on financial options If the patient is concerned about the cost of care, there is always an assessment to try and match them with a program that will help, whether it is 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 programs that are available to them Counselors are also versed in the federal health insurance exchange and can provide information on availability and eligibility

Identifier	ReturnReference	Explanation
		Part VI, Line 4 Wyoming Medical Center has 191 beds in over 900,000 square feet With over 50 specialties offered, Wyoming Medical Center offers hundreds of statewide clinics statewide each year A full spectrum of integrated healthcare services include emergency care and trauma, intensive care, surgical, cardiac services, obstetric and pediatric and orthopedic care Wyoming Medical Center also operates several outpatient clinics in Casper In addition to Wyoming Medical Center, Casper currently has a specialty hospital, a rehabilitation hospital and a behavioral health center According to 2010 census data, Natrona County is home to just over 75,000 residents with 568,000 statewide Natrona County and the state of Wyoming have low population density, with 14 1 persons per square mile and 5 8 persons per square mile respectively Natrona County is 92 8% white, 9% black, 1% American Indian and Alaska Native, 7% Asian, 1% Native Hawaiian and other Pacific Islander, 2 4% of people report two or more races and 6 9% are of Hispanic or Latino origin According to Census data, 8 4% of people in Natrona County are below the poverty level and 9 8% are below the poverty level in Wyoming Median household income is \$50,936 in Natrona County and \$53,802 in Wyoming
		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 \$8,265,863 in healthcare services through its operation of Wyoming Health Medical Group, LLC Services offered include Neurosurgical Care, Internal Medicine and Family Practice, Pulmonology and Nephrology 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 several communities across Wyoming Wyoming Medical Center's 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 specially trained registered nurses and certified diabetes educators The Community Development Office markets clinical services throughout the area, including the secondary outreach markets Services include, but are not limited to, free educational seminars by physicians and other health professionals Wyoming Medical Center works with the Wyoming Medical Center Foundation's Masterson Place to provide sleeping rooms to patients and their families at reduced rates or free when being treated at the hospital 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 2013 Wyoming Medical Center had nearly 53,000 patient days and over 38,000 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

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

2012

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 appropriate 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 ☐ Travel for companions ☐ Tax idemnification and gross-up payments ☐ Discretionary spending account ☐ Housing allowance or residence for personal use ☐ Payments for business use of personal residence ☒ Health or social club dues or initiation fees ☐ 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 or provision of all of the expenses described above? If "No," complete Part III to explain	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?	Yes	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III ☒ Compensation committee ☐ Independent compensation consultant ☐ Form 990 of other organizations ☒ Written employment contract ☒ Compensation survey or study ☒ 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?		No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?		No
c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		No
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?		No
b Any related organization? If "Yes," to line 5a or 5b, describe in Part III		No
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?		No
b Any related organization? If "Yes," to line 6a or 6b, describe in Part III		No
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	Yes	
8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		No
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		

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

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII
Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(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 as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table								

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
	Part I, Line 1a	Vickie Diamond - Petroleum Club Dues - \$625 Vickie Diamond - Casper Country Club - \$3,844 Vickie Diamond - Rotary Club - \$201 These amounts were not treated as taxable wages during the reporting year. The Rotary Club dues are a civic organization that is not subject to tax.
	Part I, Line 7	The bonuses reported on Schedule J are paid based on meeting specific metric goals identified by the organization.

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

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) 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 compensation				
Vickie Diamond	(i)	497,904	116,325	12,534	27,504	1,366	655,633	0
	(ii)	0	0	0	0	0	0	0
Don J Claunch	(i)	251,864	62,922	553	120,408	1,366	437,113	0
	(ii)	0	0	0	0	0	0	0
Julia Cann-Taylor	(i)	266,087	45,463	1,090	238,030	1,366	552,036	0
	(ii)	0	0	0	0	0	0	0
Robert M Kaiser	(i)	179,604	18,957	368	72,848	1,388	273,165	0
	(ii)	0	0	0	0	0	0	0
Joseph Sramek MD	(i)	876,691	0	420	0	0	877,111	0
	(ii)	0	0	0	0	0	0	0
Robert F Hollis MD	(i)	777,306	0	582	0	0	777,888	0
	(ii)	0	0	0	0	0	0	0
Casey Cotant MD	(i)	344,859	68,194	135	0	0	413,188	0
	(ii)	0	0	0	0	0	0	0
Mark McGinley MD	(i)	368,643	13,333	900	0	0	382,876	0
	(ii)	0	0	0	0	0	0	0
Rafael Perez MD	(i)	364,338	13,333	1,739	0	0	379,410	0
	(ii)	0	0	0	0	0	0	0
Steven Chadderdon	(i)	109,755	24,232	627	3,267	0	137,881	0
	(ii)	0	0	0	0	0	0	0

Schedule K (Form 990)	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 Part VI. ▶ Attach to Form 990. ▶ See separate instructions.										OMB No 1545-0047	
											2012	
	Department of the Treasury Internal Revenue Service 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	20,039,909	Construction of New West Tower		X		X		X

Part II Proceeds									
		A		B		C		D	
1	Amount of bonds retired								
2	Amount of bonds legally defeased								
3	Total proceeds of issue	20,043,919							
4	Gross proceeds in reserve funds	1,667,185							
5	Capitalized interest from proceeds	2,633,658							
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds	257,480							
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds	8,164,948							
11	Other spent proceeds								
12	Other unspent proceeds	9,958,315							
13	Year of substantial completion	2014							
		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 of bond-financed property?		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 00000%							
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 00000%							
6	Total of lines 4 and 5	0 00000%							
7	Does the bond issue meet the private security or payment test?		X						
8a	Has there been a sale or disposition of any of the bond financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?		X						

Part IV

Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T?		X						
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X						
b	Exception to rebate?		X						
c	No rebate due?		X						
	If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		X						
4a	Has the organization or the governmental issuer entered into a qualified 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?								

Part IV

Arbitrage (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (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?								
6	Were any gross proceeds invested beyond an available temporary period?		X						
7	Has the organization established written procedures to monitor the requirements of section 148?		X						

Part V

Procedures To Undertake Corrective Action

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has 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?		X						

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

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, line 38a or 40b.
▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2012

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) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

- 2 Enter the amount of tax incurred by 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-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
(1) Neuro-Consultants Inc	Owned 100% by Board Member Dr Wheeler	Membership Interest Purchase Agreement		X	104,453	5,223		No	Yes		Yes	
(2) Wyoming Neurologic Associates	Owned 100% by Board Member Dr Wheeler	Community Service Agreement		X	51,323	25,661		No	Yes		Yes	
Total ▶ \$ 30,884												

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 assistance	(d) Type of assistance	(e) Purpose 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) Wyoming Cardiopulmonary Service PC	Board Member Dr John Pickrell owns 20%	158,457	Echo Tech Services		No
(2) Wyoming Neurologic Associates	Board Member Dr David Wheeler owns 100%	362,156	Physician and on call services		No
(3) 3rd Street Medical LLC	Board Member Susan McMurry owns 50%	547,995	Rent		No
(4) Medical Holding Properties	Board Member Susan McMurry owns 33%	207,764	Construction and Utility Costs		No
(5) Samuel Cann	Son of Julia Cann-Taylor	25,049	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

2012

Open to Public
Inspection

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

Identifier	Return Reference	Explanation
New Program Services	Form 990, Part III, line 2	In September 2012 WMC implemented a new lung cancer screening program in partnership with Outpatient Radiology, LLC, a joint venture

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 Vickie Diamond and Susan McMurry have a business relationship due to serving on a related organization board together

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. 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. 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.

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
Changes in Net Assets or Fund Balances	Form 990, Part XI, line 9	Change in Minimum Pension Liability 12,763,808

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

2012

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" to Form 990, Part IV, line 33.)					
(a) Name, address, and EIN (if applicable) 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	5,422,550	1,274,288	Wyoming Medical Center

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to 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 entity?	
						Yes	No
(1) Wyoming Medical Center Foundation 1233 E 2nd St Casper, WY 82601 83-0230808	Charnty Activities	WY	501(c)(3)	Line 11c, III-FI	N/A		No
(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 II

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to 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) Disproporionate 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	
(1) Central Wyoming Outpatient Surgery Center LLC 1201 E 3rd St Casper, WY 82601 83-0331130	Medical Services	WY	Wyoming Medical Center Inc	Related	1,485,233	1,147,201		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	-76,090	127,101		No		Yes		50 000 %

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to 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	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) WyMedco Ventures Inc 1233 E 2nd St Casper, WY 82601 83-0281137	Medical Services	WY	Wyoming Medical Center Inc	C	1,256,464	4,425,334	100 000 %		No
(2) Hospital Foundation Ventures Inc 1233 E 2nd St Casper, WY 82601 83-0282249	Business Investment	WY	N/A	C					No

Part V

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

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

1 During the tax year, did the organization 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 or (iv) rent from a controlled entity

b Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

j Lease of facilities, equipment, or other assets to related organization(s)

k Lease of facilities, equipment, or other assets from related organization(s)

l Performance of services or membership or fundraising solicitations for related organization(s)

m Performance of services or membership or fundraising solicitations by related organization(s)

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

r Other transfer of cash or property to related organization(s)

s Other transfer of cash or property from related organization(s)

Yes

No

1a

No

1b

No

1c

No

1d

Yes

1e

No

1f

No

1g

No

1h

No

1i

No

1j

Yes

1k

No

1l

Yes

1m

Yes

1n

Yes

1o

Yes

1p

No

1q

Yes

1r

No

1s

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-s)	(c) Amount involved	(d) Method of determining amount involved
(1) Central Wyoming Outpatient Surgery Center LLC	J	350,000	Actual Receipts
(2) Central Wyoming Outpatient Surgery Center LLC	S	1,369,790	Actual Receipts

Schedule R (Form 990) 2012

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.

[illegible]

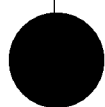
Software ID:
Software Version:
EIN: 83-0279242
Name: Wyoming Medical Center Inc

Part VII Supplemental Information

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

Identifier	Return Reference	Explanation	
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Consolidated Financial Statements
June 30, 2013 and 2012

**Wyoming Medical Center, Inc.
and Subsidiaries**

Wyoming Medical Center, Inc. and Subsidiaries

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Independent Auditor's Report

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

Report on the Financial Statements

We have audited the accompanying consolidated financial statements of Wyoming Medical Center and subsidiaries (Medical Center), which comprise the balance sheets as of June 30, 2013 and 2012, and the related consolidated statements of operations, changes in net assets, and cash flows for the years then ended, and the related notes to the financial statements

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these consolidated financial statements in accordance with accounting principles generally accepted in the United States of America, this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of consolidated financial statements that are free from material misstatement, whether due to fraud or error

Auditor's Responsibility

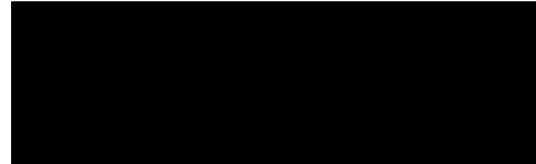
Our responsibility is to express an opinion on these consolidated financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the consolidated financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the consolidated financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the consolidated financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the consolidated financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion

Opinion

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of Wyoming Medical Center and subsidiaries (Medical Center) as of June 30, 2013 and 2012, and the changes in its net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America



Fargo, North Dakota
September 18, 2013

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	2013	2012
Assets		
Current Assets		
Cash and cash equivalents	\$ 57,386,260	\$ 44,571,017
Assets limited as to use	6,699,580	1,480,604
Receivables		
Patient and resident, net of estimated uncollectibles		
of \$40,474,000 in 2013 and \$43,831,000 in 2012	31,261,511	34,649,548
Physician	1,256,851	2,497,938
Professional insurance	3,980,947	3,580,947
Other	2,655,546	1,190,959
Supplies	5,631,064	5,663,831
Prepaid expenses	3,381,437	4,418,513
Total current assets	112,253,196	98,053,357
Assets Limited as to Use	61,046,650	72,245,187
Property and Equipment, Net	108,467,098	91,722,612
Other Assets		
Investment in joint ventures	3,581,215	5,312,820
Long-term investments	1,696,318	1,455,805
Physician receivables	92,640	115,444
Deferred financing costs, net of accumulated		
amortization of \$30,438 in 2013 and \$17,393 in 2012	227,042	240,087
Other long-term assets	1,822,735	1,143,295
Total other assets	7,419,950	8,267,451
Total assets	\$ 289,186,894	\$ 270,288,607

See Notes to Consolidated Financial Statements

Wyoming Medical Center, Inc. and Subsidiaries
Consolidated Balance Sheets
June 30, 2013 and 2012

	<u>2013</u>	<u>2012</u>
Liabilities and Net Assets		
Current Liabilities		
Current maturities of long-term debt	\$ 575,000	\$ 560,000
Accounts payable		
Trade	4,899,855	5,374,179
Estimated third-party pay or settlements	6,720,702	11,280,502
Physician	408,735	549,963
Construction and retainage payables	5,210,351	641,600
Accrued expenses		
Salaries, wages and employee benefits	7,839,686	7,885,381
Payroll taxes and other	764,942	1,433,500
Interest	367,046	325,703
Malpractice and litigation	4,160,947	4,110,947
Post retirement benefits	611,471	644,447
Total current liabilities	<u>31,558,735</u>	<u>32,806,222</u>
Long-Term Debt, Less Current Maturities	18,900,254	19,477,249
Post Retirement Benefits, Less Current Portion	764,971	1,431,815
Pension Liability	22,602,294	34,051,904
Other Long-Term Liabilities	<u>17,500</u>	<u>18,500</u>
Total liabilities	<u>73,843,754</u>	<u>87,785,690</u>
Net Assets		
Unrestricted	212,328,399	180,299,451
Temporarily restricted	2,451,310	1,640,035
Permanently restricted	<u>563,431</u>	<u>563,431</u>
Total net assets	<u>215,343,140</u>	<u>182,502,917</u>
Total liabilities and net assets	<u><u>\$ 289,186,894</u></u>	<u><u>\$ 270,288,607</u></u>

Wyoming Medical Center, Inc. and Subsidiaries
Consolidated Statements of Operations
Years Ended June 30, 2013 and 2012

	2013	2012
Unrestricted Revenues, Gains and Other Support		
Net patient service revenue	\$ 226,585,542	\$ 225,840,239
Provision for bad debts	(28,454,794)	(27,621,829)
Net patient service revenue less provision for bad debts	<u>198,130,748</u>	<u>198,218,410</u>
Other revenue	<u>6,404,656</u>	<u>6,169,423</u>
Total revenues, gains and other support	<u>204,535,404</u>	<u>204,387,833</u>
Expenses		
Salaries, wages and employee benefits	94,126,284	106,611,206
Supplies and other	63,378,942	63,715,388
Professional fees	23,833,074	22,052,210
Depreciation and amortization	<u>12,422,321</u>	<u>12,559,529</u>
Total expenses	<u>193,760,621</u>	<u>204,938,333</u>
Operating Income (Loss)	<u>10,774,783</u>	<u>(550,500)</u>
Other Income (Loss)		
Investment income	55,628	172,761
Loss on disposal of property and equipment	(238,038)	(917,216)
Gains on investment in joint ventures, net	4,553,733	3,830,419
Other, net	<u>(451,499)</u>	<u>(1,089,873)</u>
Other income (loss), net	<u>3,919,824</u>	<u>1,996,091</u>
Revenues in Excess of Expenses	14,694,607	1,445,591
Changes in Unrealized Gains and Losses on Investments	3,805,542	253,761
Change in Minimum Pension Liability	12,763,808	(9,696,054)
Contributions for Long-Lived Assets	<u>764,991</u>	<u>3,700</u>
Increase (Decrease) in Unrestricted Net Assets	<u><u>\$ 32,028,948</u></u>	<u><u>\$ (7,993,002)</u></u>

Wyoming Medical Center, Inc. and Subsidiaries
Consolidated Statements of Changes in Net Assets
Years Ended June 30, 2013 and 2012

	<u>2013</u>	<u>2012</u>
Unrestricted Net Assets		
Revenues in excess of expenses	\$ 14,694,607	\$ 1,445,591
Changes in unrealized gains and losses on investments	3,805,542	253,761
Change in minimum pension liability	12,763,808	(9,696,054)
Contributions for long-lived assets	<u>764,991</u>	<u>3,700</u>
Increase (decrease) in unrestricted net assets	<u>32,028,948</u>	<u>(7,993,002)</u>
Temporarily Restricted Net Assets		
Restricted contributions and interest	1,669,678	293,726
Net assets released from restrictions	<u>(858,403)</u>	<u>(430,516)</u>
Decrease in temporarily restricted net assets	<u>811,275</u>	<u>(136,790)</u>
Increase (Decrease) in Net Assets	32,840,223	(8,129,792)
Net Assets, Beginning of Year	<u>182,502,917</u>	<u>190,632,709</u>
Net Assets, End of Year	<u><u>\$ 215,343,140</u></u>	<u><u>\$ 182,502,917</u></u>

Wyoming Medical Center, Inc. and Subsidiaries
Consolidated Statements of Cash Flows
Years Ended June 30, 2013 and 2012

	2013	2012
Operating Activities		
Change in net assets	\$ 32,840,223	\$ (8,129,792)
Adjustments to reconcile change in net assets to net cash from operating activities		
Depreciation and amortization	12,422,321	12,559,529
Provision for bad debts	28,454,794	27,621,829
Income from joint ventures	(4,553,733)	(3,830,419)
Loss on disposal of property and equipment	238,038	917,216
Change in unrealized gains and losses on investments	(3,805,542)	(253,761)
Restricted contributions and interest	(1,669,678)	(293,726)
Change in minimum pension liability	(12,763,808)	9,696,054
Contributions for long-lived assets	(764,991)	(3,700)
Changes in assets and liabilities		
Receivables	(25,667,453)	(32,442,347)
Supplies	32,767	37,652
Prepaid expenses	1,037,076	491,409
Other long-term assets	(679,440)	445,645
Trade accounts payable	(474,324)	1,035,403
Estimated third-party payor settlements	(4,559,800)	3,161,041
Physician payables	(141,228)	237,256
Accrued salaries, wages, benefits and other	(714,253)	(665,494)
Accrued interest payable	41,343	(49,692)
Accrued malpractice and litigation	50,000	3,735,947
Post retirement benefits	(699,820)	2,076,262
Pension liability	1,314,198	(584,985)
Other long-term liabilities	(1,000)	-
Net Cash From Operating Activities	19,935,690	15,761,327
Investing Activities		
Purchase and construction of property and equipment	(24,181,449)	(15,845,872)
Decrease (increase) in assets limited as to use	9,671,950	(477,720)
Distributions from investments in joint ventures	6,285,338	3,878,664
Proceeds from sale of long-term investments	727,812	508,702
Purchase of long-term investments	(855,172)	(612,905)
Net Cash Used For Investing Activities	(8,351,521)	(12,549,131)
Financing Activities		
Repayment of long-term debt	(561,995)	(1,995)
Repayment of construction payables	(641,600)	(590,772)
Restricted contributions and interest	1,669,678	293,726
Contributions for long-lived assets	764,991	3,700
Net Cash From (Used For) Financing Activities	1,231,074	(295,341)
Net Increase in Cash and Cash Equivalents	12,815,243	2,916,855
Cash and Cash Equivalents, Beginning of Year	44,571,017	41,654,162
Cash and Cash Equivalents, End of Year	\$ 57,386,260	\$ 44,571,017

See Notes to Consolidated Financial Statements

Wyoming Medical Center, Inc. and Subsidiaries
Consolidated Statements of Cash Flows
Years Ended June 30, 2013 and 2012

	<u>2013</u>	<u>2012</u>
Supplemental Disclosure of Cash Flow Information		
Cash paid during the year for interest, net of amounts capitalized of \$1,144,585 and \$1,114,543 during 2013 and 2012	<u>\$ -</u>	<u>\$ -</u>
Supplemental Disclosure of Non-cash Investing and Financing Activities		
Construction and retainage payables related to construction in progress	<u>\$ 5,210,351</u>	<u>\$ 641,600</u>

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)
- Wyoming Nephrology
- Casper Pulmonary
- Intensivist Services of Wyoming
- Pain Associates of Wyoming

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.

Income Taxes

The Hospital 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). WHMG is a single member LLC, wholly owned by the Hospital, and is therefore treated for tax purposes under the Hospital's tax exemption status. 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 and Hospital Foundation Ventures are C corporations 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 basis of assets and liabilities. Any income tax provision is included in other expenses in the consolidated statements of operations.

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, 2012 to June 30, 2013. 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 2013 or 2012.

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 and ability to exert significant influence over the respective joint venture. 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. Net income or loss on the joint ventures is included in revenues in excess of expenses.

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

The provision for estimated malpractice and litigation 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 professional insurance receivables.

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, 2013 and 2012 from these major payor sources, is as follows.

	<u>2013</u>	<u>2012</u>
Net patient service revenue		
Third-party payors	\$ 199,367,616	\$ 203,548,733
Self-pay	<u>27,217,926</u>	<u>22,291,506</u>
Total all payors	<u><u>\$ 226,585,542</u></u>	<u><u>\$ 225,840,239</u></u>

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 \$31,463,000 and \$30,679,000 for the years ended June 30, 2013 and 2012. Total direct and indirect costs related to these foregone charges were \$12,224,000 and \$12,168,000 at June 30, 2013 and 2012, 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 consolidated statement of operations.

Advertising

The Medical Center expenses advertising costs as they are incurred and totaled \$485,436 and \$615,686 for the years ended June 30, 2013 and 2012

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. The Medical Center has not recognized a liability for these costs as for June 30, 2013 and 2012. 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:

Wyoming Medical Center, Inc. and Subsidiaries

Notes to Consolidated Financial Statements

June 30, 2013 and 2012

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, 2010.

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 noted below.

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 8% of the hospital's net patient service revenue for the year ended June 30, 2013 and 44% and 9% for the year ended June 30, 2012. 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. Net patient service revenue for the year ended June 30, 2013 increased by approximately \$263,000, 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. Net patient service revenue for the year ended June 30, 2012 decreased by approximately \$12,282,000.

During 2012, the Medical Center was informed by Medicare that the Hospital no longer qualified as a Sole Community facility. This is a result of no longer meeting the 8% threshold for inpatient days as established by Medicare. The loss of status 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:

	2013	2012
Total patient service revenue	\$ 450,757,569	\$ 470,486,989
Contractual adjustments		
Medicare	(157,012,977)	(174,660,294)
Medicaid	(30,707,164)	(34,247,456)
Other	(36,451,886)	(35,739,000)
Total contractual adjustments	(224,172,027)	(244,646,750)
Net patient service revenue	\$ 226,585,542	\$ 225,840,239

Note 4 - Investments and Investment Income

Assets Limited as to Use

The composition of assets limited as to use at June 30, 2013 and 2012 is shown in the following tables. Mutual funds are stated at fair value. Cash and cash equivalents are stated at cost plus accrued interest.

	2013	2012
Under bond indenture agreements - held by trustees		
Cash and cash equivalents	\$ 12,466,697	\$ 20,623,279
By Board for capital improvements		
Cash and cash equivalents	13,113,244	14,628,673
Mutual funds	42,166,289	38,473,839
	<u>67,746,230</u>	<u>73,725,791</u>
Less amount shown as current	<u>(6,699,580)</u>	<u>(1,480,604)</u>
	<u><u>\$ 61,046,650</u></u>	<u><u>\$ 72,245,187</u></u>

Long-Term Investments

The composition of long-term investments at June 30, 2013 and 2012 is shown in the following tables. Common stock, mutual funds, corporate and municipal bonds, and mortgage-backed securities are stated at fair value. Certificates of deposit are stated at cost plus accrued interest.

	2013	2012
Common stock	\$ 803,037	\$ 669,411
Certificates of deposit	451,809	578,698
Mutual funds	89,962	78,473
Corporate bonds	125,484	75,339
Municipal bonds	152,186	53,884
Mortgage-backed securities	73,840	-
	<u><u>\$ 1,696,318</u></u>	<u><u>\$ 1,455,805</u></u>

Investment Income

Investment income and gains and losses on assets limited as to use, long-term investments, and cash equivalents consist of the following for the years ended June 30, 2013 and 2012

	2013	2012
Other income		
Interest, dividends, and realized gains (losses)	\$ 75,628	\$ 198,472
Investment management fees	(20,000)	(25,711)
Total investment income	<u>\$ 55,628</u>	<u>\$ 172,761</u>
Other changes in unrestricted net assets		
Change in unrealized gains and losses on investments	<u>\$ 3,805,542</u>	<u>\$ 253,761</u>

Note 5 - Physician Receivables

The Medical Center has entered into agreements with non-employed 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 community service agreements amount to \$887,582 and \$2,034,563 at June 30, 2013 and 2012. 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 \$408,735 and \$549,963 at June 30, 2013 and 2012.

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, 2013 and 2012, physician recruitment receivables totaled \$461,909 and \$578,819, of which \$412,911 and \$523,830 is included in current physician receivables in the balance sheets.

Note 6 - Property and Equipment

A summary of property and equipment at June 30, 2013 and 2012 follows:

	2013		2012	
	Cost	Accumulated Depreciation	Cost	Accumulated Depreciation
Land and improvements	\$ 23,823,301	\$ (4,281,694)	\$ 23,808,894	\$ (3,522,720)
Buildings and fixed equipment	124,170,355	(86,300,920)	123,485,652	(81,062,503)
Major movable equipment	102,037,048	(87,790,325)	98,171,436	(81,588,020)
Construction in progress	36,809,333	-	12,429,873	-
	<u>\$ 286,840,037</u>	<u>\$(178,372,939)</u>	<u>\$ 257,895,855</u>	<u>\$(166,173,243)</u>
Net property and equipment		<u>\$ 108,467,098</u>		<u>\$ 91,722,612</u>

Construction in progress at June 30, 2013 represents costs for the construction of a new tower and remodeling project and other smaller projects. These projects will be financed with operational funds and assets limited as to use by Board for capital improvements and under bond indenture agreements. The majority of this cost is comprised of the construction of a new tower and remodeling project that will be completed in May 2014. The estimated cost to complete these projects is \$27,560,000.

Note 7 - Investments in Joint Ventures

A summary of investments in joint ventures at June 30, 2013 and 2012 is as follows:

	2013	2012
Equity method joint ventures		
Casper Surgical Center	\$ 1,834,857	\$ 2,088,157
Outpatient Radiology, LLC	996,943	501,818
Elkhorn Valley Rehabilitation Hospital, LLC	74,791	26,645
North Platte Pathology, LLC	189,852	109,212
Template, LLC	-	1,018,360
Wyoming Imaging Center, LLC	-	1,033,864
Cost method joint ventures		
Rocky Mountain Oncology Center, LLC	208,177	208,177
Mountain State Healthcare Reciprocal Risk Retention Group	215,287	215,287
Wyoming Integrated Care Network	50,000	50,000
Sweetwater Surgery Center, LLC	-	50,000
Other	11,308	11,300
	<u>\$ 3,581,215</u>	<u>\$ 5,312,820</u>

Wyoming Medical Center, Inc. and Subsidiaries
Notes to Consolidated Financial Statements
June 30, 2013 and 2012

A summary of earnings recognized from the joint ventures for the years ended June 30, 2013 and 2012 is as follows

	2013	2012
Casper Surgical Center	\$ 1,126,700	\$ 1,498,073
Outpatient Radiology, LLC	2,271,625	304,501
Elkhorn Valley Rehabilitation Hospital, LLC	314,748	158,957
North Platte Pathology, LLC	190,640	(140,788)
Template, LLC	(619,765)	-
Wyoming Imaging Center, LLC	(61,468)	1,479,996
Rocky Mountain Oncology Center, LLC	922,183	408,750
Sweetwater Surgery Center, LLC	409,070	120,930
	<u>\$ 4,553,733</u>	<u>\$ 3,830,419</u>

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. The Surgical Center had total assets of \$6,661,917 and \$6,917,638, total liabilities of \$2,668,543 and \$2,741,324, and net equity of \$3,993,374 and \$4,176,314 as of June 30, 2013 and 2012, and net income of \$2,253,400 and \$2,996,146 for the years then ended. The Medical Center received distributions from the Surgical Center totaling \$1,380,000 and \$1,302,500 during 2013 and 2012.

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, 2013 and 2012 was approximately \$142,000 and \$134,000. At June 30, 2013 and 2012, the Medical Center had a receivable from the Surgical Center of \$19,010 and \$8,160. The Medical Center also recorded a distribution receivable of \$100,000 as of June 30, 2013.

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 \$350,000 and \$321,000 for the years ended June 30, 2013 and 2012.

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. OPR had total assets of \$5,320,050 and \$1,886,521, total liabilities of \$1,976,450 and \$771,509, and net equity of \$3,343,601 and \$1,115,012 as of June 30, 2013 and 2012 and net income of \$4,543,250 and \$609,002 for the years then ended. The Medical Center received distributions from OPR totaling \$1,776,500 and \$375,000 during 2013 and 2012. The Medical Center also recorded a distribution receivable of \$664,000 as of June 30, 2013.

The Medical Center has an agreement with OPR to provide radiology coverage to after hour patients. The cost of this coverage to the Medical Center for the years ended June 30, 2013 and 2012 was \$299,895 and \$197,120.

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.

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. Elkhorn had total assets of \$18,434,445 and \$18,079,194, total liabilities of \$18,194,235 and \$17,810,759, and net equity of \$240,210 and \$268,435 as of June 30, 2013 and 2012 and net income of \$1,258,992 and \$635,828 for the years then ended. The Medical Center received distributions from Elkhorn totaling \$266,602 and \$1,330,094 during 2013 and 2012.

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 each investor and is recorded under the equity method by the Medical Center. Template had total assets of \$1,226,400, total liabilities of \$4,000, and net equity of \$1,222,400 as of June 30, 2012. The Medical Center received distributions from Template totaling \$398,595 and \$72,931 during 2013 and 2012.

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 were initially allocated 100% to the Medical Center until the construction costs were paid in full. After the debt was paid, profits were allocated based on ownership percentages. Losses were allocated based upon determination of the members. During the period the debt was outstanding, the Medical Center was entitled to receive a monthly distribution, commencing in the month after Template began its lease in the facilities.

In April 2013, the physician bought the Medical Center out of the joint venture with a final distribution of \$366,260.

Wyoming Imaging Center, LLC

The Foundation and Ventures were separate members of Wyoming Imaging Center, LP (WIC). WIC provided outpatient diagnostic imaging services to patients who generally resided within the state of Wyoming. The Foundation owned 10.2% interest as a general partner and Ventures owned 4.7% interest as a general partner and 5.6% interest as limited partner, totaling 20.5% ownership. The investments in WIC were recorded using the equity method. WIC had total assets and net equity of \$5,018,754 as of June 30, 2012 and net income of \$7,219,493. The Medical Center received distributions from WIC totaling \$1,031,741 and \$804,971 during 2013 and 2012.

WIC allocated 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. During 2013, WIC was in the process of ceasing operations and the Medical Center received a final distribution, eliminating the investment in WIC.

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, 2013 and 2012, the Venture's investment in RMOC is accounted for under the cost method as the Medical Center owns less than 20% of RMOC. The Medical Center received distributions from RMOC totaling \$735,183 and \$408,750 during 2013 and 2012, which is recorded as a gain on investment in joint venture.

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 received dividends totaling \$228,878 from MSHRRR for the year ended June 30, 2013.

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 had a 10% ownership percentage of Sweetwater and accounted for the investment under the cost method.

The Medical Center received distributions from Sweetwater totaling \$459,070 and \$120,930 during 2013 and 2012. The Medical Center was bought out of the joint venture during 2013 and the proceeds were included in distributions as of June 30, 2013.

Note 8 - Note 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, 2013. The line is variable rate which was at 2.7% at June 30, 2013. For the fiscal years ended June 30, 2013 and 2012, the Medical Center had no amounts outstanding on the line of credit.

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Long-term debt consists of the following

	<u>2013</u>	<u>2012</u>
Hospital Revenue Bonds, Series 2011		
3% to 5 5% serial bonds, due in varying annual installments to September 2022	\$ 7,020,000	\$ 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	35,254	37,249
	<u>19,475,254</u>	<u>20,037,249</u>
Less current maturities	<u>(575,000)</u>	<u>(560,000)</u>
Long-term debt, less current maturities	<u><u>\$ 18,900,254</u></u>	<u><u>\$ 19,477,249</u></u>

Long-term debt maturities are as follows

<u>Year Ending June 30.</u>	<u>Amount</u>
2014	\$ 575,000
2015	595,000
2016	620,000
2017	645,000
2018	675,000
Thereafter	16,330,000
Original issue premium	35,254
Total	<u><u>\$ 19,475,254</u></u>

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, 2013, all leases were recorded as operating leases. The Medical Center recorded expenses of \$4,854,145 and \$6,153,222 for the years ended June 30, 2013 and 2012 related to these operating leases. Minimum future lease payments for the operating leases are as follows:

Year Ending June 30.	Amount
2014	\$ 1,219,892
2015	1,110,778
2016	915,668
2017	476,297
2018	279,706
Total minimum lease payments	<u>\$ 4,002,341</u>

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, 2013 and 2012.

	2013	2012
WMC West Tower	\$ 1,246,355	\$ -
WMC emergency room	682,724	1,492,558
Angels program	160,055	-
Masterson Place	155,098	-
Art Pierce Fund	20,907	9,901
Connoisseur's Delight	19,774	20,574
Stacy Marie True Memorial Trust	18,579	11,080
George Kelly pain management	17,389	17,389
Life flight	14,686	17,009
Wine with a View	10,803	785
Safe Kids	-	39,268
Other	104,940	31,471
	<u>\$ 2,451,310</u>	<u>\$ 1,640,035</u>

In 2013 and 2012, net assets were released from donor restrictions by incurring expenditures satisfying the restricted purposes in the amounts of \$858,403 and \$430,516. These amounts are in net assets released from restrictions in the accompanying financial statements.

Permanently Restricted Net Assets and Endowment Funds

At June 30, 2013 and 2012, permanently restricted net assets and endowment funds consisted of the following

	2013	2012
Donor restricted endowment funds	\$ 563,431	\$ 563,431
Unrestricted Board designated endowment funds	1,000,000	947,839
	<u>\$ 1,563,431</u>	<u>\$ 1,511,270</u>

Interpretation of Relevant Law

The State of Wyoming adopted the Uniform 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

Wyoming Medical Center, Inc. and Subsidiaries
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The composition of endowment net assets by fund type as of June 30, 2013 and 2012 is as follows

	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
<u>June 30, 2013</u>				
Donor-restricted endowment funds	\$ -	\$ -	\$ 563,431	\$ 563,431
Board-designated endowment funds	1,000,000	-	-	1,000,000
	<u>\$ 1,000,000</u>	<u>\$ -</u>	<u>\$ 563,431</u>	<u>\$ 1,563,431</u>
<u>June 30, 2012</u>				
Donor-restricted endowment funds	\$ -	\$ -	\$ 563,431	\$ 563,431
Board-designated endowment funds	947,839	-	-	947,839
	<u>\$ 947,839</u>	<u>\$ -</u>	<u>\$ 563,431</u>	<u>\$ 1,511,270</u>

Changes in endowment net assets for the years ending June 30, 2013 and 2012 are as follows

	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
<u>2012</u>				
Endowment net assets, beginning of year	\$ 947,839	\$ -	\$ 563,431	\$ 1,511,270
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	<u>\$ 947,839</u>	<u>\$ -</u>	<u>\$ 563,431</u>	<u>\$ 1,511,270</u>
<u>2013</u>				
Endowment net assets, beginning of year	\$ 947,839	\$ -	\$ 563,431	\$ 1,511,270
Additional Board designations	52,161	-	-	52,161
Investment return				
Investment income	31,903	7,923	-	39,826
Change in unrealized gains (losses) on investments	59,587	-	-	59,587
Appropriation of endowment assets for expenditure	(91,490)	(7,923)	-	(99,413)
Endowment net assets, end of year	<u>\$ 1,000,000</u>	<u>\$ -</u>	<u>\$ 563,431</u>	<u>\$ 1,563,431</u>

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 \$106,317 and \$269,066 at June 30, 2013 and 2012, respectively, as the result of unrecorded WIC and RMOC income and other tax reconciling items. Hospital Foundation Ventures recorded a deferred tax liability in the amount of \$134,100 at June 30, 2012, as a result of unrecorded WIC income. These amounts are reported as other accrued liabilities 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. Employees that were part of the Defined Benefit Plan had until January 1, 2004 to elect participation in the Wyoming Medical Center 401(k) Plan or continue participation in the Defined Benefit Plan. The Medical Center recorded expenses of \$1,175,423 and \$1,108,639 related to the plan for the years ended June 30, 2013 and 2012.

Note 13 - Defined Benefit Retirement Plans

Defined Benefit Pension Plan

The Medical Center has a defined benefit pension plan (the Plan) covering employees 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 during 2012. 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 recognized related expenses in 2012. 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, 2013 and 2012:

	2013	2012
Change in Projected Benefit Obligation		
Benefit obligation, beginning of year	\$ 79,279,968	\$ 72,188,894
Service cost	2,916,373	2,806,892
Interest cost	2,827,837	3,340,850
Amendments	-	19,228
Curtailments	-	(1,797,116)
Termination benefits	-	1,978,584
Actuarial (gain) loss	(7,944,653)	15,998,821
Benefits paid	(3,981,057)	(15,256,185)
Projected benefit obligation, end of year	<u>\$ 73,098,468</u>	<u>\$ 79,279,968</u>
Change in Plan Assets		
Fair value of plan assets, beginning of year	\$ 45,228,064	\$ 47,248,059
Actual return on plan assets	4,249,167	398,190
Contributions made	5,000,000	12,838,000
Distributions	(3,981,057)	(15,256,185)
Fair value of plan assets, end of year	<u>\$ 50,496,174</u>	<u>\$ 45,228,064</u>
Pension Liability		
Funded status	<u>\$ (22,602,294)</u>	<u>\$ (34,051,904)</u>

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The components of net periodic pension cost and the additional minimum pension liability for the years ended June 30, 2013 and 2012 are as follows

	2013	2012
Components of Net Periodic Pension Cost		
Service cost	\$ 2,916,373	\$ 2,806,892
Interest cost	2,827,837	3,340,850
Expected return on plan assets	(3,085,049)	(3,074,671)
Amortization of unrecognized items		
Prior service credit	2,158	(31,501)
Accumulated net loss	2,953,059	2,506,388
Curtailment gain recognized	-	(1,238)
Settlement loss recognized	-	6,803,974
Special termination benefit recognized	-	1,978,584
Net periodic pension cost	<u>\$ 5,614,378</u>	<u>\$ 14,329,278</u>
Items not yet recognized as a component of net periodic pension costs		
Prior service credit (cost)	\$ (17,070)	\$ (19,228)
Accumulated net loss	<u>(29,737,748)</u>	<u>(41,799,578)</u>
Additional minimum pension liability	<u>\$ (29,754,818)</u>	<u>\$ (41,818,806)</u>
Cumulative contributions in excess of net periodic pension costs	<u>\$ 7,152,524</u>	<u>\$ 7,766,902</u>

The following weighted average assumptions were used to determine the actuarial present value of the projected benefit obligation at June 30, 2013 and 2012

	2013	2012
Discount rate	4.70%	3.70%
Rate of compensation increase	4.34%	5.34%

The following weighted average assumptions were used to determine the net periodic benefit cost for the years ended June 30, 2013 and 2012

	2013	2012
Discount rate	3.70%	5.20%
Expected long-term rate of return on plan assets	7.00%	7.00%
Rate of compensation increase	5.34%	4.22%

Estimated future benefit payments from the plan are as follows:

<u>Year Ending June 30.</u>	<u>Amount</u>
2014	\$ 5,150,000
2015	3,750,000
2016	4,319,000
2017	4,920,000
2018	5,268,000
2019 through 2023	31,348,000

The Medical Center made contributions of \$5,000,000 and \$12,838,000 for fiscal years ended June 30, 2013 and 2012. These transactions and assumptions noted above resulted in a net liability of \$22,602,294 at June 30, 2013 and a net liability of \$34,051,904 at June 30, 2012. The Medical Center expects to make a minimum contribution of \$5,000,000 to the Plan during the year ending June 30, 2014.

Asset Allocation Strategy

During 2013 and 2012, 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, 2013 and 2012.

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. For the year ended June 30, 2013, there was a reduction in the benefit obligation of \$699,820, recorded as an increase in unrestricted net assets. The Medical Center recognized a liability of \$1,376,442 and \$2,076,262 as of June 30, 2013 and 2012, of which \$611,471 and \$644,447 is recorded as current, based on the actuarially determined costs of this benefit. This actuarially determined liability assumes a discount rate of 1.2%. 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, 2013 and 2012 was as follows:

	2013	2012
Medicare	28%	30%
Medicaid	7%	6%
Commercial insurance and other	47%	49%
Patients	18%	15%
	<u>100%</u>	<u>100%</u>

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, 2013 and 2012 are as follows:

	<u>2013</u>	<u>2012</u>
Patient health care services	\$ 154,633,663	\$ 161,703,220
General and administrative	<u>39,126,958</u>	<u>43,235,113</u>
	<u><u>\$ 193,760,621</u></u>	<u><u>\$ 204,938,333</u></u>

Note 16 - Fair Value of Assets and Liabilities

Assets and liabilities measured at fair value on a recurring basis at June 30, 2013 and 2012, respectively, are as follows:

	<u>2013</u>	<u>2012</u>
Assets		
Mutual funds	\$ 42,256,251	\$ 38,552,312
Common stock	803,037	669,411
Corporate bonds	125,484	75,339
Municipal bonds	152,186	53,884
Mortgage-backed securities	<u>73,840</u>	<u>-</u>
Total assets	<u><u>\$ 43,410,798</u></u>	<u><u>\$ 39,350,946</u></u>

Wyoming Medical Center, Inc. and Subsidiaries

Notes to Consolidated Financial Statements

June 30, 2013 and 2012

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

	Quoted Prices in Active Markets (Level 1)	Other Observable Inputs (Level 2)	Unobservable Inputs (Level 3)
June 30, 2013			
Mutual funds			
World allocation	\$ 42,166,289	\$ -	\$ -
Commodities Broad Basket	4,356	-	-
Diversified Emerging Markets	4,972	-	-
Foreign Large Blend	20,420	-	-
Large Blend	25,014	-	-
Multisector Bond	3,203	-	-
Real Estate	4,344	-	-
Small Blend	7,254	-	-
World Stock	16,182	-	-
Multialternative	4,217	-	-
Common stock			
Basic Materials	87,881	-	-
Consumer Goods	31,832	-	-
Financial	139,523	-	-
Healthcare	128,796	-	-
Industrial Goods	53,098	-	-
Services	163,624	-	-
Technology	186,568	-	-
Conglomerates	4,275	-	-
Business Services	7,440	-	-
Corporate bonds			
Financial	-	125,484	-
Municipal bonds	-	152,186	-
Mortgage-backed securities	-	73,840	-
	<u>\$ 43,059,288</u>	<u>\$ 351,510</u>	<u>\$ -</u>

Wyoming Medical Center, Inc. and Subsidiaries
Notes to Consolidated Financial Statements
June 30, 2013 and 2012

	Quoted Prices in Active Markets (Level 1)	Other Observable Inputs (Level 2)	Unobservable Inputs (Level 3)
June 30, 2012			
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	-
Municipal bonds	-	53.884	-
	<u>\$ 39,221.723</u>	<u>\$ 129.223</u>	<u>\$ -</u>

The fair values for mutual funds, common stock, corporate bonds, mortgage-back securities and municipal bonds 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. Accounts payable approximates fair value because of the short time for which accounts payable are outstanding.

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

Long-Term Debt – The fair value of long-term debt is based on current traded value. Management has estimated the fair value of these obligations to be approximately \$20,923,000 and \$22,371,000 at June 30, 2013 and 2012.

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 to 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, 2013 and 2012, the Medical Center has recorded an estimated liability of \$1,272,000 and \$1,616,000, 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, 2013 and 2012 was approximately \$9,817,000 and \$10,554,000.

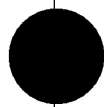
Litigations, Claims, and Disputes

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 - Subsequent Events

The Medical Center has evaluated subsequent events through September 18, 2013, the date which the financial statements were available to be issued.



Consolidating Information
June 30, 2013 and 2012

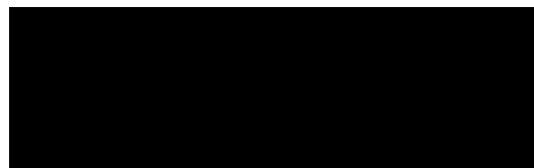
Wyoming Medical Center, Inc. and Subsidiaries



Independent Auditor's Report on Consolidating Information

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

We have audited the consolidated financial statements of Wyoming Medical Center, Inc. and Subsidiaries as of and for the years ended June 30, 2013 and 2012, and our report thereon dated September 18, 2013, which expressed an unqualified opinion on those consolidated financial statements, appears on page 1. Our audit was conducted for the purpose of forming an opinion on the consolidated financial statements as a whole. The consolidating schedules are presented for the purpose of additional analysis and are not a required part of the consolidated 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 consolidated financial statements. The information has been subjected to the auditing procedures applied in the audit of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated 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 consolidated financial statements for the years ended June 30, 2013 and 2012, as a whole.



Fargo, North Dakota
September 18, 2013

Wyoming Medical Center, Inc. and Subsidiaries
Consolidating Balance Sheet – Assets
June 30, 2013

Assets	Hospital	Ventures	Foundation	WHMG	Elimination Entries	Consolidated
Current Assets						
Cash and cash equivalents	\$ 51,936,133	\$ 3,998,638	\$ 1,527,772	\$ (76,283)	\$ -	\$ 57,386,260
Assets limited as to use	6,699,580	-	-	-	-	6,699,580
Receivables						
Patient, net	30,173,680	-	-	1,087,831	-	31,261,511
Physician	1,253,945	-	-	2,906	-	1,256,851
Professional insurance	3,980,947	-	-	-	-	3,980,947
Other	1,834,264	218,518	698,020	20,000	(115,256)	2,655,546
Supplies	5,631,064	-	-	-	-	5,631,064
Prepaid expenses	3,334,182	-	-	47,255	-	3,381,437
Total current assets	104,843,795	4,217,156	2,225,792	1,081,709	(115,256)	112,253,196
Assets Limited as to Use	61,046,650	-	-	-	-	61,046,650
Property and Equipment, Net	107,049,417	-	1,225,102	192,579	-	108,467,098
Other Assets						
Investment in affiliates and joint ventures	7,043,098	208,177	-	-	(3,670,060)	3,581,215
Long-term investments	-	-	1,696,318	-	-	1,696,318
Physician receivables	92,640	-	-	-	-	92,640
Deferred financing costs, net	227,042	-	-	-	-	227,042
Other long-term assets	933,343	-	869,392	-	-	1,822,735
Total other assets	8,316,123	208,177	2,565,710	-	(3,670,060)	7,419,950
Total assets	\$ 281,255,985	\$ 4,425,333	\$ 6,016,604	\$ 1,274,288	\$ (3,785,316)	\$ 289,186,894

Wyoming Medical Center, Inc. and Subsidiaries
Consolidating Balance Sheet – Liabilities and Net Assets
June 30, 2013

	Hospital	Ventures	Foundation	WHMG	Elimination Entries	Consolidated
Liabilities and Net Assets						
Current Liabilities						
Current maturities of long-term debt	\$ 575,000	\$ -	\$ -	\$ -	\$ -	\$ 575,000
Accounts payable	4,249,092	-	-	650,763	-	4,899,855
Trade						
Estimated third-party						
pay or settlements	6,720,702	-	-	-	-	6,720,702
Physician	408,735	-	-	-	-	408,735
Related parties	-	300	2,723	112,233	(115,256)	-
Construction and retainage payables	5,210,351	-	-	-	-	5,210,351
Accrued expenses						
Salaries, wages and employee benefits	7,323,311	-	-	516,375	-	7,839,686
Pay roll taxes and other	14,960	702,519	92	47,371	-	764,942
Interest	367,046	-	-	-	-	367,046
Malpractice and litigation	4,160,947	-	-	-	-	4,160,947
Post retirement benefits	611,471	-	-	-	-	611,471
Total current liabilities	29,641,615	702,819	2,815	1,326,742	(115,256)	31,558,735
Long-Term Debt, Less Current Maturities	18,900,254	-	-	-	-	18,900,254
Post Retirement Benefits, Less Current Portion	764,971	-	-	-	-	764,971
Pension Liability	22,602,294	-	-	-	-	22,602,294
Other Long-Term Liabilities	17,500	-	-	-	-	17,500
Total liabilities	71,926,634	702,819	2,815	1,326,742	(115,256)	73,843,754
Net Assets						
Unrestricted	209,329,351	3,722,514	2,999,048	(52,454)	(3,670,060)	212,328,399
Temporarily restricted	-	-	2,451,310	-	-	2,451,310
Permanently restricted	-	-	563,431	-	-	563,431
Total net assets	209,329,351	3,722,514	6,013,789	(52,454)	(3,670,060)	215,343,140
Total liabilities and net assets	\$ 281,255,985	\$ 4,425,333	\$ 6,016,604	\$ 1,274,288	\$ (3,785,316)	\$ 289,186,894

Wyoming Medical Center, Inc. and Subsidiaries
Consolidating Statement of Operations
Year Ended June 30, 2013

	Hospital	Ventures	Foundation	WHMG	Elimination Entries	Consolidated
Unrestricted Revenues, Gains and Other Support						
Net patient service revenue	\$ 220,788,872	\$ -	\$ -	\$ 5,796,670	\$ -	\$ 226,585,542
Provision for bad debts	(27,854,569)	-	-	(600,225)	-	(28,454,794)
Net patient service revenue less provision for bad debts	192,934,303	-	-	5,196,445	-	198,130,748
Other revenue	6,551,515	-	875,342	285,155	(1,307,356)	6,404,656
Total revenues, gains and other support	199,485,818	-	875,342	5,481,600	(1,307,356)	204,535,404
Expenses						
Salaries, wages and employee benefits	85,888,375	-	-	8,233,060	4,849	94,126,284
Supplies and other	61,687,121	3,028	936,262	1,665,408	(912,877)	63,378,942
Professional fees	20,472,821	4,474	17,225	3,737,882	(399,328)	23,833,074
Depreciation and amortization	12,296,786	-	73,473	52,062	-	12,422,321
Total expenses	180,345,103	7,502	1,026,960	13,688,412	(1,307,356)	193,760,621
Operating Income (Loss)	19,140,715	(7,502)	(151,618)	(8,206,812)	-	10,774,783
Other Income (Loss)						
Investment income, net	(7,075)	1,898	60,805	-	-	55,628
Loss on disposal of equipment	(192,246)	-	-	(45,792)	-	(238,038)
Gain (loss) on joint ventures, net	(3,911,307)	936,064	(75,349)	-	7,604,325	4,553,733
Other income (loss), net	(181,722)	(268,923)	12,404	(13,258)	-	(451,499)
Total other income (loss), net	(4,292,350)	669,039	(2,140)	(59,050)	7,604,325	3,919,824
Revenues in Excess of (Less Than) Expenses	14,848,365	661,537	(153,758)	(8,265,862)	7,604,325	14,694,607
Changes in Unrealized Gains and Losses on Investments	3,692,389	-	113,153	-	-	3,805,542
Change in Minimum Pension Liability	12,763,808	-	-	-	-	12,763,808
Contributions for Long-Lived Assets	764,991	-	-	-	-	764,991
Intercompany Transfers	-	-	-	7,625,100	(7,625,100)	-
Increase (Decrease) in Unrestricted Net Assets	\$ 32,069,553	\$ 661,537	\$ (40,605)	\$ (640,762)	\$ (20,775)	\$ 32,028,948

Wyoming Medical Center, Inc. and Subsidiaries
Consolidating Statement of Changes in Net Assets
Year Ended June 30, 2013

	Hospital	Ventures	Foundation	WHMG	Elimination Entries	Consolidated
Unrestricted Net Assets						
Revenues in excess of (less than) expenses	\$ 14,848,365	\$ 661,537	\$ (153,758)	\$ (8,265,862)	\$ 7,604,325	\$ 14,694,607
Changes in unrealized gains and losses on investments	3,692,389	-	113,153	-	-	3,805,542
Change in minimum pension liability	12,763,808	-	-	-	-	12,763,808
Contribution for long-lived assets	764,991	-	-	-	-	764,991
Intercompany transfers	-	-	-	7,625,100	(7,625,100)	-
Increase (decrease) in unrestricted net assets	32,069,553	661,537	(40,605)	(640,762)	(20,775)	32,028,948
Temporarily Restricted Net Assets						
Restricted contributions and interest	-	-	1,669,678	-	-	1,669,678
Net assets released from restrictions	-	-	(858,403)	-	-	(858,403)
Decrease in temporarily restricted net assets	-	-	811,275	-	-	811,275
Increase (Decrease) in Net Assets	32,069,553	661,537	770,670	(640,762)	(20,775)	32,840,223
Net Assets, Beginning of Year	177,259,798	3,060,977	5,243,119	588,308	(3,649,285)	182,502,917
Net Assets, End of Year	\$ 209,329,351	\$ 3,722,514	\$ 6,013,789	\$ (52,454)	\$ (3,670,060)	\$ 215,343,140

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	710,820	2,185	582,603	902	(105,551)	1,190,959
Supplies	5,649,922	-	-	13,909	-	5,663,831
Prepaid expenses	4,212,089	3,028	-	203,396	-	4,418,513
Total current assets	91,968,167	3,004,456	1,858,424	1,327,861	(105,551)	98,053,357
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	847,959	-	295,336	-	-	1,143,295
Total other assets	8,920,649	725,109	2,268,072	2,906	(3,649,285)	8,267,451
Total assets	\$ 263,362,363	\$ 3,729,565	\$ 5,412,428	\$ 1,539,087	\$ (3,754,836)	\$ 270,288,607

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	4,890,836	-	-	483,343	-	5,374,179
Trade						
Estimated third-party						
pay or settlements	11,280,502	-	-	-	-	11,280,502
Physician	549,963	-	-	-	-	549,963
Related parties	-	300	31,201	74,050	(105,551)	-
Construction and retainage payables	641,600	-	-	-	-	641,600
Accrued expenses						
Salaries, wages and employee benefits	7,641,368	-	-	244,013	-	7,885,381
Payroll taxes and other	477,731	668,288	138,108	149,373	-	1,433,500
Interest	325,703	-	-	-	-	325,703
Malpractice and litigation	4,110,947	-	-	-	-	4,110,947
Post retirement benefits	644,447	-	-	-	-	644,447
Total current liabilities	31,123,097	668,588	169,309	950,779	(105,551)	32,806,222
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
Other Long-Term Liabilities	18,500	-	-	-	-	18,500
Total liabilities	86,102,565	668,588	169,309	950,779	(105,551)	87,785,690
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	\$ (3,754,836)	\$ 270,288,607

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
Depreciation and amortization	12,423,962	-	72,895	62,672	-	12,559,529
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	-	-	172,761
Loss on disposal of property and equipment	(913,096)	-	-	(4,120)	-	(917,216)
Gain (loss) on joint ventures, net	(5,482,592)	1,077,894	811,044	-	7,424,073	3,830,419
Other income (loss), net	(272,098)	(592,259)	(213,728)	(11,788)	-	(1,089,873)
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	-	-	293,726	-	-	293,726
Net assets released from restrictions	-	-	(430,516)	-	-	(430,516)
Increase in temporarily restricted net assets	-	-	(136,790)	-	-	(136,790)
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