

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 private foundations)

Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2019
Open to Public Inspection

A For the **2019** calendar year, or tax year beginning **07-01-2019**, and ending **06-30-2020**

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
WYOMING MEDICAL CENTER INC

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
1233 EAST SECOND STREET

City or town, state or province, country, and ZIP or foreign postal code
CASPER, WY 82601

D Employer identification number
83-0279242

E Telephone number
(307) 577-2211

G Gross receipts \$ 303,025,146

F Name and address of principal officer:
LANCE PORTER
1233 EAST SECOND STREET
CASPER, WY 82601

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates 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: ▶ [HTTPS://WYOMINGMEDICALCENTER.ORG](https://wyomingmedicalcenter.org)

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1986

M State of legal domicile:
WY

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
ADVANCE THE HEALTH AND WELLNESS OF OUR COMMUNITY BY PROVIDING EXCELLENT HEALTHCARE SERVICES.

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	10
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	9
5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	1,619
6 Total number of volunteers (estimate if necessary)	6	126
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	1,413,178
b Net unrelated business taxable income from Form 990-T, line 39	7b	785,502

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	398,106	1,170,148
9 Program service revenue (Part VIII, line 2g)	303,007,311	286,708,937
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	7,041,065	5,389,762
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-7,125	218,483
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	310,439,357	293,487,330
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	166,359
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)	116,959,607	117,598,453
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)	175,375,334	166,354,850
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	292,334,941	284,119,662
19 Revenue less expenses. Subtract line 18 from line 12	18,104,416	9,367,668
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	409,770,674	446,426,215
21 Total liabilities (Part X, line 26)	83,516,519	105,752,176
22 Net assets or fund balances. Subtract line 21 from line 20	326,254,155	340,674,039

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
Date 2021-04-29

JEANNE EHLEBRACHT CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date 2021-04-29	Check <input type="checkbox"/> if self-employed	PTIN P01469618
Firm's name ▶ CLIFTONLARSONALLEN LLP			Firm's EIN ▶ 41-0746749	
Firm's address ▶ 10700 NORTHUP WAY SUITE 200 BELLEVUE, WA 98004			Phone no. (425) 250-6100	

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission:

WYOMING MEDICAL CENTER ("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 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

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

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

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations 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 \$ 229,227,522 including grants of \$ 166,359) (Revenue \$ 285,268,441)
See Additional Data

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

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

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

4e Total program service expenses ▶ 229,227,522

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Yes/No response. Rows include questions 1 through 21, covering various organizational requirements and reporting obligations.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question/Description, Yes, No. Rows include questions 22 through 38 regarding organizational reporting, compensation, tax-exempt bonds, and controlled entities.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V []

Table with 3 columns: Question/Description, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

<p>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</p>	2a	1,619			
<p>b 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)</p>	2b		Yes		
<p>3a Did the organization have unrelated business gross income of \$1,000 or more during the year?</p>	3a		Yes		
<p>b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i></p>	3b		Yes		
<p>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)?</p>	4a			No	
<p>b If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).</p>					
<p>5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?</p>	5a			No	
<p>b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?</p>	5b			No	
<p>c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?</p>	5c				
<p>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?</p>	6a			No	
<p>b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?</p>	6b				
7 Organizations that may receive deductible contributions under section 170(c).					
<p>a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?</p>	7a			No	
<p>b If "Yes," did the organization notify the donor of the value of the goods or services provided?</p>	7b				
<p>c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?</p>	7c			No	
<p>d If "Yes," indicate the number of Forms 8282 filed during the year</p>	7d				
<p>e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?</p>	7e			No	
<p>f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?</p>	7f			No	
<p>g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?</p>	7g				
<p>h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?</p>	7h				
<p>8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?</p>	8				
9 Sponsoring organizations maintaining donor advised funds.					
<p>a Did the sponsoring organization make any taxable distributions under section 4966?</p>	9a				
<p>b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?</p>	9b				
10 Section 501(c)(7) organizations. Enter:					
<p>a Initiation fees and capital contributions included on Part VIII, line 12</p>	10a				
<p>b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities</p>	10b				
11 Section 501(c)(12) organizations. Enter:					
<p>a Gross income from members or shareholders</p>	11a				
<p>b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)</p>	11b				
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?					
<p>b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.</p>	12b				
13 Section 501(c)(29) qualified nonprofit health insurance issuers.					
<p>a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.</p>	13a				
<p>b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans</p>	13b				
<p>c Enter the amount of reserves on hand</p>	13c				
<p>14a Did the organization receive any payments for indoor tanning services during the tax year?</p>	14a			No	
<p>b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i></p>	14b				
<p>15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.</p>	15			No	
<p>16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.</p>	16			No	

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 or note to any line in this Part VI



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (10), 1b (9), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

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-A 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.
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, address, and telephone number of the person who possesses the organization's books and records:

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

Check if Schedule O contains a response or note to any line 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.

See instructions for the order in which to list the persons above.

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) WAYNE WARREN NEUROSURGEON THRU 3/24/20	45.00 0.00	X					1,915,611	0	40,967	
(2) TODD HAMMOND ANESTHESIOLOGIST	45.00 0.00					X	750,797	0	43,207	
(3) MICHELE CHULICK CHIEF EXECUTIVE OFFICER	55.00 2.00			X			892,551	0	63,775	
(4) ROBERT NEFF NEPHROLOGY	45.00 0.00					X	546,542	0	43,352	
(5) CASEY COTANT NEPHROLOGY	45.00 0.00					X	510,545	0	45,898	
(6) JESSE COFFEY PLASTIC SURGEON	45.00 0.00					X	461,915	0	12,566	
(7) GREGORY RENNIRT ORTHOPEDIC SURGEON	45.00 0.00					X	443,475	0	7,224	
(8) MICHAEL STALEY CHIEF ADMINISTRATIVE OFFICER	55.00 0.00			X			371,870	0	31,991	
(9) DAVID GARDNER SENIOR VP & CNO THRU 03/19	45.00 0.00			X			277,630	0	9,023	
(10) B YVONNE WIGINGTON CHIEF FINANCIAL OFFICER THRU 07/19	45.00 0.00			X			292,504	0	72,986	
(11) GARY ZMRHAL CHIEF FINANCIAL OFFICER	55.00 0.00			X			170,471	0	138	
(12) MARK DOWELL MD BOARD MEMBER	5.00 0.00	X					625	0	0	
(13) JESSICA ODEN WMC BOARD CHAIR	5.00 0.00	X		X			0	0	0	
(14) BETH WORTHEN WMC BOARD VICE CHAIR/TREASURER	5.00 0.00	X		X			0	0	0	
(15) LISA BURRIDGE WMC BOARD SECRETARY	5.00 0.00	X		X			0	0	0	
(16) TOM CRULL BOARD MEMBER	5.00 0.00	X					0	0	0	
(17) PAUL JONESMD BOARD MEMBER	5.00 0.00	X					0	0	0	

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

(A) Name and title	(B) Average hours per week (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				
(18) JOHN LAWSON BOARD MEMBER	5.00 0.00	X						0	0	0	
(19) JOHN MASTERSON BOARD MEMBER	5.00 0.00	X						0	0	0	
(20) CHRIS MUIRHEAD BOARD MEMBER	5.00 0.00	X						0	0	0	
(21) MIKE REID BOARD MEMBER	5.00 0.00	X						0	0	0	
1b Sub-Total											
1c Total from continuation sheets to Part VII, Section A											
1d Total (add lines 1b and 1c)								6,634,536	0		371,127

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 168

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
ABM HEALTHCARE SUPPORT SERVICES INC PO BOX 419860 BOSTON, MA 022419860	CONTRACT SERVICES	6,754,267
MEDLINE INDUSTRIES INC DEPT 1080 PO BOX 121080 DALLAS, TX 753211080	SUPPLIES & SERVICES	6,387,567
BOSTON SCIENTIFIC CORPORATION & SUBSIDIA PO BOX 951653 DALLAS, TX 753951653	SUPPLIES & SERVICES	4,186,770
CERNER HEALTHCARE SOLUTIONS INC PO BOX 959156 ST LOUIS, MO 631959156	IT CONTRACT SERVICES	3,992,174
UHS OF WYOMING INC 2521 E 15TH STREET CASPER, WY 826094126	MEDICAL SERVICES	3,908,267

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 167

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

Table with 5 columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include 1a-1g for Federated campaigns, membership dues, fundraising events, related organizations, government grants, and other contributions.

Table for Program Service Revenue with 5 columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include 2a-2f for NET PATIENT REVENUE, NON-PATIENT NON-OPERATING, JV INVESTMENT INCOME, CAFETERIA SALES, REFERENCE LAB REVENUE, and All other program service revenue.

Table for Other Revenue with 5 columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include 3-12 for investment income, royalties, rental income, gain from sales of assets, fundraising events, gaming activities, and sales of inventory.

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 or note to any line 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 domestic organizations and domestic governments. See Part IV, line 21	166,359	166,359		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	3,494,306	1,782,096	1,712,210	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	88,570,116	75,128,917	13,441,199	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	3,565,833	2,819,408	746,425	
9 Other employee benefits	14,784,635	11,689,814	3,094,821	
10 Payroll taxes	7,183,563	5,679,850	1,503,713	
11 Fees for services (non-employees):				
a Management				
b Legal	1,620,119		1,620,119	
c Accounting	84,404		84,404	
d Lobbying	62,427		62,427	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	229,757		229,757	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	32,504,715	26,437,410	6,067,305	
12 Advertising and promotion	803,162	1,416	801,746	
13 Office expenses	3,724,050	1,921,079	1,802,971	
14 Information technology	7,844,721	284,904	7,559,817	
15 Royalties				
16 Occupancy	7,816,885	5,664,145	2,152,740	
17 Travel	413,457	130,098	283,359	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	1,667,430	1,667,430		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	16,200,739	16,200,739		
23 Insurance	2,210,861	2,158,922	51,939	
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 UBI TAXES	165,755	1,101	164,654	
b DRUGS & MEDICAL SUPPLIE	36,620,823	36,620,823		
c BAD DEBT EXPENSE	35,663,989	35,663,989		
d OUTREACH SERVICES	8,600,025	354,617	8,245,408	
e All other expenses	10,121,531	4,854,405	5,267,126	
25 Total functional expenses. Add lines 1 through 24e	284,119,662	229,227,522	54,892,140	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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part IX

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	26,584,743	1	31,262,347
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	94,099	3	3,480
	4 Accounts receivable, net	51,945,913	4	49,169,117
	5 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net	449,508	7	431,488
	8 Inventories for sale or use	5,120,992	8	4,673,091
	9 Prepaid expenses and deferred charges	3,419,410	9	5,935,254
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 376,464,365		
	b Less: accumulated depreciation	10b 268,407,210	109,071,554	10c 108,057,155
	11 Investments—publicly traded securities	183,375,761	11	211,920,229
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11	9,540,899	13	9,701,847
	14 Intangible assets	19,820,235	14	25,051,442
	15 Other assets. See Part IV, line 11	347,560	15	220,765
16 Total assets. Add lines 1 through 15 (must equal line 34)	409,770,674	16	446,426,215	
Liabilities	17 Accounts payable and accrued expenses	20,970,684	17	20,280,548
	18 Grants payable		18	
	19 Deferred revenue	29,167	19	33,029,167
	20 Tax-exempt bond liabilities	14,450,209	20	13,592,117
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	37,126,928	23	34,732,375
	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	10,939,531	25	4,117,969
	26 Total liabilities. Add lines 17 through 25	83,516,519	26	105,752,176
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	326,122,776	27	340,604,598
	28 Net assets with donor restrictions	131,379	28	69,441
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	326,254,155	32	340,674,039
33 Total liabilities and net assets/fund balances	409,770,674	33	446,426,215	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	293,487,330
2	Total expenses (must equal Part IX, column (A), line 25)	2	284,119,662
3	Revenue less expenses. Subtract line 2 from line 1	3	9,367,668
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	326,254,155
5	Net unrealized gains (losses) on investments	5	-3,983,044
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	9,035,260
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	340,674,039

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

- 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
- b** 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
- c** 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.
- 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?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a		No
3b		

Additional Data

Software ID:

Software Version:

EIN: 83-0279242

Name: WYOMING MEDICAL CENTER INC

Form 990 (2019)

Form 990, Part III, Line 4a:

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 REGIONAL TRAUMA CENTER THAT PROVIDES CRITICAL SERVICES TO NATRONA COUNTY AND TO THE ENTIRE STATE. WYOMING MEDICAL CENTER RELEASED ITS REGULAR QUARTERLY HEALTH PUBLICATION, THE PULSE, TO APPROXIMATELY 10,000 HOMES IN NATRONA AND FREMONT COUNTIES AND EVERY PROVIDER OFFICE IN THE STATE OF WYOMING. WYOMING MEDICAL CENTER PROVIDED \$9,299,000 IN CHARITY CARE SERVICES BASED ON TOTAL DIRECT AND INDIRECT COSTS.

SCHEDULE A
(Form 990 or 990-EZ)

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.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2019
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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 12, 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 (Form 990 or 990-EZ).)
- 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 agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			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 failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .						
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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 VI.). . .						
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 section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14	Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	
15	Public support percentage for 2018 Schedule A, Part II, line 14	15	
16a	33 1/3% support test—2019. 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 ▶ <input type="checkbox"/>		
b	33 1/3% support test—2018. 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 ▶ <input type="checkbox"/>		
17a	10%-facts-and-circumstances test—2019. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b	10%-facts-and-circumstances test—2018. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
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 ▶ <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 VI.)						
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 section 501(c)(3) organization, check this box and **stop here.**

Section C. Computation of Public Support Percentage

15	Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2018 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2019. 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—2018. 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 Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b	A family member of a person described in (a) above?		
c	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)		
2	Activities Test. Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3	Parent of Supported Organizations. Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1** Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

Additional Data

Software ID:

Software Version:

EIN: 83-0279242

Name: WYOMING MEDICAL CENTER INC

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

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.
▶Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019
Open to Public Inspection

If the organization answered "Yes" on 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" on 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" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), 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 (see instructions for definition of "political campaign activities")

2 Political campaign activity expenditures (see instructions) ▶ \$ 0

3 Volunteer hours for political campaign activities (see instructions) 0

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 ▶ \$ 0

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ 0

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 ▶ \$ 0

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ 0

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b..... ▶ \$ 0

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-.
1				
2				
3				
4				
5				
6				

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 on 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)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes	No	45,751
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes	No	16,676
j	Total. Add lines 1c through 1i			62,427
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation
PART II-B, LINE 1:	WYOMING MEDICAL CENTER SPENT \$45,751 IN REIMBURSED EXPENSES RELATED TO DIRECT COMMUNICATIONS WITH LEGISLATORS. WYOMING MEDICAL CENTER ALSO CONTRIBUTED \$16,676 IN LOBBYING COSTS THROUGH ITS PAYMENT OF DUES TO THE AMERICAN HOSPITAL ASSOCIATION.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047
2019
Open to Public Inspection

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

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" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of 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" on 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	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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" on 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) Revenue included on 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 Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

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

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

- 3** Using the organization's 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" on 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, for escrow or custodial account liability? . . . **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" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c 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 on 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" on 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.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. 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		13,226,318		13,226,318
b Buildings		140,776,914	90,128,063	50,648,851
c Leasehold improvements		5,269,602	2,135,800	3,133,802
d Equipment		193,359,453	163,440,128	29,919,325
e Other		23,832,078	12,703,219	11,128,859
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				108,057,155

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments—Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) MALPRACTICE AND LITIGATION	1,475,000
(3) ESTIMATED THIRD-PARTY PAYOR SETTLEMENTS	2,642,969
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	4,117,969

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	251,463,234
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-3,983,044
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	5,035,471
e	Add lines 2a through 2d	2e	1,052,427
3	Subtract line 2e from line 1	3	250,410,807
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	43,076,523
c	Add lines 4a and 4b	4c	43,076,523
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	293,487,330

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	251,125,766
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	4,082,113
e	Add lines 2a through 2d	2e	4,082,113
3	Subtract line 2e from line 1	3	247,043,653
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	37,076,009
c	Add lines 4a and 4b	4c	37,076,009
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	284,119,662

Part XIII Supplemental Information

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.

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 83-0279242

Name: WYOMING MEDICAL CENTER INC

Supplemental Information

Return Reference	Explanation
PART X, LINE 2:	THE HOSPITAL IS ORGANIZED AS A WYOMING NONPROFIT CORPORATION AND HAS BEEN RECOGNIZED BY THE INTERNAL REVENUE SERVICE (IRS) AS EXEMPT FROM FEDERAL INCOME TAXES UNDER INTERNAL REVENUE CODE (IRC) 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. WMC IS ANNUALLY REQUIRED TO FILE A RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX (FORM 990) WITH THE IRS. IN ADDITION, THE HOSPITAL IS SUBJECT TO INCOME TAX ON NET INCOME THAT IS DERIVED FROM BUSINESS ACTIVITIES THAT ARE UNRELATED TO ITS EXEMPT PURPOSE. THE HOSPITAL FILES AN EXEMPT ORGANIZATION BUSINESS INCOME TAX RETURN (FORM 990-T) WITH THE IRS TO REPORT ITS UNRELATED BUSINESS TAXABLE INCOME. THIS ENTITY BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR ANY TAX POSITIONS TAKEN AFFECTING ITS ANNUAL FILING REQUIREMENTS, AND AS SUCH, DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE FINANCIAL STATEMENTS. THIS ENTITY 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.

Supplemental Information

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS:	ELIMINATED INTERCOMPANY REVENUES 4,068,990. LOSS ON DEBT REFINANCING 699,491. NET ASSETS RELEASED FROM RESTRICTIONS 266,990.

Supplemental Information

Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS:	PROVISION FOR BAD DEBTS 35,663,989. INVESTMENT INCOME 1,276,453. GAIN ON DISPOSAL OF FIXED ASSETS 128,248. GAINS ON INVESTMENTS IN SUBSIDIARIES AND JOINT VENTURES 3,650,302. CONTRIBUTIONS OF LONG-LIVED ASSETS 740,459. TEMPORARILY RESTRICTED CONTRIBUTIONS 205,052. EXPENSES INCLUDED IN OTHER INCOME 1,412,020.

Supplemental Information

Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS:	ELIMINATED INTERCOMPANY EXPENSES 4,082,113.

Supplemental Information

Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS:	PROVISION FOR BAD DEBTS 35,663,989. EXPENSES INCLUDED IN OTHER INCOME, NET 1,412,020.

SCHEDULE H (Form 990)
 Department of the Treasury
 Internal Revenue Service

Hospitals

OMB No. 1545-0047
2019
 Open to Public Inspection

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, question 20.**
 ▶ **Attach to Form 990.**
 ▶ **Go to www.irs.gov/Form990EZ for instructions and the latest information.**

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	Yes	
1b If "Yes," was it a written policy?	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. <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> 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 free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	Yes	
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: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input checked="" type="checkbox"/> Other _____ 27500.0000000000 %	Yes	
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used 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.		
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"?	Yes	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	Yes	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	Yes	
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		No
6a Did the organization prepare a community benefit report during the tax year?	Yes	
b If "Yes," did the organization make it available to the public?	Yes	

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)			9,275,630		9,275,630	3.730 %
b Medicaid (from Worksheet 3, column a)			20,752,799	11,676,727	9,076,072	3.650 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			785,372	191,968	593,404	0.240 %
d Total Financial Assistance and Means-Tested Government Programs			30,813,801	11,868,695	18,945,106	7.620 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).			378,299		378,299	0.150 %
f Health professions education (from Worksheet 5)			70,719	2,500	68,219	0.030 %
g Subsidized health services (from Worksheet 6)			4,545,706	573,696	3,972,010	1.600 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			142,927		142,927	0.060 %
j Total. Other Benefits			5,137,651	576,196	4,561,455	1.840 %
k Total. Add lines 7d and 7j			35,951,452	12,444,891	23,506,561	9.460 %

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						
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development			710,289		710,289	0.290 %
9 Other						
10 Total			710,289		710,289	0.290 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	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.		
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.		
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)	69,215,982
6	Enter Medicare allowable costs of care relating to payments on line 5	73,241,042
7	Subtract line 6 from line 5. This is the surplus (or shortfall)	-4,025,060
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: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other	

Section C. Collection Practices

9a	Did the organization have a written debt collection policy during the tax year?	Yes
9b	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	Yes

Part IV Management Companies and Joint Ventures

	(a) Name of entity (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)	(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	OUTPATIENT RADIOLOGY LLC	IMAGING SERVICES	50.000 %	0 %	50.000 %
2	CENTRAL WYOMING OUTPATIENT SURGERY CENTER LLC	SURGICAL CENTER	50.000 %	25.000 %	25.000 %
3	NORTH PLATTE PATHOLOGY LLC	PATHOLOGY SERVICES	50.000 %	0 %	50.000 %
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					

Part V Facility Information**Section A. Hospital Facilities**

(list in order of size from largest to smallest—see instructions)

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

1

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

See Additional Data Table	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

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 letter of facility reporting group _____

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): _____ 1

		Yes	No
Community Health Needs Assessment			
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C.		No
3	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 12. If "Yes," indicate what the CHNA report describes (check all that apply):	Yes	
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j	<input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>18</u>		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	Yes	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C		No
6b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	Yes	
7	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):	Yes	
a	<input checked="" type="checkbox"/> Hospital facility's website (list url): <u>WWW.WYOMINGMEDICALCENTER.ORG/COMMUNITY-HEALTH</u>		
b	<input type="checkbox"/> Other website (list url): _____		
c	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input type="checkbox"/> Other (describe in Section C)		
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11.	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>18</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url): <u>WWW.WYOMINGMEDICALCENTER.ORG/COMMUNITY-HEALTH</u>	Yes	
10a	<input type="checkbox"/> If "Yes" (list url): _____		
10b	<input type="checkbox"/> If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a	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)?		No
12b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c	If "Yes" on line 12b, 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 (FAP)**

WYOMING MEDICAL CENTER

Name of hospital facility or letter of facility reporting group _____

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	13	Yes
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200.000000000000</u> % and FPG family income limit for eligibility for discounted care of <u>275.000000000000</u> %		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input type="checkbox"/> Insurance status		
f	<input type="checkbox"/> Underinsurance discount		
g	<input checked="" type="checkbox"/> Residency		
h	<input checked="" type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	14	Yes
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):	15	Yes
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	16	Yes
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>HTTPS://WYOMINGMEDICALCENTER.ORG/PAYBILL</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>HTTPS://WYOMINGMEDICALCENTER.ORG/PAYBILL</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>HTTPS://WYOMINGMEDICALCENTER.ORG/PAYBILL</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
j	<input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information (continued)

Billing and Collections

WYOMING MEDICAL CENTER

Name of hospital facility or letter of facility reporting group _____

		Yes	No
17	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 all of the actions the hospital facility or other authorized party may take upon nonpayment?	17	Yes
18	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 individual's eligibility under the facility's FAP: a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C) f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
19	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged: a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C)	19	No
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19. (check all that apply): a <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C) b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C) c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C) d <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C) e <input type="checkbox"/> Other (describe in Section C) f <input type="checkbox"/> None of these efforts were made		

Policy Relating to Emergency Medical Care

21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required 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: a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions b <input type="checkbox"/> The hospital facility's policy was not in writing c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) d <input type="checkbox"/> Other (describe in Section C)	21	Yes
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Part V Facility Information *(continued)*

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

WYOMING MEDICAL CENTER

Name of hospital facility or letter of facility reporting group _____

22 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 a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d The hospital facility used a prospective Medicare or Medicaid method

23 During the tax year, did the hospital facility charge any FAP-eligible individual 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 Section C.

24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Section C.

	Yes	No
23		No
24		No

Part V Facility Information (continued)**Section D. 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? 10

Name and address	Type of Facility (describe)
1 1 - CENTRAL WY OUTPATIENT SURGERY CENTER 1201 E 3RD STREET CASPER, WY 82601	SURGICAL CENTER
2 2 - OUTPATIENT RADIOLOGY 419 S WASHINGTON STREET SUITE 100 CASPER, WY 82601	IMAGING SERVICES
3 3 - WY HEALTH MED GROUP MULTISPECIALTY 419 S WASHINGTON STREET CASPER, WY 82601	PHYSICIAN PRACTICE
4 4 - WY HEALTH MED GROUP MULTISPECIALTY 6650 E 2ND STREET CASPER, WY 82609	PHYSICIAN PRACTICE
5 5 - NORTH PLATTE PATHOLOGY 111 S JEFFERSON STREET CASPER, WY 82601	PATHOLOGY SERVICES
6 6 - SAGE PRIMARY CARE 1020 S CONWELL STREET CASPER, WY 82601	PRIMARY CARE CLINIC
7 7 - MESA PRIMARY CARE 3632 AMERICAN WAY CASPER, WY 82604	PRIMARY CARE CLINIC
8 8 - IMMEDIATE CARE 3632 AMERICAN WAY CASPER, WY 82604	QUICK-CARE CLINIC
9 9 - RESPIRATORY SYMPTOMS SCREENING CLINIC 245 S FENWAY STREET CASPER, WY 82601	QUICK-CARE CLINIC
10 10 - WOUND CARE CENTER 1201 E 3RD STREET CASPER, WY 82601	WOUND CARE

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs 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.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LINE 3C:	TO BE ELIGIBLE FOR FINANCIAL ASSISTANCE, THE MEDICAL CARE MUST BE EMERGENT OR MEDICALLY NECESSARY AND THE INDIVIDUAL'S HOUSEHOLD GROSS INCOME MUST BE BELOW 275 PERCENT OF THE FEDERAL POVERTY GUIDELINE THRESHOLDS. ELIGIBILITY FOR FINANCIAL ASSISTANCE SHALL BE EXTENDED TO A PERSON BASED ON HOUSEHOLD INCOME.
PART I, LINE 7:	EXPENSES REPORTED IN PART I, LINES 7A, 7B AND 7C ARE CALCULATED USING THE WORKSHEETS IN THE INSTRUCTIONS TO SCHEDULE H, INCLUDING UTILIZATION OF THE COST-TO-CHARGE RATIO. EXPENSES REPORTED IN PART I, LINES 7E, 7F, 7G AND 7I ARE BASED ON ACTUAL COSTS.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LINE 7G:	SUBSIDIZED HEALTH SERVICES INCLUDE THE WYOMING BEHAVIORAL INSTITUTE AND ENDOCRINE & DIABETES SERVICES. SUBSIDIZED HEALTH SERVICES INCLUDE \$913,123 OF EXPENSES ATTRIBUTABLE TO PHYSICIAN CLINICS.
PART I, LINE 7, COLUMN (F):	THE BAD DEBT EXPENSE INCLUDED ON FORM 990, PART IX, LINE 25, COLUMN (A), BUT SUBTRACTED FOR PURPOSES OF CALCULATING THE PERCENTAGE IN THIS COLUMN IS \$ 35,663,989.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART II, COMMUNITY BUILDING ACTIVITIES:	THE COMMUNITY BUILDING ACTIVITIES PROMOTE THE 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 \$710,289 IN RECRUITING PHYSICIANS FOR PEDIATRICS, OB/GYN, PRIMARY CARE, RADIOLOGY SERVICES, AND EMERGENCY CARE.
PART III, LINE 2:	SEE THE "PATIENT RECEIVABLES, NET" PARAGRAPHS IN NOTE 1 ON PAGE 11 OF THE ATTACHED FINANCIAL STATEMENTS FOR THE EXPLANATION OF HOW WYOMING MEDICAL CENTER CALCULATES ITS BAD DEBT EXPENSE.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 3:	WYOMING MEDICAL CENTER FOLLOWS HEALTHCARE FINANCIAL MANAGEMENT ASSOCIATION STATEMENT NO. 15. THEREFORE, BAD DEBT DOES NOT INCLUDE AMOUNTS THAT SHOULD BE ATTRIBUTABLE TO CHARITY CARE.
PART III, LINE 4:	SEE THE "PATIENT RECEIVABLES, NET" PARAGRAPHS IN NOTE 1 ON PAGE 11 OF THE ATTACHED FINANCIAL STATEMENTS FOR THE EXPLANATION OF WYOMING MEDICAL CENTER'S BAD DEBT EXPENSE.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 8:	WYOMING MEDICAL CENTER USED THE MEDICARE OPERATING COST-TO-CHARGE RATIO TO CALCULATE THE COSTS RELATING TO MEDICARE REVENUE APPLIED AGAINST ACTUAL RECEIPTS.
PART III, LINE 9B:	COLLECTION PRACTICES ARE ONLY PURSUED IF THE PATIENT IS DETERMINED TO NOT QUALIFY FOR CHARITY CARE OR DOES NOT QUALIFY FOR ANOTHER PROGRAM. THIS INCLUDES NOTIFICATION TO THE PATIENT VIA 4 STATEMENT AND A LETTER NOTIFYING THEM OF EXTRAORDINARY COLLECTION ACTIVITIES 30 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.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 2:	CONTINUOUS MONITORING OF PUBLIC AND OTHER INTERNAL DATA SOURCES SHOWS THE HOSPITAL WHICH HEALTH CONCERNS ARE OF THE GREATEST IMPACT TO OUR COMMUNITY. WYOMING MEDICAL CENTER USES PUBLIC DATA, INCLUDING THE HEALTHY PEOPLE 2020 STUDY FROM THE OFFICE OF DISEASE PREVENTION AND HEALTH PROMOTION, AS WELL AS DATA FROM REPORTING HOSPITALS OF THE WYOMING HOSPITAL ASSOCIATION. INTERNAL DATA FROM THE HOSPITAL AND ASSOCIATED CLINICS ALSO HELPS TO IDENTIFY AND FIND SOLUTIONS FOR MORE SPECIFIC NEEDS WITHIN THE COMMUNITY. WYOMING MEDICAL CENTER HAS ALSO PARTNERED WITH THE CASPER-NATRONA COUNTY HEALTH DEPARTMENT, WHICH GATHERS VARIOUS HEALTH-RELATED DATA FOR THE WHOLE STATE ON A COUNTY-BY-COUNTY BASIS.
PART VI, LINE 3:	WYOMING MEDICAL CENTER'S PLAIN LANGUAGE SUMMARY AND FULL POLICY ARE AVAILABLE ONLINE AND UPON REQUEST VIA EMAIL, MAIL OR IN-PERSON. WYOMING MEDICAL CENTER HAS FINANCIAL COUNSELORS THAT MEET WITH SELF-PAY INPATIENTS OR ANY PATIENT UPON REQUEST.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 4:	<p>WYOMING MEDICAL CENTER HAS 249 BEDS ON TWO HOSPITAL CAMPUSES. WITH OVER 50 SPECIALTIES OFFERED, WYOMING MEDICAL CENTER OFFERS HUNDREDS OF STATEWIDE CLINICS EACH YEAR. A FULL SPECTRUM OF INTEGRATED HEALTHCARE SERVICES INCLUDES 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 TWO SPECIALTY HOSPITALS, A REHABILITATION HOSPITAL AND A BEHAVIORAL HEALTH CENTER. ACCORDING TO JUNE 30, 2019 U.S. CENSUS DATA, NATRONA COUNTY IS HOME TO JUST OVER 79,000 RESIDENTS WITH 578,000 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 93.7% WHITE, 1.4% BLACK, 1.5% AMERICAN INDIAN AND ALASKA NATIVE, 0.9% ASIAN, 0.1% NATIVE HAWAIIAN AND OTHER PACIFIC ISLANDER, 2.4% OF PEOPLE REPORT TWO OR MORE RACES AND 8.7% ARE OF HISPANIC OR LATINO ORIGIN. ACCORDING TO CENSUS DATA, 9.9% OF PEOPLE IN NATRONA COUNTY ARE BELOW THE POVERTY LEVEL AND 10.1% ARE BELOW THE POVERTY LEVEL IN WYOMING. MEDIAN HOUSEHOLD INCOME IS \$62,772 IN NATRONA COUNTY AND \$64,049 IN WYOMING.</p>
PART VI, LINE 5:	<p>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 \$15,528,536 IN HEALTHCARE SERVICES THROUGH ITS OPERATION OF WYOMING HEALTH MEDICAL GROUP (WHMG), LLC. SERVICES OFFERED INCLUDE NEUROSURGICAL CARE, INTERNAL MEDICINE AND FAMILY PRACTICE, URGENT CARE, PULMONOLOGY, NEPHROLOGY, PAIN AND ENDOCRINOLOGY. ALL SPECIALTIES TREAT ALL PATIENTS REGARDLESS OF THEIR ABILITY TO PAY. IN MARCH 2020, WHMG ALSO OPENED A RESPIRATORY SYMPTOM SCREENING CLINIC IN RESPONSE TO THE COVID-19 PANDEMIC. IN FISCAL YEAR 2020, WYOMING MEDICAL CENTER AND WYOMING HEALTH MEDICAL GROUP OPENED A NEW PRIMARY CARE CLINIC, COLE CREEK PRIMARY CARE, AND A NEW URGENT CARE CLINIC, URGENT CARE EAST. BOTH CLINICS ARE HOUSED ON THE EAST CAMPUS. WHMG IS ALSO PREPARING TO LAUNCH URGENT CARE VIDEO APPOINTMENTS IN FY2021. 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 ADVERTISES SCREENING EVENTS AND SUPPORT GROUPS ON ITS WEBSITE AND IN LOCAL NEWSPAPERS. 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. IN FISCAL YEAR 2018, THE FOUNDATION SOLD MASTERSON PLACE AND BEGAN CONSTRUCTION OF A NEW FACILITY IN CLOSE PROXIMITY TO THE HOSPITAL. THE PROJECT WAS COMPLETED IN SUMMER 2019 AND THE 14-ROOM FACILITY IS FULLY OPERATING. 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 THERAPISTS, 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 SENSITIVE CARE. IN FISCAL YEAR 2018, WYOMING MEDICAL CENTER ENTERED INTO A CONTRACT WITH INTOUCH TO PROVIDE TELEHEALTH SERVICES IN HOSPITALS ACROSS THE STATE AND NOW HAS AGREEMENTS WITH NINE REMOTE LOCATIONS ACROSS WYOMING. 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 FY2020 WYOMING MEDICAL CENTER HAD NEARLY 54,000 PATIENT DAYS AND OVER 32,000 EMERGENCY DEPARTMENT VISITS. WYOMING MEDICAL CENTER HOUSES THE SAFE KIDS PROGRAM WITH THE HELP OF DONATIONS AND GRANTS FROM VARIOUS SOURCES. THE PROGRAM FOCUSES ON INJURY PREVENTION AND IN ADDITION TO THE OTHER COMMUNITY EDUCATION AND OUTREACH, OFFERS REGULAR CAR SEAT CHECKS AND PROVIDES CAR SEATS TO THOSE WHO CANNOT AFFORD THEM. CAR SEATS ARE PROVIDED THROUGH A VOUCHER PROGRAM ADMINISTERED THROUGH THE DEPARTMENT OF FAMILY SERVICES (DFS) AND THE WOMEN, INFANTS AND CHILDREN (WIC) PROGRAMS. ADDITIONALLY, SAFE KIDS PROVIDES ALL BABIES WHO LEAVE THE HOSPITAL A CAR SEAT IF NEEDED WITHOUT A VOUCHER. THE HOSPITAL PROVIDES SERVICES FOR SEXUALLY ASSAULTED VICTIMS THROUGH THE SAME 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 FOR WEIGHT LOSS, DIABETES, STROKE, MENTAL HEALTH, FIRST AID, 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. WYOMING MEDICAL CENTER RELEASED ITS REGULAR QUARTERLY PUBLICATION, THE PULSE, TO 10,000 HOMES IN NATRONA AND FREMONT COUNTIES AND EVERY PROVIDER OFFICE IN THE STATE OF WYOMING.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 7, REPORTS FILED WITH STATES	WY

Additional Data**Software ID:****Software Version:****EIN:** 83-0279242**Name:** WYOMING MEDICAL CENTER INC**Form 990 Schedule H, Part V Section A. Hospital Facilities**

Section A. Hospital Facilities		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
(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, primary website address, and state license number											
1	WYOMING MEDICAL CENTER 1233 EAST 2ND STREET CASPER, WY 82601 WWW.WYOMINGMEDICALCENTER.ORG 15315	X	X					X			

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
WYOMING MEDICAL CENTER	PART V, SECTION B, LINE 5: WYOMING MEDICAL CENTER WORKED VERY CLOSELY WITH THE CASPER-NATRONA COUNTY HEALTH DEPARTMENT FOR MORE THAN A YEAR ON GATHERING DATA TO PERFORM AN OVERALL HEALTH ASSESSMENT OF OUR COMMUNITY. THE COMMUNITY HEALTH STATUS REPORT REPRESENTS THAT WORK. WE USED A ROBUST METHODOLOGY FOR IDENTIFYING RELEVANT COMMUNITY HEALTH INDICATORS. THERE ARE A NUMBER OF RESOURCES THAT PROVIDE LISTS OF HEALTH INDICATORS RECOMMENDED FOR USE DURING THE COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS. WE CHOSE INDICATORS MOST COMMONLY USED FOR CHNAS, AND THEN CONTINUED TO DIG DEEPER INTO LOCAL DATA THAT WE HAD TO FURTHER CHARACTERIZE OUR COMMUNITY'S HEALTH. THE FULL DOCUMENT IS AVAILABLE ON OUR WEBSITE.OVER THE COURSE OF A YEAR, WE HELD THREE LARGER FORUMS WITH MANY KEY HEALTH STAKEHOLDERS IN THE COMMUNITY TO HELP US MOVE FORWARD WITH OUR IMPLEMENTATION STRATEGY. WE IDENTIFIED THE TOP 10 ISSUES IN OUR COUNTY BASED ON THE FINDINGS FROM THE CHNA AND PROVIDED A SURVEY TO KEY HEALTH STAKEHOLDERS ACROSS THE COUNTY. STAKEHOLDERS REPRESENTED VARIOUS ORGANIZATIONS INCLUDING LAW ENFORCEMENT, EDUCATORS, PHYSICIANS AND OTHER PROVIDERS, LOCAL HEALTH ADMINISTRATORS, AND MORE. ORGANIZATIONS INCLUDED, BUT ARE NOT LIMITED TO: CASPER AREA CHAMBER OF COMMERCE, WYOMING BUSINESS COALITION ON HEALTH, ELKHORN VALLEY REHABILITATION HOSPITAL, CITY OF CASPER, CASPER COLLEGE, PLATTE RIVER TRAILS, CENTRAL WYOMING HOSPICE, NATRONA COUNTY SCHOOL DISTRICT, SUMMIT MEDICAL CENTER, MOUNTAIN-PACIFIC QUALITY HEALTH, WYOMING HEALTH FAIRS, CASPER FAMILY YMCA, MERCER HOUSE, SENIOR PATIENT ADVOCATES, CASPER HOUSING AUTHORITY AND MORE.
WYOMING MEDICAL CENTER	PART V, SECTION B, LINE 6B: THE COMMUNITY HEALTH NEEDS ASSESSMENT WAS CONDUCTED IN COLLABORATION WITH THE CASPER-NATRONA COUNTY HEALTH DEPARTMENT.

Form 990 Part V Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
WYOMING MEDICAL CENTER	<p>PART V, SECTION B, LINE 11: FOUR SIGNIFICANT COMMUNITY HEALTH NEEDS WERE IDENTIFIED IN THE CHNA CONDUCTED FOR THE YEAR ENDED JUNE 30, 2019:- HEALTHY EATING / ACTIVE LIFESTYLE- SAFE / AFFORDABLE HOUSING- SUBSTANCE ABUSE / OTHER USE- MENTAL HEALTH / SUICIDEFOUR GROUPS WERE IDENTIFIED IN THE FY2019 COMMUNITY HEALTH NEEDS ASSESSMENT AND CONTINUE TO MEET SEVERAL TIMES PER YEAR TO ADDRESS ISSUES AND SOLUTIONS RELATED TO THE NEEDS IDENTIFIED. FY2019 WAS THE FIRST YEAR OF THE ASSESSMENT AND THE WAS A GOAL-SETTING YEAR. FY2020 PRESENTED CHALLENGES WITH IN-PERSON MEETINGS AND SOME GOALS DUE TO THE COVID-19 PANDEMIC. IN FY2020 WMC HAS WORKED ON THE FOLLOWING:HEALTHY LIVING / ACTIVE LIFESTYLE: THE GROUP HELD 16 "WALK WITH A DOC" TALKS BETWEEN JUNE AND DECEMBER 2020. WINTER WALKS WERE MOVED INDOORS AND WERE NOT WELL ATTENDED. SUMMER WALKS AVERAGED 30 PARTICIPANTS ON VARIOUS HEALTH TOPICS. WALKS WERE SUSPENDED UNTIL THE SPRING, AND DUE TO COVID-19, NO ADDITIONAL WALKS WERE SCHEDULED. WYOMING MEDICAL CENTER SIGNED A FIVE-YEAR LEASE WITH THE CASPER COMMUNITY GREENHOUSE PROJECT IN JANUARY 2020. THE NON-PROFIT HAS PLANNED AN URBAN GARDEN ON THE VACANT LAND AND STARTED CONSTRUCTION IN SUMMER 2020. SUBSTANCE ABUSE/OTHER USE: THE GROUP GOALS INCLUDE CREATING A MEDICATION DISPOSAL PROGRAM, CREATING AN INFORMATIONAL CAMPAIGN TO EDUCATE ON DISPOSAL AND COMMUNITY OPTIONS, INCREASING ACCESS TO OTHER COMMUNITY ENTITIES ENCOURAGING APPROPRIATE DISPOSAL, AND INSTITUTING MORE COMMUNITY ENTITIES PROVIDING DRUG DISPOSAL / DEACTIVTION BAGS WITH PRESCRIPTIONS. THE CASPER-NATRONA COUNTY HEALTH DEPARTMENT CONTINUES TO WORK WITH COMMUNITY PARTNERS TO EDUCATE ABOUT THE DISPOSAL PROGRAM. MOST EVENTS WERE CANCELED OR POSTPONED DUE TO THE COVID-19 PANDEMIC AND HAVE BEEN PUT ON HOLD UNTIL A LATER DATE. MENTAL HEALTH/SUICIDE: WYOMING MEDICAL CENTER AND THE CASPER-NATRONA COUNTY HEALTH DEPARTMENT ARE TRIALING A PROGRAM WITH HOPES OF EXPANDING IT TO OTHER ORGANIZATIONS IN OUR COMMUNITY. GOALS ARE TO CREATE A PROTOCOL, MATERIALS AND INFRASTRUCTURE FOR A CARING LETTERS PROGRAM, IMPLEMENT THE PROGRAM AT WMC AND EXPAND TO OTHER ORGANIZATIONS AND PROVIDE ONLINE VERSION FOR RESOURCES AND INFORMATION. CARING LETTERS GROUP OF VOLUNTEERS WERE PUT ON HOLD DUE TO COVID-19. WYOMING MEDICAL CENTER CONTINUES TO WORK ON A ZERO SUICIDE INITIATIVE WITH SEVERAL COMMUNITY PARTNERS. SAFE/AFFORDABLE HOUSING (EXPLORATORY GOAL): SINCE WYOMING MEDICAL CENTER AND THE CASPER-NATRONA COUNTY HEALTH DEPARTMENT HAVE LITTLE DIRECT CONTROL OVER HOUSING, THEY HAVE COMMITTED TO SUPPORTING THE GOALS OF THE CASPER HOUSING AUTHORITY WHICH INCLUDE: CREATING LOW-INCOME HOUSING UNITS, CREATING WORKFORCE HOUSING UNITS AND CREATING AN ONLINE RESOURCE LIST. WYOMING MEDICAL CENTER CARE MANAGEMENT WORKS CLOSELY WITH THE CASPER HOUSING AUTHORITY TO HELP WITH PLACEMENT OF PATIENTS IN NEED.</p>
WYOMING MEDICAL CENTER	<p>PART V, SECTION B, LINE 13H: AN APPLICANT MAY ONLY APPLY TO THIS PROGRAM ONCE PER ACCOUNT UNLESS THEY ENCOUNTER A CATASTROPHIC SITUATION WHICH CHANGES THE HOUSEHOLD GROSS INCOME AS DEFINED BY THE FEDERAL GOVERNMENT.</p>

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

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

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

Go to www.irs.gov/Form990 for the latest information.

Name of the organization

WYOMING MEDICAL CENTER INC

Employer identification number

83-0279242

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000.

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation, (g) Description of noncash assistance, (h) Purpose of grant or assistance. Row 1: (1) NATRONA COUNTY, 83-6000113, NATRONA COUNTY, 0, 166,359, BOOK VALUE, BUILDING, GENERAL BUSINESS USE OF BUILDING BY NATRONA COUNTY.

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table. 1
3 Enter total number of other organizations listed in the line 1 table. 0

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation
PART I, LINE 2:	WMC DONATED A BUILDING TO NATRONA COUNTY WHO IN TURN DONATED THE BUILDING TO THE IRIS CLUB HOUSE, A LOCAL 501(C)(3) ORGANIZATION. NO ADDITIONAL MONITORING IS NECESSARY DUE TO THE NATURE OF THE GRANT.

Schedule J
(Form 990)

Compensation Information

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

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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 on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		
<input type="checkbox"/> First-class or charter travel		
<input type="checkbox"/> Travel for companions		
<input type="checkbox"/> Tax idemnification and gross-up payments		
<input type="checkbox"/> Discretionary spending account		
<input type="checkbox"/> Housing allowance or residence for personal use		
<input type="checkbox"/> Payments for business use of personal residence		
<input checked="" type="checkbox"/> Health or social club dues or initiation fees		
<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
b If any of the boxes on 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	1b Yes	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?	2 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.		
<input checked="" type="checkbox"/> Compensation committee		
<input type="checkbox"/> Independent compensation consultant		
<input type="checkbox"/> Form 990 of other organizations		
<input checked="" type="checkbox"/> Written employment contract		
<input checked="" type="checkbox"/> Compensation survey or study		
<input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
a Receive a severance payment or change-of-control payment?	4a Yes	
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	No
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a The organization?	5a	No
b Any related organization?	5b	No
If "Yes," on line 5a or 5b, describe in Part III.		
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a The organization?	6a Yes	
b Any related organization?	6b Yes	
If "Yes," on line 6a or 6b, describe in Part III.		
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	7	No
8 Were any amounts reported on 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.	8	No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

For each individual whose compensation must be reported on 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 in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

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.

Return Reference	Explanation
PART I, LINE 1A	MICHELE CHULICK - CASPER COUNTRY CLUB - \$3,550 THE CASPER COUNTRY CLUB DUES WERE INCLUDED IN MICHELE CHULICKS'S 2019 TAXABLE W-2 WAGES.
PART I, LINE 4A	DAVID GARDNER, FORMER SENIOR VP & CNO RECEIVED SEVERANCE PAYMENTS OF \$218,534 DURING 2019.
PART I, LINE 6	WYOMING MEDICAL CENTER, INC HAS AN INCENTIVE PLAN FOR ALL LEVELS OF THE ORGANIZATION INCLUDING INDIVIDUAL CONTRIBUTORS. THE AMOUNT OF INCENTIVE AWARDED EACH FISCAL YEAR IS DETERMINED AND APPROVED BY THE BOARD COMPENSATION COMMITTEE BASED ON ACHIEVEMENT OF ORGANIZATIONAL GOALS RELATED TO FOUR (4) PILLARS; PEOPLE, QUALITY/SERVICE, EFFICIENCY (FINANCIAL STEWARDSHIP) AND GROWTH. THE GOALS ARE APPROVED BY THE BOARD AND WEIGHTED BASED ON THE PRIORITY ESTABLISHED BY THE BOARD; PEOPLE (25%), QUALITY/SERVICE (25%), EFFICIENCY (FINANCIAL STEWARDSHIP) (30%), AND GROWTH (20%).

Additional Data

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 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 in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1WAYNE WARREN NEUROSURGEON THRU 3/24/20	(i)	1,841,485	73,574	552	11,200	29,767	1,956,578	0
	(ii)	0	0	0	0	0	0	0
1TODD HAMMOND ANESTHESIOLOGIST	(i)	750,437	0	360	11,200	32,007	794,004	0
	(ii)	0	0	0	0	0	0	0
2MICHELE CHULICK CHIEF EXECUTIVE OFFICER	(i)	707,176	173,600	11,775	28,646	35,129	956,326	0
	(ii)	0	0	0	0	0	0	0
3ROBERT NEFF NEPHROLOGY	(i)	508,280	37,902	360	11,200	32,152	589,894	0
	(ii)	0	0	0	0	0	0	0
4CASEY COTANT NEPHROLOGY	(i)	484,369	25,936	240	11,200	34,698	556,443	0
	(ii)	0	0	0	0	0	0	0
5JESSE COFFEY PLASTIC SURGEON	(i)	460,331	0	1,584	11,200	1,366	474,481	0
	(ii)	0	0	0	0	0	0	0
6GREGORY RENNIRT ORTHOPEDIC SURGEON	(i)	443,199	0	276	0	7,224	450,699	0
	(ii)	0	0	0	0	0	0	0
7MICHAEL STALEY CHIEF ADMINISTRATICE OFFICER	(i)	336,683	33,603	1,584	0	31,991	403,861	0
	(ii)	0	0	0	0	0	0	0
8DAVID GARDNER SENIOR VP & CNO THRU 03/19	(i)	59,004	0	218,626	940	8,083	286,653	0
	(ii)	0	0	0	0	0	0	0
9B YVONNE WIGINGTON CHIEF FINANCIAL OFFICER THRU 07/19	(i)	239,193	52,950	361	53,080	19,906	365,490	0
	(ii)	0	0	0	0	0	0	0
10GARY ZMRHAL CHIEF FINANCIAL OFFICER	(i)	169,615	0	856	0	138	170,609	0
	(ii)	0	0	0	0	0	0	0

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule K (Form 990)

Supplemental Information on Tax-Exempt Bonds

Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization WYOMING MEDICAL CENTER INC

Employer identification number

83-0279242

Part I Bond Issues

Table with 10 columns: (a) Issuer name, (b) Issuer EIN, (c) CUSIP #, (d) Date issued, (e) Issue price, (f) Description of purpose, (g) Defeased (Yes/No), (h) On behalf of issuer (Yes/No), (i) Pool financing (Yes/No). Rows include NATRONA COUNTY WYOMING for CONSTRUCTION OF NEW WEST TOWER and REFUND SERIES 2011 BONDS.

Part II Proceeds

Table with 13 rows and 8 columns. Rows 1-13 show amounts for bonds retired, legally defeased, total proceeds, reserve funds, interest, escrows, issuance costs, credit enhancement, working capital, capital expenditures, and other spent/unspent proceeds. Rows 14-17 are yes/no questions about bond issuance and record keeping.

Part III Private Business Use

Table with 2 rows and 8 columns. Rows 1-2 are yes/no questions about partnership/LLC ownership and lease arrangements for bond-financed property.

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		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		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 ▶								
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 ▶								
6 Total of lines 4 and 5								
7 Does the bond issue meet the private security or payment test?		X		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		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		X				

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X				
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X	X					
b Exception to rebate?		X		X				
c No rebate due?	X			X				
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?		X		X				
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X				
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the 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		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		X				
7 Has the organization established written procedures to monitor the requirements of section 148?		X		X				

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
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		X				

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. (See instructions).

Return Reference	Explanation
DATE REBATE COMPUTATION PERFORMED	ISSUER NAME: NATRONA COUNTY, WYOMING DATE THE REBATE COMPUTATION WAS PERFORMED: 09/15/2015

Schedule L (Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No. 1545-0047

2019

Open to Public Inspection

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. Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury Internal Revenue Service

Name of the organization WYOMING MEDICAL CENTER INC

Employer identification number

83-0279242

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) 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.

Table with 5 columns: (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 the organization managers or disqualified persons during the year under section 4958.
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization.

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-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

Table with 9 columns: (a) Name of interested person, (b) Relationship with organization, (c) Purpose of loan, (d) Loan to or from the organization (To/From), (e) Original principal amount, (f) Balance due, (g) In default? (Yes/No), (h) Approved by board or committee? (Yes/No), (i) Written agreement? (Yes/No)

Total \$

Part III Grants or Assistance Benefiting Interested Persons.

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

Table with 5 columns: (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 NEUROLOGIC ASSOCIATES	DR. DAVID WHEELER, FORMER BOARD MEMBER, OWNS 50%	654,853	PHYSICIAN AND ON-CALL SERVICES		No
(2) ROCKY MOUNTAIN INFECTIOUS DISEASES	DR. MARK DOWELL, BOARD MEMBER, OWNS 51%	255,634	INFECTIOUS DISEASE MEDICAL SERVICES		No
(3) MEDICAL PROPERTY HOLDING COMPANY LLC	SUSAN MCMURRY, FORMER BOARD MEMBER, OWNS 63%	457,708	RENT AND UTILITY COSTS		No

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

Return Reference	Explanation

SCHEDULE O
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019**Open to Public Inspection**

Department of the Treasury

Name of the organization

WYOMING MEDICAL CENTER INC

Employer identification number

83-0279242

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 1	THE BOARD OF DIRECTORS EXECUTIVE COMMITTEE CONSISTS OF THE CHAIR, VICE CHAIR, SECRETARY OF THE BOARD AND THE CEO. THE EXECUTIVE COMMITTEE IS RESPONSIBLE FOR CARRYING OUT THE DIRECTIVES OF THE BOARD 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.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE WMC BOARD WAS DISSOLVED PRIOR TO THE FILING OF THE RETURN. ON 10/1/20, BANNER HEALTH BECAME THE PARENT COMPANY TO WYOMING MEDICAL CENTER. THE FORM 990 WAS PRESENTED TO MEMBERS OF BANNER HEALTH'S CORPORATE ACCOUNTING AND TAX TEAMS. FORM 990 WAS ALSO REVIEWED IN DEPTH BY WMC CFO AND CORPORATE ACCOUNTANT.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	<p>WYOMING MEDICAL CENTER'S CONFLICT OF INTEREST POLICY APPLIES TO ALL EMPLOYEES, INCLUDING MANAGERS, DIRECTORS, EXECUTIVES, AND THE BOARD OF DIRECTORS. ADDITIONALLY, THE BOARD OF DIRECTORS HOLDS TO ADDITIONAL CONFLICT OF INTEREST STATEMENTS BUILT INTO THE BOARD BYLAWS. 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 CONSIDER THE PROPOSED TRANSACTION OR ARRANGEMENT AFTER DISCLOSURE OF THE FINANCIAL INTEREST, ALL MATERIAL FACTS AND AFTER DISCUSSION WITH THE INTERESTED PERSON. THE INDIVIDUAL WITH THE CONFLICT 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 EXCLUDED FROM VOTING ON ANY COMPENSATION MATTERS INVOLVING OTHER PHYSICIANS. IF THEY ARE UNABLE TO DETERMINE IF A CONFLICT EXISTS, THEY SHALL CONTACT THE COMPLIANCE OFFICER FOR ASSISTANCE.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	<p>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. THIS PROCESS INCLUDED REVIEW AND APPROVAL BY INDEPENDENT PERSONS, COMPARABILITY DATA AND CONTEMPORANEOUS SUBSTANTIATION. THE COMPENSATION REVIEW PROCESS WAS LAST CONDUCTED IN 2019.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	WYOMING MEDICAL CENTER DOES NOT MAKE ITS GOVERNING DOCUMENTS OR CONFLICT OF INTEREST POLICY AVAILABLE TO THE PUBLIC. THE FINANCIAL STATEMENTS ARE ATTACHED TO THE PUBLIC DISCLOSURE COPY OF THE FORM 990.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	OTHER FEES: PROGRAM SERVICE EXPENSES 26,437,410. MANAGEMENT AND GENERAL EXPENSES 6,067,305 . FUNDRAISING EXPENSES 0. TOTAL EXPENSES 32,504,715.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9:	CHANGE IN PENSION LIABILITY 9,035,260.

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART XII, LINE 2C	THE PROCESS FOR OVERSIGHT AND SELECTION OF AN INDEPENDENT ACCOUNT HAS NOT CHANGED FROM THE PRIOR YEAR.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2019

**Open to Public
Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Department of the Treasury
Internal Revenue Service

Name of the organization
WYOMING MEDICAL CENTER INC

Employer identification number

83-0279242

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

(a) Name, address, and EIN (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	15,139,224	4,821,068	WYOMING MEDICAL CENTER

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) WYMEDCO CARE INC 1233 E 2ND ST CASPER, WY 82601 83-0279267	SUPPORT IN THE NONPROFIT MISSION OF WMC	WY	501(C)(3)	LINE 12A, I	WYOMING MEDICAL CENTER	Yes	
(2) WYOMING MEDICAL CENTER FOUNDATION 1233 E 2ND ST CASPER, WY 82601 83-0230808	CHARITY ACTIVITIES	WY	501(C)(3)	LINE 12A, I	WYOMING MEDICAL CENTER	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(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	RELATED	1,071,217	1,439,118		No		Yes		50.000 %
(2) NORTH PLATTE PATHOLOGY LLC 111 S JEFFERSON ST CASPER, WY 82601 45-3676843	MEDICAL SERVICES	WY	WYOMING MEDICAL CENTER	RELATED	3,247	106,395		No		Yes		50.000 %
(3) OUTPATIENT RADIOLOGY LLC 419 S WASHINGTON ST SUITE 41 CASPER, WY 82601 83-0279242	MEDICAL SERVICES	WY	WYOMING MEDICAL CENTER	RELATED	1,228,065	711,337		No		Yes		50.000 %

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(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	C	801,018	5,621,188	100.000 %	Yes	

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on 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?		Yes	No
a	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		No
b	Gift, grant, or capital contribution to related organization(s)	Yes	
c	Gift, grant, or capital contribution from related organization(s)	Yes	
d	Loans or loan guarantees to or for related organization(s)		No
e	Loans or loan guarantees by related organization(s)		No
f	Dividends from related organization(s)		No
g	Sale of assets to related organization(s)		No
h	Purchase of assets from related organization(s)		No
i	Exchange of assets with related organization(s)		No
j	Lease of facilities, equipment, or other assets to related organization(s)	Yes	
k	Lease of facilities, equipment, or other assets from related organization(s)		No
l	Performance of services or membership or fundraising solicitations for related organization(s)	Yes	
m	Performance of services or membership or fundraising solicitations by related organization(s)	Yes	
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	Yes	
o	Sharing of paid employees with related organization(s)	Yes	
p	Reimbursement paid to related organization(s) for expenses		No
q	Reimbursement paid by related organization(s) for expenses	Yes	
r	Other transfer of cash or property to related organization(s)		No
s	Other transfer of cash or property from related organization(s)	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 related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) WYOMING MEDICAL CENTER FOUNDATION	C	651,309	ACTUAL RECEIPTS
(2) CENTRAL WYOMING OUTPATIENT SURGERY LLC	J	350,000	ACTUAL RECEIPTS
(3) CENTRAL WYOMING OUTPATIENT SURGERY LLC	S	118,602	ACTUAL RECEIPTS

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

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

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

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R. (see instructions).

Return Reference	Explanation