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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

OMB No 1545-0047

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning 07-01-2008 and ending 06-30-2009

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

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
Renown Regional Medical Center

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
1155 MILL STREET C/O TAX TREASURY

City or town, state or country, and ZIP + 4
RENO, NV 89502

D Employer identification number
88-0213754

E Telephone number
(775) 982-4404

G Gross receipts $ 537,848,737

F Name and address of Principal Officer
Dawn Ahner
1155 Mill St Z-6
Reno, NV 89502

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

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

H(c) Group Exemption Number ▶

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

J Web site: ▶ WWW RENOWN ORG

K Type of organization ☑ Corporation ☐ trust ☐ association ☐ other ▶

L Year of Formation 1985

M State of legal domicile NV

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
See Schedule O

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	12
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	10
5	Total number of employees (Part V, line 2a)	5	0
6	Total number of volunteers (estimate if necessary)	6	278
7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	183,294
b	Net unrelated business taxable income from Form 990-T, line 34	7b	-1,064,282

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	370,817	910,430
9	Program service revenue (Part VIII, line 2g)	555,262,289	532,823,601
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,312,590	951,547
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	896,775	2,371,173
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	559,842,471	537,056,751
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	3,244,976	6,685,238
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)	158,448,038	173,120,190
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	(Total fundraising expenses, Part IX, column (D), line 25 0)		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	397,087,443	356,400,421
18	Total expenses—add lines 13–17 (must equal Part IX, line 25, column (A))	558,780,457	536,205,849
19	Revenue less expenses Subtract line 18 from line 12	1,062,014	850,902
Net Assets or Fund Balances		**Beginning of Year**	**End of Year**
20	Total assets (Part X, line 16)	697,830,887	702,889,978
21	Total liabilities (Part X, line 26)	537,908,899	561,702,269
22	Net assets or fund balances Subtract line 21 from line 20	159,921,988	141,187,709

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

Please Sign Here

Signature of officer — Date: 2010-05-10

DAWN D AHNER CFO
Type or print name and title

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-empolyed ☐	Preparer's PTIN (See Gen Inst)
Firm's name (or yours if self-employed), address, and ZIP + 4: ERNST & YOUNG US LLP, 2901 DOUGLAS BLVD SUITE 300, ROSEVILLE, CA 95661			EIN ▶
			Phone no ▶ (916) 218-1900

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

Part III Statement of Program Service Accomplishments (See the instructions.)

1 Briefly describe the organization's mission

See Schedule O

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses $ 472,291,275 including grants of $ 6,685,238) (Revenue $ 533,038,013)

See Schedule O

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 $ 472,291,275 *Must equal Part IX, Line 25, column (B).*

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4		No
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? *If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable*	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12		No
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? *If "Yes," complete Schedule F, Part I*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Part II*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Part III*	16		No
17	Did the organization report more than $15,000 on Part IX, column (A), line 11e? *If "Yes," complete Schedule G, Part I*	17		No
18	Did the organization report more than $15,000 total on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20	Yes	
21	Did the organization report more than $5,000 on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	Yes	
22	Did the organization report more than $5,000 on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? *If "Yes," complete Schedule J*	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to question 25*	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? *If "Yes," complete Schedule L, Part I*	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	27		No

Part IV Checklist of Required Schedules *(Continued)*

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	Have a family member who had a direct or indirect business relationship with the organization? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? *If "Yes," complete Schedule L, Part IV* .	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35**		No
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**	Yes	
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, *Annual Summary and Transmittal of U.S. Information Returns. Enter -0-* if not applicable	1a	0		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c			
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	2a	0		
b	If at least one is reported in 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 this return.*	2b			
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	3a		Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b		Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			No
b	If "Yes," enter the name of the foreign country _____ See the instructions for exceptions and filing requirements for **Form TD F 90-22.1,** *Report of Foreign Bank and Financial Accounts.*				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, *Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?*	5c			
6a	Did the organization solicit any contributions that were not tax deductible?	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	*Organizations that may receive deductible contributions under section 170(c).*				
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of $75 or more?	7a			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h			
8	*Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.* Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			
9	*Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.*				
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			
10	*Section 501(c)(7) organizations.* Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	*Section 4947(a)(1) non-exempt charitable trusts.* Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			

Part VI Governance, Management, and Disclosure *(Sections A, B, and C request information about policies not required by the Internal Revenue Code.)*

Section A. Governing Body and Management

			Yes	No
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body . .	1a 12		
b	Enter the number of voting members that are independent . .	1b 10		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . .	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? . .	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets? . .	5		No
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . .	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	the governing body?	8a	Yes	
b	each committee with authority to act on behalf of the governing body?	8b	Yes	
9a	Does the organization have local chapters, branches, or affiliates?	9a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	Yes	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		No

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? *If "No", go to line 13* . .	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
a	The organization's CEO, Executive Director, or top management official?	15a	Yes	
b	Other officers or key employees of the organization?	15b	Yes	
	Describe the process in Schedule O			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

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

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

☐ own website ☐ another's website ☑ upon request

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

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

Dawn D Ahner
1155 MILL ST Z-6
Reno, NV 89502
(775) 982-4404

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

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

1a Complete this table for all persons required to be listed Use Schedule J-2 if additional space is needed
* List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid

* List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations

* List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations

* List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

☑ Check this box if the organization did not compensate any officer, director, trustee or key employee

(A) Name and Title	**(B)** Average hours per week	**(C)** Position (check all that apply)						**(D)** Reportable compensation from the organization (W-2/1099MISC)	**(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			

Part VII Continued

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099MISC)	(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			
1b Total ▶								0	3,342,135	573,299

2 Total number of individuals (including those in 1a) who received more than $100,000 in reportable compensation from the organization ▶ 0

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
Northern Sierra Dialysis Center 1500 E 2nd St RENO, NV 89502	Medical Services	1,887,983
Arup Laboratories Inc PO Box 27964 SALT LAKE CITY, UT 84127	Lab Services	935,809
Reno Heart Physicians 343 Elm St RENO, NV 89502	Medical Services	737,912
Sierra Nevada Heart Institute 75 Pringle Way Ste G15 RENO, NV 89502	Medical Services	688,153
SNCA Cath Lab LLC 75 Pringle Way Ste G16 RENO, NV 89502	Medical Services	678,031

2 Total number of independent contractors (including those in 1) who received more than $100,000 in compensation from the organization ▶ 40

Part VIII Statement of Revenue

			(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns 1a				
	b	Membership dues 1b				
	c	Fundraising events 1c				
	d	Related organizations 1d 910,430				
	e	Government grants (contributions) 1e				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f				
	g	Noncash contributions included in lines 1a-1f $				
	h	**Total (Add lines 1a-1f)**	910,430			
Program Service Revenue		Business Code				
	2a	Patient Service Revenue	621,500	530,202,653	530,202,653	
	b	Cafeteria	722,210	2,603,062	2,603,062	
	c	Patient Prescriptions	621,500	17,886	17,886	
	d					
	e					
	f	All other program service revenue				
	g	**Total. Add lines 2a-2f** ▶ $ 532,823,601				
	3	Investment income (including dividends, interest other similar amounts)	3,483			3,483
	4	Income from investment of tax-exempt bond proceeds	644,321			644,321
	5	Royalties	0			
		(i) Real / (ii) Personal				
	6a	Gross Rents: (ii) Personal 661,163				
	b	Less rental expenses: (ii) Personal 393,313				
	c	Rental income or (loss): (ii) Personal 267,850				
	d	Net rental income or (loss)	267,850			267,850
		(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory: (ii) Other 473,624				
	b	Less cost or other basis and sales expenses: (ii) Other 169,881				
	c	Gain or (loss): (ii) Other 303,743				
	d	Net gain or (loss)	303,743			303,743
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 *Attach Schedule G if total exceeds $15,000* a				
	b	Less direct expenses b				
	c	Net income or (loss) from fundraising events	0			
	9a	Gross income from gaming activities See part IV, line 19 *Complete Schedule G if total exceeds $15,000* a				
	b	Less direct expenses b				
	c	Net income or (loss) from gaming activities	0			
	10a	Gross sales of inventory, less returns and allowances a 451,730				
	b	Less cost of goods sold b 228,792				
	c	Net income or (loss) from sales of inventory	222,938	222,938		
		Miscellaneous Revenue / Business Code				
	11a	Unrelated Business Income 621,500	183,294		183,294	
	b	GAIN ON INTEREST RATE SWAP 621,500	1,697,091			1,697,091
	c					
	d	All other revenue				
	e	**Total. Add lines 11a-11d** $ 1,880,385				
	12	**Total Revenue.** Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e	537,056,751	533,046,539	183,294	2,916,488

Part IX Statement of Functional Expenses

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21	6,501,040	6,501,040		
2 Grants and other assistance to individuals in the U S See Part IV, line 22	184,198	184,198		
3 Grants and other assistance to governments, organizations and individuals outside the U S See Part IV, lines 15 and 16	0	0		
4 Benefits paid to or for members	0	0		
5 Compensation of current officers, directors, trustees, and key employees	0	0	0	0
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0
7 Other salaries and wages	146,564,374	145,049,282	0	0
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	0	0	0	0
9 Other employee benefits	26,555,816	26,268,246	287,570	0
10 Payroll taxes	0	0	0	0
11 Fees for services (non-employees)				
a Management	54,423,109	0	54,423,109	0
b Legal	361,267	0	361,267	0
c Accounting	0	0	0	0
d Lobbying	0	0	0	0
e Professional fundraising *See Part IV, line 17*	0			0
f Investment management fees	0	0	0	0
g Other	60,923,582	56,410,792	4,512,790	0
12 Advertising and promotion	12,171	12,171	0	0
13 Office expenses	103,322,750	103,244,106	78,644	0
14 Information technology	665,422	665,422	0	0
15 Royalties	0	0	0	0
16 Occupancy	1,333,445	1,191,335	142,110	0
17 Travel	218,383	209,819	8,564	0
18 Payments of travel or entertainment expenses for any Federal, state or local public officials	0	0	0	0
19 Conferences, conventions and meetings	132,218	48,842	83,376	0
20 Interest	24,664,014	24,664,014	0	0
21 Payments to affiliates	0	0	0	0
22 Depreciation, depletion, and amortization	28,204,878	26,963,049	1,241,829	0
23 Insurance	1,156,680	1,156,680	0	0
24 Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a Bad Debts	76,731,803	76,731,803	0	0
b Extinguishment of Debt	2,844,365	2,844,365	0	0
c Other Expenses	1,406,334	146,111	1,260,223	0
f All other expenses				
25 **Total functional expenses.** Add lines 1 through 24f	536,205,849	472,291,275	63,914,574	0
26 **Joint Costs.** Check ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		21,420	1	19,870
	2	Savings and temporary cash investments		11,669,589	2	52,578,290
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		88,454,751	4	92,866,324
	5	Receivables from current and former officers, directors, trustees, key employees or other related parties *Complete Part II of Schedule L*			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) *Complete Part II of Schedule L*			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		13,441,566	8	13,173,734
	9	Prepaid expenses and deferred charges		1,699,923	9	2,069,868
	10a	Land, buildings, and equipment cost basis	10a 684,573,614			
	b	Less accumulated depreciation *Complete Part VI of Schedule D*	10b 243,390,803	455,925,899	10c	441,182,811
	11	Investments—publicly traded securities			11	
	12	Investments—other securities See Part IV, line 11 *Complete Part VII of Schedule D*			12	
	13	Investments—program-related See Part IV, line 11 *Complete Part VIII of Schedule D*			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11 *Complete Part IX of Schedule D*		126,617,739	15	100,999,081
	16	**Total assets.** *Add lines 1 through 15 (must equal line 34)*		697,830,887	16	702,889,978
Liabilities	17	Accounts payable and accrued expenses		37,036,006	17	34,535,481
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		479,060,470	20	473,916,801
	21	Escrow account liability *Complete Part IV of Schedule D*			21	
	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties		0	23	15,000,000
	24	Unsecured notes and loans payable			24	
	25	Other liabilities *Complete Part X of Schedule D*		21,812,423	25	38,249,987
	26	**Total liabilities.** *Add lines 17 through 25*		537,908,899	26	561,702,269
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		159,921,988	27	141,187,709
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		159,921,988	33	141,187,709
	34	Total liabilities and net assets/fund balances		697,830,887	34	702,889,978

Part XI Financial Statements and Reporting

				Yes	No
1	Accounting method used to prepare the Form 990	☐ cash ☑ accrual ☐ other			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
b	Were the organization's financial statements audited by an independent accountant?		2b		No
c	If "Yes" to lines 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?		2c		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3a		No
b	If "Yes," did the organization undergo the required audit or audits?		3b		

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.
Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
Renown Regional Medical Center

Employer identification number
88-0213754

Part I Reason for Public Charity Status (to be completed by all organizations) (See Instructions)

The organization is not a private foundation because it is (Please check only **one** organization)

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

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

3 ☑ A hospital or a cooperative hospital service organization described in **Section 170(b)(1)(A)(iii).** (Attach Schedule H)

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

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

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

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

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

9 ☐ An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **Section 509(a)(2).** (Complete Part III)

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

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

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

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

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

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

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

h Provide the following information about the organizations the organization supports

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

Part II **Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add line 1-3						
5 The portion of total contribution by each person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f)						
6 **Public Support** subtract line 5 from line 4						

Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 **Total Support** (Add lines 7 through 10)						

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

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

Computation of Public Support Percentage

14 Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2007 Schedule A, Part IV-A, line 26f **15**

16a **33 1/3% Test - 2008.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

b **33 1/3% Test - 2007.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

17a **10% Facts and Circumstances Test - 2008.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶

b **10% Facts and Circumstances Test - 2007.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶

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

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

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 1-5						
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 1% of the total of lines 9, 10c, 11, and 12 for the year or $5,000						
c Total of lines 7a and 7b						
8 **Public Support** (Substract line 7c from line 6)						

Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 30 June, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total Support** (Add lines 9, 10c, 11 and 12)						

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

Computation of Public Support Percentage

15	Public Support Percentage for 2008 (line 8 column (f) divided by line 13 column (f))	15
16	Public Support Percentage for 2007 Schedule A, Part IV-A, line 27g	16

Computation of Investment Income Percentage

17	Investment Income Percentage for **2008** (line 10c column (f) divided by line 13 column (f))	17
18	Investment Income Percentage from **2007** Schedule A, Part IV-A, line 27h	18

19a **33 1/3% Tests - 2008.** 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% Tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

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

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

Facts and Circumstances Test

Additional Data

Software ID:
Software Version:
EIN: 88-0213754
Name: Renown Regional Medical Center

Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099MISC)	(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			
Lawson Fox , Secretary	3 0	X						0	2,500	0
Alvaro Devia , Director	3 0	X						0	0	0
Larry Klaich , Director	3 0	X						0	3,956	0
Bertha Mullins , Director	3 0	X						0	8,382	0
Bill Newberg , Director	3 0	X						0	6,471	0
Phil Reddick , Director	3 0	X						0	2,500	0
Roberta Roth , Director	3 0	X						0	2,500	0
Blake Smith , Treasurer	3 0	X						0	1,500	0
Fred Boyd , Director	3 0	X						0	16,596	0
Rob Winkel , Director	3 0	X						0	10,600	0
Ronald Laxton , Director	52 0	X						0	492,316	63,040
James Miller , President	44 0	X		X				0	1,102,216	323,568
Dawn Ahner , Chief Financial Officer	30 0			X				0	509,368	72,724
Kristina Gaw , Chief Operating Officer	60 0					X		0	381,291	49,932
Michael Basinger , Chief Nursing Officer	60 0					X		0	218,202	10,287
William Keough , Chief Medical Physiscist	60 0					X		0	204,737	19,635
Linda Ferris , VP, CLINICAL PROGRAMS DEVLPT	60 0					X		0	205,266	16,424
Larry Weber , VP, ANCILLARY AND SUPPORT SVC	60 0					X		0	173,734	17,689

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
Renown Regional Medical Center

Employer identification number
88-0213754

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

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

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or pleasure) ☐ Preservation of an historically importantly land area
☐ Protection of natural habitat ☐ Preservation of certified historic structure
☐ Preservation of open space

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

b Assets included in Form 990, Part X ▶ $

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land		13,051,070		13,051,070
b Buildings		489,503,108	129,570,360	359,932,748
c Leasehold improvements		437,391	413,638	23,753
d Equipment		178,161,912	113,406,806	64,755,106
e Other		3,420,134		3,420,134
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				441,182,811

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

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

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

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

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

(a) Description	(b) Book value
OTHER RECEIVABLES	295,308
DEPOSITS	23,471
UNAMORTIZED FINANCING COSTS	16,283,614
DUE FROM AFFILIATES	55,252,627
DEBT SERVICE RESERVE	10,888,376
FUNDS HELD IN TRUST	18,255,685
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	100,999,081

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

(a) Description of Liability	(b) Amount
Federal Income Taxes	
OTHER CURRENT LIABILITIES	2,797,638
LONG-TERM SETTLEMENTS	53,703
FAS 106 ACCRUAL	1,784,862
RIP ACCRUAL	4,284,184
CITY OF RENO	500,000
SWAP ACCRUAL	28,813,401
Due to Affliates	16,199
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	38,249,987

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	

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

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

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

1	Total expenses and losses per audited financial statements			1	
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	Losses reported on Form 990, Part IX, line 25	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	

Part XIV Supplemental Information

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

Identifier	Return Reference	Explanation
FIN 48 FOOTNOTE FROM AUDIT	SCHEDULE D, PART XIV	IN JULY 2006, THE FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) ISSUED INTERPRETATION NO 48, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES (FIN 48) WHICH CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED IN THE FINANCIAL STATEMENTS IN ACCORDANCE WITH SFAS NO 109, ACCOUNTING FOR INCOME TAXES FIN 48 PRESCRIBES A RECOGNITION THRESHOLD AND MEASUREMENT ATTRIBUTE FOR THE FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN AND PROVIDES GUIDANCE ON DERECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES, ACCOUNTING IN INTERIM PERIODS, DISCLOSURE, AND TRANSITION RENOWN HEALTH ADOPTED FIN 48 IN 2008, AND ITS ADOPTION HAD NO MATERIAL EFFECT ON THE COMBINED FINANCIAL STATEMENTS

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Attach to Form 990. To be completed by organizations that answer "Yes" to Form 990, Part IV, line 20.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
Renown Regional Medical Center

Employer identification number
88-0213754

Part I Charity Care and Certain Other Community Benefits at Cost *(Optional for 2008)*

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

7 Charity Care and Certain Other Community Benefits at Cost

Charity Care and Means-Tested Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Charity care at cost (from *worksheets 1 and 2)*						
b Unreimbursed Medicaid (from *worksheet 3, column a)*						
c Unreimbursed costs—other means-tested government programs (from *worksheet 3, column b)*						
d **Total** Charity Care and Means-Tested Programs						
Other Benefits						
e Community health improvement services and community benefit operations (from (worksheet 4)						
f Health professions education (from worksheet 5)						
g Subsidized health services (from worksheet 6)						
h Research (from worksheet 7)						
i Cash and in-kind contributions to community groups (from worksheet 8)						
j **Total** Other Benefits						
k **Total** (line 7d and 7j)						

Part II Community Building Activities (Complete this table if the organization conducted any community building activities) *(Optional for 2008)*

		(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						
9	Other						
10	**Total**						

Part III Bad Debt, Medicare, & Collection Practices *(Optional for 2008)*

Section A. Bad Debt Expense

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

Section B. Medicare

5	Enter total revenue received from Mecicare (including DSH and IME)	5	
6	Enter Medicare allowable costs of care relating to payments on line 5	6	
7	Enter line 5 less line 6—surplus or (shortfall)	7	
8	Describe in Part VI the extent to which any shortfall reported on line 7 should be treated as community benefit and the costing methodology or source used to determine the amount reported on line 6 and indicate which of the following methods was used		

☐ Cost accounting system ☐ Cost to charge ratio ☐ Other

Section C. Collection Practices

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

Part IV Management Companies and Joint Ventures *(Optional for 2008)*

	(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors trustees, or key employees' profit % or stock ownership%	(e) Physicians' profit % or stock ownership %
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					

Part V Facility Information *(Required for 2008)*

Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
Renown Regional Medical Center 1155 Mill St Reno, NV 89502	X	X	X	X		X	X		

Part VI Supplemental Information *(Optional for 2008)*

Complete this part to provide the following information

1 Provide the description required for Part I, line 3c, Part I, line 7, Part III, line 4, Part III, line 8, and Part III, line 9b

2 **Needs Assessment.** Describe how the organization assesses the health care needs of the communities it serves

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 charity care policy

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

5 **Community Building Activities.** Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves

6 Provide any other information important to describing how the organization's hospitals 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)

7 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 communites served

8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
Renown Regional Medical Center

Employer identification number
88-0213754

Part I General Information on Grants and Assistance

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

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

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 if additional space is needed . . . . . ▶ ☐

1(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 (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Renown Skilled Nursing1155 Mill St Reno, NV 89502	20-1347269	501 (c)(3)	3,121,332				Provide Skilled Nursing service to low income indi Donation to the Nevada Cancer Council - colon canc Provide pregnancy service to low income individual
Access to Healthcare Network235 W 6th St Reno, NV 89503	72-1619489	501 (c)(3)	10,000				Donation to the Nevada Cancer Council - colon cancer screening project
Renown Network Services 1155 Mill St Reno, NV 89502	88-0231828	501 (c)(3)	3,369,708				Provide pregnancy service to low income individuals

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

3 Enter total number of other organizations . . . . . ▶ 0

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Patient Assistance	417	184,198			

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

See Additional Data Table

Identifier	Return Reference	Explanation
Form 990, Schedule I	Description of Organization's Procedures for Monitoring the Use of Grants	THE ORGANIZATION'S GRANTS ARE GIVEN DIRECTLY TO THE RECIPIENT TO COVER A NEED THAT WAS IDENTIFIED DURING THE GRANTING PROCESS THERE IS NO ONGOING MONITORING NECESSARY FOR THESE GRANTS

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
Renown Regional Medical Center

Employer identification number
88-0213754

Part I Questions Regarding Compensation

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

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
Ronald Laxton	(i)	0	0	0	0	0	0	0
	(ii)	421,307	44,700	26,309	55,875	7,165	555,356	0
James Miller	(i)	0	0	0	0	0	0	0
	(ii)	745,571	345,160	11,485	310,473	13,095	1,425,784	0
Dawn Ahner	(i)	0	0	0	0	0	0	0
	(ii)	395,806	79,600	33,962	58,950	13,774	582,092	0
Kristina Gaw	(i)	0	0	0	0	0	0	0
	(ii)	234,280	85,000	62,011	39,194	10,738	431,223	0
Michael Basinger	(i)	0	0	0	0	0	0	0
	(ii)	193,853	0	24,349	3,786	6,501	228,489	0
William Keough	(i)	0	0	0	0	0	0	0
	(ii)	190,023	0	14,714	7,914	11,721	224,372	0
Linda Ferris	(i)	0	0	0	0	0	0	0
	(ii)	172,319	17,176	15,771	4,275	12,149	221,690	0
Larry Weber	(i)	0	0	0	0	0	0	0
	(ii)	159,727	0	14,007	7,031	10,658	191,423	0
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

Identifier	Return Reference	Explanation
Supplemental Compensation Information	SCHEDULE J, PART I, QUESTION 4B	DAWN AHNER - $49,750, RONALD LAXTON - $55,875, KRISTINA GAW - $31,250, THESE AMOUNTS ARE INCLUDED IN SCHEDULE J, PART II, COLUMN (C)

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

To be completed by organizations that answered "Yes" to Form 990, Part IV, line 24a.
Provide descriptions, explanations, and any additional information in Schedule O.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
Renown Regional Medical Center

Employer identification number
88-0213754

Part I Bond Issues *(Required for 2008)*

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer	
							Yes	No	Yes	No
A	City of Reno	88-6000201	759836EY1	06-29-2004	200,000,000	Construction, eqpt/land/bldg purch		X		X
B	City of Reno	88-6000201	759836GK9	02-10-2005	100,000,000	Construction and equipment purch		X		X
C	city of reno	88-6000201	759836DX4	10-04-2006	90,000,000	Construction and equipment purch		X		X
D	city of reno	88-6000201	759836ED7	04-19-2007	120,000,000	Construction and equipment purch		X		X
E	city of reno	88-6000201	759836JC4	06-26-2008	86,800,000	Refunded 2006A&B		X		X

Part II Proceeds *(Optional for 2008)*

		A	B	C	D	E
1	Total Proceeds of Issue					
2	Gross Proceeds in Reserve Funds					
3	Proceeds in Refunding or Defeasance Escrows					
4	Other Unspent Proceeds					
5	Issuance Costs from Proceeds					
6	Working Capital Expenditures from Proceeds					
7	Capital Expenditures from Proceeds					
8	Year of Substantial Completion					

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
9	Were the bonds issued as part of a current refunding issue?										
10	Were the bonds issued as part of an advance refunding issue?										
11	Has the final allocation of proceeds been made?										
12	Does the organization maintain adequate books and records to support the final allocation of proceeds?										

Part III Private Business Use *(Optional for 2008)*

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

Part III Private Business Use *(Continued)*

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

Part IV Arbitrage *(Optional for 2008)*

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T been filed wth respect to the bond issue?										
2	Is the bond issue a variable rate issue?										
3a	Has the organization or the government issuer identified a hedge with respect to the bond issue on its books and records?										
b	Name of provider										
c	Term of hedge										
4a	Were gross proceeds invested in a GIC?										
b	Name of provider										
c	Term of GIC										
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5	Were any gross proceeds invested beyond an available temporary period?										
6	Did the bond issue qualify for an exception to rebate?										

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SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ **Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.**

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
Renown Regional Medical Center

Employer identification number
88-0213754

Identifier	Return Reference	Explanation
MISSION STATEMENT	FORM 990, PART I, LINE 1 AND PART III, LINE 1	To establish, equip and maintain one or more general acute care hospitals, medical centers, clinics, institutions or other places for the reception and care of the sick, injured and disabled, with permanent facilities that include outpatient and inpatient beds and medical services, and to provide associated services that may include, without limitation, skilled nursing care, residential board and care, outpatient care and home care in furtherance of this corporation's charitable purposes, To promote and carry on educational activities related to the care of the sick, injured and disabled or to the promotion of health, To promote and carry on scientific research related to the care of the sick, injured and disabled, and To promote or carry on such other activities as may be deemed advisable for the betterment of the general health of the community served

Identifier	Return Reference	Explanation
EXEMPT PURPOSE ACHIEVEMENTS	FORM 990, PART III, LINE 4A	Our mission is to make a genuine difference for the many lives we touch by optimizing our patients' healthcare experience Renown Regional Medical Center is an accredited, 808-licensed bed, general and acute-care hospital serving communities in northern Nevada, northeastern California and adjacent areas of Oregon and Idaho A not-for-profit hospital offering a full range of medical, diagnostic and ancillary services, Renown Regional provides the only designated Level II trauma center between Sacramento and Salt Lake City It is the teaching facility for the professional development of the region's healthcare professionals Renown Regional provides healthcare services regardless of race, creed, sex, national origin, handicap, age or ability to pay People in our community have access to Renown Regional services in specialties including cancer, heart, neurosciences, orthopedics, surgery, intensive care, and women's and children's health As part of an integrated health network, Renown Regional Medical Center provides many services to the community that otherwise would require that people travel to other cities to receive care These programs, services and technology include a Level II trauma center, a pediatric intensive care unit, TomoTherapy High Art System, biplane angiography, a dedicated PET/CT scanner, a Joint Commission-certified Primary Stroke Center, comprehensive amputee services, an ABRET-accredited Epilepsy Monitoring Lab, an Intersocietal Commission-accredited Echocardiography Lab, multi-specialty da Vinci Robotic Surgery Program Renown Regional also offers access to the largest number of clinical research trials in the region The Tahoe Tower opened in 2007, adding 190 private patient rooms at Renown Regional Medical Center This investment demonstrates Renown Health's commitment to having a nurse and a bed available when people need care Renown Regional comprises the Medical Center and three Centers for Advanced Medicine, these house medical specialty and subspecialty practices In partnership with the more than 950 physicians on its medical staff, Renown Regional offers more than 40 physician specialties, including cardiac surgery, cardiology, endocrinology, geriatrics, gynecologic oncology, infectious disease, neurosurgery, orthopedics, otolaryngology, pediatric anesthesia, pediatric endocrinology, pediatric gastroenterology, pediatric neurology, pediatric oncology and hematology, perinatology, plastic surgery, psychiatry, pulmonary medicine, radiation therapy, radiology, rheumatology and urology In the fiscal year ending June 30, 2009, Renown Regional Medical Center total hospital admissions and patient days excluding newborns were 26,731 and 141,489, respectively Renown Regional also provided care for 67,692 emergency-room visits and 120,226 outpatient visits During fiscal year 2009 Renown Regional Medical Center provided the following community benefits Subsidized Health Services $ 134,902,231 Community Health Improvement Services 8,090,378 Health Professions Education 2,099,756 Research 599,152 Cash and In-Kind Contributions 515,541 Other Benefits 63,147 Total Community Benefits $146,270,205 Technology and advanced medicine In fiscal year 2009 Renown Regional Medical Center continued its tradition of fostering advanced medicine for our region This commitment to skill, expertise and technology benefits our community by making the latest medical treatments and techniques available close to home In August 2008, Renown Health was among the first in the nation and first in the state to implant a new heart defibrillator The device, called TELIGEN, is an implantable cardioverter defibrillator (ICD) and represents an entirely new platform to treat sudden cardiac death TELIGEN is used to treat sudden cardiac death, which is the abrupt loss of heart function, usually due to an electrical rhythm dysfunction in the lower chambers of the heart that causes the heart to pump blood ineffectively The TELIGEN ICD is the smallest, thinnest high-energy ICD in the world with innovative technologies and exceptional longevity Sierra Nevada Cardiology Associates' Chad Bidart, M D , successfully implanted the device at Renown Regional Medical Center, Monday, Aug 4, 2008 The procedure was done in the catheterization laboratory with experienced registered nurses and radiology technicians assisting "It is a smaller device and lighter, which is good for patients," said Dr Bidart "Innovative devices like these make a huge difference in patient care and comfort " Renown Regional Medical Center is the first and most experienced provider of the da Vinci Robotic Surgical System Owner of two da Vinci Robotic Surgical Systems, da Vinci provides patients with one of the most effective, least invasive treatment alternatives for complex cardiothoracic and gynecologic procedures The da Vinci Robotic Surgical System offers 3D high-definition imaging and up to ten times magnification that presents a clearer picture of the surrounding tissue and structures in and near the site of the surgery The minute size of the da Vinci instruments and the way the system enhances the surgeon's hand and wrist movements gives the surgeon more dexterity, versatility and precision On Sept 18, 2008 Peter Lim, M D , gynecologic oncology, completed the 100th da Vinci procedure at Renown By enhancing surgical capabilities, the da Vinci surgical system helps to improve clinical outcomes for patients across many disciplines In January 2009 Renown Health's Institute for Cancer became the first in northern Nevada to offer cancer patients the most advanced radiation treatments The new TomoTherapy Hi-Art System expanded doctors' ability to use therapeutic radiation to treat tumors with 3-D, real-time imaging and improved precision Unlike traditional radiation therapy equipment, the HiArt System's treatment delivery unit doubles as an on-board CT scanner This allows true CT images of a patient's anatomy to be created with the same physical equipment used to treat that patient The system provides that tumors will receive their intended dosage of radiation "We are constantly looking at cancer treatment options," said Linda Ferris, Ph D , vice president of the Renown Institute for Cancer "We added da Vinci last February and TomoTherapy is just another amazing new machine in the Renown Institute for Cancer's toolbox to fight cancer There are other tools out there, but we've concluded that this technology is different and unique, essentially a step above the rest " On June 29, 2009, Renown Regional Medical Center announced, as the region's only level II trauma center and as a leader in cardiac care for more than 30 years, the region's first Chest Pain Center This diagnostic center offers proven protocols to help physicians identify the early stages of a heart attack, which might otherwise go undiagnosed

Identifier	Return Reference	Explanation
EXEMPT PURPOSE ACHIEVEMENTS	(CONTINUED)	Bringing advanced medicine to children in our community Renown Children's Hospital provides the focus for Renown Health's commitment to caring for the youngest and most vulnerable in our community In Sept 2008, the Lili Claire Family Resource Center opened at Renown Regional The Lili Claire Family Resource center provides children, parents and the community access to a resource center for education and support on Williams syndrome, Down Syndrome and Autism The Lili Claire Family Resource Center, which is located at Renown Regional Medical Center, is dedicated to providing comprehensive holistic programs, services and education designed to enhance all aspects of an individual's life from infancy to adulthood Programs at the Lili Claire Resource Center include medical, psychosocial, educational and vocational In February 2009, Renown announced its acceptance for supporting member status in the National Association of Children's Hospitals and Related Institutions (NACHRI) Renown Children's Hospital became the first in Nevada and one of 217 institutions in the nation to belong to the nonprofit association, a collective voice for health systems devoted to the well-being of America's 70 million children and their families Renown Children's Hospital began development under a "hospital within a hospital" concept, including existing programs and services as well as new program and service development in the coming months and years "We welcome Renown Children's Hospital to the family of care givers devoted to improving the health of children, and we look forward to its active involvement," said NACHRI President and CEO Lawrence A McAndrews "Because of their focus on children, institutions like Renown Children's Hospital are able to identify emerging trends and problems associated with the health of children " Although the pediatric services at Renown have a new name, the focus remains the same - to optimize every patient's healthcare experience Highlights for the Renown Children's Hospital services already available to the community include * The region's only Pediatric Intensive Care Unit for clinically ill and injured children Nearly 350 sick and injured children are cared for each year * The region's only Children's Specialty Care center, recruiting highly-trained physicians to the community and allowing children to receive specialized care for serious illnesses right here at home Services offered currently include pediatric specialist in pulmonary conditions, cancer, and blood diseases * A Pediatric Inpatient hospital unit featuring 29 beds and a therapeutic playroom along with art and pet therapy programs for children * The region's only Child Life Program, which provides Certified Child Life Specialists to help children and their families with their emotional and coping needs during hospitalization * The first hospital in the United States to launch a pertussis (Tdap) program Pertussis is an upper-respiratory illness that is potentially fatal to infants Known as the Cocooning Project, it is gaining popularity as health departments and hospitals from throughout the nation are inquiring about developing their own programs The Children's Miracle Network is a nonprofit organization dedicated to saving and improving the lives of children by raising funds for children's hospitals across North America Renown Regional is northern Nevada's only Children's Miracle Network hospital Each year the 170 Children's Miracle Network hospitals provide the finest medical care, life-saving research and education to help millions of kids overcome diseases and injuries of every kind The Children's Specialty Care center offers the region's only pediatric hematology and oncology care Children with cancer and diseases of the blood can receive specialized care while staying near home The clinic draws specialty physicians highly trained in treating children and adolescents with leukemia, brain tumors and other forms of blood diseases and cancer The physicians travel regularly from the San Francisco Bay Area to provide this care "It makes such a difference to our patients and their families to have access to the care they need close to home," said Robert Raphael, M D , pediatric hematologist/oncologist, based at Children's Hospital & Research Center Oakland Renown Children's Miracle Network (CMN) held the S W I N G Fore Miracles Golf Tournament in July 2008 at The Links at Kiley Ranch The noncompetitive golf tournament for children eight to 15 years of age was hosted by Nicky Clayton Stevens, the 2007-2008 CMN Miracle Child A dinner and awards ceremony followed the tournament, and other community organizations helped sponsor the event To observe September 2008 as National Childhood Cancer Awareness Month, Renown Children's Hospital united with other northern Nevada medical professionals, families, patients and survivors to help increase awareness that will lead to a cure for children with cancer Saturday, Sept 6 was Childhood Cancer Awareness Day in Pickett Park, which is across from Renown Regional Medical Center The free event focused on local resources and families in the fight against cancer and on speaking out against the decline in federal research funding In 2006 Renown Regional became the first hospital to launch a cocooning program to prevent pertussis (whooping cough) and influenza in infants less than one year old Family members and others in close contact with the baby are immunized for tetanus, diphtheria and pertussis (Tdap) This creates a "cocoon" of immunity until the baby is old enough to have developed his or her own immunity with the series of childhood vaccinations In fiscal year 2009 the program protected more than 3,000 babies against pertussis The project has inspired health departments and hospitals across the U S to inquire about developing their own cocooning programs Renown Children's Hospital announced the opening of the remodeled Children's Infusion Center at Renown Regional Medical Center in May 2009 This opening marked the first of many pediatric-area transitions throughout Renown Children's Hospital Funded through generous donor contributions, the Children's Infusion Center helps ensure community children get the specialty care they need right here at home There are nearly 350 children currently living with cancer or blood diseases in northern Nevada With this opening, more children facing cancer and other blood diseases, who require infusion treatments, can do so without the trouble of leaving town Infusion therapy for these patients often takes place two or three times a week, and each session typically lasts one to eight hours or longer The new Children's Infusion Center offers child-sized treatment chairs in an environment geared directly to children and their families "The new Children's Infusion Center compliments the mission for the Northern Nevada Childhood Cancer Coalition to support children with cancer and their families," said Lizzie Dalton, executive director at the Northern Nevada Childhood Cancer Coalition "We believe this center not only enhances the quality of care given at Renown Children's Hospital but it also provides families with a spacious and playful environment to nurture their children during such a difficult situation "

Identifier	Return Reference	Explanation
EXEMPT PURPOSE ACHIEVEMENTS	(CONTINUED)	Distinguished for quality care Renown Regional Medical Center became the first hospital in northern Nevada recognized for a commitment to and success in implementing a higher standard of stroke care The Get With The Guidelines - Stroke Silver Performance Achievement Award acknowledges that Renown Regional has developed a comprehensive system for rapid diagnosis and treatment of stroke patients admitted to the emergency room Renown Institute for Neurosciences Comprehensive Stroke Center was the first Primary Stroke Center in Nevada certified by The Joint Commission The Joint Commission, the nation's largest healthcare standards-setting and accrediting body, grants this certification to recognize, in its words, "exceptional efforts to foster better outcomes for stroke care " Clinical trials Since the program's inception Renown Regional Medical Center has participated in more than 100 clinical trials for diseases such as cancer and neurological disorders In clinical trials, physicians conduct scientific research to identify and evaluate techniques for prevention, diagnosis and treatment of medical conditions A clinical trial tests a new drug, technology or treatment for a given condition Clinical trials are an essential part of a care program because the trials typically offer the most recently developed and effective medications Clinical trials also can extend a patient's life because physicians and others involved can follow the patient's progress closely and for longer periods than if the patient were not participating in a study Patients also are required to have frequent clinical exams, which allow physicians to identify and treat problems early Participating in clinical trials greatly benefits all patients because promising research can lead to new technologies and treatments Research Renown Health is involved in more than 20 clinical research studies where people help doctors find ways to improve health and discover treatments for disorders Through partnerships with the UNR, Renown is crucial to our region's ability to do clinical research Renown Health is striving to deliver evidenced-based care to patients by conducting our own research studies and by incorporating recently published findings into our practice Renown also joins our nation's effort to improve quality in homecare, skilled nursing homes and hospitals by publicly benchmarking on the Centers for Medicare and Medicaid Services' Compare Web site To validate clinical improvement efforts, Renown also benchmarks fall rates, pressure sores, pain management in children, wound healing rates, and mortality with the best hospitals in the country "In the past, cancer patients had to travel to one of a few select research institutions in the country including the National Cancer Institute itself to receive the newest treatment," Beth Ahart-Valk RN, OCN, Lead Research Nurse "Now, our community physicians can participate in National Cancer Institute supported clinical trials making it possible for cancer patients to benefit from the latest research without leaving the local area to receive treatment The most current national research with respect to chemotherapy and radiation therapies are offered by Renown Regional Medical Center through NCI endorsed cancer clinical trials, as well as pharmaceutical company sponsored trials " Health Professional Education As a teaching hospital working with the University of Nevada School of Medicine (UNSOM), Renown Regional Medical Center devotes considerable resources to educating health professionals We help train the next generation of physicians by serving as a clinical training site for UNSOM students and residents We support 74 residents in internal medicine, family practice and psychiatry in addition to six fellows in child and adolescent psychiatry and geriatrics Being a part of the training of doctors is essential to our community For members of our medical staff, we host weekly "Medicine Potpourri" presentations on medical trends and best practices Regular meetings and special presentations allow health professionals to gain continuing medical education credits required for maintaining licensure and certifications To address Nevada's critical nurse shortage, Renown Health has increased the number of educators and funding to inform nurses about current techniques and best practices This includes creating a mentor program for student nurses, adding nurse educators and clinical nurse specialists to the staff, and paying for nurses to gain specialized expertise and certifications We have shared this expertise with the community by providing faculty for UNR and Truckee Meadows Community College We are key partners in the state's effort to double nursing school output in Nevada To further benefit nurses throughout the community, Renown hosts Nursing Excellence Conferences The Herb and Maxine Jacobs Foundation recently gave a grant to the Renown Health Foundation to assist nurses in pursing a bachelors or advanced degrees in a nursing-related field The Jacobs Scholarship was created to ensure registered nurses would have the necessary resources to advance their skills and professionalism through higher education Nurses at Renown Health have the opportunity to apply for the scholarship annually The Jacobs scholarship matches Renown's own tuition reimbursement plan for a period of up to two years "This scholarship is very helpful in offsetting the costs with returning to school," said Jeff Stout, MSN, RN, NEA-BC, chief nursing officer, Renown Regional Medical Center "It is a great motivational tool which encourages and supports nurses to pursue a higher education We are very grateful to the Jacobs family for their generous donation and commitment to nursing " Renown Institute for Cancer The Renown Institute for Cancer is committed to treating cancers with a distinctive blend of leading-edge clinical experience, compassion and state-of-the-art technologies For cancer patients whose treatment plan includes a hospital stay, the Renown Institute for Cancer provides compassionate, expert care Specializing in the treatment of cancer and hematologic and immunologic disorders, Renown provides all of the services needed by cancer patients and their families These include chemotherapy, brachytherapy, radiation therapy, pain control, palliative care, psychosocial assistance and postsurgical care with some of the most advanced technology including TomoTherapy and da Vinci In May 2009, Renown Institute for Cancer revealed new patient rooms adorned with hardwood-inspired vinyl floors, upgraded ceiling tiles with leaf accents, and original artwork in each room These newly renovated rooms offer the ultimate in comfort for patients who require hospitalization The newly renovated Sierra Tower first floor is more than 15,500 sq ft It features 29 private rooms with two semi-private rooms, a greeter desk, two nursing stations, a family lounge with flat-panel TV, dining area and free internet station

Identifier	Return Reference	Explanation
EXEMPT PURPOSE ACHIEVEMENTS	(CONTINUED)	Treatment teams include nurses with special training in cancer treatment, a clinical nurse specialist who collaborates with the nursing team and educates the patient and family, and licensed social workers who provide emotional and spiritual help for patients and their families during hospitalization The Renown Institute for Cancer has an average of 105 clinical trials open at any one time during fiscal year 2009 Our goal is to work with our state's Clinical Community Oncology Program to improve outcomes for cancer patients in our community Our participation in CCOP provides our community with access to a wide range of cancer research studies and protocols "I have been pleasantly surprised by the breadth of services available at Renown for cancer patients," said Kimberly Tilton, breast cancer survivor "When you are fighting cancer, you need all the help and support you can get Renown provided an amazing selection of ways for me to get through this battle, all of which were completely free of charge, so that I didn't have to do it alone " A specialized team of doctors approach lung cancer diagnosis and treatment Lung cancer is one of the most common types of cancer diagnosed and treated at Renown Regional Medical Center That is precisely why we established our Lung Cancer Service in 2005 The Lung Cancer Screening Program uses CT scans that can detect masses almost 10 times smaller than a conventional X-ray (about the size of a grain of rice) Caught this early, lung cancer can be treated more successfully Current and former smokers who meet the study criteria are offered a reduced rate of only $95 and the CT scan takes less than an hour The health and progress of trial participants is monitored for five years, regardless of the screening results Dedicated lung-cancer conferences meet bimonthly, bringing together a specialized team including pulmonologists, thoracic surgeons, medical and radiation oncologists, radiologists and pathologists to discuss cases and generate the most informed and advanced options for treating lung cancers A prevention program to help with tobacco dependence encourages lifestyle changes that aid in recovery The Lung Cancer Nurse Navigator acts as an advocate and facilitator during diagnostic procedures and treatments Cancer support groups are available, and patients may be eligible to participate in various cancer clinical trials Our thoracic surgeons use minimally invasive, video-assisted thoracic surgery technologies PET/CT scans help diagnose tumors and high-dose-rate radiation and respiratory gating (computer software that delivers radiation beams synchronized with breathing) are, or soon will be, available to improve lung cancer treatment Our Outpatient Infusion Center offers special services, including hydration, chemotherapy and catheter management The Renown Institute for Cancer hosts community education forums that provide information on clinical trials and pediatric oncology The Institute also supports the American Cancer Society's Relay for Life and offers the four-session I Can Cope series Services for seniors Smart Health Connection Smart Health Connection is one of the region's most comprehensive healthy aging programs, designed to enhance the health and wellness of more than 10,000 members age 50+ Membership is free and includes access to low-cost health screenings, monthly informative health education lectures, special events, and a subscription to Seasons, a monthly newsletter filled with the latest health tips and news, ideas for staying active and a calendar of upcoming events In Sept of 2009, 888 seniors received free screenings at Senior Fest, an annual event offering free and low-cost health screenings for seniors "We look forward to Renown Health's support during Senior Fest," said Millie and Bruce Clancy, Senior Fest Participants "The free screenings they offer are always valuable and a great asset to the members of this community Representatives from Renown Health are always helpful and on hand at the event to answer questions and provide valuable health information " Flu shots In the fall of 2008, Renown Health provided 26,920 flu shots and 1,365 pneumonia shots at multiple convenient, public locations More than 8,000 of those shots were for seniors, nationally, influenza claims the lives of 30,000 seniors every year Renown Health provides flu-shot events throughout the community, as a preventive measure to protect the health of seniors and reduce the impact on local hospitals during flu season Services that benefit women and children Baby & Family Suites Renown Regional Medical Center's Baby & Family Suites opened in Feb 2009 with newly remodeled rooms including 28 private rooms Along with the new state-of-the-art William N Pennington Nursery, Renown Regional's latest addition compliments the skill and expertise of the women and children's hospital staff To celebrate the opening, Renown Regional invited the community to an Open House event, which was held Jan 17, 2000 The free event educated expectant mothers, younger families and interested community members with a preview tour of the new Baby & Family Suites Nevada Women's Expo At Nevada Women's Expo, held at the Reno-Sparks Convention Center in April 2009 Renown Health provided 714 health screenings at no charge to women from the community who attended the expo Health screenings included breast self-exams, blood pressure, cholesterol, bone density, height and weight measurements, and body-fat testing Health education materials were also distributed among the approximately 6,500 attendees Northern Nevada Immunization Coalition Renown Health's support of the Northern Nevada Immunization Coalition directly benefited babies and the children and adults most threatened by vaccine-preventable diseases The NNIC is a professional, community group dedicated to stopping vaccine-preventable diseases through improved immunization programs Its efforts also benefit the public and private sectors of northern Nevada Renown Health supports nurses who participate in community health projects that benefit women and children During fiscal year 2009, NNIC touched nearly 50,000 lives, with more than 4,500 of those lives at Renown Regional Medical Center alone NNIC holds a two-day conference every year and the annual Silver Syringe Awards, to recognize those who promote and help administer the CDC-recommended immunizations During Oct 2008, Renown nurses volunteered their time at Rotary Free Family Flu Shot Day, which touches approximately 3,000 community lives a year

Identifier	Return Reference	Explanation
EXEMPT PURPOSE ACHIEVEMENTS	(CONTINUED)	Parenting-skills education for high-risk parents Helping children close to home is one of the driving forces at Renown Health We have the most comprehensive maternal and children's services in the region Renown Health also supports community outreach events and helps to improve the lives of mothers and babies in northern Nevada Through this multidisciplinary group, Renown Health provides maternal child education, supports services needed in the community and augments community resources The education benefits spouses, children and other family members of high-risk parents as well as the community Integrated Case Management Program The United Way piloted this program to identify women throughout the community who were pregnant for the first time and at high risk These women could then benefit from services arranged through this program, which was held twice a month Maternal Child Health Coalition The Maternal Child Health Coalition is a multidisciplinary group from Renown Health that benefits the entire community and focuses on maternal child education and support service needs and ways we can assist or add to those resources Children's Cabinet education program A Renown Regional Medical Center nurse teaches newborn bonding and attachment and promotes infant health and immunizations Child Abuse Education During the year, a Renown Health Social Worker provided education and training on child abuse March of Dimes Renown Health supported the March of Dimes in raising money for research into the causes and prevention of premature birth, birth defects and infant mortality In April 2009 Renown Regional Medical Center sponsored the March for Babies walk at the Sparks Marina Save Your Skull Accidents happen So Renown Children's Hospital has teamed up with Kohl's Cares for Kids to educate kids and families about how to prevent head injuries with Save Your Skull Save Your Skull is a year-round program that promotes seatbelt, helmet and pedestrian safety Our program safety experts encourage everyone, not just kids, to wear helmets and stay safe whenever they take to the slopes or the sidewalks Each month the Save Your Skull program improves safety awareness at Washoe County schools by promoting the wearing of helmets and seat belts For fiscal year 2009, the program impacted approximately 175 lives per month Child Death Review Board A panel of representatives from local law enforcement, the Coroner's Office, the Health Department, Washoe County School District, Child Protective Services Forensics and Renown Social Workers review all child deaths in Washoe County The panel reviews approximately 20 cases every other month By advocating for and protecting the rights of children and newborns, the review board benefits the entire community Healthcare information and educational services Krames On Demand Renown Regional Medical Center's subscribes to Krames On Demand, a Joint Commission-approved health-information library hosted on the health network's intranet All clinical staff have access to this information, which provides patients with easily understood information about health conditions, prescription medications, discharge planning and more More than 22,300 pages of health information and 6,600 pages of drug information were printed in fiscal year 2009 Hospital Career Days Renown Health makes a strong effort to help with the area's students, creating an open and acceptable learning environment for experiencing healthcare professions In February 2009, approximately 1,000 students from Washoe County School District high schools participated in Renown Regional Medical Center's ninth annual Hospital Career Days In this joint effort with Education Collaborative, high school seniors studying science learned about healthcare occupations in the hospital setting Through this four-day program, Renown Health helps attract talented young people to the medical profession This will help ensure that our community continues to have advanced medicine available The students saw firsthand the skills needed to pursue careers in nursing, imaging, rehabilitation therapies, dietary services, laboratory analysis and other fields Students viewed a surgery broadcast, learned from professionals in many medical specialties and allied fields, toured hospital departments and attended a medical career fair "Our students love Hospital Career Days and eagerly anticipate attending this event," said Denise Hedrick, executive director of the Education Collaborative of Washoe County, Inc "It really does give them a taste of the excitement and rewards of working in healthcare Our partnership with Renown Regional provides an ideal situation in which students can learn firsthand what working in a hospital environment is all about " Services for patients and their families Renown Health Management Services Support-group meetings held at Renown Health Management Services in fiscal year 2009 Support group topics included juvenile diabetes, chronic lung conditions, adult diabetes and asthma and allergies Health Management Services also offered programs and presentations in the community Clinical staff attends open house events, health fairs and provide lectures at local fitness centers, nonprofit social agencies, assisted living facilities, government agencies, professional associations, service organizations, schools and employers Advance Directives Education In response to requests from the community, Renown Health provides free advance directives and notary service for the directives The patient representative attends local meetings and educates groups or individuals on completing advance directives GROW (Grief Recovery Outreach Workshop) Renown Health, along with the Higgins Group, hosts this grief support group for those who have lost loved ones approximately three times and touched approximately 45 lives Transportation assistance for indigent patients Renown Regional provided cab and bus vouchers for indigent patients who needed transportation to and from the hospital Without this transportation these patients would not have been able to receive care

Identifier	Return Reference	Explanation
EXEMPT PURPOSE ACHIEVEMENTS	(CONTINUED)	Mental-health and substance-abuse assessments and referrals Renown Behavioral Health offered over 250 free clinical assessments for mental health and substance abuse to patients without health insurance during fiscal year 2009 Patient assistance fund The Renown patient assistance fund helps patients who are unable to pay for prescriptions, medical equipment, lodging, food, and transportation The fund primarily benefits indigent patients and displaced travelers without access to funds, helping them return home with services until they can obtain financial support In fiscal year 2009, Renown Regional contributed over $184,000 toward patient assistance Providing prescriptions for indigent patients The Healthcare Center, in partnership with Washoe County Department of Social Services, offers care to members of our community who, for financial reasons, are not able to receive medical attention The Healthcare Center Pharmacy provided more than 83,000 prescriptions during fiscal year 2009 The sole purpose of our pharmacy is to provide pharmaceuticals to patients designated as indigent by Washoe County Volunteer services During 2009, 240 volunteers donated more than 38,000 hours to assisting patients and employees throughout Renown Regional Medical Center Volunteers served in the gift shop, played the piano, participated in the pet therapy program, provided way finding to patients and visitors, and worked on patient care units such as the emergency department, the Neonatal Intensive Care Unit, and Same Day Surgery Clinical education Clinical rotations for nursing students For the 2009 fall and spring semesters, nursing students from the University of Nevada, Reno, Orvis School of Nursing, Truckee Meadows Community College and Western Nevada Community College visited Renown Regional Medical Center to benefit from our clinical expertise Students were accompanied by an instructor but worked closely with Renown Health staff registered nurses while in the units Students gain work experience in the hospital setting while acquiring knowledge about dealing with patients and the healthcare field in general Renown provides that opportunity with the guidance of clinical nurse educators, clinical nurse specialists and staff RNs The staff RNs enriched the clinical experience by providing one-on-one mentoring with students Renown has a diverse range of facilities, so the experience provided to students is unique to Renown More than 90 students from UNR, 64 students from TMCC and 32 students from WNCC completed the clinical experience at Renown Critical Care for Kids The 11th Annual Critical Care for Kids conference was held in Nov 2008 to educate healthcare professionals on the advances in research, clinical updates and advocacy issues for patients and families The program provided participants the fundamentals needed to practice in the rapidly changing pediatric acute and emergency healthcare arena Trends in Cardiovascular Nursing Conference The 27th annual Trends in Cardiovascular Nursing Conference benefited nurses and physicians from the community who specialize in cardiac care Recognized regionally, the conference brought nationally known speakers to give presentations on the latest trends in cardiac care Trauma The Challenge conference Trauma The Challenge was a two-day regional conference with speakers and breakout sessions catering to intensive care and trauma healthcare workers As the region's only Level II Trauma Center, Renown Regional Medical Center cares for critically sick and injured patients, meeting a community need that otherwise would go unmet Association of Women's Health Obstetric and Neonatal Nurses AWHONN is a national professional organization for nurses who work in pediatric, neonatal intensive care, newborn nursery, antepartum, labor and delivery and postpartum units AWHONN benefits the nurses who attend and learn through this professional organization and those they care for These nurses are also role models for professionalism and encourage nurses to do the same Renown encourages nurses to participate their professional organizations and seek certification in their specialties The AWHONN is growing, which will benefit Renown, the community, and the individual nurses who take the extra time to attend the meetings and CEU sessions Healing through the arts Throughout the year, the Healing Arts program helped lift the spirits and ease the cares of patients and family members alike The Reno Chamber Orchestra gave more than 12 concerts in the Tahoe Tower lobby Among other events in the Tahoe Tower lobby, the Nevada Winds performed in November 2008 To celebrate the Holidays in December 2008, the Sierra Nevada Chorale performed The hospital also enjoyed caroling from Virginia City Elementary For centuries people have believed in the healing power of art and nature Recently, studies have shown that artwork and natural surrounding, located in a hospital setting, not only helps create a peaceful healing environment but also aids in the healing process According to a study released in 2008 by the Center for Health Design in Concord, Calif , art is a critical component of the healthcare environment, which can aid the healing process To date, Renown Health's Healing Arts program includes more than 800 original works of art at Renown Regional Medical Center, approximately 400 of which are in patient rooms The program also includes * Musical performances at the patient bed-side * Pet therapy * Free public performances by members of the Reno Chamber Orchestra * Daily piano performances * A Literature in Medicine program for clinical staff * An Artist in Residence program for medical school students Also as part of the Healing Arts program, Renown Regional Medical Center announced the grand opening of Fianna's Healing Garden in June 2009 Named after longtime Reno resident, business leader and master gardener, Fianna Combs, the garden is a place where medical concerns and pain can be replaced by the serenity and beauty of the outdoors The garden was designed to ease patient, visitor and employee stress or fears Fianna's Healing Garden includes three sculptures, the Wilbur D May Labyrinth, reflection pools, a medicinal plant and herb garden and private seating areas complete with speakers providing a genuine sensory experience Research indicates that art and nature in many forms can positively impact a patient's healing process Findings have also shown that patients exposed to art require fewer drugs, spend less time in the hospital and have improved mental health "My belief is that nature is the most healing element in our environment, it brings us to a more natural and comfortable place within ourselves" - Fianna Combs

Identifier	Return Reference	Explanation
NUMBER OF EMPLOYEES REPORTED ON FORM W-3	FORM 990, PART V, QUESTION 2A	RENOWN REGIONAL MEDICAL CENTER HAS ITS OWN EMPLOYEES, HOWEVER, RENOWN HEALTH, THE PARENT ORGANIZATION, PAYS ALL COMPENSATION AND EMPLOYEE BENEFIT AMOUNTS AMOUNTS PAID BY RENOWN HEALTH ARE ALLOCATED TO ITS AFFILIATES BASED ON AN AGREEMENT WITH EACH RELATED ENTITY

Identifier	Return Reference	Explanation
DESCRIPTION OF CLASSES OF MEMBERS OR STOCKHOLDERS	FORM 990, PART VI, QUESTION 6	RENOWN HEALTH IS THE SOLE CORPORATE MEMBER OF RENOWN REGIONAL MEDICAL CENTER

Identifier	Return Reference	Explanation
DESCRIPTION OF CLASSES OF PERSONS AND THE NATURE OF THEIR RIGHTS	FORM 990, PART VI, QUESTION 7A	Renown Health, acting through its Board of Directors, appoints the members of the Board of Governors of RENOWN REGIONAL MEDICAL CENTER

Identifier	Return Reference	Explanation
DESCR CLASSES OF PERSONS, DECISIONS REQUIRING APPR & TYPE OF VOTING RIGHTS	FORM 990, PART VI, QUESTION 7B	Renown Health must approve any merger, consolidation or dissolution of RENOWN REGIONAL MEDICAL CENTER, any borrowing in excess of $10 million in any fiscal year, and encumbrances of assets and certain other actions not in the ordinary course of business

Identifier	Return Reference	Explanation
DESCRIBE THE PROCESS USED BY MANAGEMENT &/OR GOVERNING BODY TO REVIEW 990	FORM 990, PART VI, QUESTION 10	The IRS Forms 990, as filed with the IRS, are sent to each voting member of the Renown Health Board prior to filing Along with the Forms, the Renown Health board is provided with a narrative that explains the various parts of the Form and their content The Forms 990 are prepared by the organization's tax department with support from a certified tax preparer The Forms are reviewed by the organization's Chief Accounting Officer and the Chief Financial Officer prior to the final Forms being sent to the board

Identifier	Return Reference	Explanation
DESCRIPTION OF PROCESS TO MONITOR TRANSACTIONS FOR CONFLICT OF INTEREST	FORM 990, PART VI, QUESTION 12C	On an annual basis at or prior to the first regular meeting following the election of new board members, the members of the RENOWN REGIONAL MEDICAL CENTER Board are given an Annual Disclosure Statement They are expected to perform a reasonable investigation into their business, financial, family or significant personal relationships to disclose any actual or potential conflicts of interest If, in connection with a proposed transaction or arrangement involving a Renown Health entity, a board member discovers that an actual or possible conflict of interest has arisen that was not disclosed on the Annual Statement, then the board member must disclose the existence and nature of his or her financial interests to the remaining directors that are considering the proposed transaction or arrangement in a timely manner If a board member discloses an actual or possible conflict of interest, the board member shall leave the board or committee meeting while the remaining board members discuss the financial interest The remaining board members shall vote upon and decide whether a conflict of interest actually exists If the remaining board members determine that a conflict does exist, then it must be addressed The board will determine which of the following ways they will handle the conflict of interest If the board has reasonable cause to believe that a member has failed to disclose actual or possible conflicts of interest, it shall inform the member of the basis for such belief and give the member an opportunity to explain the alleged failure to disclose If the board determines, after hearing the memeber's response and performing any investigation warranted in the circumstances, that the member has, in fact, failed to disclose an actual or possible conflict of interest, it shall take appropriate disciplinary and corrective action

Identifier	Return Reference	Explanation
OFFICES & POSITIONS FOR WHICH PROCESS WAS USED, & YEAR PROCESS WAS BEGUN	FORM 990, PART VI, QUESTIONS 15A AND 15B	Renown Health's executive compensation is set by the Renown Health Compensation Committee Members of this committee review and approve various employee pay practices and parameters, and compensation for the CEO and certain executives Executives are defined as the President and Chief Executive Officer of Renown Health and those positions with substantial leadership roles as designated by the President and Chief Executive Officer and approved by the Board The Compensation Committee is comprised of independent members of the Renown Health Board of Directors unrelated to and not subject to the control or undue influence of executives, with no material financial interest in transactions of the Company or any other perceived or actual conflicts of interest Physicians and vendors are not considered to be independent as they are routinely in a position to exert undue influence for private benefit The Compensation Committee members are appointed annually by the Chairman of the Renown Health Board of Directors The Compensation Committee meets approximately five times per year Meeting minutes are kept documenting the deliberations and decisions regarding the compensation arrangements Total cash compensation for the organization's executives are targeted at competitive compensation levels, relative to market surveys of comparable healthcare organizations, based upon the level of performance required to achieve the targeted compensation levels Base compensation and total cash compensation is reviewed at a minimum of every two years in comparison to the surveys for comparable business and responsibilities and adjusted as to maintain equity with the survey information The following are the roles and responsibilities of the Compensation Committee * Establish a clear and explicit compensation philosophy to guide decision making * Document rationale for exceptions to policy * Hire and supervise an outside consultant to gather data on competitive pay and pay practices * Insure the use of quantitative and qualitative information when setting compensation * Establish and approve the overall design of the executive compensation and benefits program based on the organization's compensation philosophy, including * Understand all elements of the executive compensation program * Approve the Annual Pay Increase method and rate for staff * Determine the CEO's base and total compensation consistent with market data * Provide oversight and compensation approval for those positions with substantial leadership roles * Establish and approve CEO performance metrics * Establish the CEO's performance objectives * Approve executive incentive payouts for the CEO and those positions with substantial leadership roles based on organizational and individual performance * Establish and maintain appropriate safeguards to ensure reasonable compensation * Ensure that the pay program supports the tax-exempt mission and charitable purposes of the organization * Ensure adequate documentation at the time that compensation decisions are made, including * Documentation of approval * Dates records were prepared * Dates records were approved * Terms of transaction approved * Members present during discussion * Members who voted on transaction * Description of comparability data and how it was obtained * Basis for decision when value exceeds comparability data * Description of actions taken by member with conflict of interest * Ensure compliance with the requirements for the Rebuttable presumption of Reasonableness The Compensation Committee undertook the process outlined above for the fiscal year 2009 executive compensation

Identifier	Return Reference	Explanation
AVAIL OF GOV DOCS, CONFLICT OF INTEREST POLICY, & FIN STMTS TO GEN PUBLIC	FORM 990, PART VI, QUESTION 19	RENOWN REGIONAL MEDICAL CENTER does not make its governing documents, conflict of interest policy, or financial statements available to the general public

Identifier	Return Reference	Explanation
AVERAGE HOURS PER WEEK TO RELATED ORGANIZATIONS	FORM 990, PART VII, COLUMN B	JIM MILLER, PRESIDENT & CEO DIVIDES HIS TIME AS FOLLOWS RENOWN HEALTH 4 RENOWN REGIONAL MEDICAL CENTER 44 RENOWN SOUTH MEADOWS MEDICAL CENTER 8 RENOWN SKILLED NURSING 1 RENOWN NETWORK SERVICES 1 RENOWN HEALTH FOUNDATION 1 HOMETOWN HEALTH PLAN 1 AVERAGE HOURS PER WEEK 60 DAWN AHNER, CFO, DIVIDES HER TIME AS FOLLOWS RENOWN HEALTH 13 RENOWN REGIONAL MEDICAL CENTER 30 RENOWN SOUTH MEADOWS MEDICAL CENTER 12 RENOWN SKILLED NURSING 1 RENOWN NETWORK SERVICES 2 RENOWN HEALTH FOUNDATION 1 HOMETOWN HEALTH PLAN 1 AVERAGE HOURS PER WEEK 60 RONALD LAXTON, DIRECTOR, DIVIDES HIS TIME AS FOLLOWS RENOWN HEALTH 8 RENOWN REGIONAL MEDICAL CENTER 52 AVERAGE HOURS PER WEEK 60

Identifier	Return Reference	Explanation
BALANCE SHEET RECLASSIFICATIONS	FORM 990, PART X	RECLASSIFICATIONS WERE MADE TO BEGINNING OF YEAR AMOUNTS IN ORDER TO PROVIDE CONSISTENT REPORTING WITH END OF YEAR AMOUNTS

Identifier	Return Reference	Explanation
CONSOLIDATED AUDITED FINANCIAL STATEMENTS	FORM 990, PART XI, QUESTION 2B AND QUESTION 3	The organization's financial statements were audited by an independent accounting firm and are included in a consolidated audited financial statement Separate financial statements were not issued for this entity The organization does have a committee that assumes responsibility for oversight of the audit of its consolidated financial statements and selection of an independent accountant

Identifier	Return Reference	Explanation
BOND ISSUES CUSIP NUMBERS	SCHEDULE K, PART I, COLUMN C	The CUSIP numbers associated with the bond issue issued on 6/29/2004 are 759836EY1 759836EZ8 759836FA2 759836FB0 759836FC8 759836FD6 759836FE4 759836FF1 759836FG9 759836FH7 759836FJ3 759836FK0 759836FL8 759836FM6 759836FN4 759836DP1 759836DQ9 759836FP9 759836FQ7 759836FR5 759836FS3 759836FT1 759836FU8 759836FV6 759836FW4 759836FX2 759836FY0 759836FZ7 759836GA1 759836GB9 759836GC7 759836GD5 759836GE3 759836GF0 759836GG8 759836GH6 759836GJ2 The CUSIP numbers associated with the bond issue issued on 2/10/2005 are 759836GK9 759836GL7 759836GM5 759836GN3 759836GP8 759836GQ6 759836GR4 759836GS2 759836GT0 759836GU7 759836GV5 759836GW3 759836GX1 759836GY9 759836GZ6 759836HA0 759836HB8 759836HC6 759836HD4 759836HF9 759836HG7 759836HH5 759836HJ1 759836HK8 759836HL6 759836HM4 759836HN2 759836HP7 759836HQ5 759836HR3 759836HS1 759836HT9 759836HU6 759836HV4 759836HW2 759836HX0 759836HY8 759836HZ5 759836JA8 759836DU0 The CUSIP numbers associated with the bond issue issued on 10/4/2006 are 759836DX4 759836EC9 759836DZ9 759836EA3 759836EB1 The CUSIP numbers associated with the bond issue issued on 4/19/2007 are 759836ED7 759836EE5 759836EF2 759836EG0 759836EH8 759836EJ4 759836EK1 759836EL9 759836EM7 759836EN5 759836EP0 759836EQ8 759836ER6 The CUSIP numbers associated with the bond issue issued on 6/26/2008 are 759836JC4 759836JB6 The CUSIP numbers associated with the bond issue issued on 1/15/2009 are 759836JE0 759836JD2

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.
▶ See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
Renown Regional Medical Center

Employer identification number
88-0213754

Part I Identification of Disregarded Entities

(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations

(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
Renown Health 1155 Mill Street c/o Tax Treasury Reno, NV89502 94-2972845	Health Care	NV	501(c)(3)	III-FI	NA
RENOWN NETWORK SERVICES 88-0231828	Hospital	NV	501(c)(3)	3	NA
RENOWN SOUTH MEADOWS MEDICAL CENTER 46-0517825	Hospital	NV	501(c)(3)	3	NA
RENOWN SKILLED NURSING 20-1347269	Hospital	NV	501(c)(3)	3	NA
RENOWN HEALTH FOUNDATION 88-0236758	Foundation	NV	501(c)(3)	7	NA
HOMETOWN HEALTH PLAN INC 88-0231433	Insurance	NV	501(c)(4)		NA

Part III Identification of Related Organizations Taxable as a Partnership

(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, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Disproprtionate allocations? Yes	(H) No	(I) Code V—UBI amount on Box 20 of K-1	(J) General or managing partner? Yes	(J) No
ROUTT DIALYSIS C/O DAVITA INC 601 HAWAII ST EL SEGUNDO, CA90245 26-3558729	DIALYSIS SVCS	NV	NA	N/A				No			No

Part IV Identification of Related Organizations Taxable as a Corporation or Trust

(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
HOMETOWN HEALTH PROVIDERS INSURANCE CO 830 Harvard Way Reno, NV89502 88-0177026	Insurance	NV	NA	C Corp			
RENOWN BUSINESSES 1155 Mill St C/o Tax Treasury Z-5 Reno, NV89502 89-0228030	Health Care	NV	NA	C Corp			
HOMETOWN HEALTH MANAGEMENT COMPANY 830 Harvard Way Reno, NV89502 88-0236758	Mgmt Svcs	NV	NA	C Corp			
REMITTANCE ASSISTANCE CORPORATION 1155 MILL ST C/O TAX TREASURY Z-5 RENO, NV89502 88-0277761	HEALTH CARE	NV	NA	C CORP			
THE PROVIDER NETWORK INC 830 HARVARD WAY RENO, NV89502 88-0376360	NO ACTIVITY	NV	NA	C CORP			

Part V Transactions with Related Organizations

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

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

	(A) Name of other organization(s)	(B) Transaction type(a-r)	(C) Amount Involved
(1)	Hometown Health Plan Inc	L	837,142
(2)	Hometown Health Plan Inc	K	32,994,055
(3)			
(4)			
(5)			
(6)			

Part VI Unrelated Organizations Taxable as a Partnership

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

(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations?		(E) Share of end-of-year assets	(F) Disproprtionate allocations?		(G) Code V—UBI amount on Box 20 of K-1	(H) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Additional Data Return to Form

Software ID:
Software Version:
EIN: 88-0213754
Name: Renown Regional Medical Center

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(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 501(c)(3))	(F) Direct Controlling Entity
Renown Health 1155 Mill Street c/o Tax Treasury Reno, NV89502 94-2972845	Health Care	NV	501(c)(3)	III-FI	NA
RENOWN NETWORK SERVICES 88-0231828	Hospital	NV	501(c)(3)	3	NA
RENOWN SOUTH MEADOWS MEDICAL CENTER 46-0517825	Hospital	NV	501(c)(3)	3	NA
RENOWN SKILLED NURSING 20-1347269	Hospital	NV	501(c)(3)	3	NA
RENOWN HEALTH FOUNDATION 88-0236758	Foundation	NV	501(c)(3)	7	NA
HOMETOWN HEALTH PLAN INC 88-0231433	Insurance	NV	501(c)(4)		NA