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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2008

Open to Public
InspectionDepartment of the Treasury
Internal Revenue ServiceUnder 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

A For the 2008 calendar year, or tax year beginning

07/01/2008, and ending

06/30/2009

B Check if applicable		C Name of organization RENNOWN NETWORK SERVICES			D Employer identification number 88-0231828	
Address change		Doing Business As			E Telephone number (775) 982-4404	
Name change		Number and street (or P O box if mail is not delivered to street address) 1155 MILL STREET, C/O TAX TREASURY Z-5			Room/suite	
Initial return		City or town, state or country, and ZIP + 4 RENO, NV 89502				
Termination		F Name and address of principal officer: DAWN AHNER 1155 MILL ST., Z-6 RENO, NV 89502			G Gross receipts \$ 180,387,849.	
Amended return					H(a) Is this a group return for affiliates? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Application pending					H(b) Are all affiliates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
					If "No," attach a list (see instructions)	
					H(c) Group exemption number ►	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (3) ► (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527					L Year of formation 1987 M State of legal domicile. NV	
J Website: ► WWW.RENNOWN.ORG						
K Type of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ►						

Part I Summary

1 Briefly describe the organization's mission or most significant activities.

SEE SCHEDULE O

Activities & Governance	2 Check this box ► <input type="checkbox"/> 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	2
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	NONE	
5 Total number of employees (Part V, line 2a)	5	NONE	
6 Total number of volunteers (estimate if necessary)	6	NONE	
7a Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	NONE	
b Net unrelated business taxable income from Form 990-T, line 34	7b	NONE	
		Prior Year	Current Year
Revenue	8 Contribution and grants (Part VIII, line 1h)	3,686,117.	3,426,228.
	9 Program service revenue (Part VIII, line 2g)	39,974,244.	41,298,981.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	10,611,578.	7,375,478.	
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 14e)	997,325.	NONE	
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	55,269,264.	52,100,687.	
		Expenses	
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	NONE	
	14 Benefits paid to or for members (Part IX, column (A), line 4)	NONE	
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	8,935,126.		9,406,982.
16a Professional fundraising fees (Part IX, column (A), line 11a)	NONE		NONE
b Total fundraising expenses, Part IX, column (D), line 25)	NONE		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	22,365,706.		21,911,912.
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	31,300,832.		31,318,894.
19 Revenue less expenses Subtract line 18 from line 12	23,968,432.		20,781,793.
		Net Assets or Fund Balances	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Year	
	21 Total liabilities (Part X, line 26)	End of Year	
22 Net assets or fund balances. Subtract line 21 from line 20.	274,066,199.		256,580,689.
	20,204,954.		3,479,076.
	253,861,245.		253,101,613.

Part II Signature Block

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

Sign Here

► *Dawn D. Ahner*

9-15-10

Date

Signature of officer

► *Dawn D. Ahner CFO*

Type or print name and title

Paid Preparer's Use Only	Preparer's signature ► <i>Ernst & Young</i>	Date 8-23-10	Check if self-employed ► <input type="checkbox"/>	Preparer's identifying number (see instructions) P00043433
	Firm's name (or yours if self-employed), address, and ZIP + 4 ► ERNST & YOUNG U.S. LLP 2901 DOUGLAS BLVD., SUITE 300 ROSEVILLE, CA 95661	EIN ► 34-6565596		
		Phone no ► 916-218-1900		

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

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2008)

JSA
8E10102 000

28008P 4019

V08-8.3

G16 V

Part III Statement of Program Service Accomplishments (see 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 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: _____) (Expenses \$ 25,274,353. including grants of \$ _____) (Revenue \$ 41,298,981.)**NONE****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 ► \$ 25,274,353. (Must equal Part IX, Line 25, column (B))

Part IV Checklist of Required Schedules

- 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A
- 2 Is the organization required to complete Schedule B, Schedule of Contributors?
- 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
- 4 **Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II
- 5 **Sections 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
- 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
- 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
- 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III
- 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
- 10 Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V
- 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
- 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
- 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 14a Did the organization maintain an office, employees, or agents outside of the U.S.?
- 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
- 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
- 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
- 17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I
- 18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II
- 19 Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III
- 20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H
- 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
- 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
- 23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5.? If "Yes," complete Schedule J
- 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
- b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?
- 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?
- d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?
- 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
- 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
- 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
- 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

	Yes	No
1	X	
2	X	
3	X	
4	X	
5		
6	X	
7	X	
8	X	
9	X	
10	X	
11	X	
12	X	
13	X	
14a	X	
14b	X	
15	X	
16	X	
17	X	
18	X	
19	X	
20	X	
21	X	
22	X	
23	X	
24a	X	
24b		
24c		
24d		
25a	X	
25b	X	
26	X	
27	X	

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	X
b Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b	X
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	X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	X
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	X
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	X
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	X
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	X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	X

Form 990 (2008)

Part V **Statements Regarding Other IRS Filings and Tax Compliance**

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** **NONE**

b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable **1b** **NONE**

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** **NONE**

b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **2b**

Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)

3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? **3a** **X**

b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O **3b**

4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? **4a** **X**

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**

b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? **5b**

c If "Yes," to question 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** **X**

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 more than \$75? **7a** **X**

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** **X**

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** **X**

f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? **7f** **X**

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

For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, process, or changes in Schedule O. See instructions.

Yes	No
1a	2
1b	NONE
2	X
3	X
4	X
5	X
6	X
7a	X
7b	X
8a	X
8b	X
9a	X
9b	
10	X
11	X

1a Enter the number of voting members of the governing body

1b Enter the number of voting members that are independent

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?

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?

4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?

5 Did the organization become aware during the year of a material diversion of the organization's assets?

6 Does the organization have members or stockholders?

7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?

b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?

8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:

a The governing body?

b Each committee with authority to act on behalf of the governing body?

9a Does the organization have local chapters, branches, or affiliates?

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?

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

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

Section B. Policies

Yes	No
12a	X
12b	X
12c	X
13	X
14	X
15a	X
15b	X
16a	X
16b	

12a Does the organization have a written conflict of interest policy? If "No," go to line 13

b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?

c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done

13 Does the organization have a written whistleblower policy?

14 Does the organization have a written document retention and destruction policy?

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?

b Other officers or key employees of the organization?

Describe the process in Schedule O (see instructions)

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?

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?

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 Forms 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.

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), 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, and 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.

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

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ► **NONE**

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

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

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

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
<u>SEE STATEMENT 1</u>		
2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization ►	5	

Part VIII Statement of Revenue

88-0231828

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a				
	1b Membership dues	1b				
	1c Fundraising events	1c				
	1d Related organizations	1d	3,426,228.			
	1e 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		3,426,228.			
Program Service Revenue		Business Code				
	2a PATIENT SERVICE REVENUE	621500	41,298,981.	41,298,981.		
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		41,298,981.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		6,564,568.		6,564,568.	
	4 Income from investment of tax-exempt bond proceeds		NONE			
	5 Royalties		NONE			
		(i) Real	(ii) Personal			
	6a Gross Rents					
	b Less. rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)			NONE		
Other Revenue	7a Gross amount from sales of assets other than inventory					
	b Less: cost or other basis and sales expenses	129,098,072.	128,283,503.	3,659.		
	c Gain or (loss)		814,569.	-3,659.		
	d Net gain or (loss)				810,910.	810,910.
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c)					
	See Part IV, line 18	a				
	b Less. direct expenses	b				
	c Net income or (loss) from fundraising events			NONE		
9a Gross income from gaming activities See Part IV, line 19.	a					
b Less: direct expenses	b					
c Net income or (loss) from gaming activities			NONE			
10a Gross sales of inventory, less returns and allowances	a					
b Less. cost of goods sold	b					
c Net income or (loss) from sales of inventory.			NONE			
Miscellaneous Revenue	Business Code					
11a						
b						
c						
d All other revenue						
e Total. Add lines 11a-11d			NONE			
12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e		52,100,687.	41,298,981.	NONE	7,375,478.	

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).**

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(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 . . .	NONE	NONE		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	NONE	NONE		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	NONE	NONE		
4 Benefits paid to or for members	NONE	NONE		
5 Compensation of current officers, directors, trustees, and key employees	NONE	NONE	NONE	NONE
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . .	NONE	NONE	NONE	NONE
7 Other salaries and wages	7,787,436.	5,645,113.	2,142,323.	NONE
8 Pension plan contributions (include section 401 (k) and section 403(b) employer contributions) . .	NONE	NONE	NONE	NONE
9 Other employee benefits	1,619,546.	1,169,658.	449,888.	NONE
10 Payroll taxes	NONE	NONE	NONE	NONE
11 Fees for services (non-employees):				
a Management	1,981,314.	313,890.	1,667,424.	NONE
b Legal	NONE	NONE	NONE	NONE
c Accounting	NONE	NONE	NONE	NONE
d Lobbying	NONE	NONE	NONE	NONE
e Professional fundraising services See Part IV, line 17	NONE			
f Investment management fees	400,812.	400,812.	NONE	NONE
g Other	8,655,674.	7,382,907.	1,272,767.	NONE
12 Advertising and promotion	NONE	NONE	NONE	NONE
13 Office expenses	1,628,665.	1,284,752.	343,913.	NONE
14 Information technology	NONE	NONE	NONE	NONE
15 Royalties	NONE	NONE	NONE	NONE
16 Occupancy	1,793,727.	1,717,757.	75,970.	NONE
17 Travel	7,090.	61.	7,029.	NONE
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	NONE	NONE	NONE	NONE
19 Conferences, conventions, and meetings . . .	1,575.	1,390.	185.	NONE
20 Interest	7,509.	7,509.	NONE	NONE
21 Payments to affiliates	NONE	NONE	NONE	NONE
22 Depreciation, depletion, and amortization . . .	2,706,312.	2,681,600.	24,712.	NONE
23 Insurance	59,189.	17,070.	42,119.	NONE
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	4,538,461.	4,538,461.	NONE	NONE
b LICENSES & TAXES	88,059.	72,308.	15,751.	NONE
c OTHER EXPENSES	43,525.	41,065.	2,460.	NONE
d				
e				
f All other expenses				NONE
25 Total functional expenses. Add lines 1 through 24f	31,318,894.	25,274,353.	6,044,541.	NONE
26 Joint Costs. Check here ► <input type="checkbox"/> 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		1	
2	Savings and temporary cash investments	16,863,770.	2	11,683,152.
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net	3,257,746.	4	3,391,906.
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 sales or use	73,595.	8	74,878.
9	Prepaid expenses and deferred charges	117,157.	9	380,135.
10a	Land, buildings, and equipment: cost basis	10a 27,830,069		
b	Less: accumulated depreciation. Complete Part VI of Schedule D.	10b 15,134,445	10c	12,695,624.
11	Investments - publicly traded securities	237,877,205.	11	182,523,245.
12	Investments - other securities. See Part IV, line 11	NONE	12	43,646,026.
13	Investments - program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11	3,307,330.	15	2,185,723.
16	Total assets. Add lines 1 through 15 (must equal line 34)	274,066,199.	16	256,580,689.
Liabilities				
17	Accounts payable and accrued expenses	1,201,498.	17	1,290,341.
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
21	Escrow account liability. Complete Part IV of Schedule D		21	
22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable		24	
25	Other liabilities. Complete Part X of Schedule D	19,003,456.	25	2,188,735.
26	Total liabilities. Add lines 17 through 25	20,204,954.	26	3,479,076.
Net Assets or Fund Balances				
	Organizations that follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets	253,861,245.	27	253,101,613.
28	Temporarily restricted net assets		28	
29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here ► <input type="checkbox"/> 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	253,861,245.	33	253,101,613.
34	Total liabilities and net assets/fund balances	274,066,199.	34	256,580,689.

Part XI Financial Statements and Reporting

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	X
b	Were the organization's financial statements audited by an independent accountant?	2b	X
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	X
b	If "Yes," did the organization undergo the required audit or audits?	3b	

Form 990 (2008)

**Department of the Treasury
Internal Revenue Service**

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.

Name of the organization

Employer identification number

REOWN NETWORK SERVICES

88-0231828

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

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

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

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

Schedule A (Form 990 or 990-EZ) 2008

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

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 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1-3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 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
12 Gross receipts from related activities, etc. (See instructions)						
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						► <input type="checkbox"/>

Section C. 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 from 2007 Schedule A, Part IV-A, line 26f	15	%
16a 33 1/3% support 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	► <input type="checkbox"/>	
b 33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	► <input type="checkbox"/>	
17a 10%-facts-and-circumstances test - 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 "fact-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	► <input type="checkbox"/>	
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	► <input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	► <input type="checkbox"/>	

Part III Support Schedule for Organizations Described in Section 509(a)(2)
 (Complete only if you checked the box on line 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 Add lines 7a and 7b.						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 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 June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. 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 from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. 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% support 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 ► <input type="checkbox"/>		
b 33 1/3% support 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 ► <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		

Part IV

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

Supplemental Financial Statements

2008

Name of the organization

RENNOW NETWORK SERVICES

Employer identification number

88-0231828

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?	<input type="checkbox"/>	Yes <input type="checkbox"/> 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?	<input type="checkbox"/>	Yes <input type="checkbox"/> 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
2a	
2b	
2c	
2d	

a Total number of conservation easements
b Total acreage restricted by conservation easements
c Number of conservation easements on a certified historic structure included in (a)
d Number of conservation easements included in (c) acquired after 8/17/06
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
1b 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 <input type="checkbox"/> Public exhibition	d <input type="checkbox"/> Loan or exchange programs
b <input type="checkbox"/> Scholarly research	e <input type="checkbox"/> Other _____
c <input type="checkbox"/> Preservation for future generations	

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 organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

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

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

	Amount
1c	
1d	
1e	
1f	

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

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

Part V Endowment Funds. Complete if 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
3a(i)	
3a(ii)	
3b	

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

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

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

	(a) Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land			6,143,304.		6,143,304.
b Buildings					
c Leasehold improvements			1,318,333.	244,783.	1,073,550.
d Equipment			20,294,632.	14,889,662.	5,404,970.
e Other			73,800.		73,800.

Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ► **12,695,624.**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other <u>ARTIO INTL EQUITY FUND</u>	4,174,077.	FMV
<u>IR&M CORE BOND FUND</u>	35,029,631.	FMV
<u>MONDRIAN INTL EQUITY FUND</u>	4,442,318.	FMV

Total. (Column (b) should equal Form 990, Part X, col. (B) line 12) ► 43,646,026.

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

Total. (Column (b) should equal Form 990, Part X, col (B) line 13.)

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

Total. (Column (b) should equal Form 990, Part X, col (B) line 15)

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

(a) Description of liability	(b) Amount	
Federal income taxes		
DUE TO AFFILIATES	2,188,735.	

In Part XIV provide the text of the footnote to the

2,188,735.

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 IV, lines 1b and 2b; Part V, line 4, Part X; Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b.

SEE PAGE 5

Part XIV Supplemental Information (continued)**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.

SCHEDULE H
(Form 990)

Hospitals

OMB No 1545-0047

Department of the Treasury
Internal Revenue Service

2008

Open to Public
Inspection

Name of the organization

RENNOWN NETWORK SERVICES

Employer identification number

88-0231828

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

1a Does the organization have a charity care policy? If "No," skip to question 6a
 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 _____ %

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 _____ %

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"?

5a Does the organization budget amounts for free or discounted care provided under its charity care policy?
 b If "Yes," did the organization's charity care expenses exceed the budgeted amount?
 c If "Yes" to 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?

6a Does the organization prepare an annual community benefit report?
 b If "Yes," does the organization make it available to the public?

Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.

7 Charity Care and Certain Other Community Benefits at Cost

Charity Care and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Charity care at cost (from 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 Government 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)						

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

Schedule H (Form 990) 2008

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

1 Does the organization report bad debt expense in accordance with Healthcare 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 Medicare (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 in 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

b 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)

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 6a; Part I, line 7g; Part I, line 7, column (f); Part I, line 7, Part III, line 4; Part III, line 8; Part III, line 9b, and Part V. See Instructions.
- 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 communities served
- 8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report

**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

2008Open to Public
Inspection

Name of the organization

RENNOW NETWORK SERVICES

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Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

First-class or charter travel
 Travel for companions
 Tax indemnification and gross-up payments
 Discretionary spending account

Housing allowance or residence for personal use
 Payments for business use of personal residence
 Health or social club dues or initiation fees
 Personal services (e.g., maid, chauffeur, chef)

b If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

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?

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
 Independent compensation consultant
 Form 990 of other organizations

Written employment contract
 Compensation survey or study
 Approval by the board or compensation committee

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a.

a Receive a severance payment or change of control payment?
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?
c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only 501(c)(3) and 501(c)(4) organizations 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?
b Any related organization?

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?
b Any related organization?

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

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III

	Yes	No
1a		
1b		
2		
3		
4a		X
4b	X	
4c	X	
5a	X	
5b	X	
6a	X	
6b	X	
7	X	
8	X	

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

Schedule J (Form 990) 2008

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

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

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

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.

SUPPLEMENTAL COMPENSATION INFORMATION

SCHEDULE J, PART I, QUESTION 4B
DAWN AHNER - \$49,750; THIS AMOUNT IS INCLUDED IN SCHEDULE J, PART II.
COLUMN (C).

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

RENNOWN NETWORK SERVICES

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

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MISSION STATEMENT

FORM 990, PART I, 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.

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EXEMPT PURPOSE ACHIEVEMENTSFORM 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.

RENNOWN NETWORK SERVICES (IMAGING AND PREGNANCY CENTER)

RENNOWN HEALTH X-RAY AND IMAGING IS NORTHERN NEVADA'S LEADING PROVIDER OF
DIAGNOSTIC IMAGING SERVICES, OFFERING NINE LOCATIONS THROUGHOUT THE
REGION. WITH EXCELLENT CUSTOMER SERVICE AND SOME OF THE AREA'S MOST
ADVANCED DIAGNOSTIC AND TREATMENT IMAGING TECHNOLOGY, RENOWN HEALTH X-RAY
AND IMAGING SUPPORTS WELL INFORMED TREATMENT DECISIONS AND IMPROVED
PATIENT OUTCOMES. THESE DIAGNOSTIC-IMAGING SERVICES WOULD OTHERWISE NOT
BE AVAILABLE TO THE COMMUNITY.

RENNOWN HEALTH HAS THE REGION'S ONLY DEDICATED PET/CT SCANNING SYSTEM,
WHICH ALLOWS PHYSICIANS TO FIND CANCER EARLIER, PINPOINT ITS LOCATION AND
DETERMINE THE EXTENT OF THE DISEASE MORE EASILY. X-RAY AND IMAGING ALSO
OFFERS HIGH-FIELD OPEN MRI, A MORE COMFORTABLE ALTERNATIVE FOR CHILDREN
AND OVERWEIGHT PATIENTS WHO ARE LARGE OR WHO HAVE CLAUSTROPHOBIA.

RENNOWN ALSO OFFERS THE REGION'S ONLY TRUE 64-SLICE CT SCANNER. USING THE
64-SLICE CT SCANNER, DOCTORS ARE ABLE TO NON-INVASIVELY CAPTURE IMAGES OF
THE HEART AND CORONARIES IN FEWER THAN FIVE HEARTBEATS, SOMETHING NO
OTHER CT SYSTEM IN THE REGION PREVIOUSLY HAS OFFERED.

EXCLUSIVELY IN NORTHERN NEVADA, RENOWN HEALTH HAS BIPLANE ANGIOGRAPHY

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TECHNOLOGY, WHICH ALLOWS THE HIGHLY SKILLED RADIOLOGISTS OF RENO RADIOLOGICAL ASSOCIATES TO SEE THREE-DIMENSIONAL IMAGES OF THE BRAIN AND PROVIDE MINIMALLY INVASIVE TREATMENT FOR STROKE VICTIMS.

RENNOW HEALTH ALSO OFFERS CLINICAL PROGRAMS RELATED TO OUR X-RAY AND IMAGING SERVICES THAT BENEFIT THE COMMUNITY.

DURING 2008, RENNOWN HEALTH PARTICIPATED IN THE AMERICAN COLLEGE OF RADIOLOGY IMAGING NETWORK'S LUNG CANCER STUDY. ACRIN, A COOPERATIVE GROUP FUNDED BY THE NATIONAL CANCER INSTITUTE, INITIATED THE STUDY TO FIND BETTER WAYS TO FOLLOW LUNG CANCER USING STANDARD UPTAKE VALUES PRODUCED FROM PET/CT DATA. BY PARTICIPATING IN THE STUDY, RENNOWN HEALTH PROVIDES OPPORTUNITIES TO IMPROVE THE DIAGNOSIS AND TREATMENT OF CANCER IN OUR COMMUNITY. IN 2008, ACRIN PERFORMED 100 PET/CT SCANS, SOME OF WHICH WERE AT RENNOWN, FOR PATIENTS WHO OTHERWISE WOULD NOT HAVE HAD THEIR PET/CT SCAN.

RENNOWN HEALTH PARTICIPATES WITH THE NATIONAL ONCOLOGIC PET REGISTRY AND THE AMERICAN COLLEGE OF RADIOLOGY TO PERFORM PET SCANS NOT TYPICALLY COVERED BY MEDICARE. THIS PROJECT HELPS COLLECT DATA THAT SHOWS A BENEFIT FOR THE PET/CT IN A HOST OF TUMOR SITES AND INDICATIONS NOT PREVIOUSLY REIMBURSED BY CMS AMONG PARTICIPATING FACILITIES IN EXCHANGE FOR INFORMATION ABOUT HOW PET SCANS AFFECT CANCER PATIENTS' CARE MANAGEMENT. THE HOPE IS THAT THE INFORMATION HELPS IMPROVE THE DIAGNOSIS AND TREATMENT OF CANCER IN OUR COMMUNITY BY HELPING TO CHANGE THE NATIONAL STANDARD ON WHAT TYPES OF CANCEROUS TUMORS WILL BE COVERED BY CMS IN THE FUTURE.

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THE PREGNANCY CENTER

RENNOWN PROVIDES PRENATAL CARE TO ANY EXPECTANT MOTHER WHO SEEKS IT AND IS THE BIRTHPLACE OF TWO-THIRDS OF ALL BABIES BORN IN THE AREA. THE PREGNANCY CENTER HAS DEMONSTRATED THAT ACCESSIBLE, PRENATAL CARE WHERE HIGH-RISK PREGNANCIES ARE MONITORED AND TREATED IMPROVES OUTCOMES AND REDUCES COSTS FOR THE COMMUNITY.

THE PREGNANCY CENTER PROVIDES PRENATAL CARE TO PATIENTS WHO OTHERWISE WOULD NOT BE ABLE TO SECURE THIS CARE. THESE PATIENTS, WHO LIVE IN RENO, SPARKS AND SURROUNDING COMMUNITIES, ARE UNDERINSURED OR HAVE NO INSURANCE. THE PREGNANCY CENTER GIVES EXPECTANT MOMS A PROGRAM THAT INCLUDES PRENATAL VISITS WITH A PHYSICIAN OR NURSE PRACTITIONERS; LABORATORY TESTING AND OTHER REQUIRED SERVICES; THE BABY'S BIRTH AT RENOWN REGIONAL MEDICAL CENTER AND A NEWBORN VISIT AT THE HOSPITAL FROM THE BABY'S PEDIATRICIAN.

CULTURAL AND LINGUISTIC COMPETENCE IS A PRIORITY FOR THE STAFF WORKING AT THE CENTER. MORE THAN HALF OF PATIENTS - 56 PERCENT - ARE HISPANIC, AND MANY SPEAK PREDOMINANTLY SPANISH. OF PREGNANCY CENTER STAFF MEMBERS, 90 PERCENT HAVE SOME SKILLS IN SPANISH, AND 70 PERCENT ARE BILINGUAL.

SIXTY PERCENT OF PATIENTS ARE MEDICAID BENEFICIARIES, AND ALMOST A THIRD OF PATIENTS ARE INDIGENT. NO PATIENT IS DENIED SERVICE BASED ON INABILITY TO MAKE PAYMENT.

IN FISCAL YEAR 2009, THE PREGNANCY CENTER HAD 19,923 PRENATAL VISITS;

Name of the organization

RENNOW NETWORK SERVICES

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2,382 POST PARTUM VISITS; DELIVERED 2,232 BABIES; AND PROVIDED 2,907

WELL-BABY CHECKUPS AT THE NEWBORN CARE CENTER.

IN SERVING THE NEEDS OF OUR PATIENT POPULATION AT THE PREGNANCY CENTER,

RENNOW PARTNERS WITH NOT-FOR-PROFIT PARTNERS WHO ALSO PROVIDE SUPPORT TO

YOUNG INDIGENT MOTHERS. WE ARE A MEMBER OF THE WASHOE COUNTY DEPARTMENT

OF PUBLIC HEALTH'S MATERNAL/CHILD CONSORTIUM, WHICH INCLUDES ALL THE

AGENCIES SERVING WOMEN AND CHILDREN IN THE REGION. WE ALSO PARTNER WITH

THE STATE'S TOBACCO FREE BABIES PROJECT AND HAVE AN IN-HOUSE CONSULTANT

FROM THE PROJECT WHO WORKS WITH OUR MOTHERS.

THE PREGNANCY CENTER ALSO PARTNERS WITH A VARIETY OF COMMUNITY

ORGANIZATIONS TO COORDINATE CARE FOR PREGNANT TEENS, INCLUDING:

* STEP2 IS A COMPREHENSIVE RESIDENTIAL AND OUTPATIENT TREATMENT PROGRAM

FOR WOMEN AND THEIR CHILDREN SUFFERING FROM CHEMICAL ADDICTION, POVERTY

AND DOMESTIC VIOLENCE. THE PROGRAM PROVIDES INTEGRATED TREATMENT SERVICES

AND SKILLS TRAINING, INCLUDING HOUSING, CHILD CARE, FAMILY MANAGEMENT,

TRANSPORTATION, EMPLOYMENT COUNSELING, AND HEALTHY LIVING.

* THE HEALTH ACCESS WASHOE COUNTY COMMUNITY HEALTH CENTER (HAWC) PROVIDES

MEDICAL AND DENTAL CARE ON A SLIDING FEE SCALE TO LOW-INCOME AND

UNINSURED CHILDREN AND ADULTS, INCLUDING OUTREACH TO HOMELESS INDIVIDUALS

AND FAMILIES.

* CASA DE VIDA PROVIDES A HOME AND SUPPORT SERVICES TO PREGNANT TEENS AND

YOUNG WOMEN AND A TRANSITIONAL HOUSING FOR PARENTING YOUNG WOMEN AND

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THEIR INFANT CHILDREN. THE PROGRAM ALSO PROVIDES CASE MANAGEMENT SERVICES
TO CLIENTS AND OTHER PREGNANT AND PARENTING WOMEN IN THE COMMUNITY.
COUNSELING AND CLASSES IN PARENTING, CHILD DEVELOPMENT AND NUTRITION AND
BUDGETING.

"THE PREGNANCY CENTER AT RENOWN PROVIDES PRENATAL CARE FOR 85 PERCENT OF
THE INDIGENT POPULATION OF WASHOE COUNTY WITH A RURAL CATCHMENT AREA THAT
EXTENDS FROM ELKO IN THE EAST TO WINNEMUCCA ON THE NORTH AND BOULDER CITY
ON THE SOUTH," SAID JENNIFER HOLCOMBE, INTERIM DIRECTOR AT THE PREGNANCY
CENTER. "THE SERVICES PROVIDED AT THE PREGNANCY CENTER SUPPORT WOMEN'S
LIVES IN EVERY WAY."

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NUMBER OF EMPLOYEES REPORTED ON FORM W-3FORM 990, PART V, QUESTION 2ARENNOW NETWORK SERVICES HAS ITS OWN EMPLOYEES, HOWEVER, RENOWN HEALTH,THE PARENT ORGANIZATION, PAYS ALL COMPENSATION AND EMPLOYEE BENEFITAMOUNTS. AMOUNTS PAID BY RENOWN HEALTH ARE ALLOCATED TO ITS AFFILIATESBASED ON AN AGREEMENT WITH EACH RELATED ENTITY.

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DESCRIPTION OF CLASSES OF MEMBERS OR STOCKHOLDERSFORM 990, PART VI, QUESTION 6RENNOWN HEALTH IS THE SOLE CORPORATE MEMBER OF RENOWN NETWORK SERVICES.

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DESCRIPTION OF CLASSES OF PERSONS AND THE NATURE OF THEIR RIGHTSFORM 990, PART VI, QUESTION 7ARENOWN HEALTH, ACTING THROUGH ITS BOARD OF DIRECTORS, APPOINTS THEMEMBERS OF THE BOARD OF GOVERNORS OF RENOWN NETWORK SERVICES.

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88-0231828DESCR CLASSES OF PERSONS, DECISIONS REQUIRING APPR & TYPE OF VOTING RIGHTSFORM 990, PART VI, QUESTION 7BRENNOWN HEALTH MUST APPROVE ANY MERGER, CONSOLIDATION OR DISSOLUTION OFRENNOWN NETWORK SERVICES, ANY BORROWING IN EXCESS OF \$1.0 MILLION IN ANYFISCAL YEAR, AND ENCUMBRANCES OF ASSETS AND CERTAIN OTHER ACTIONS NOT INTHE ORDINARY COURSE OF BUSINESS.

Name of the organization

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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.

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DESCRIPTION OF PROCESS TO MONITOR TRANSACTIONS FOR CONFLICTS OF INTERESTFORM 990, PART VI, QUESTION 12CON AN ANNUAL BASIS AT OR PRIOR TO THE FIRST REGULAR MEETING FOLLOWING THEELECTION OF NEW BOARD MEMBERS, THE MEMBERS OF THE RENNOWN NETWORK SERVICESBOARD ARE GIVEN AN ANNUAL DISCLOSURE STATEMENT. THEY ARE EXPECTED TOPERFORM A REASONABLE INVESTIGATION INTO THEIR BUSINESS, FINANCIAL, FAMILYOR SIGNIFICANT PERSONAL RELATIONSHIPS TO DISCLOSE ANY ACTUAL OR POTENTIALCONFLICTS OF INTEREST. IF, IN CONNECTION WITH A PROPOSED TRANSACTION ORARRANGEMENT INVOLVING A RENNOWN HEALTH ENTITY, A BOARD MEMBER DISCOVERSTHAT AN ACTUAL OR POSSIBLE CONFLICT OF INTEREST HAS ARISEN THAT WAS NOTDISCLOSED ON THE ANNUAL STATEMENT, THEN THE BOARD MEMBER MUST DISCLOSETHE EXISTENCE AND NATURE OF HIS OR HER FINANCIAL INTERESTS TO THEREMAINING DIRECTORS THAT ARE CONSIDERING THE PROPOSED TRANSACTION ORARRANGEMENT IN A TIMELY MANNER. IF A BOARD MEMBER DISCLOSES AN ACTUAL ORPOSSIBLE CONFLICT OF INTEREST, THE BOARD MEMBER SHALL LEAVE THE BOARD ORCOMMITTEE MEETING WHILE THE REMAINING BOARD MEMBERS DISCUSS THE FINANCIALINTEREST. THE REMAINING BOARD MEMBERS SHALL VOTE UPON AND DECIDE WHETHERA CONFLICT OF INTEREST ACTUALLY EXISTS. IF THE REMAINING BOARD MEMBERSDETERMINE THAT A CONFLICT DOES EXIST, THEN IT MUST BE ADDRESSED. THEBOARD WILL DETERMINE WHICH OF THE FOLLOWING WAYS THEY WILL HANDLE THECONFLICT OF INTEREST. IF THE BOARD HAS REASONABLE CAUSE TO BELIEVE THAT AMEMBER HAS FAILED TO DISCLOSE ACTUAL OR POSSIBLE CONFLICTS OF INTEREST,IT SHALL INFORM THE MEMBER OF THE BASIS FOR SUCH BELIEF AND GIVE THEMEMBER AN OPPORTUNITY TO EXPLAIN THE ALLEGED FAILURE TO DISCLOSE. IF THEBOARD DETERMINES, AFTER HEARING THE MEMBER'S RESPONSE AND PERFORMING ANYINVESTIGATION WARRANTED IN THE CIRCUMSTANCES, THAT THE MEMBER HAS, INFACT, FAILED TO DISCLOSE AN ACTUAL OR POSSIBLE CONFLICT OF INTEREST, IT

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SHALL TAKE APPROPRIATE DISCIPLINARY AND CORRECTIVE ACTION.

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OFFICES & POSITIONS FOR WHICH PROCESS WAS USED, & YEAR PROCESS WAS BEGUN

FORM 990, PART VI, QUESTIONS 15A AND 15B

RENNOW HEALTH'S EXECUTIVE COMPENSATION IS SET BY THE RENNOW 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

RENNOW 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

RENNOW 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 RENNOW 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

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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.

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* 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

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88-0231828* 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 REBUTTABLEPRESUMPTION OF REASONABLENESS.THE COMPENSATION COMMITTEE UNDERTOOK THE PROCESS OUTLINED ABOVE FOR THEFISCAL YEAR 2009 EXECUTIVE COMPENSATION.

Name of the organization

BENOWN NETWORK SERVICES

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AVAIL OF GOV DOCS, CONFLICT OF INTEREST POLICY, & FIN STMTS TO GEN PUBLIC

FORM 990, PART VI, QUESTION 19

RENNOWN NETWORK SERVICES DOES NOT MAKE ITS GOVERNING DOCUMENTS, CONFLICT

OF INTEREST POLICY, OR FINANCIAL STATEMENTS AVAILABLE TO THE GENERAL

PUBLIC.

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AVERAGE HOURS PER WEEK DEVOTED TO RELATED ORGANIZATIONSFORM 990, PART VII, COLUMN BJIM MILLER, PRESIDENT & CEO DIVIDES HIS TIME AS FOLLOWS:RENNOW HEALTH 4RENNOW REGIONAL MEDICAL CENTER 44RENNOW SOUTH MEADOWS MEDICAL CENTER 8RENNOW SKILLED NURSING 1RENNOW NETWORK SERVICES 1RENNOW HEALTH FOUNDATION 1HOMETOWN HEALTH PLAN 1AVERAGE HOURS PER WEEK 60DAWN AHNER, CFO, DIVIDES HER TIME AS FOLLOWS:RENNOW HEALTH 13RENNOW REGIONAL MEDICAL CENTER 30RENNOW SOUTH MEADOWS MEDICAL CENTER 12RENNOW SKILLED NURSING 1RENNOW NETWORK SERVICES 2RENNOW HEALTH FOUNDATION 1HOMETOWN HEALTH PLAN 1AVERAGE HOURS PER WEEK 60

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BALANCE SHEET RECLASSIFICATIONSFORM 990, PART XRECLASSIFICATIONS WERE MADE TO BEGINNING OF YEAR AMOUNTS IN ORDER TOPROVIDE CONSISTENT REPORTING WITH END OF YEAR AMOUNTS.

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Employer identification number

88-0231828

CONSOLIDATED AUDITED FINANCIAL STATEMENTSFORM 990, PART XI, QUESTION 2B AND QUESTION 3THE ORGANIZATION'S FINANCIAL STATEMENTS WERE AUDITED BY AN INDEPENDENTACCOUNTING FIRM AND ARE INCLUDED IN A CONSOLIDATED AUDITED FINANCIALSTATEMENT. SEPARATE FINANCIAL STATEMENTS WERE NOT ISSUED FOR THISENTITY. THE ORGANIZATION DOES HAVE A COMMITTEE THAT ASSUMESRESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF ITS CONSOLIDATED FINANCIALSTATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT.

Related Organizations and Unrelated Partnerships

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

► **Separate Instructions.**

Name of the organization

Part I Identification of Disregarded Entities

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
RENNOWN HEALTH 1155 MILL STREET C/O TAX TREAS RENO, NV 89502 RENNOWN REGIONAL MEDICAL CENTER 1155 MILL STREET, C/O TAX TREAS RENO, 89502 RENNOWN HEALTH FOUNDATION 1155 MILL STREET, C/O TAX TREAS RENO, 89502 RENNOWN SKILLED NURSING 1155 MILL STREET, C/O TAX TREAS RENO, 89502 RENNOWN SOUTH MEADOWS MEDICAL CENTER 1155 MILL STREET, C/O TAX TREAS RENO, 89502 HOMETOWN HEALTH PLAN 1155 MILL STREET, C/O TAX TREAS RENO, 89502	HEALTH CARE HOSPITAL FOUNDATION HOSPITAL HOSPITAL HOSPITAL INSURANCE	NV NV NV NV NV NV NV	501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(4)	III-FI 3 3 7 3 3 501(C)(4)	N/A N/A N/A N/A N/A N/A N/A

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

Identification of Related Organizations Taxable as a Partnership

Part III

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
RENON BUSINESSES 1155 MILL ST, C/O TAX/TREASURY 2-5 RENO, NV 89502	88-0228030	HEALTH CARE	N/A	C CORP			
HOMETOWN HEALTH MANAGEMENT COMPANY 830 HARVARD WAY RENO, NV 89502	88-0236758	MGT SVCS	N/A	C CORP			
REMITTANCE ASSISTANCE CORPORATION 1155 MILL ST, C/O TAX/TREASURY 2-5 RENO, NV 89502	88-0277761	HEALTH CARE	N/A	C CORP			
THE PROVIDER NETWORK, INC. 830 HARVARD WAY RENO, NV 89502	88-0316369	NO ACTIVITY	N/A	C CORP			
HOMETOWN HEALTH PROVIDERS INSURANCE CO 830 HARVARD WAY RENO, NV 89502	88-0177026	INSURANCE	N/A	C CORP			

Part V Transactions With Related Organizations

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

1 During the tax year did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity
- b Gift, grant, or capital contribution to other organization(s)
- c Gift, grant, or capital contribution from other organization(s)
- d Loans or loan guarantees to or for other organization(s)
- e Loans or loan guarantees by other organization(s)

f Sale of assets to other organization(s)

g Purchase of assets from other organization(s)

h Exchange of assets

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

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

k Performance of services or membership or fundraising solicitations for other organization(s)

l Performance of services or membership or fundraising solicitations by other organization(s)

m Sharing of facilities, equipment, mailing lists, or other assets

n Sharing of paid employees

o Reimbursement paid to other organization for expenses

p Reimbursement paid by other organization for expenses

q Other transfer of cash or property to other organization(s)

r Other transfer of cash or property from other organization(s)

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 (e-r)	(C) Amount involved
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(1) HOMETOWN HEALTH PLAN, INC.

1 167,470.

(2)

(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.

Schedule R (Form 990) 2008

1990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
THE MEDICAL GROUP OF NORTHERN NEVADA 75 PRINGLE WAY RENO, NV 89502	MEDICAL SERVICES	3,119,837.
LABORATORY CORP OF AMERICA PO BOX 12140 BURLINGTON, NC 27216	LABORATORY SERVICES	326,805.
RENO RADIOLOGICAL ASSOCIATION 5250 NEIL RD #103 RENO, NV 89502	RADIOLOGICAL SERVICE	316,491.
PERINATAL ASSOCIATES 1500 E 2ND ST #108 RENO, NV 89502	MEDICAL SERVICES	105,146.
SIEMENS MEDICAL SYSTEMS PO BOX 120001, DEPT 0733 DALLAS, TX 75312	EQUIPMENT SERVICES	100,916.
	TOTAL COMPENSATION	3,969,195.