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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

2008Open 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: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input checked="" type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization RENOWN NETWORK SERVICES		D Employer identification number 88-0231828
		Doing Business As		E Telephone number (775) 982-4404
		Number and street (or P O box if mail is not delivered to street address) Room/suite 1155 MILL STREET, C/O TAX TREASURY Z-5		
		City or town, state or country, and ZIP + 4 RENO, NV 89502		
F Name and address of principal officer: DAWN AHNER 1155 MILL ST., Z-6 RENO, NV 89502				G Gross receipts \$ 180,387,849.
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (3) ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)
J Website: WWW.RENOWN.ORG				H(c) Group exemption number ▶
K Type of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶				L Year of formation 1987 M State of legal domicile NV

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities. <u>SEE SCHEDULE O</u>			
	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	
	Revenue	8 Contribution and grants (Part VIII, line 1h)	Prior Year	Current Year
		9 Program service revenue (Part VIII, line 2g)	3,686,117.	3,426,228.
10 Investment income (Part VIII, column (A), lines 3-4, and 7d)		39,974,244.	41,298,981.	
11 Other revenue (Part VIII, column (A), lines 5-6d, 8c, 9c, 10c, and 14e)		10,611,578.	7,375,478.	
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		997,325.	NONE	
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		55,269,264.	52,100,687.	
14 Benefits paid to or for members (Part IX, column (A), line 4)		NONE	NONE	
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		NONE	NONE	
16a Professional fundraising fees (Part IX, column (A), line 11e)		8,935,126.	9,406,982.	
b Total fundraising expenses, Part IX, column (D), line 25		NONE	NONE	
Expenses	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	NONE	NONE	
	18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	22,365,706.	21,911,912.	
	19 Revenue less expenses Subtract line 18 from line 12	31,300,832.	31,318,894.	
	20 Total assets (Part X, line 16)	23,968,432.	20,781,793.	
Net Assets or Fund Balances	21 Total liabilities (Part X, line 26)	Beginning of Year	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

Sign Here	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			
	Signature of officer <i>Dawn D. Ahner</i>		Date 9-15-10	
Paid Preparer's Use Only	Preparer's signature <i>James M. ...</i>		Date 8-23-10	Check if self-employed <input type="checkbox"/>
	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		Preparer's identifying number (see instructions) P00043433	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)

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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

	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 X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	2 X	
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	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	X
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	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	X
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	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	X
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	X
10 Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X
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 X	
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	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	X
14a Did the organization maintain an office, employees, or agents outside of the U.S.?	14a	X
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	X
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	X
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	X
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17	X
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	X
19 Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	X
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20 X	
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	X
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	X
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23 X	
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	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
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	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
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	X
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	X
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	X
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	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)? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>	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? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	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? <i>If "Yes," complete Schedule R, Part I</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34	X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35	X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	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? <i>If "Yes," complete Schedule R, Part VI</i>	37	X

Form **990** (2008)

Yes No

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 Enter the number of voting members of the governing body	1a	2
b Enter the number of voting members that are independent	1b	NONE
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	X
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	X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? . . .	4	X
5 Did the organization become aware during the year of a material diversion of the organization's assets?	5	X
6 Does the organization have members or stockholders?	6	X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . .	7b	X
8 Did the organizations contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	8a	X
b Each committee with authority to act on behalf of the governing body?	8b	X
9a Does the organization have local chapters, branches, or affiliates?	9a	X
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	X
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	X

Section B. Policies

	Yes	No
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
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	X
13 Does the organization have a written whistleblower policy?	13	X
14 Does the organization have a written document retention and destruction policy?	14	X
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	X
b Other officers or key employees of the organization?	15b	X
Describe the process in Schedule O (see instructions)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X
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 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., 2-6 RENO, NV 89502
775-982-4404

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

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					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d	3,426,228.				
	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		3,426,228.				
Program Service Revenue	2a		PATIENT SERVICE REVENUE	Business Code	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				
7a		Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other	129,098,072.			
b		Less: cost or other basis and sales expenses	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).**

Do not include amounts reported on lines 8b, 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 . . .	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			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.		
		12,569,396.	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	

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.

OMB No. 1545-0047

2008

Open to Public
Inspection

Name of the organization

Employer identification number

RENOWN 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.)

- ☐ 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 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
 - ☐ 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).** (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?
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

	Yes	No
11g(i)		X

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

	Yes	No
11g(ii)		X

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

	Yes	No
11g(iii)		X
 - ☐ h Provide the following information about the organizations the organization supports.

[illegible]

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 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 ▶ <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. ☐

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. ☐

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 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)

[illegible]

**SCHEDULE D
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

RENOWN NETWORK SERVICES

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

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)

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically importantly land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of certified historic structure
<input type="checkbox"/> 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 organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

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

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

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

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

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

Part V Endowment Funds. Complete if 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:

- (i) unrelated organizations
 (ii) related organizations

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

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

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		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.

(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>	<u>4,174,077.</u>	<u>FMV</u>
<u>IR&M CORE BOND FUND</u>	<u>35,029,631.</u>	<u>FMV</u>
<u>MONDRIAN INTL EQUITY FUND</u>	<u>4,442,318.</u>	<u>FMV</u>
Total. (Column (b) should equal Form 990, Part X, col. (B) line 12) ▶	43,646,026.	

(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) ▶		

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

(a) Description of liability	(b) Amount
Federal income taxes	
DUE TO AFFILIATES	2,188,735.
Total. (Column (b) should equal Form 990, Part X, col (B) line 25) ▶	2,188,735.

Schedule D (Form 990) 2008

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

2008

Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

▶ To be completed by organizations that answer "Yes" to Form 990,

Part IV, line 20.

▶ Attach to Form 990.

Name of the organization

Employer identification number

RENEW NETWORK SERVICES

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?
- 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.

	Yes	No
1a		
1b		
2		
3a		
3b		
3c		
4		
5a		
5b		
5c		
6a		
6b		

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.

	Yes	No
1		
2		
3		
5		
6		
7		
9a		
9b		

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 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.

[illegible]

**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 NETWORK SERVICES

Employer identification number

88-0231828

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 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

RENOWN 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

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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 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 NETWORK SERVICES (IMAGING AND PREGNANCY CENTER)

RENOWN 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.

RENOWN 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.

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

DURING 2008, RENOWN 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, RENOWN 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 RENOWN, FOR PATIENTS WHO OTHERWISE WOULD NOT HAVE HAD THEIR PET/CT
SCAN.

RENOWN 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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RENOWN NETWORK SERVICES

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THE PREGNANCY CENTER

RENOWN 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;

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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,

RENOWN 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-3

FORM 990, PART V, QUESTION 2A

RENOWN NETWORK SERVICES 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.

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DESCRIPTION OF CLASSES OF MEMBERS OR STOCKHOLDERS

FORM 990, PART VI, QUESTION 6

RENOWN HEALTH IS THE SOLE CORPORATE MEMBER OF RENOWN NETWORK SERVICES.

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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 NETWORK SERVICES.

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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 NETWORK SERVICES, ANY BORROWING IN EXCESS OF \$1.0 MILLION IN ANY

FISCAL YEAR, AND ENCUMBRANCES OF ASSETS AND CERTAIN OTHER ACTIONS NOT IN

THE ORDINARY COURSE OF BUSINESS.

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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 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 NETWORK SERVICES 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

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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

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

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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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----- * 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. -----

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RENOWN 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

RENOWN 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 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

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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.

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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.

(F)
ct contr
entity

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

Part V Transactions With Related Organizations**Note.** Complete line 1 if any entity is listed in Parts II, 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.

		(B) Transaction type (a-r)		(C) Amount involved	
		(A) Name of other organization(s)			
(1)	HOMETOWN HEALTH PLAN, INC.	L		167,470.	
(2)					
(3)					
(4)					
(5)					
(6)					

Schedule R (Form 990) 2008

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

[illegible]

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