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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2008

Open to Public Inspection

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

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

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

C Name of organization
Renown Health

Doing Business As

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

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

D Employer identification number
94-2972845

E Telephone number
(775) 982-4404

G Gross receipts $ 77,679,734

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

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

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

H(c) Group Exemption Number ▶

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

J Web site: ▶ WWW RENOWN ORG

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

L Year of Formation 1985

M State of legal domicile NV

Part I Summary

1 Briefly describe the organization's mission or most significant activities
SEE SCHEDULE O

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	9
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	8
5	Total number of employees (Part V, line 2a)	5	5,642
6	Total number of volunteers (estimate if necessary)	6	0
7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	6,453,411
b	Net unrelated business taxable income from Form 990-T, line 34	7b	-25,656,600

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	667,725	0
9	Program service revenue (Part VIII, line 2g)	68,855,375	70,284,583
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	404,768	418,995
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	5,861,455	6,489,403
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	75,789,323	77,192,981
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	418,661
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	29,765,753	39,281,393
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	(Total fundraising expenses, Part IX, column (D), line 25 0)		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	41,229,388	33,043,369
18	Total expenses—add lines 13–17 (must equal Part IX, line 25, column (A))	70,995,141	72,743,423
19	Revenue less expenses Subtract line 18 from line 12	4,794,182	4,449,558

		Beginning of Year	End of Year
20	Total assets (Part X, line 16)	214,134,037	214,138,115
21	Total liabilities (Part X, line 26)	79,084,301	78,743,742
22	Net assets or fund balances Subtract line 21 from line 20	135,049,736	135,394,373

Part II Signature Block

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

Please Sign Here

Signature of officer — Date: 2010-05-10

DAWN D AHNER CFO
Type or print name and title

Paid Preparer's Use Only

Preparer's signature | Date | Check if self-empolyed ☐ | Preparer's PTIN (See Gen Inst)

Firm's name (or yours if self-employed), address, and ZIP + 4
ERNST & YOUNG US LLP
2901 DOUGLAS BLVD SUITE 300
ROSEVILLE, CA 95661

EIN ▶

Phone no ▶ (916) 218-1900

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

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

1 Briefly describe the organization's mission

SEE SCHEDULE O

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses $ 65,510,947 including grants of $ 418,661) (Revenue $ 70,284,583)

SEE SCHEDULE O

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

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

4d Other program services (Describe in Schedule O)

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

4e Total program service expenses $ 65,510,947 *Must equal Part IX, Line 25, column (B).*

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(Continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, *Annual Summary and Transmittal of U.S. Information Returns. Enter -0-* if not applicable	1a	838		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	2a	5,642		
b	If at least one is reported in 2a, did the organization file all required federal employment tax returns? **Note:** *If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.*	2b		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	3a		Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b		Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			No
b	If "Yes," enter the name of the foreign country _____ See the instructions for exceptions and filing requirements for **Form TD F 90-22.1,** *Report of Foreign Bank and Financial Accounts.*				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, *Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?*	5c			
6a	Did the organization solicit any contributions that were not tax deductible?	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	*Organizations that may receive deductible contributions under section 170(c).*				
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of $75 or more?	7a			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h			
8	*Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.* Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			
9	*Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.*				
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			
10	*Section 501(c)(7) organizations.* Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	*Section 4947(a)(1) non-exempt charitable trusts.* Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			

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

Section A. Governing Body and Management

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

Section B. Policies

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

Section C. Disclosure

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

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

☐ own website ☐ another's website ☑ upon request

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

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

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

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

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
James I Miller , President & CEO	4 0	X		X				1,102,216	0	323,568
Bernie Carter , Secretary	3 0	X						7,684	0	0
David Line , Board Treasurer	3 0	X						15,216	0	0
Michael Alonso , Board Director	3 0	X						13,600	0	0
Kosta Arger , Board Director	3 0	X						4,000	0	0
Tracy Mimno-Wirshing , Board Director	3 0	X						11,900	0	0
Rob Winkel , Board Director	3 0	X						10,600	0	0
Kathleen Drakulich , Board Director	3 0	X						21,025	0	0
Leslie Smith , Board Director	3 0	X						6,000	0	0
Dawn Ahner , Chief Financial Officer	13 0			X				509,368	0	72,724
Ronald Laxton , CEO RENOWN REGIONAL MED CTR	8 0					X		492,316	0	63,040
Troy Smith , VP HOMETOWN HEALTH/RENOWN HLTH	45 0					X		389,539	0	57,717
Reno Testolin , General Counsel	60 0					X		358,134	0	16,715
Max Jackson , Chief Medical Officer	60 0					X		319,129	0	21,726
Andrew Pearl , VP SYSTEM DEVELOPMENT	60 0					X		350,009	0	55,779

Part VII Continued

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b Total . . . . . ▶								3,610,736	0	611,269

2 Total number of individuals (including those in 1a) who received more than $100,000 in reportable compensation from the organization ▶ 183

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
Twin Professional Inc 5182 Reliable Pkwy CHICAGO, IL 60686	Eligibility Service	1,679,575
Epic Systems Corp PO Box 88314 MILWAUKEE, WI 53288	Records Consulting	1,236,523
Caremedic Systems Inc PO Box 535243 ATLANTA, GA 30353	Billing Qual Rev Svc	917,856
UCB United Collection Bu 5620 Southwyck Blvd Ste 206 TOLEDO, OH 43614	Collection Service	713,203
Med Assist Inc 6420 Reliable Pkwy CHICAGO, IL 60686	Collection Service	668,251
2 Total number of independent contractors (including those in 1) who received more than $100,000 in compensation from the organization . . . . . ▶		36

Part VIII Statement of Revenue

			(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns 1a				
	b	Membership dues 1b				
	c	Fundraising events 1c				
	d	Related organizations 1d				
	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)** ▶	0			
Program Service Revenue		Business Code				
	2a	Program Service Revenue	70,284,583	70,284,583		
	b					
	c					
	d					
	e					
	f	All other program service revenue				
	g	**Total. Add lines 2a-2f** ▶ $ 70,284,583				
	3	Investment income (including dividends, interest other similar amounts) ▶	417,341			417,341
	4	Income from investment of tax-exempt bond proceeds ▶	0			
	5	Royalties ▶	0			
		(i) Real / (ii) Personal				
	6a	Gross Rents: 1,269,226 /				
	b	Less rental expenses: 439,884 /				
	c	Rental income or (loss): 829,342 /				
	d	Net rental income or (loss) ▶	829,342		793,350	35,992
		(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory: / 48,523				
	b	Less cost or other basis and sales expenses: / 46,869				
	c	Gain or (loss): / 1,654				
	d	Net gain or (loss) ▶	1,654			1,654
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 *Attach Schedule G if total exceeds $15,000* 8a				
	b	Less direct expenses 8b				
	c	Net income or (loss) from fundraising events ▶	0			
	9a	Gross income from gaming activities See part IV, line 19 *Complete Schedule G if total exceeds $15,000* 9a				
	b	Less direct expenses 9b				
	c	Net income or (loss) from gaming activities ▶	0			
	10a	Gross sales of inventory, less returns and allowances 10a				
	b	Less cost of goods sold 10b				
	c	Net income or (loss) from sales of inventory ▶	0			
		Miscellaneous Revenue	Business Code			
	11a	UBI - Management Fees	541,610	5,627,552		5,627,552
	b	UBI - Pop's Self Storage	812,900	20,509		20,509
	c	UBI - Payroll Services	541,200	12,000		12,000
	d	All other revenue _____				
	e	**Total. Add lines 11a-11d** ▶ $ 5,660,061				
	12	**Total Revenue.** Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e ▶	77,192,981	70,284,583	6,453,411	454,987

Part IX Statement of Functional Expenses

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	418,661	418,661		
2	Grants and other assistance to individuals in the U S See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations and individuals outside the U S See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors, trustees, and key employees	1,701,610	1,531,449	170,161	0
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0
7	Other salaries and wages	26,741,441	24,067,297	0	0
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	0	0	0	0
9	Other employee benefits	10,838,342	9,754,508	1,083,834	0
10	Payroll taxes	0	0	0	0
11	Fees for services (non-employees)				
a	Management	317	285	32	0
b	Legal	932,972	839,675	93,297	0
c	Accounting	465,900	419,310	46,590	0
d	Lobbying	143,390	129,051	14,339	0
e	Professional fundraising *See Part IV, line 17*	0			
f	Investment management fees	0	0	0	0
g	Other	8,982,181	8,083,963	898,218	0
12	Advertising and promotion	3,350,963	3,015,867	335,096	0
13	Office expenses	2,293,538	2,064,184	229,354	0
14	Information technology	3,669,126	3,302,213	366,913	0
15	Royalties	0	0	0	0
16	Occupancy	667,274	600,547	66,727	0
17	Travel	211,146	190,031	21,115	0
18	Payments of travel or entertainment expenses for any Federal, state or local public officials	0	0	0	0
19	Conferences, conventions and meetings	120,933	108,840	12,093	0
20	Interest	479,251	431,326	47,925	0
21	Payments to affiliates	0	0	0	0
22	Depreciation, depletion, and amortization	5,615,107	5,053,596	561,511	0
23	Insurance	2,540,359	2,286,323	254,036	0
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a	Recruitment	2,722,279	2,450,051	272,228	
b	Licenses & Taxes	297,052	267,347	29,705	
c	Dues & Subscriptions	128,523	115,671	12,852	
d	Other expenses	423,058	380,752	42,306	
f	All other expenses				
25	**Total functional expenses.** Add lines 1 through 24f	72,743,423	65,510,947	7,232,476	0
26	**Joint Costs.** Check ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		2,300	1	2,300
	2	Savings and temporary cash investments		-180,306	2	-147,503
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	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		2,658,931	7	2,650,358
	8	Inventories for sale or use		71,427	8	79,634
	9	Prepaid expenses and deferred charges		1,392,237	9	1,252,666
	10a	Land, buildings, and equipment cost basis	10a 106,457,386			
	b	Less accumulated depreciation *Complete Part VI of Schedule D*	10b 39,977,573	63,999,586	10c	66,479,813
	11	Investments—publicly traded securities			11	
	12	Investments—other securities See Part IV, line 11 *Complete Part VII of Schedule D*		140,956,527	12	137,490,555
	13	Investments—program-related See Part IV, line 11 *Complete Part VIII of Schedule D*			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11 *Complete Part IX of Schedule D*		5,233,335	15	6,330,292
	16	**Total assets.** *Add lines 1 through 15 (must equal line 34)*		214,134,037	16	214,138,115
Liabilities	17	Accounts payable and accrued expenses		21,004,898	17	20,246,528
	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	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable		12,746,865	24	11,561,590
	25	Other liabilities *Complete Part X of Schedule D*		45,332,538	25	46,935,624
	26	**Total liabilities.** *Add lines 17 through 25*		79,084,301	26	78,743,742
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		135,049,736	27	135,394,373
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		135,049,736	33	135,394,373
	34	Total liabilities and net assets/fund balances		214,134,037	34	214,138,115

Part XI Financial Statements and Reporting

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

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
Renown Health

Employer identification number
94-2972845

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

h Provide the following information about the organizations the organization supports

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (See Instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
See Additional Data Table									
Total									0

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

Public Support

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

Total Support

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

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

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

Computation of Public Support Percentage

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

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

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

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

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

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total** Add lines 1-5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or $5,000						
c Total of lines 7a and 7b						
8 **Public Support** (Substract line 7c from line 6)						

Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total Support** (Add lines 9, 10c, 11 and 12)						

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

Computation of Public Support Percentage

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

Computation of Investment Income Percentage

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

19a **33 1/3% Tests - 2008.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

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

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

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

Facts and Circumstances Test

Additional Data

Software ID:
Software Version:
EIN: 94-2972845
Name: Renown Health

Form 990, Schedule A, Part I, Line 11h - Provide the following information about the organizations the organization supports.

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section)	(iv) Is the organization in (i) listed in your governing document?		(v) Did you notify the organization in (i) of your support?		(vi) Is the organization in (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
RENOWN HEALTH FOUNDATION	942972749	I	Yes		Yes		Yes		0
RENOWN REGIONAL MEDICAL CENTER	880213754	C	Yes		Yes		Yes		0
HOMETOWN HEALTH PLAN INC	880231433	C		No	Yes		Yes		0
RENOWN NETWORK SERVICES	880231828	C		No	Yes		Yes		0
RENOWN SOUTH MEADOWS MEDICAL CENTER	460517825	C		No	Yes		Yes		0
RENOWN SKILLED NURSING	201347269	C		No	Yes		Yes		0

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SCHEDULE C
(Form 990 or 990-EZ)
Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

To be completed by organizations described below. Attach to Form 990 or Form 990-EZ

OMB No 1545-0047

2008

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities)
- Section 501(c)(3) organizations complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990EZ, Part VI, line 47 (Lobbying Activities)
- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax)
- Section 501(c)(4), (5), or (6) organizations complete Part III

Name of the organization	Employer identification number
Renown Health	94-2972845

Part I-A **To be completed by all organizations exempt under section 501(c) and section 527 organizations.** (See the instructions for Schedule C for details.)

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

Part I-B **To be completed by all organizations exempt under section 501(c)(3).** (See the instructions for Schedule C for details.)

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

Part I-C **To be completed by all organizations exempt under section 501(c), except section 501(c)(3).** (See the instructions for Schedule C for details.)

1	Enter the amount directly expended by the filing organization for section 527 exempt function activities	$
2	Enter the amount of the filing organization's internal funds contributed to other organizations for section 527 exempt funtion activities	$
3	Total of direct and indirect exempt function expenditures Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b	$
4	Did the filing organization file **Form 1120-POL** for this year?	☐ Yes ☐ No

5 State the names, addresses and Employer Identification Number (EIN) of all section 527 political organizations to which payments were made Enter the amount paid and indicate if the amount was paid from the filing organization's own internal funds or were political contributions received and promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	**(b)** Address	**(c)** EIN	**(d)** Amount paid from filing organization's internal funds If none, enter -0-	**(e)** Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

Part II-A **To be completed by organizations exempt under section 501(c)(3) that filed Form 5768 (election under section 501(h)).** (See the instructions for Schedule C for details.)

A Check ☐ if the filing organization belongs to an affiliated group
B Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures— (The term "expenditures" means amounts paid or incurred.)		(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b	Total lobbying expenditures to influence a legislative body (direct lobbying)		
c	Total lobbying expenditures (add lines 1a and 1b)		
d	Other exempt purpose expenditures		
e	Total exempt purpose expenditures (add lines 1c and 1d)		
f	Lobbying nontaxable amount Enter the amount from the following table in both columns—		

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000
Over $17,000,000	$1,000,000

g	Grassroots nontaxable amount (enter 25% of line 1f)		
h	Subtract line 1g from line 1a Enter -0- if line g is more than line a		
i	Subtract line 1f from line 1c Enter -0- if line f is more than line c		

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ **Yes** ☑ **No**

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 1a through 1f of the instructions.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line d, column (e))					
f Grassroots lobbying expenditures					

Part II-B To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)). (See the instructions for Schedule C for details.)

		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines c through i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?	Yes		29,390
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		114,000
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?		No	
i	Other activities If "Yes," describe in Part IV		No	
j	Total lines 1c through 1i			143,390
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes" enter the amount of any tax incurred under section 4912			
c	If "Yes" enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). (See the instructions for Schedule C for details.)

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

Part III-B To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes." (See the instructions for Schedule C for details.)

1	Dues, assessments and similar amounts from members	1 $
2	Section 162(e) non-deductible lobbying and political expenditures ***(do not include amounts of political expenses for which the section 527(f) tax was paid).***	
a	Current Year	2a $
b	Carryover from last year	2b $
c	Total	2c $
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3 $
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4 $
5	Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)	5 $

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

Identifier	Return Reference	Explanation
LOBBYING ACTIVITIES	SCHEDULE C, PART II-B, LINES 1F AND 1G	PAYMENTS ARE MADE TO A CONSULTANT FOR TWO PURPOSES (1) INFORM MANAGEMENT AND STAFF OF PERTINENT ACTIVITIES OF THE LEGISLATIVE AND REGULATORY BODIES (2) REPRESENT THE INTEREST OF THE HOSPITALS BEFORE THE LEGISLATIVE AND EXECUTIVE BRANCHES OF NEVADA, OTHER NEVADA POLITICAL SUBDIVISIONS, AND OTHER POLITICAL JURISDICTIONS IN WHICH RENOWN HEALTH DOES BUSINESS PAYMENTS ARE MADE TO NEVADA HOSPITAL ASSOCIATION TO PROVIDE UNIFIED, REGULATORY ADVOCACY FOR MEMBER HOSPITALS

Part IV Supplemental Information

Identifier	Return Reference	Explanation

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
Renown Health

Employer identification number
94-2972845

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

b Assets included in Form 990, Part X ▶ $

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land		27,614,609		27,614,609
b Buildings		21,033,755	5,806,893	15,226,862
c Leasehold improvements		1,462,021	207,025	1,254,996
d Equipment		47,799,430	33,963,656	13,835,774
e Other		8,547,572		8,547,572
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				66,479,813

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

(a) Description of security or cateory (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests	137,490,555	C
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶	137,490,555	

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

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

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

(a) Description	(b) Book value
OTHER RECEIVABLES	246,040
DEPOSITS - FREIGHT	35,000
CASH SURRENDER VALUE	1,154,767
CAPITAL ACCUMULATION ACCOUNT	3,301,733
DUE FROM RESTRICTED FUNDS	38,261
LONG TERM PREPAYMENTS	57,930
SUPPLEMENTAL RETIREMENT PLAN	397,675
PHYSICIAN GUARANTEE ASSET	1,098,887
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	32,691,453
F A S 106 ACCRUAL	17,041
INTEREST PAYABLE	107,760
MALPRACTICE RESERVE	5,658,291
GUARANTEE - LIABILITY	3,524,375
CAPITAL ACCUMULATION ACCOUNT	3,151,064
SUPPLEMENTAL RETIREMENT PLAN	683,346
PHYSICIAN GUARANTEE LIABILITY	1,098,887
RENT DEPOSITS	3,407
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	46,935,624

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

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

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

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

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

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

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

Part XIV Supplemental Information

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

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

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
Renown Health

Employer identification number
94-2972845

Part I General Information on Grants and Assistance

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

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

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

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

1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Economic Development Authority of Western NV201 W Liberty St RENO NEVADA 89520 Reno, NV 89501	88-0183034	501(c)(6)	13,250				General Support
Nevada Women's Fund770 Smithridge Dr Ste 300 Reno, NV 89502	94-2860375	501(c)(3)	15,550				Community event sponsor
American Cancer Society 691 Sierra Rose Dr A Reno, NV 89509	84-1316555	501(c)(3)	14,750				Community event sponsor
High Sierra Industries555 Reactor Way Reno, NV 89502	88-0139145	501(c)(3)	10,000				XAC and autism donation
Reno Tahoe Open Foundation6100 Plumas St Ste 201 Reno, NV 89519	88-0412314	501(c)(3)	10,500				Community event sponsor
Board of Regents University of NV Reno1664 N Virginia St Reno, NV 89557	88-6000024	501(c)(3)	10,000				Community events sponsor
American Heart Association 1281 Terminal Way Ste 111 Reno, NV 89502	13-5613797	501(c)(3)	9,000				Community event sponsor
Greater Reno Sparks Chamber of CommercePO Box 3499 Reno, NV 89505	88-0041905	501(c)(6)	8,327				General Support
Nevada Cancer Council4150 Technology Way Ste 101 Carson City, NV 89706	88-6400022	501(c)(3)		5,399	Cost of development	Developed website	Set up website
HAWC COMMUNITY HEALTH CENTER1450 RIDGEVIEW CT SUITE 200 RENO, NV 89519	88-0293149	501(c)(3)	200,000				CLINIC EXPANSION DONATION

2 Enter total number of section 501(c)(3) and government organizations . . . . . ▶ 8

3 Enter total number of other organizations . . . . . ▶ 2

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

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

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

See Additional Data Table

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

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
Renown Health

Employer identification number
94-2972845

Part I Questions Regarding Compensation

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

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

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
James I Miller	(i)	745,571	345,160	11,485	310,473	13,095	1,425,784	0
	(ii)	0	0	0	0	0	0	0
Dawn Ahner	(i)	395,806	79,600	33,962	58,950	13,774	582,092	0
	(ii)	0	0	0	0	0	0	0
Ronald Laxton	(i)	421,307	44,700	26,309	55,875	7,165	555,356	0
	(ii)	0	0	0	0	0	0	0
Troy Smith	(i)	232,809	61,396	95,335	44,928	12,789	447,256	0
	(ii)	0	0	0	0	0	0	0
Reno Testolin	(i)	288,823	30,000	39,311	5,843	10,872	374,849	0
	(ii)	0	0	0	0	0	0	0
Max Jackson	(i)	273,595	29,027	16,508	9,200	12,526	340,855	0
	(ii)	0	0	0	0	0	0	0
Andrew Pearl	(i)	252,334	57,564	40,112	44,069	11,709	405,787	0
	(ii)	0	0	0	0	0	0	0
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

Identifier	Return Reference	Explanation
Supplemental Compensation Information	SCHEDULE J, PART I, QUESTION 4B	RONALD LAXTON - $55,875, DAWN AHNER - $49,750, ANDY PEARL - $35,977, TROY SMITH - $35,728, THESE AMOUNTS ARE INCLUDED IN SCHEDULE J, PART II, COLUMN (C)

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Attach to Form 990 or Form 990-EZ.
▶ To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38b or 40b.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
Renown Health

Employer identification number
94-2972845

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected? Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ $

Part II Loans to and/or From Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization? To	From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	No	(f) Approved by board or committee? Yes	No	(g) Written agreement? Yes	No
Total . . . . . ▶ $										

Part III Grants or Assistance Benefitting Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues? Yes	No
Diane Abbett CFO Optima Healthcare	FAMILY OF DAWN AHNER, CFO	2,961,848	Insurance Provider		No
Jim Miller BOARD Optima Healthcare	PRESIDENT & CEO	2,961,848	Insurance Provider		No

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
Renown Health

Employer identification number
94-2972845

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

Identifier	Return Reference	Explanation
EXEMPT PURPOSE ACHIEVEMENTS	FORM 990, PART III, LINE 4A	Our mission is to make a genuine difference for the many lives we touch by optimizing our patients' healthcare experience Renown is the parent company of northern Nevada's largest, private, not-for-profit healthcare network As a local not-for-profit health network, Renown Health's income stays right here in the community to provide many programs and services that would otherwise be unavailable Renown is dedicated to this region and governed by local community leaders and physicians We are proud to provide the health, education and social welfare that our friends, neighbors and family members expect and deserve Renown Health provides various services to all affiliates including Renown Regional Medical Center, a 808-bed full service regional hospital, Renown South Meadows medical center, a 76-bed acute care community hospital, and Renown Rehabilitation Hospital, a 62-bed rehabilitation hospital This furthers the tax-exempt status of the supported Renown entities that provide quality healthcare for Renown's primary service area, Washoe county and the secondary service areas of Carson City and northern California Renown Health has more than 4,500 employees and serves a 17-county region with a total population in excess of 875,000 It comprises two medical centers, a rehabilitation hospital, a skilled-nursing facility, a children's hospital, numerous medical-group and urgent-care facilities, and a health-insurance provider Renown Health offers advanced care for patients and embraces its role in improving the health and well-being of the people in the communities we serve Besides our commitment to meeting the healthcare needs of the region, Renown Health gives back to communities by contributing funds, services, facilities and the time and expertise of employees These benefits to the community flow from Renown Health as a whole and from the individual hospitals, facilities and departments that make up our health network Throughout this report, figures reflect contributions during the Renown Health fiscal year 2009, July 1, 2008, through June 30, 2009 The following are the more significant contributions to the community Programs that benefit our community Renown Health serves our community by sponsoring, subsidizing or directly delivering services that improve community health We educate the community on health matters through the books, periodicals, and free Internet access and computer databases throughout our health system Medical Group * 7th Street - Spanish-language print and radio ad campaign to educate regarding provider options * Assisted in content development of MyChart which allows patients of Renown Health Medical Group practices to access some of their medical information, send and receive messages to/from their physician and schedule appointments online, Cancer * Launched a custom publication - Journey - which was distributed via RENO Magazine (18,000), Reno Gazette-Journal Sunday issued (68,000), Tahoe Quarterly 4,200 Journey provides informative articles and education related to cancer treatment and prevention * Held focus group for radiation therapy to capture and address patient, process/flow issues * Launched a colorectal cancer home screening program to increase screening compliance as well as drive follow-up care/procedures to Renown * Sponsored Fernley Relay for Life for the first time resulting in invaluable direct interaction with the rural market to promote Renown Helath's cancer technologies including da Vinci and TomoTherapy Heart * Launched and distributed four issues of Pumped!, which is distributed to 64,000+ homes regionally with 1,200 issues distributed internally and to community partners Pumped provides informative articles on heart and vascular health * Held six on-site Life Line Screening events netting a total of 357 participants This partnership costs $0 budget dollars (stewardship) * Launched campaign for vascular screening program, PADnet, reaching more than 700 participants since its inception in January 2009 Over 14% of the participants need follow up care Medicare/Seniors * Partnered with City of Reno Resulted in 3,000+ touch points Restructured programming to maximize resources, save money and eliminate duplication of community services for seniors * Launched lecture series and preventive screening series at City of Reno senior center * Attendance at monthly senior health screenings continues to climb (avg 73 attendees), added second monthly screening offering at South Meadows to meet demand * Expanded educational health lectures to include quarterly large-scale events focused on heart health, stroke, healing garden, cancer awareness and bone/joint health (70 - 120 attendees each) * Increased frequency of senior newsletter to monthly, the senior newsletter provides articles including health information specific to seniors Women's & Children's * Created partnership with Ronald McDonald House and Keaton Raphael Memorial, and distributed newly created childhood cancer resource guide to 1,000 northern Nevada families * Partnership with Tune in to Kids, a large community event, touching nearly 7,000 children and families in northern Nevada * Nevada Women's Expo - 714 free screenings and 6,500 touchpoints/attendees Stewardship * Created a partnership with City of Reno that maximizes resources and eliminates duplication of community services for seniors Community Health Fairs * Sponsored Whole Foods Health Fair, resulting in 75 free health screenings, 48 flu shots, 6 pneumonia shots * Hosted Harrah's Employee Health Fair, which netted 100 visitors Annually, Renown Health contributes more than $300,000 in corporate sponsorships and support for community programs Additionally, throughout the year, Renown employees and community physicians donate thousands of hours volunteering for local nonprofit organizations and charitable causes The community programs supported by Renown Health including the following * Adopt a Family * Alliance with the Washoe County Medical Society * Aly's Prom Closet * American Cancer Society * American Heart Association * American Lung Association * American Red Cross * Angel Kiss Foundation * Association of Women's Health, Obstetric & Neonatal Nurses * Big Brothers Big Sisters * Black Cultural Awareness Society * Boys and Girls Club of Truckee Meadows * Bowl for Kids' Sake * Care Chest of Northern Nevada * Casa de Vida * Children's Cabinet * Children's Miracle Network * Desert Research Institute * EDAWN * Education Alliance of Washoe County * Girl Scouts of Sierra Nevada * High Sierra Industries * Human Services Network * Junior Achievement * Juvenile Diabetes Research Foundation * Keaton Rapheal Memorial Fund * Kiwanis * Lili Claire Foundation * Look Good Feel Better * Leukemia & Lymphoma Society * Make a Wish Foundation * March of Dimes * Moms on the Run * Multiple Sclerosis Society * Nevada Arts Council * Nevada Association of Health Underwriters * Nevada Academy of Family Physicians Foundation * Nevada Business Journal Healthcare Heroes * Nevada Council of Juvenile & Family Court Judges * Nevada Cancer Council * Nevada Diabetes Association * Nevada Hispanic Services * Nevada Hospital Association * Nevada Public Health Association * Nevada Women's Fund * Nevada Works * Nevada Volunteers * Northern Nevada Immunization Coalition * Northern Nevada Hopes * Northern Nevada Human Resources Association Annual Diversity Conference * Quest Counseling * REMSA * Reno AIDS Walk * Reno Chamber Orchestra * Reno Philharmonic Association * Reno Rodeo Foundation * Reno-Sparks Chamber of Commerce * Reno-Tahoe Blues Fest * Reno South Rotary * Reno Sparks Relay for Life * Renown Health Foundation * Ronald McDonald House * Special Recreation Services * Step 2 * Susan G Komen for the Cure

Identifier	Return Reference	Explanation
EXEMPT PURPOSE ACHIEVMENTS	(CONTINUED)	* United Blood Services * United Way * University of Nevada Reno Foundation * University of Nevada Reno Sanford Center for Aging * Western Bariatric Institute * Whittmore Peterson Institute * YMCA of the Sierra Strong Kids Campaign In addition, Renown Health is an active participant in the Washoe County Education Collaborative Partners in Education Program Renown Health has "adopted" three local schools as part of the Adopt a School initiative Renown employees and departments adopt needy families for the holidays, donating holiday dinner and gifts for children In May 2009 Renown nurses attended Traner Middle School's Hospital Career Day Students learned about nursing in a hospital setting and the skills required for a nursing career "Renown Health continues to be a strong, supportive Partner in Education for Traner Middle School," said Lauren Ford, principal, Traner Middle School "Last year, they provided food and holiday gifts for our students in need, offered a student health fair, provided more than 600 back to school packets and provided a healthcare career fair for our students Thank you Renown Health " Renown Health also partners with the University of Nevada - Reno's Business School Internship Program Through Renown Health's commitment to benefiting our community by developing trained professionals in healthcare, UNR bachelor's- and master's-degree students have the opportunity to learn throughout the hospital and concentrate in one area of patient care or service This program benefits UNR students and all members of the community by training future business professionals In addition, Renown Health provided $200,000 in grant funding to Health Access Washoe County This funding supports the expansion of the clinic's capacity to serve the working uninsured in the community HAWC is an important community healthcare partner that assists people in gaining access to the appropriate level of care Renown Health A health care leader in Nevada and nationwide Renown Health as a whole and several of its entities have earned national recognition for quality care and advanced medicine People in our community benefit year round from this investment in quality The National Research Corporation awarded Renown Health the Consumer Choice Award for 2008 Renown was the only health network in northern Nevada to receive the distinction, and it has earned the award five years in a row NRC conducts an annual study of 190 markets across the U S asking consumers more than 200 questions about health care in their area The survey covers doctors, nurses, overall quality, and the image and reputation of health-care organizations It represents the most valuable reward of all, the knowledge that we have earned the trust and loyalty of our patients The recognition speaks to the dedication of the employees, physicians and volunteers throughout our organization It is their passion, professionalism and stewardship that are instrumental in meeting these critical success factors in our community For six years running, SDI has named Renown Health one of the nation's top 100 integrated healthcare networks This ranking, awarded for 2008, indicates the ability of Renown Health to support the delivery of quality patient care To earn this distinction, a health network must complete a rigorous application process and undergo an evaluation of its organizational integration, integrated technology, financial stability, services and access, hospital utilization, contractual capabilities, outpatient utilization and physician participation Being listed as one of the top 100 integrated health networks nationally is an important indicator of a health system's ability to support the delivery of quality patient care This award is particularly significant in that it encompasses our physician, insurance, outpatient and long-term care services, as well as the hospitals within our network For the third consecutive year, Renown Health was honored for its support of organ donation by the California Transplant Donor Network, the Nevada Donor Network and the Nevada Hospital Association The award recognizes Nevada hospitals with the highest organ donation rates among eligible donors for a year ending July 31, 2008 Renown Health was honored for northern Nevada by achieving an 88-percent organ donation, or conversion, rate, well above the national goal of 75 percent "Renown Health's achievement demonstrates a culture of caring with both excellent clinical care as well as sensitive care for families of donors," said Karen Burdine, RN, MTA, California Transplant Donor Network's donor service liaison to northern Nevada hospitals A great place for great people to do great work In March 2009 the Red Cross Northern Nevada Chapter honored four Renown Health employees Steven Hall, Rehabilitation Therapy Tech, and Lynn Kotlicky, Physical Therapist, were both paid tribute as Medical Rescue Heroes for responding to an emergency that took place at 50 Kirman A witness notified Steven and Lynn that a man had collapsed in the parking lot at Center for Advanced Medicine F Lynn and Steven responded immediately and administered CPR and continued to assist paramedics that responded to the scene Once the situation was under control and the fire department had arrived to help control traffic, Steven and Lynn stayed with the man's family on the scene Their quick, take-control response was both professional and extremely brave A salute to our workforce Beyond what we do as an organization to serve our community, we are equally proud and inspired by what our employees give back to the community through their time, talents and financial resources Employees and physicians make a genuine difference by contributing their time to charitable causes that benefit the community Throughout the year, Renown employees and community physicians donate thousands of hours volunteering for local nonprofit organizations and charitable causes They serve on the boards of many local community service organizations, including Big Brothers Big Sisters, High Sierra Industries, Make a Wish Foundation, Nevada Women's Fund, Care Chest of Northern Nevada, Boys and Girls Club, Children's Cabinet, the Northern Nevada Chapter of the American Red Cross and many others What began as an interest in the craft of knitting has now become a way for Lynn Cook to help and give to others in the community Cook, the patient access representative lead with Renown Behavioral Health, donates knitted hats, slippers and scarves to patients at Renown's Institute for Cancer "It makes people feel good to know that someone cares about them," said Lynn Cook, patient access representative lead, Renown Institute for Cancer "It helps them feel better and it makes me feel good to know I am contributing to the community in some way My family has always had a volunteer spirit so this is my way of contributing to the community "

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

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

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

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

Identifier	Return Reference	Explanation
AVERAGE HOURS PER WEEK 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 TROY SMITH, VICE PRESIDENT, HOMETOWN HEALTH PLAN, DIVIDES HIS TIME AS FOLLOWS HOMETOWN HEALTH PLAN 15 RENOWN HEALTH 45 AVERAGE HOURS PER WEEK 60 RONALD LAXTON,CEO, RENOWN REGIONAL MEDICAL CENTER, DIVIDES HIS TIME AS FOLLOWS RENOWN HEALTH 8 RENOWN REGIONAL MEDICAL CENTER 52 AVERAGE HOURS PER WEEK 60

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

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

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
Renown Health

Employer identification number
94-2972845

Part I Identification of Disregarded Entities

(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity
NORTHERN SIERRA DIALYSIS CENTER LLC 1155 MILL STREET Z-5 RENO, NV 89502 88-0228030	DIALYSIS SVCS	NV	0	0	RENOWN BUS
COMMUNITY CARE SERVICES LLC 1155 MILL STREET Z-5 RENO, NV 89502 20-3395567	NEPHROLOGY SV	NV	0	0	HHMC
RENOWN URGEN CARE LLC 1155 MILL STREET Z-5 RENO, NV 89502 30-0209676	URGENT CARE	NV	0	0	HHMC
SPECIALTY SURGICAL ASSOCIATES LLC 1155 MILL STREET Z-5 RENO, NV 89502 20-4536972	RECONSTR SURG	NV	0	0	HHMC
EASTERN SIERRA MEDICAL GROUP LLC 1155 MILL STREET Z-5 RENO, NV 89502 88-0384987	MEDICAL SVCS	NV	0	0	NONE

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
HOMETOWN HEALTH PLAN 1155 Mill Street C/O Tax Treasury Reno, NV89502 88-0231433	Insurance	NV	501(c)(4)		RENOWN HLTH
Renown Health Foundation 94-2972749	Foundation	NV	501(c)(3)	7	RENOWN HLTH
Renown Regional Medical Center 88-0213754	Hospital	NV	501(c)(3)	3	RENOWN HLTH
Renown Skilled Nursing 20-1347269	Hospital	NV	501(c)(3)	3	RENOWN HLTH
Renown South Meadows 46-0517825	Hospital	NV	501(c)(3)	3	RENOWN HLTH
Renown Network Services 88-0231828	Hospital	NV	501(c)(3)	3	RENOWN HLTH

Part III Identification of Related Organizations Taxable as a Partnership

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income(related, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Disproprtionate allocations? Yes	(H) No	(I) Code V—UBI amount on Box 20 of K-1	(J) General or managing partner? Yes	(J) No
ROUTT DIALYSIS LLC C/O DAVITA INC 601 HAWAII STREET EL SEGUNDO, CA90245 26-3558729	DIALYSIS SVCS	NV	NA	N/A				No			No

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

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership
Hometown Health Providers Insurance Comp 830 Harvard Way Reno, NV89502 88-0177026	Insurance	NV	HOMETOWN MGMT	C Corp			
Renown Businesses 88-0228030	Health Care	NV	Renown Health	C Corp			100 %
Hometown Health Management Company 88-0236758	Mgmt Svcs	NV	Renown Health	C Corp			100 %
REMITTANCE ASSISTANCE CORPORATION 1155 MILL ST C/O TAXZ/TREASURY Z-5 Reno, NV89502 88-0277761	Health Care	NV	NA	C Corp			
THE PROVIDER NETWORK INC 830 HARVARD WAY RENO, NV89502 88-0376369	NO ACTIVITY	NV	NA	C CORP			

Part V Transactions with Related Organizations

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

			Yes	No
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	**1a**	**Yes**	
b	Gift, grant, or capital contribution to other organization(s)	**1b**		**No**
c	Gift, grant, or capital contribution from other organization(s)	**1c**		**No**
d	Loans or loan guarantees to or for other organization(s)	**1d**		**No**
e	Loans or loan guarantees by other organization(s)	**1e**	**Yes**	
f	Sale of assets to other organization(s)	**1f**		**No**
g	Purchase of assets from other organization(s)	**1g**		**No**
h	Exchange of assets	**1h**		**No**
i	Lease of facilities, equipment, or other assets to other organization(s)	**1i**		**No**
j	Lease of facilities, equipment, or other assets from other organization(s)	**1j**		**No**
k	Performance of services or membership or fundraising solicitations for other organization(s)	**1k**	**Yes**	
l	Performance of services or membership or fundraising solicitations by other organization(s)	**1l**	**Yes**	
m	Sharing of facilities, equipment, mailing lists, or other assets	**1m**		**No**
n	Sharing of paid employees	**1n**		**No**
o	Reimbursement paid to other organization for expenses	**1o**		**No**
p	Reimbursement paid by other organization for expenses	**1p**		**No**
q	Other transfer of cash or property to other organization(s)	**1q**	**Yes**	
r	Other transfer of cash or property from other organization(s)	**1r**		**No**

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

	(A) Name of other organization(s)	(B) Transaction type(a-r)	(C) Amount Involved
(1)	Renown Regional Medical Center	q	1,618,766
(2)	Renown Network Services	a	426,949
(3)	Hometown Health Management Company	a	725,311
(4)			
(5)			
(6)			

Part VI Unrelated Organizations Taxable as a Partnership

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

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

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 94-2972845
Name: Renown Health

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

(A) Name, address, and EIN of related organization	(B) Primary Activity	(C) Legal Domicile (State or Foreign Country)	(D) Exempt Code section	(E) Public charity status (if 501(c)(3))	(F) Direct Controlling Entity
HOMETOWN HEALTH PLAN 1155 Mill Street C/O Tax Treasury Reno, NV89502 88-0231433	Insurance	NV	501(c)(4)		RENOWN HLTH
Renown Health Foundation 94-2972749	Foundation	NV	501(c)(3)	7	RENOWN HLTH
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Renown Network Services 88-0231828	Hospital	NV	501(c)(3)	3	RENOWN HLTH

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Form **4562**
Department of the Treasury
Internal Revenue Service

Depreciation and Amortization
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

OMB No 1545-0172

2008

Attachment Sequence No **67**

Name(s) shown on return	Business or activity to which this form relates	**Identifying number**
Renown Health	GENERAL DEPRECIATION	94-2972845

Part I **Election To Expense Certain Property Under Section 179**

Note: *If you have any listed property, complete Part V before you complete Part I.*

1 Maximum amount See the instructions for a higher limit for certain businesses	**1**	$ 250,000
2 Total cost of section 179 property placed in service (see instructions)	**2**	
3 Threshold cost of section 179 property before reduction in limitation (see instructions)	**3**	$ 800,000
4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	**4**	
5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	**5**	

(a) Description of property	**(b)** Cost (business use only)	**(c)** Elected cost
6		

7 Listed property Enter the amount from line 29	**7**		
8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7		**8**	
9 Tentative deduction Enter the **smaller** of line 5 or line 8		**9**	
10 Carryover of disallowed deduction from line 13 of your 2007 Form 4562		**10**	
11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)		**11**	
12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11		**12**	
13 Carryover of disallowed deduction to 2009 Add lines 9 and 10, less line 12 ▶	**13**		

Note: *Do not use Part II or Part III below for listed property. Instead, use Part V.*

Part II **Special Depreciation Allowance and Other Depreciation (Do not** include listed property **)** (See instructions)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	**14**	
15 Property subject to section 168(f)(1) election	**15**	
16 Other depreciation (including ACRS)	**16**	1,560,498

Part III **MACRS Depreciation (Do not** include listed property.**)** (See instructions.)

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2008	**17**	
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ ☐		

Section B—Assets Placed in Service During 2008 Tax Year Using the General Depreciation System

(a) Classification of property	**(b)** Month and year placed in service	**(c)** Basis for depreciation (business/investment use only—see instructions)	**(d)** Recovery period	**(e)** Convention	**(f)** Method	**(g)** Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV **Summary** (See instructions)

21 Listed property Enter amount from line 28	**21**	
22 **Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instr	**22**	1,560,498
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	**23**	

Part V **Listed Property** (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: *For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete* ***only*** *24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.*

Section A—Depreciation and Other Information (Caution: *See the instructions for limits for passenger automobiles.***)**

24a Do you have evidence to support the business/investment use claimed? ☐ **Yes** ☐ **No** | **24b** If "Yes," is the evidence written? ☐ **Yes** ☐ **No**

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation/ deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)						**25**		
26 Property used more than 50% in a qualified business use								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use								
		%				S/L -		
		%				S/L -		
		%				S/L -		
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1						**28**		
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1						**29**		

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person
If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
30 Total business/investment miles driven during the year (**do not** include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal(noncommuting) miles driven												
33 Total miles driven during the year Add lines 30 through 32												
	Yes	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **are not** more than 5% owners or related persons (see instructions)

	Yes	**No**
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions)		
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles		

Part VI **Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2008 tax year (see instructions)					
43 Amortization of costs that began before your 2008 tax year				**43**	
44 Total. Add amounts in column (f) See the instructions for where to report				**44**	