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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

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 07-01-2009 and ending 06-30-2010

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

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

C Name of organization
Renown Regional Medical Center

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
1155 MILL STREET C/O TAX TREASURY
Z-5

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

D Employer identification number
88-0213754

E Telephone number
(775) 982-4404

G Gross receipts $ 541,425,730

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 Website: ▶ WWW RENOWN ORG

K Form 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
An 808 bed acute-care hospital and the region's only Level II trauma center

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	12
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	10
5	Total number of employees (Part V, line 2a)	**5**	0
6	Total number of volunteers (estimate if necessary)	**6**	550
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	**7a**	11,349
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	910,430	444,856
9	Program service revenue (Part VIII, line 2g)	532,823,601	539,592,183
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	951,547	21,794
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,371,173	608,679
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	537,056,751	540,667,512
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	6,685,238	6,732,606
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)	173,120,190	170,421,872
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)	356,400,421	376,246,829
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	536,205,849	553,401,307
19	Revenue less expenses Subtract line 18 from line 12	850,902	-12,733,795
Net Assets or Fund Balances		**Beginning of Current Year**	**End of Year**
20	Total assets (Part X, line 16)	702,889,978	664,240,098
21	Total liabilities (Part X, line 26)	561,702,269	544,201,401
22	Net assets or fund balances Subtract line 21 from line 20	141,187,709	120,038,697

Part II Signature Block

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

Sign Here

****** | 2011-05-16
Signature of officer | Date

Dawn D Ahner CFO
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ Kim Hunwardsen CPA	Date 2011-05-16	Check if self-empolyed ▶ ☐	Preparer's identifying number (see instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ Eide Bailly LLP 5601 Green Valley Drive Ste 700 Minneapolis, MN 554371145			EIN ▶ Phone no ▶ (952) 944-6166

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

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

Our purpose is to make a genuine difference for the many lives we touch by optimizing our patients' healthcare experience

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses $ 504,159,893 including grants of $ 5,931,246) (Revenue $ 539,877,004)

See Schedule O Renown Regional Medical Center is an accredited, 808-licensed bed, general and acute-care hospital serving communities in northern Nevada, northeastern California and adjacent areas of Oregon and Idaho A not-for-profit hospital offering a full range of medical, diagnostic and ancillary services, Renown Regional provides the only designated Level II trauma center between Sacramento and Salt Lake City It is the teaching facility for the professional development of the region's healthcare professionals Renown Regional provides healthcare services regardless of race, creed, sex, national origin, handicap, age or ability to pay People in our community have access to Renown Regional services in specialties including cancer, heart, neurosciences, orthopedics, surgery, intensive care and women's and children's health As part of an integrated health network, Renown Regional Medical Center provides many services to the community that otherwise would require that people travel to other cities to receive care These programs, services and technology include a Level II trauma center, a pediatric intensive care unit, TomoTherapy High Art System, biplane angiography, a dedicated PET/CT scanner, a Joint Commission-certified Primary Stroke Center, comprehensive amputee services, an ABRET-accredited Epilepsy Monitoring Lab, an Intersocietal Commission-accredited Echocardiography Lab, multi-specialty da Vinci Robotic Surgery Program and a Chest Pain Center using the D-SPECT heart camera Renown Regional also offers access to the largest number of clinical research trials in the region The Tahoe Tower opened in 2007, adding 190 private patient rooms at Renown Regional Medical Center This investment demonstrates Renown Health's commitment to having a nurse and a bed available when people need care Renown Regional comprises the Medical Center and three Centers for Advanced Medicine, these house medical specialty and subspecialty practices In partnership with the more than 950 physicians on its medical staff, Renown Regional offers more than 40 physician specialties, including cardiac surgery, cardiology, endocrinology, geriatrics, gynecologic oncology, infectious disease, neurosurgery, orthopedics, otolaryngology, pediatric anesthesia, pediatric endocrinology, pediatric gastroenterology, pediatric neurology, pediatric oncology and hematology, perinatology, plastic surgery, psychiatry, pulmonary medicine, radiation therapy, radiology, rheumatology and urology In the fiscal year ending June 30, 2010, Renown Regional Medical Center total hospital admissions and patient days excluding newborns were 26,731 and 141,489, respectively Renown Regional also provided care for 67,692 emergency-room visits and 120,226 outpatient visits During fiscal year 2010 Renown Regional Medical Center provided the following community benefits Subsidized Health Services $ 104,128,819Community Health Improvement Services 8,405,635Health Professions Education 1,950,787Research 448,084Cash and In-Kind Contributions 1,117,037Other Benefits 163,249Total Community Benefits $ 116,213,611Technology and advanced medicineIn fiscal year 2010 Renown Regional Medical Center continued its tradition of fostering advanced medicine for our region This commitment to skill, expertise and technology benefits our community by making the latest medical treatments and techniques available close to home In Oct 2009 Renown Health's Institute for Heart & Vascular Health and the region's first Chest Pain Center began offering a new technology called Laser ablation, a coronary laser treatment used to treat the arteries in the heart Devang Desai, MD, interventional cardiologist with Sierra Nevada Cardiology Associates, was the first physician to perform this procedure in northern Nevada Dr Desai is also the only physician outside of Las Vegas in the state of Nevada certified to use the laser for coronary cases Laser ablation is a minimally invasive procedure that helps restore blood flow to heart muscle by producing pulsed bursts of ultraviolet (UV) light energy that vaporize blockages in the arteries This energy is transmitted along flexible glass fibers encased in tiny catheters, which can be passed through the arteries right to the location of the blockage The FDA-cleared device, known as the Spectranetics excimer laser ablation system, is one of the most effective solutions and is only available in northern Nevada at Renown's comprehensive catheterization laboratory Renown Regional Medical Center is the first and most experienced provider of the da Vinci Robotic Surgical System Owner of two da Vinci Robotic Surgical Systems, da Vinci provides patients with one of the most effective, least invasive treatment alternatives for complex cardiothoracic and gynecologic procedures The da Vinci Robotic Surgical System offers 3D high-definition imaging and up to ten times magnification that presents a clearer picture of the surrounding tissue and structures in and near the site of the surgery The minute size of the da Vinci instruments and the way the system enhances the surgeon's hand and wrist movements gives the surgeon more dexterity, versatility and precision In June 2010 Renown Health announced the creation of the Renown Institute for Robotic Surgery, a new institute created to continue enhancing surgical capabilities with the da Vinci surgical system As a part of the institute, medical team members provide clinical research, consumer education and patient care for a variety of minimally invasive surgical procedures Patient benefits with the da Vinci include faster recovery with less pain, discomfort, and blood loss and a quicker return to normal activities Among all these benefits, patients can receive care close to home To emphasize Renown Institute for Cancer's commitment to quality cancer care and the importance of having world-class cancer treatment and technology close to home, Renown Regional Medical Center opened the newly renovated Institute for Cancer in February of 2010 Cancer radiation therapy is a daily treatment for cancer patients that uses accurate pulses of radiation to eliminate cancer tumors Designed to meet the growing demand of cancer treatment in the area, the remodeled space applied design decisions based on color therapy research plus feedback that radiation therapy patients and their family members provided during various focus groups "This renovation complements our commitment to quality cancer care, and for most of these patients, radiation therapy has become a second home," said Susan Cox, RT(T)(R)(M), manager of radiation therapy at Renown Institute for Cancer at Renown Regional Medial Center "Research shows that art and color has an impact on a patients' well-being Everything you see here was done for a specific purpose The decor was chosen according to research into color therapy and the healing arts "On Feb 24, 2010, the Society of Chest Pain Centers granted the designation of Accredited Chest Pain Center with PCI (percutaneous coronary intervention) to Renown Regional Medical Center The full Cycle III accreditation from the accreditation review committee marked another quality milestone for the region's leader in heart care Bringing advanced medicine to children in our community Renown Children's Hospital provides the focus for Renown Health's commitment to caring for the youngest and most vulnerable in our community In July 2009, Renown Children's Hospital opened the region's only Children's Emergency Room The new Children's ER, designed for children under the age of 18, includes 11 children's exam rooms featuring child-sized medical equipment A special waiting area, separate from the adult ER waiting area, has also been designed specifically for children and their families and is complete with toys and a television "To help meet the needs of children throughout northern Nevada, it is our vision to create a place in the hospital children can call their own," said Denise Nelsen, RN, administrator from Women and Children's Services at Renown Health "The Children's ER is Renown Children's Hospital's next step in offering state-of-the-art care especially designed for young patients Additionally, the healthcare team in the new Children's ER has extensive experience providing expert care to children "See Continuation on Page 55 in 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** ▶ $ 504,159,893

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4	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		No
6	Did the organization maintain any donor advised funds or any similar funds or 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, directly or through a related organization, hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	Is the organization's answer to any of the following questions "Yes"? *If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.*	11	Yes	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*			
	• Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*			
	• Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*			
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*			
	• Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*			
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? *If "Yes," complete Schedule D, Part X.*			
12	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12		No
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional*	12A	Yes	
13	Is the organization a school 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 United States?	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 United States? *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 U S ? *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 U S ? *If "Yes," complete Schedule F, Part III*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions 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 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20	Yes	

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States 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 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *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 line 25*	**24a**	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		No
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *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, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35**		No
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**	Yes	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, *Annual Summary and Transmittal of U.S. Information Returns. Enter -0-* if not applicable	1a	0		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		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	0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note:** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b			
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	3a		Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b		Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			No
b	If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?	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 receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	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			No
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h			No
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			No
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	9a			No
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			No
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** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body . .	1a 12		
b	Enter the number of voting members that are independent . .	1b 10		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . .	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets? . .	5		No
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . .	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, 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	9		No

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

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		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?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
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	
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		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 Report compensation for the calendar year ending with or within the organization's tax year Use Schedule J-2 if additional space is needed

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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 current or former 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-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See add'l data										

1b Total . . . . . ▶	0	2,573,364	594,310

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶0

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**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
University of Nevada School of Medicine Medical Bldg 0346 Reno, NV 895570346	Medical Services	2,545,184
On Assignment Staffing Services PO Box 633307 Cincinnati, OH 452633307	Staffing Services	1,723,877
GE Healthcare PO Box 843553 Dallas, TX 752843553	Equipment Servicing	1,719,216
Associated Laundry Management 250 Burge Rd Reno, NV 895069071	Laundry Services	1,272,586
JLG Medical Transcription 141 Stevens Ave Ste 15 Oldsmar, FL 34677	Transcription Services	1,170,172
2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶68		

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d	444,856			
	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		444,856			
Program Service Revenue			Business Code				
	2a	Patient Service Revenu	621,500	537,296,804	537,296,804		
	b	Cafeteria	722,210	2,226,489	2,226,489		
	c	Patient Prescriptions	621,500	68,890	68,890		
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f		539,592,183			
	3	Investment income (including dividends, interest and other similar amounts)		-433,655			-433,655
	4	Income from investment of tax-exempt bond proceeds		175,148			175,148
	5	Royalties					
			(i) Real	(ii) Personal			
	6a	Gross Rents		662,382			
	b	Less rental expenses		349,873			
	c	Rental income or (loss)		312,509			
	d	Net rental income or (loss)			312,509		312,509
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory		507,164			
	b	Less cost or other basis and sales expenses		226,863			
	c	Gain or (loss)		280,301			
	d	Net gain or (loss)			280,301		280,301
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from fundraising events					
	9a	Gross income from gaming activities See Part IV, line 19	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from gaming activities					
	10a	Gross sales of inventory, less returns and allowances	a	466,303			
	b	Less cost of goods sold	b	181,482			
	c	Net income or (loss) from sales of inventory		284,821	284,821		
		Miscellaneous Revenue	Business Code				
	11a	Unrelated Business Inc	621,500	11,349		11,349	
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d		11,349			
	12	**Total revenue.** See Instructions		540,667,512	539,877,004	11,349	334,303

Part IX Statement of Functional Expenses

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

	Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	6,226,242	6,226,242		
2	Grants and other assistance to individuals in the U S See Part IV, line 22	506,364	506,364		
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	142,201,030	140,344,389	1,856,641	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	28,220,842	27,830,947	389,895	
10	Payroll taxes				
11	Fees for services (non-employees)				
a	Management	35,873,762		35,873,762	
b	Legal	239,838		239,838	
c	Accounting				
d	Lobbying	4,293	4,293		
e	Professional fundraising *See Part IV, line 17* . .				
f	Investment management fees				
g	Other	56,752,461	53,108,246	3,644,215	
12	Advertising and promotion	3,124	3,124		
13	Office expenses	103,814,445	103,783,839	30,606	
14	Information technology	499,628	499,628		
15	Royalties . .				
16	Occupancy	1,335,534	1,233,610	101,924	
17	Travel	150,581	140,452	10,129	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	121,163	29,754	91,409	
20	Interest	24,039,234	24,039,234		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	34,186,697	32,971,335	1,215,362	
23	Insurance	4,892,046		4,892,046	
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a	Bad Debts	108,205,305	108,205,305		
b	Other Admin Costs	4,562,345	4,562,345		
c	Dues and Subscriptions	259,817	99,823	159,994	
d	Extinguishment of Debt	245,973	245,973		
e					
f	All other expenses	1,060,583	324,990	735,593	
25	**Total functional expenses.** Add lines 1 through 24f	553,401,307	504,159,893	49,241,414	0
26	**Joint costs.** Check here ▶ ☐ 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		19,870	1	19,670
	2	Savings and temporary cash investments		52,578,290	2	62,465,031
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		92,866,324	4	86,137,957
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		13,173,734	8	13,379,030
	9	Prepaid expenses and deferred charges		2,069,868	9	2,056,408
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 690,205,374			
	b	Less accumulated depreciation	10b 269,115,811	441,182,811	10c	421,089,563
	11	Investments—publicly traded securities			11	
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		100,999,081	15	79,092,439
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		702,889,978	16	664,240,098
Liabilities	17	Accounts payable and accrued expenses		34,535,481	17	33,602,638
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		473,916,801	20	468,832,607
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties		15,000,000	23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D		38,249,987	25	41,766,156
	26	**Total liabilities.** Add lines 17 through 25		561,702,269	26	544,201,401
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		141,187,709	27	120,038,697
	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		141,187,709	33	120,038,697
	34	Total liabilities and net assets/fund balances		702,889,978	34	664,240,098

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separated basis			
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? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Renown Regional Medical Center

Employer identification number
88-0213754

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1 ☐ A church, convention of churches, or association of churches **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).**

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

_____

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

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

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

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

9 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

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

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 supported organization(s)

(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? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support?
Total									

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public Support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
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** ▶☐

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2008 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2009.** 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% support test—2008.** 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—2009.** 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—2008.** 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 a 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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public Support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support** (Add lines 9, 10c, 11 and 12)						

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

Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15
16	Public support percentage from 2008 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2009** (line 10c column (f) divided by line 13 column (f))	17
18	Investment income percentage from **2008** Schedule A, Part III, line 17	18

19a **33 1/3% support tests—2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

b **33 1/3% support tests—2008.** 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.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

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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

▶ **Complete if the organization is described below.**
▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

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), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35a (regarding proxy tax), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization	Employer identification number
Renown Regional Medical Center	88-0213754

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $ _____

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

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c) except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $ _____

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

3 Total exempt function expenditures Add lines 1 and 2 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 For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

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

Part II-A **Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

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		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

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

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 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(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 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

		(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 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?	Yes		4,293
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities? If "Yes," describe in Part IV		No	
j	Total lines 1c through 1i			4,293
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

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 (see instructions)	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
Part IV, Supplemental Information		Schedule C, Part II-B, Line 1f Payments are made to Nevada Hospital Association to provide unified, regulatory advocacy for member hospitals

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Renown Regional Medical Center

Employer identification number
88-0213754

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

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

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

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring 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 a 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, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 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 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 the arrangement in Part XIV and complete the following table

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

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

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

Part V Endowment Funds. Complete if 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) Accumulated depreciation	(d) Book value
1a Land		13,051,070		13,051,070
b Buildings		492,733,752	144,822,456	347,911,296
c Leasehold improvements		437,391	414,988	22,403
d Equipment		182,122,019	123,878,367	58,243,652
e Other		1,861,142		1,861,142
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				421,089,563

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

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

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

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

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

(a) Description	(b) Book value
OTHER RECEIVABLES	245,156
DEPOSITS	10,171
UNAMORTIZED FINANCING COSTS	15,761,296
DUE FROM AFFILIATES	32,876,811
DEBT SERVICE RESERVE	11,069,717
FUNDS HELD IN TRUST	19,129,288
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	79,092,439

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

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
Other Current Liabilities	3,429,086
Interest Rate SWAP Liability	38,314,108
Due to Affliates	22,962
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	41,766,156

2. Fin 48 Footnote 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	Other losses	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	

Part XIV Supplemental Information

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

Identifier	Return Reference	Explanation
Part X	Description of Uncertain Tax Positions Under FIN 48	The consolidated financial statements did not contain a footnote to report the organization's liability for uncertain tax positions under FIN 48 as there were no uncertain tax positions to be reported

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 20.
▶ Attach to Form 990.
▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Renown Regional Medical Center

Employer identification number
88-0213754

Part I Charity Care and Certain Other Community Benefits at Cost

			Yes	No
1a	Does the organization have a charity care policy? If "No," skip to question 6a	1a	Yes	
b	If "Yes," is it a written policy?	1b	Yes	
2	If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals ☑ Applied uniformly to all hospitals ☐ Applied uniformly to most hospitals ☐ Generally tailored to individual hospitals			
3	Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients			
a	Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing *free* care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care ☑ 100% ☐ 150% ☐ 200% ☐ Other _____	3a	Yes	
b	Does the organization use FPG to determine eligibility for providing *discounted* care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☑ Other **100000.0000000000** %	3b	Yes	
c	If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care			
4	Does the organization's policy provide free or discounted care to the "medically indigent"?	4	Yes	
5a	Does the organization budget amounts for free or discounted care provided under its charity care policy?	5a	Yes	
b	If "Yes," did the organization's charity care expenses exceed the budgeted amount?	5b	Yes	
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care?	5c		No
6a	Does the organization prepare an annual community benefit report?	6a	Yes	
6b	If "Yes," does the organization make it available to the public?	6b	Yes	
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H			

7 Charity Care and Certain Other Community Benefits at Cost

Charity Care and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Charity care at cost (from Worksheets 1 and 2)			15,328,209	0	15,328,209	3 440 %
b Unreimbursed Medicaid (from Worksheet 3, column a)			56,245,121	39,643,926	16,601,195	3 730 %
c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b)			10,950,980	4,709,980	6,241,000	1 400 %
d **Total** Charity Care and Means-Tested Government Programs			82,524,310	44,353,906	38,170,404	8 570 %
Other Benefits						
e Community health improvement services and community benefit operations (from (Worksheet 4)			8,405,635	0	8,405,635	1 890 %
f Health professions education (from Worksheet 5)			3,351,093	1,400,306	1,950,787	0 440 %
g Subsidized health services (from Worksheet 6)			0	0		0 %
h Research (from Worksheet 7)			448,084	0	448,084	0 100 %
i Cash and in-kind contributions to community groups (from Worksheet 8)			1,117,037	0	1,117,037	0 250 %
j **Total** Other Benefits			13,321,849	1,400,306	11,921,543	2 680 %
k **Total.** Add lines 7d and 7j			95,846,159	45,754,212	50,091,947	11 250 %

Part II Community Building Activities Complete this table if the organization conducted any community building activities.

		(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing			120	0	120	0 %
2	Economic development						
3	Community support			162,350	0	162,350	0 040 %
4	Environmental improvements						
5	Leadership development and training for community members						
6	Coalition building			778	0	778	0 %
7	Community health improvement advocacy						
8	Workforce development						
9	Other						
10	**Total**			163,248		163,248	0 040 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Does the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?		1		No
2	Enter the amount of the organization's bad debt expense (at cost)	2	27,418,983		
3	Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy	3	10,078,373		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including other bad debt amounts in community benefit				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	134,113,864
6	Enter Medicare allowable costs of care relating to payments on line 5	6	139,199,519
7	Subtract line 6 from line 5 This is the surplus or (shortfall)	7	-5,085,655
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used		

☐ Cost accounting system ☑ Cost to charge ratio ☐ Other

Section C. Collection Practices

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

Part IV Management Companies and Joint Ventures

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

Part V Facility Information

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

Part VI Supplemental Information

Complete this part to provide the following information

1 Provide the description required for Part I, line 3c, Part I, line 6a, Part I, line 7g, Part I, line 7, column (f), Part I, line 7, Part III, line 4, Part III, line 8, Part III, line 9b, and Part V See Instructions

See additional data

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

See additional data

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's charity care policy

Part VI, Line 3 The organization educates patients on assistance eligibility upon their request and whenever situations indicate that the patient may be unable to pay for services The organization contracts with an external vendor to work with uninsured patients to establish eligibility for a state or local program For those that do not qualify for a state or local program, the vendor will work with the patient to complete the organizations charity care process

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

See additional data

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

See additional data

6 Provide any other information important to describing how the organization's hospitals or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)

Part VI, Line 6 See Schedule O, Part III, Line 4a for a description of how the organization furthers its exempt purpose by promoting the health of the community

7 If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communites served

Part VI, Line 7 The organization is a part of an affiliated healthcare system, Renown Health Renown Health's purpose statement is to "Make a genuine difference in the many lives we touch by optimizing our patient's healthcare experience" Every member of the health network has the same purpose statement Statement O for the 990's for Renown Health includes additional information regarding the community benefit provided by each member of the health network

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

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Renown Regional Medical Center

Employer identification number
88-0213754

Part I General Information on Grants and Assistance

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

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

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

Complete if the organization answered "Yes" to 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 (Form 990) if additional space is needed . . . . . ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Renown Skilled Nursing1155 Mill St Reno, NV 89502	201347269	501 (c)(3)	2,738,234				Skilled Nursing Services
Renown Network Services 1155 Mill St Reno, NV 89502	880231828	501 (c)(3)	2,686,648				Pregnancy Services
Hometown Health Management Company1155 Mill St Reno, NV 89502	880236758		801,360				Health Hotline

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

3 Enter total number of other organizations . . . . . ▶ 1

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Patient Assistance	521	506,364			
See Additional Data Table					

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

Identifier	Return Reference	Explanation
Other Information	Part IV	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
▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Renown Regional Medical Center

Employer identification number
88-0213754

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision 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 with respect to the filing organization or a related organization			
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			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
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
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use 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) Retirement and other 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 reportable compensation				
Ronald Laxton	(i)	0	0	0	0	0	0	0
	(ii)	430,587	0	3,483	0	8,151	442,221	0
James Miller	(i)	0	0	0	0	0	0	0
	(ii)	774,390	0	12,852	296,565	16,558	1,100,365	0
Dawn Ahner	(i)	0	0	0	0	0	0	0
	(ii)	396,440	0	0	65,679	18,658	480,777	0
Kristina Gaw	(i)	0	0	0	0	0	0	0
	(ii)	276,953	0	0	47,537	13,848	338,338	0
Linda Ferris	(i)	0	0	0	0	0	0	0
	(ii)	186,409	0	2,404	2,719	18,083	209,615	0
Larry Weber	(i)	0	0	0	0	0	0	0
	(ii)	165,659	0	1,897	6,788	13,315	187,659	0
William Keough	(i)	0	0	0	0	0	0	0
	(ii)	137,254	0	27,136	6,611	9,771	180,772	0
Jeffrey Stout	(i)	0	0	0	0	0	0	0
	(ii)	153,129	0	4,771	0	14,021	171,921	0

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
	Part I, Line 4a	Dawn Ahner and Kristina Gaw are parties to a supplemental nonqualified retirement plan Contributions of $55,879 to Dawn Ahner and $39,150 to Kristina Gaw were included in Schedule J, Part II, Column (C)
Supplemental Information	Part III	Part I, Line 3 Renown Regional Medical Center relies on Renown Health, a related organization to establish compensation for officers and other key employees Renown Health uses the identified methods to establish compensation See Schedule O, Form 990, Part VI, Section B, Line 15 for a description of the process utilized by Renown Health

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990).
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Renown Regional Medical Center

Employer identification number
88-0213754

Part I Bond Issues

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer	
							Yes	No	Yes	No
A	City of Reno Nevada	88-6000201	759836DX4	09-20-2006	2,014,272	Construction and equipment purchase		X		X
B	City of Reno Nevada	88-6000201	759836ER6	04-19-2007	124,114,034	Construction and equipment purchase		X		X
C	City of Reno Nevada	88-6000201	759836JC4	06-26-2008	260,935,965	Refunded 2006A&B and Conversion of 2005A&B, 2004A and partial 2004C		X		X
D	City of Reno Nevada	88-6000201	759836JE0	01-15-2009	63,600,000	Refunded 2004B		X		X
E	City of Reno Nevada	88-6000201	759836JU4	03-31-2010	48,028,335	Partial conversion of 2004C to fixed rate		X		X

Part II Proceeds

		A	B	C	D	E
1	Total proceeds of issue	2,022,824	127,766,600	270,798,443	66,968,699	50,676,717
2	Gross proceeds in reserve funds	867,362		7,503,309		2,648,382
3	Proceeds in refunding or defeasance escrows	256,517,329		256,517,329	62,311,988	47,461,533
4	Other unspent proceeds	14,245,430	14,245,430			
5	Issuance costs from proceeds	29,500	988,672	2,537,159	918,613	566,802
6	Working capital expenditures from proceeds					
7	Capital expenditures from proceeds	1,136,249	112,532,498	1,952,211	369,398	
8	Year of substantial completion	2007	2010	2007	2007	2007

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

Part III Private Business Use

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

Part III Private Business Use *(Continued)*

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?	X		X		X		X		X	
3b	Are there any research agreements with respect to the financed property which may result in private business use?		X		X		X		X		X
3c	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?	X		X		X		X		X	
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0 %		0 %		0 070 %		0 340 %		0 580 %	
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	0 %		0 %		0 %		0 %		0 %	
6	Total of lines 4 and 5	0 %		0 %		0 070 %		0 340 %		0 580 %	
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X		X		X		X		X	

Part IV Arbitrage

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X		X		X		X		X
2	Is the bond issue a variable rate issue?		X		X	X		X			X
3a	Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?		X		X		X		X		X
b	Name of provider										
c	Term of hedge										
4a	Were gross proceeds invested in a GIC?	X			X	X			X	X	
b	Name of provider	MBIA Inc				MBIA Inc				MBIA Inc	
c	Term of GIC	5 700000000000				5 700000000000				5 000000000000	
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?	X				X				X	
5	Were any gross proceeds invested beyond an available temporary period?		X		X		X		X		X
6	Did the bond issue qualify for an exception to rebate?	X			X		X	X			X

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.**

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Renown Regional Medical Center

Employer identification number
88-0213754

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1 (a) Name of disqualified person	(b) Description of transaction	(c) Corrected? Yes	(c) Corrected? 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.

Complete if the organization 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	(b) From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	(e) No	(f) Approved by board or committee? Yes	(f) No	(g) Written agreement? Yes	(g) No
Total . . . . . ▶ $										

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization 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.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues? Yes	(e) No
Alvaro Devia	Director	349,669	Professional Services		No

Additional Data

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

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SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Renown Regional Medical Center

Employer identification number
88-0213754

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 6		Renown Health is the sole corporate member of Renown Regional Medical Center

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7a		Renown Health, acting though its board of directors, appoints the members of the board of governors of Renown Regional Medical Center

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7b		Renown Health must approve any merger, consolidation or dissolution of Renown Regional Medical Center, any borrowing in excess of $1 million In any fiscal year, and encumbrances of assets and certain other actions not in the ordinary course of business

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 11		The Form 990 is prepared by the organization's tax department with support from a certified tax preparer The form is reviewed by the organization's Chief Accounting Officer and the Chief Financial Officer prior to the final Form 990 being sent to the board The IRS Form 990, as filed with the IRS, is 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

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		On an annual basis at or prior to the first regular meeting following the election of new board members, the members of the Renown Regional Medical Center Board are given an Annual Disclosure Statement They are expected to perform a reasonable investigation into their business, financial, family or significant personal relationships to disclose any actual or potential conflicts of interest If, in connection with a proposed transaction or arrangement involving a Renown Health entity, a board member discovers that an actual or possible conflict of interest has arisen that was not disclosed on the Annual Statement, then the board member must disclose the existence and nature of his or her financial interests to the remaining directors that are considering the proposed transaction or arrangement in a timely manner If a board member discloses an actual or possible conflict of interest, the board member shall leave the board or committee meeting while the remaining board members discuss the financial interest The remaining board members shall vote upon and decide whether a conflict of interest actually exists If the remaining board members determine that a conflict does exist, then appropriate measures are taken to ensure the issue is addressed

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15		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, as well as compensation for the CEO and certain executives 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 The Compensation Committee members are appointed 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 businesses and responsibilities and adjusted as to maintain equity with the survey information The Compensation Committee undertook the process outlined above for the fiscal year 2010 executive compensation

Identifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		Renown Regional Medical Center does not make its governing documents, conflict of interest policy, or financial statements available to the general public

Identifier	Return Reference	Explanation
Form 990, Part XI, Line 2b	Audit Committee	Renown Health, the sole member of this entity has an audit committee that assumes responsibility for the consolidated audit and selection of the independent accountant

Identifier	Return Reference	Explanation
		Form 990, Schedule K, Part I, Column C The CUSIP numbers associated with the bond issue issued on 10/4/2006 are 759836DX4 759836EC9 The CUSIP numbers associated with the bond issue issued on 6/23/2008 are 759836JC4 759836JB6 The CUSIP numbers associated with the bond issue issued on 1/15/2009 are 759836JE0 759836JD2

Identifier	Return Reference	Explanation
		Form 990, Schedule K, Part I, Line A, Column (e) Issue Price The 2006A and 2006B portion of the 2006 Series Bonds were retired prior to the end of the reporting period The only portion of the bonds left to report on Schedule K is 2006C

Identifier	Return Reference	Explanation
		Form 990, Schedule K, Part IV, Line 4c The GICs were terminated on March 16, 2009

Identifier	Return Reference	Explanation
Form 990, Part V, Question 2a	Employees reported on W-3	Renown Regional Medical Center has its own employees, however, Renown Health, the parent organization, pays all compensation and employee benefit amounts under a common paymaster arrangement The actual compensation of each employee is directly charged to their assigned entity Salaries are reported on line 7 of Part IX

Identifier	Return Reference	Explanation
Form 990, Part VII, Column B		Jim Miller, President & CEO, serves this entity and all related entities a total of 60 hours per week See Part VII for hours devoted to this entity Dawn Ahner, CFO, serves this entity and all related entities a total of 60 hours per week See Part VII for hours devoted to this entity

Identifier	Return Reference	Explanation
Form 990, Part III, Line 4b	Continuation of Program Service Accomplishments	Renown Children's Hospital continues to be the only northern Nevada hospital affiliated with the National Association of Children's Hospitals and Related Institutions (NACHRI) Renown Children's Hospital was the first in Nevada to belong to the nonprofit association, a collective voice for health systems devoted to the well-being of America's 70 million children and their families Renown Children's Hospital is a "hospital within a hospital" concept, including existing programs and services as well as new program and service development in the coming months and years "We welcome Renown Children's Hospital to the family of care givers devoted to improving the health of children, and we look forward to its active involvement," said NACHRI President and CEO Lawrence A McAndrews "Because of their focus on children, institutions like Renown Children's Hospital are able to identify emerging trends and problems associated with the health of children " Highlights for the Renown Children's Hospital services available to the community include *The region's only Pediatric Intensive Care Unit for clinically ill and injured children In fiscal year 2010, there were 525 admissions *The region's only Children's Specialty Care center, recruiting highly-trained physicians to the community and allowing children to receive specialized care for serious illnesses right here at home Services offered currently include pediatric specialist in pulmonary conditions, cancer, and blood diseases *A Pediatric Inpatient hospital unit featuring 29 beds and a therapeutic playroom along with art and pet therapy programs for children *The region's only Child Life Program, which provides certified Child Life Specialists to help children and their families with their emotional and coping needs during hospitalization *The first hospital in the United States to launch a pertussis (Tdap) program Pertussis is an upper-respiratory illness that is potentially fatal to infants Known as the Cocooning Project, it is gaining popularity as health departments and hospitals from throughout the nation are inquiring about developing their own programs In fiscal year 2010 the program protected more than 3,000 babies against pertussis Children's Miracle Network is a nonprofit organization dedicated to saving and improving the lives of children by raising funds for children's hospitals across North America Renown Regional is northern Nevada's only Children's Miracle Network hospital Each year the 170 Children's Miracle Network hospitals provide the finest medical care, life-saving research and education to help millions of kids overcome diseases and injuries of every kind The Children's Specialty Care center offers the region's only pediatric hematology and oncology care Children with cancer and diseases of the blood can receive specialized care while staying near home The clinic draws specialty physicians highly trained in treating children and adolescents with leukemia, brain tumors and other forms of blood diseases and cancer The physicians travel regularly from the San Francisco Bay Area to provide this care "It makes such a difference to our patients and their families to have access to the care they need close to home," said Robert Raphael, M D , pediatric hematologist/oncologist, based at Children's Hospital & Research Center Oakland Children's Miracle Network partners with many corporate businesses that hold events locally to benefit Renown Children's Hospital The Marriott Timberlodge in South Lake Tahoe hosted their 3rd annual Chip in for Kids Poker Tournament last year raising $7,000 The Costco Wholesale in Sparks held their 15th annual golf tournament with as many as 28 committed teams, which raised $117,521 combine with the store's miracle balloon sales in May 2010 Walmart kicked off its campaign by tying in CMN's 25 years of partnership with Renown Health at a community-wide celebration at Aces Ballpark, calling it Miracle Night This celebration raised $46,323 for CMN and helped gain awareness about the program with more than 9,000 people in the Reno community To observe September 2009 as National Childhood Cancer Awareness Month, Renown Children's Hospital united with other northern Nevada medical professionals, families, patients and survivors to help increase awareness that will lead to a cure for children with cancer Saturday, Sept 12 was Childhood Cancer Awareness Day in Pickett Park, which is across from Renown Regional Medical Center The free event focused on local resources and families in the fight against cancer and on speaking out against the decline in federal research funding Renown Children's Hospital is the only hospital in northern Nevada with a Children's Infusion Center This area serves approximately 424 children currently living with cancer or blood diseases in northern Nevada Infusion therapy for these patients often takes place two or three times a week, and each session typically lasts one to eight hours or longer The Children's Infusion Center offers child-sized treatment chairs in an environment geared directly to children and their families "The Children's Infusion Center compliments the mission for the Northern Nevada Childhood Cancer Coalition to support children with cancer and their families," said Lizzie Dalton, executive director at the Northern Nevada Childhood Cancer Coalition "We believe this center not only enhances the quality of care given at Renown Children's Hospital but it also provides families with a spacious and playful environment to nurture their children during such a difficult situation " Electronic Medical Record The Electronic Medical Record (EMR), a key initiative for the Renown Health Network that had been in progress since 2006, came to a major milestone in FY10 In our continued effort to offer skill, expertise and technology to our community and patients, Renown Regional Medical Center began using EMR on July 14, 2009 EMR is an important tool that saves time, improves patient care and helps our teams to make a genuine difference Some of the benefits are *Comprehensive, timely information across care settings *100% legible documentation, shared by all disciplines *Charts always available *System aided medication administration safety, documentation and reconciliation *Expanded automated medical device information capture *Up to date, online patient education & discharge instructions This tool was implemented at Renown South Meadows Medical Center and Renown Rehabilitation Hospital on February 5, 2008 Renown Regional Medical Center was implemented in five waves during FY10 July 7, 2009 Pharmacy July 14, 2009 Clinical Documentation for all nursing units with the exception of Maternal Child units Order Entry - all departments and nursing units ER - expanded functionality OpTime - Surgery peri-operative documentation functionality Device Integration replacing QS Oct 13, 2009 Electronic MAR for all departments and nursing units with the exception of Maternal Child Jan 12, 2010 Clinical Documentation for Maternal Child units Mar 2, 2010 Electronic MAR for Maternal Child units With EMR, instead of writing in a paper chart, healthcare providers enter information using a computer Patients may have a computer in your room, or their healthcare provider may come into the room with a computer on wheels All nurses, doctors and other healthcare providers were extensively training in this new technology EMR provides easier access to essential information, allowing physicians and clinical staff to diagnose and assess patients based on the most current information in their medical file If a patient's primary care physician is with Renown Medical Group, their medical record can be accessed from his or her office as well

Identifier	Return Reference	Explanation
Form 990, Part III, Line 4b		Distinguished for quality care Renown Regional Medical Center became the first hospital in northern Nevada recognized for a commitment to and success in implementing a higher standard of stroke care The Get With The Guidelines - Gold Plus Performance Achievement Award, awarded in January 2010, acknowledges that Renown Regional has developed a comprehensive system for rapid diagnosis and treatment of stroke patients admitted to the emergency room Renown Institute for Neurosciences Comprehensive Stroke Center was the first Primary Stroke Center in Nevada certified by The Joint Commission The Joint Commission, the nation's largest healthcare standards setting and accrediting body, grants this certification to recognize, in its words, "exceptional efforts to foster better outcomes for stroke care " Clinical trials Since the program's inception Renown Regional Medical Center has participated in more than 100 clinical trials for diseases such as cancer and neurological disorders In clinical trials, physicians conduct scientific research to identify and evaluate techniques for prevention, diagnosis and treatment of medical conditions A clinical trial tests a new drug, technology or treatment for a given condition Clinical trials are an essential part of a care program because the trials typically offer the most recently developed and effective medications Clinical trials also can extend a patient's life because physicians and others involved can follow the patient's progress closely and for longer periods than if the patient were not participating in a study Patients also are required to have frequent clinical exams, which allow physicians to identify and treat problems early Participating in clinical trials greatly benefits all patients because promising research can lead to new technologies and treatments Research Renown Health is involved in more than 20 clinical research studies where people help doctors find ways to improve health and discover treatments for disorders Renown Health is striving to deliver evidenced-based care to patients by conducting our own research studies and by incorporating recently published findings into our practice Renown also joins our nation's effort to improve quality in homecare, skilled nursing homes and hospitals by publicly benchmarking on the Centers for Medicare and Medicaid Services' Compare Web site To validate clinical improvement efforts, Renown also benchmarks fall rates, pressure sores, pain management in children, wound healing rates, and mortality with the best hospitals in the country "In the past, cancer patients had to travel to one of a few select research institutions in the country including the National Cancer Institute itself to receive the newest treatment," Shannon White, RN, Cancer Research Nurse, Lead Research Nurse "Now, our community physicians can participate in National Cancer Institute supported clinical trials making it possible for cancer patients to benefit from the latest research without leaving the local area to receive treatment The most current national research with respect to chemotherapy and radiation therapies are offered by Renown Regional Medical Center through NCI endorsed cancer clinical trials, as well as pharmaceutical company sponsored trials " Health Professional Education As a teaching hospital working with the University of Nevada School of Medicine (UNSOM), Renown Regional Medical Center devotes considerable resources to educating health professionals We help train the next generation of physicians by serving as a clinical training site for UNSOM students and residents We support 77 residents in internal medicine, family practice, geriatrics, child psychiatry and psychiatry In addition, we support nine fellows in child psychiatry, internal medicine and geriatrics Being a part of the training of doctors is essential to our community For members of our medical staff, we host weekly "Medicine Potpourri" presentations on medical trends and best practices Regular meetings and special presentations allow health professionals to gain continuing medical education credits required for maintaining licensure and certifications To address Nevada's critical nurse shortage, Renown Health has increased the number of educators and funding to inform nurses about current techniques and best practices This includes creating a mentor program for student nurses, adding nurse educators and clinical nurse specialists to the staff, and paying for nurses to gain specialized expertise and certifications We have shared this expertise with the community by providing faculty for UNSOM and Truckee Meadows Community College We are key partners in the state's effort to double nursing school output in Nevada To further benefit nurses throughout the community, Renown hosts Nursing Excellence Conferences The Herb and Maxine Jacobs Foundation recently gave a grant to the Renown Health Foundation to assist nurses in pursing a bachelors or advanced degrees in a nursing-related field The Jacobs Scholarship was created to ensure registered nurses would have the necessary resources to advance their skills and professionalism through higher education Nurses at Renown Health have the opportunity to apply for the scholarship annually The Jacobs scholarship matches Renown's own tuition reimbursement plan for a period of up to two years "This scholarship is very helpful in offsetting the costs with returning to school," said Jeff Stout, MSN, RN, NEA-BC, chief nursing officer, Renown Regional Medical Center "It is a great motivational tool which encourages and supports nurses to pursue a higher education We are very grateful to the Jacobs family for their generous donation and commitment to nursing " Renown Institute for Cancer The Renown Institute for Cancer is committed to treating cancers with a distinctive blend of leading-edge clinical experience, compassion and state-of-the-art technologies For cancer patients whose treatment plan includes a hospital stay, the Renown Institute for Cancer provides compassionate, expert care Specializing in the treatment of cancer and hematologic and immunologic disorders, Renown provides all of the services needed by cancer patients and their families These include chemotherapy, brachytherapy, radiation therapy, pain control, palliative care, psychosocial assistance and postsurgical care with some of the most advanced technology including TomoTherapy and da Vinci In May 2009, Renown Institute for Cancer revealed new patient rooms adorned with hardwood-inspired vinyl floors, upgraded ceiling tiles with leaf accents, and original artwork in each room These newly renovated rooms offer the ultimate in comfort for patients who require hospitalization The newly renovated Sierra Tower first floor is more than 15,500 sq ft It features 29 private rooms with two semi-private rooms, a greeter desk, two nursing stations, a family lounge with flat-panel TV, dining area and free internet station Treatment teams include nurses with special training in cancer treatment, a clinical nurse specialist who collaborates with the nursing team and educates the patient and family, and licensed social workers who provide emotional and spiritual help for patients and their families during hospitalization The Renown Institute for Cancer was first in the region to offer patients the chance to participate in clinical trials We have administered more than 141 trials to more than 870 patients since 1987 Our goal is to work with our state's Clinical Community Oncology Program to improve outcomes for cancer patients in our community Our participation in CCOP provides our community with access to a wide range of cancer research studies and protocols "I have been pleasantly surprised by the breadth of services available at Renown for cancer patients," said Kimberly Tilton, breast cancer survivor "When you are fighting cancer, you need all the help and support you can get Renown provided an amazing selection of ways for me to get through this battle, all of which were completely free of charge, so that I didn't have to do it alone " A specialized team of doctors approach lung cancer diagnosis and treatment Lung cancer is one of the most common types of cancer diagnosed and treated at Renown Regional Medical Center

Identifier	Return Reference	Explanation
Form 990, Part III, Line 4b		The Renown Institute for Cancer hosts community education forums that provide information on clinical trials and pediatric oncology The Institute also supports the American Cancer Society's Relay for Life and offers the four-session I Can Cope series Services for Seniors Smart Health Connection Smart Health Connection is one of the region's most comprehensive healthy aging programs, designed to enhance the health and wellness of more than 10,000 members age 50+ Membership is free and includes access to low-cost health screenings, monthly informative health education lectures, special events, and a subscription to Seasons, a monthly newsletter filled with the latest health tips and news, ideas for staying active and a calendar of upcoming events In Sept of 2010, 93 seniors received discounted screenings at Senior Fest, an annual event offering free and low-cost health screenings for seniors Flu shots In the fall of 2009, Renown Health provided 22,624 flu shots and 1,942 pneumonia shots at multiple convenient, public locations More than 8,000 of those shots were for seniors, nationally, influenza claims the lives of 21,000 seniors every year Renown Health provides flu-shot events throughout the community, as a preventive measure to protect the health of seniors and reduce the impact on local hospitals during flu season Services that benefit women and children Baby & Family Suites Renown Regional Medical Center's Baby & Family Suites opened in Feb 2009 with newly remodeled rooms including 28 private rooms Along with the new state-of-the-art William N Pennington Nursery, Renown Regional's latest addition compliments the skill and expertise of the women and children's hospital staff To continue education about the birthing process at Renown Regional Medical Center, 11 tours of the Baby & Family Suites were given to more than 10 expecting moms and their families each month Northern Nevada Immunization Coalition Renown Health's support of the Northern Nevada Immunization Coalition directly benefited babies and the children and adults most threatened by vaccine-preventable diseases The NNIC is a professional, community group dedicated to stopping vaccine-preventable diseases through improved immunization programs Its efforts also benefit the public and private sectors of northern Nevada Renown Health supports nurses who participate in community health projects that benefit women and children During fiscal year 2010, NNIC touched nearly 40,000 lives, with more than 4,500 of those lives at Renown Regional Medical Center alone NNIC holds a two-day conference every year and the annual Silver Syringe Awards, to recognize those who promote and help administer the CDC-recommended immunizations During Oct 2009, Renown nurses volunteered their time at Rotary Free Family Flu Shot Day, which touches approximately 3,000 community lives a year Parenting-skills education for high-risk parents Helping children close to home is one of the driving forces at Renown Health We have the most comprehensive maternal and children's services in the region Renown Health also supports community outreach events and helps to improve the lives of mothers and babies in northern Nevada Through this multidisciplinary group, Renown Health provides maternal child education, supports services needed in the community and augments community resources The education benefits spouses, children and other family members of high-risk parents as well as the community Integrated Case Management Program The United Way piloted this program to identify women throughout the community who were pregnant for the first time and at high risk These women could then benefit from services arranged through this program, which was held twice a month Maternal Child Health Coalition The Maternal Child Health Coalition is a multidisciplinary group from Renown Health that benefits the entire community and focuses on maternal child education and support service needs and ways we can assist or add to those resources Child Abuse Education During the year, a Renown Health Social Worker provided education and training on child abuse Those who benefited from this event included all TMCC RN's and all RTI members March of Dimes Renown Health supported the March of Dimes in raising money for research into the causes and prevention of premature birth, birth defects and infant mortality In April 2010 Renown Regional Medical Center sponsored the March for Babies walk at the Sparks Marina Save Your Skull Accidents happen So Renown Children's Hospital has teamed up with Kohl's Cares for Kids' to educate kids and families about how to prevent head injuries with Save Your Skull Save Your Skull is a year-round program that promotes seatbelt, helmet and pedestrian safety Our program safety experts encourage everyone, not just kids, to wear helmets and stay safe whenever they take to the slopes or the sidewalks Each month the Save Your Skull program improves safety awareness at Washoe County schools by promoting the wearing of helmets and seat belts For fiscal year 2010, the program impacted more than 250 lives per month Child Death Review Board A panel of representatives from local law enforcement, the Coroner's Office, the Health Department, Washoe County School District, Child Protective Services Forensics and Renown Social Workers review all child deaths in Washoe County The panel reviews approximately 20 cases every other month By advocating for and protecting the rights of children and newborns, the review board benefits the entire community Healthcare information and educational services Krames On Demand Renown Regional Medical Center's subscribes to Krames On Demand, a Joint Commission-approved health-information library hosted on the health network's intranet All clinical staff have access to this information, which provides patients with easily understood information about health conditions, prescription medications, discharge planning and more More than 22,800 pages of health information and 3,800 pages of drug information were printed in fiscal year 2010 UptoDate In April 2010 Renown Health began offering practicing physicians and clinical staff access to UpToDate, a clinical decision support tool UptoDate is an evidence-based, peer-reviewed information resource With UpToDate, physicians and clinical staff can answer questions quickly, increase clinical knowledge and improve patient care The content is user-friendly and guides users step by step in navigating the content categories UpToDate is used to receive specific, detailed answers to clinical questions, often within minutes It is accessible by clicking on the icon when logged into Hyperspace in EPIC from any Renown network computer

Identifier	Return Reference	Explanation
Form 990, Part III, Line 4b		Hospital Career Days Renown Health makes a strong effort to help with the area's students, creating an open and acceptable learning environment for experiencing healthcare professions In February 2010, approximately 800 students from Washoe County School District high schools participated in Renown Regional Medical Center's ninth annual Hospital Career Days In this joint effort with Education Collaborative, high school seniors studying science learned about healthcare occupations in the hospital setting Through this four-day program, Renown Health helps attract talented young people to the medical profession This will help ensure that our community continues to have advanced medicine available The students saw firsthand the skills needed to pursue careers in nursing, imaging, rehabilitation therapies, dietary services, laboratory analysis and other fields Students viewed a surgery broadcast, learned from professionals in many medical specialties and allied fields, toured hospital departments and attended a medical career fair "Our students love Hospital Career Days and eagerly anticipate attending this event," said Denise Hedrick, executive director of the Education Collaborative of Washoe County, Inc "It really does give them a taste of the excitement and rewards of working in healthcare Our partnership with Renown Regional provides an ideal situation in which students can learn firsthand what working in a hospital environment is all about " Services for patients and their families Renown Health Management Services A variety of support-group meetings were held at Health Management Services at Renown Regional Medical Center in fiscal year 2010 Support group topics included juvenile diabetes, chronic lung conditions, adult diabetes and asthma and allergies Health Management Services also offered programs and presentations in the community Clinical staff attends open house events, health fairs and provide lectures at local fitness centers, nonprofit social agencies, assisted living facilities, government agencies, professional associations, service organizations, schools and employers Advance Directives Education In response to requests from the community, Renown Health provides free advance directives and notary service for the directives The patient representative attends local meetings and educates groups or individuals on completing advance directives GROW (Grief Recovery Outreach Workshop) Renown Health, along with the Higgins Group, hosts this grief support group for those who have lost loved ones Transportation assistance for indigent patients Renown Regional provided cab and bus vouchers for indigent patients who needed transportation to and from the hospital Without this transportation these patients would not have been able to receive care Mental-health and substance-abuse assessments and referrals Renown Behavioral Health offered over 250 free clinical assessments for mental health and substance abuse to patients without health insurance during fiscal year 2010 Patient assistance fund The Renown patient assistance fund helps patients who are unable to pay for prescriptions, medical equipment, lodging, food, and transportation The fund primarily benefits indigent patients and displaced travelers without access to funds, helping them return home with services until they can obtain financial support Providing prescriptions for indigent patients The Healthcare Center, in partnership with Washoe County Department of Social Services, offers care to members of our community who, for financial reasons, are not able to receive medical attention The Healthcare Center Pharmacy provided more than 82,500 prescriptions during fiscal year 2010 The sole purpose of our pharmacy is to provide pharmaceuticals to patients designated as indigent by Washoe County Volunteer services During 2010, 550 volunteers donated more than 37,700 hours to assisting patients and employees throughout Renown Regional Medical Center Volunteers served in the gift shop, played the piano, participated in the pet therapy program, provided way finding to patients and visitors, and worked on patient care units such as the emergency department, the Neonatal Intensive Care Unit, and Same Day Surgery Clinical education Clinical rotations for nursing students For the 2009 fall and 2010 spring semesters, nursing students from the University of Nevada, Reno, Orvis School of Nursing, Truckee Meadows Community College and Western Nevada Community College visited Renown Regional Medical Center to benefit from our clinical expertise Students were accompanied by an instructor but worked closely with Renown Regional registered nurses while in the units Students gain work experience in the hospital setting while acquiring knowledge about dealing with patients and the healthcare field in general Renown provides that opportunity with the guidance of clinical nurse educators, clinical nurse specialists and staff RNs The staff RNs enriched the clinical experience by providing one-on-one mentoring with students Renown has a diverse range of facilities, so the experience provided to students is unique to Renown More than 90 students from UNR, 64 students from TMCC and 32 students from WNCC completed the clinical experience at Renown Trends in Cardiovascular Nursing Conference The 28th annual Trends in Cardiovascular Nursing Conference benefited nurses and physicians from the community who specialize in cardiac care Recognized regionally, the conference brought nationally known speakers to give presentations on the latest trends in cardiac care Trauma The Challenge conference Trauma The Challenge was a two-day regional conference with speakers and breakout sessions catering to intensive care and trauma healthcare workers As the region's only Level II Trauma Center, Renown Regional Medical Center cares for critically sick and injured patients, meeting a community need that otherwise would go unmet Association of Women's Health Obstetric and Neonatal Nurses AWHONN is a national professional organization for nurses who work in pediatric, neonatal intensive care, newborn nursery, antepartum, labor and delivery and postpartum units AWHONN benefits the nurses who attend and learn through this professional organization and those they care for These nurses are also role models for professionalism and encourage nurses to do the same Renown encourages nurses to participate their professional organizations and seek certification in their specialties The AWHONN is growing, which will benefit Renown, the community, and the individual nurses who take the extra time to attend the meetings and CEU sessions Healing through the arts Throughout the year, the Healing Arts program helped lift the spirits and ease the cares of patients and family members alike The Reno Chamber Orchestra gave more than 12 concerts in the Tahoe Tower lobby Among other events in the Tahoe Tower lobby, The Notebables, a non-profit singing group performed To celebrate the Holidays in December 2009, the IGT Carolers spread some holiday cheer A variety of performances were given throughout the year including Double Diamond Elementary School and the Reno Youth Jazz Orchestra For centuries people have believed in the healing power of art and nature Recently, studies have shown that artwork and natural surrounding, located in a hospital setting, not only helps create a peaceful healing environment but also aids in the healing process According to a study released in 2008 by the Center for Health Design in Concord, Calif , art is a critical component of the healthcare environment, which can aid the healing process To date, Renown Health's Healing Arts program includes more than 1,000 original works of art at Renown Regional Medical Center, approximately 400 of which are in patient rooms The program also includes *Musical performances at the patient bed-side *Pet therapy *Free public performances by members of the Reno Chamber Orchestra *Daily piano performances *A Literature in Medicine program for clinical staff *An Artist in Residence program for medical school students

Identifier	Return Reference	Explanation
Form 990, Part III, Line 4b		Also as part of the Healing Arts program, Renown Regional Medical Center offers Fianna's Healing Garden Named after longtime Reno resident, business leader and master gardener, Fianna Combs, the garden is a place where medical concerns and pain can be replaced by the serenity and beauty of the outdoors The garden was designed to ease patient, visitor and employee stress or fears Fianna's Healing Garden includes three sculptures, the Wilbur D May Labyrinth, reflection pools, a medicinal plant and herb garden and private seating areas complete with speakers providing a genuine sensory experience Research indicates that art and nature in many forms can positively impact a patient's healing process Findings have also shown that patients exposed to art require fewer drugs, spend less time in the hospital and have improved mental health "My belief is that nature is the most healing element in our environment, it brings us to a more natural and comfortable place within ourselves" - Fianna Combs

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Renown Regional Medical Center

Employer identification number
88-0213754

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
Renown Health 1155 Mill St Z-5 Reno, NV 89502 94-2972845	Health Care	NV	501 (c) (3)	III-FI	N/A
Renown Health Foundation 1155 Mill St Z-5 Reno, NV 89502 94-2972749	Foundation	NV	501 (c) (3)	7	N/A
Renown South Meadows Medical Center 1155 Mill St Z-5 Reno, NV 89502 46-0517825	Hospital	NV	501 (c) (3)	3	N/A
Hometown Health Plan 1155 Mill St Z-5 Reno, NV 89502 88-0231433	HMO	NV	501 (c) (4)		N/A
Renown Skilled Nursing 1155 Mill St Z-5 Reno, NV 89502 20-1347269	Hospital	NV	501 (c) (3)	3	N/A
Renown Network Services 1155 Mill St Z-5 Reno, NV 89502 88-0231828	Outpatient Imaging and Pregnancy Center	NV	501 (c) (3)	3	N/A

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No
Routt Dialysis LLC 1155 Mill St Z-5 Reno, NV89502 26-3558729	Dialysis	NV	N/A								

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
Renown Businesses 1155 Mill St Z-5 Reno, NV89502 88-0228030	Health Care	NV	N/A	C			
Hometown Health Management Company 1155 Mill St Z-5 Reno, NV89502 88-0236758	Management Services	NV	N/A	C			
The Provider Network Inc 1155 Mill St Z-5 Reno, NV89502 88-0376369	Health Care	NV	N/A	C			
Remittance Assistance Corporation 1155 Mill St Z-5 Reno, NV89502 88-0277761	Collections	NV	N/A	C			
Hometown Health Providers Insurance Company 1155 Mill St Z-5 Reno, NV89502 88-0177026	Insurance	NV	N/A	C			

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, or 36.)

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

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

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved
(1) Hometown Health Plan Inc	K	38,991,865
(2) Hometown Health Plan Inc	L	2,171,871
(3)		
(4)		
(5)		
(6)		

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproprtionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Additional Data

Return to Form

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

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

(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c)(3))	(f) Direct Controlling Entity
Renown Health 1155 Mill St Z-5 Reno, NV89502 94-2972845	Health Care	NV	501 (c) (3)	III-FI	N/A
Renown Health Foundation 1155 Mill St Z-5 Reno, NV89502 94-2972749	Foundation	NV	501 (c) (3)	7	N/A
Renown South Meadows Medical Center 1155 Mill St Z-5 Reno, NV89502 46-0517825	Hospital	NV	501 (c) (3)	3	N/A
Hometown Health Plan 1155 Mill St Z-5 Reno, NV89502 88-0231433	HMO	NV	501 (c) (4)		N/A
Renown Skilled Nursing 1155 Mill St Z-5 Reno, NV89502 20-1347269	Hospital	NV	501 (c) (3)	3	N/A
Renown Network Services 1155 Mill St Z-5 Reno, NV89502 88-0231828	Outpatient Imaging and Pregnancy Center	NV	501 (c) (3)	3	N/A

Additional Data

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

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Fred Boyd Director	3 00	X						0	0	17,560
Alvaro Devia Director	3 00	X						0	0	0
Lawson Fox Director	3 00	X						0	0	3,000
Larry Klaich Director	3 00	X						0	0	3,400
Bertha Mullins Director	3 00	X						0	0	8,622
Bill Newburg Director	3 00	X						0	0	8,190
Phil Reddick Treasurer	3 00	X						0	0	2,500
Roberta Roth Secretary	3 00	X						0	0	3,000
G Blake Smith Director	3 00	X						0	0	2,500
Rob Winkel Director	3 00	X						0	0	11,600
Ronald Laxton Chief Executive Officer	60 00	X						0	434,070	7,101
James Miller President/CEO	44 00	X		X				0	787,242	311,466
Greg Boyer Chief Executive Officer	60 00	X						0	0	0
Dawn Ahner Chief Financial Officer	30 00			X				0	396,440	84,338
Kristina Gaw Chief Operating Officer	60 00					X		0	276,953	61,386
Linda Ferris VP, Clinical Programs Devl	60 00					X		0	188,813	20,046
Larry Weber VP, Ancillary and Support	60 00					X		0	167,556	19,740
William Keough Chief Medical Physicist	60 00					X		0	164,390	16,090
Jeffrey Stout Chief Nursing Officer	60 00					X		0	157,900	13,771

Additional Data

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

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

Part I, Line 3c

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

Part I, Line 6a The organization's community benefit report is contained in a report prepared by its parent corporation, Renown Health Part I, Line 5b The organization budgets the amount of charity care expected in the next year but does not use that estimate as a constraint on the amount of charity care provided

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

Part I, Line 7 Charity care expense was converted to cost on line 7a using the cost-to-charge ratio derived from Worksheet 2 Unreimbursed medicaid and other unreimbursed costs on line 7b and 7c were calculated using the cost-to-charge ratio derived from Worksheet 2 Community health improvement, Health professions education, Research and Cash and In-kind contributions on lines 7e, 7f, 7h and 7i are reported from the organization's records

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

Part I, Line 7g

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

Part I, Line 7f The amount of bad debt expense removed from total expenses to determine the percentage was $108,205,305

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

Part III, Line 4 Renown Health manages the risk in the receivables by regularly reviewing its accounts and contracts any by providing appropriate allowances for uncollectible amounts The amount included on Line 2 is calculated as the bad debt expense included in Part IX, Line 24a, multiplied by the ratio of costs to charges as calculated using worksheet 2 The amount included on Line 3 is calculated as the amount of uninsured patient charges written off as bad debt that is estimated to qualify as charity under the organization's charity care policy The organization estimated that amount based upon an analysis of the FICO scores of its uninsured population A FICO score below 500 is presumed to qualify under the organization's charity policy based upon an analysis of the bankcard balances and mortgage balances of this population and the FICO scores of the population that completed an application for charity under the organization's policy The organization estimated that 47 66% of the ininsured population has a FICO score under 500 To calculate the amount included on Line 3, the total uninsured patient charges less amounts paid or written off to charity was multiplied by 47 66% and then multiplied by the Ratio of Cost to Charges from Worksheet 2

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

Part III, Line 8 The amount included on Line 7 should be included in community benefit because it represents the amount of costs to provide care under a government-sponsored program that is not covered by the reimbursement received under the program The reimbursement is at non-negotiable rates set by the government agency

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

Part III, Line 9b Patients in the process of qualifying for state or local indigent programs or the organization's charity program are indicated with a particular payor class/status in the patient accounting system The patient is not subject to collection efforts while in those classes/statuses

Form 990 Schedule H, Part VI - Supplemental Information, Line 2

Part VI, Line 2 The organization reviews the current demographic information of the population it serves and the impact those demographics have on the health needs of the community See explanation 4 below for a description of the community While the demographics start to tell the story of community health needs, Renown Health also consults with community partners and draws from state and local government, non-profits, and school district data sources to assess healthcare needs in the community Renown Health also used data from Thomson Reuters, an information services company, to identify health care needs and barriers in its service area Renown Health's Community Benefit Committee spearheads the development of an annual community needs assessment and corresponding community benefit plan, and oversees the tracking and reporting of community benefit activities The committee oversees the development or updating of a community needs assessment in the fall, and from that assessment develops a community benefit plan that prioritizes and identifies community needs that the organization can support with its finite resources Both documents are presented to Renown Health's CEO and President's Council for refinement and approval annually in the spring The needs assessment and community benefit plan then go before the Renown Health Board for review and approval on behalf of all Renown organizations The committee presents the plan in the spring to membership, all other boards, medical staff, leadership and employees, and it works with community partners to finalize details of approved programs and community partnerships

Form 990 Schedule H, Part VI - Supplemental Information, Line 4

Part VI, Line 4 Washoe County is located in the northwest corner of Nevada and has a population of 423,833 as of July 2008 The city of Reno is the county seat and the third largest city in Nevada with a population of 223,012 Adjacent to Reno to the north and east is Sparks, with a population of 91,684 Together Reno and Sparks, and surrounding unincorporated areas have a population of approximately 409,000 The area is often referred to as the Truckee Meadows, due to its lush valley location on the eastern slope of the Sierra Nevada mountain range just northeast of beautiful Lake Tahoe Reno-Spark's population is 50 5% male and 49 5% female A quarter (25 2%) of the population is under the age of 18 40 8% is in the 18-44 age group and 23 7% is from age 45-64 10 2% of the population is 65+ Washoe County's population was estimated to have the following breakdown as of January 2009 67 7% Caucasian/white, 2 7% African American / black, 6 3% Asian / Hawaiian or Pacific Islander, and 21 3% Hispanic Fifteen percent of adults in the greater Reno-Sparks area do not have a high school diploma 24 9% have a high school diploma or equivalent resulting in approximately 40% of the population at or below a high school level education The greater Reno-Sparks median household income was estimated to be $67,483, which is above both state and national medians and also represents the area's higher cost of living Over 9% of Nevadans are under the federal poverty guidelines, with many more being within 100-300% of federal poverty guidelines (commonly referred to as the "working poor") Reno-Sparks unemployment currently is estimated to be at 11 3% as of November 2009, reflecting recent improvement from a high of 13% 17 5% of Nevada residents were without health insurance in 2008, which is the most recently available study specific to Nevada Washoe County's uninsured rate was slightly lower at 17 0% 35 2% of the greater Reno-Sparks occupied housing units are rentals, which is higher than the national average Only 28 9% of Nevadans were born in the state, vs 58 9% for the U S as a whole 20% of Washoe County residents moved in 2008 vs 15% for the U S , with 7 2% moving from outside the county Nevada also has a higher percentage of divorced adults than other states

Form 990 Schedule H, Part VI - Supplemental Information, Line 5

Part VI, Line 5 For over 15 years, Renown Smart Health Connection (formerly Senior Options) has offered one of the region's most comprehensive healthy aging programs Designed to enhance the health and wellness of thousands of adults age 50 +, Smart Health Connection provides residents of northern Nevada with important health information, health screenings and educational events Members enjoy access to classes and lectures on health-related topics, monthly health screenings, special events, and subscription to Seasons, a monthly newsletter that includes the latest health tips and news, ideas for staying active, and a calendar of upcoming events As part of Renown Regional's community flu pandemic planning, an inventory of H1N1 supplies is maintained at all times