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Short Form

Return of Organization Exempt From Income Tax

Form 990-EZ

OMB No 1545-1150

2009

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

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

► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.

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

A For the 2009 calendar year, or tax year beginning and ending

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

JEFFERSON REGIONAL HEALTHCARE ALLIANCE

Number and street (or P.O. box, if mail is not delivered to street address)

670 SUPERIOR COURT, SUITE 208

City or town, state or country, and ZIP + 4

MEDFORD, OR 97504

D Employer identification number

59-3813059

E Telephone number

(541)282-0643

F Group Exemption

Number ►

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method: Cash Accrual
Other (specify) ►

I Website: ► WWW.JEFFERSONREGIONALHEALTHALLIANCE.ORG

H Check ► if the organization is not

J Tax-exempt status (check only one) — 501(c)(3) (insert no.) 4947(a)(1) or 527

required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

K Check ► if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 12,162.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

1	Contributions, gifts, grants, and similar amounts received	1	12,162.
2	Program service revenue including government fees and contracts	2	
3	Membership dues and assessments	3	
4	Investment income	4	
5a	Gross amount from sale of assets other than inventory	5a	
b	Less: cost or other basis and sales expenses	5b	
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ► <input type="checkbox"/>	6a	
a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6b	
b	Less: direct expenses other than fundraising expenses	6c	
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	7a	
7a	Gross sales of inventory, less returns and allowances	7b	
b	Less: cost of goods sold	7c	
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	8	
8	Other revenue (describe) ►	9	12,162.
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8		
10	Grants and similar amounts paid (attach schedule)	10	
11	Benefits paid to or for members	11	
12	Salaries, other compensation, and employee benefits	12	
13	Professional fees and other payments to independent contractors	13	10,687.
14	Occupancy, rent, utilities, and maintenance	14	
15	Printing, publications, postage, and shipping	15	
16	Other expenses (describe) ►	16	1,475.
17	Total expenses. Add lines 10 through 16	17	12,162.
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	0.
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	16,083.
20	Other changes in net assets or fund balances (attach explanation)	20	-16,083.
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	0.

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	16,083.	22 0.
23 Land and buildings		23
24 Other assets (describe) ►		24
25 Total assets	16,083.	25 0.
26 Total liabilities (describe) ►	0.	26 0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	16,083.	27 0.

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

Expenses

(Required for section 501(c)(3)
and 501(c)(4) organizations and
section 4947(a)(1) trusts, optional
for others.)

What is the organization's primary exempt purpose? **SEE STATEMENT 6**

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28 SEE STATEMENT 5

(Grants \$) If this amount includes foreign grants, check here ► 28a 8,547.

29

(Grants \$) If this amount includes foreign grants, check here ► 29a

30

(Grants \$) If this amount includes foreign grants, check here ▶ 30a

31 Other program services (attach schedule)

(Grants \$) If this amount includes foreign grants, check here ► 31a _____

32 Total program service expenses (add lines 28a through 31a)

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
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SEE STATEMENT 4

Part V | Other Information (Note the statement requirements in the instructions for Part V.)

33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity
 34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes
 35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.

	Yes	No
33		X
34		X

a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?
 b If "Yes," has it filed a tax return on Form 990-T for this year?
 36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Sch. N

► 37a 0.

35a	X
35b	N/A

36	X
37b	X

37a Enter amount of political expenditures, direct or indirect, as described in the instructions.
 b Did the organization file Form 1120-POL for this year?

38a	X
38b	N/A

38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?

38b	N/A
39a	N/A

39b	N/A
-----	-----

40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:

40a	0.
40b	X

40b	X
40c	0.

section 4911 ► 0. ; section 4912 ► 0. ; section 4955 ► 0.

40c	0.
40d	0.

40d	0.
40e	X

41 List the states with which a copy of this return is filed. ► OR

42a The organization's books are in care of ► M. DAVID HOOFF Telephone no. ► (503) 220-1945
 Located at ► 221 NW SECOND AVENUE, SUITE 300, PORTLAND, OR ZIP + 4 ► 97209

	Yes	No
42b		X

42c	X
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b 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)?

42b	X
42c	X

42c	X
43	► <input type="checkbox"/>

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here

43	N/A
44	X

44	X
45	X

and enter the amount of tax-exempt interest received or accrued during the tax year

45	X
Form 990-EZ (2009)	

Part VI **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

46 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 Yes No 46 X

47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II 47 X

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 48 X

49a Did the organization make any transfers to an exempt non-charitable related organization? 49a X

b If "Yes," was the related organization a section 527 organization? 49b X

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000 NONE	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

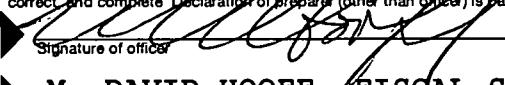
f Total number of other employees paid over \$100,000 ► _____

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

NONE

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000 ► _____

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.		
	 Signature of officer 11/15/10 Date		
► M. DAVID HOOFF, FISCAL SPONSOR Type or print name and title			
Paid Preparer's Use Only	Preparer's signature ►  Signature of preparer	Date 11/12/10	Check if self-employed <input type="checkbox"/>
	Firm's name (or yours if self-employed), address, and ZIP + 4 ► MCDONALD JACOBS, P.C. 520 SW YAMHILL, STE 500 PORTLAND, OR 97204		Preparer's identifying number (See instr.) EIN ► 503 227-0581 Phone ► no. 503 227-0581

May the IRS discuss this return with the preparer shown above? See instructions

► Yes No

Form 990-EZ (2009)

SCHEDULE A
(Form 990 or 990-EZ)

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

JEFFERSON REGIONAL HEALTHCARE ALLIANCE

Employer identification number

59-3813059

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 described in section 170(b)(1)(A)(i).
 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
 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?
 (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
 (ii) A family member of a person described in (i) above?
 (iii) A 35% controlled entity of a person described in (i) or (ii) above?
 h Provide the following information about the supported organization(s).

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

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

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 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.")		91,305.	35,234.	33,008.	12,162.	171,709.
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		91,305.	35,234.	33,008.	12,162.	171,709.
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						171,709.

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		91,305.	35,234.	33,008.	12,162.	171,709.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						171,709.
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 section 501(c)(3) organization, check this box and stop here						► <input checked="" type="checkbox"/>

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 from 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	►	<input type="checkbox"/>
b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	►	<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 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	►	<input type="checkbox"/>
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	►	<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	►	<input type="checkbox"/>

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 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 section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 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 ► <input type="checkbox"/>		
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 ► <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		

JEFFERSON REGIONAL HEALTHCARE ALLIANCE

59-3813059

FORM 990-EZ	OTHER EXPENSES	STATEMENT 1
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DESCRIPTION	AMOUNT
SERVICE FEES	1,200.
MISCELLANEOUS EXPENSES	275.
TOTAL TO FORM 990-EZ, LINE 16	1,475.

FORM 990-EZ	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT 2
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DESCRIPTION	AMOUNT
PRIOR PERIOD ADJUSTMENT,	-16,083.
TOTAL TO FORM 990-EZ, LINE 20	-16,083.

FORM 990-EZ

**INFORMATION REGARDING TRANSFERS
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS**

STATEMENT 3

A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS,
DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL
BENEFIT CONTRACT? [] YES [X] NO

B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS,
DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [] YES [X] NO

FORM 990-EZ

PART IV - LIST OF OFFICERS, DIRECTORS,
TRUSTEES AND KEY EMPLOYEES

STATEMENT 4

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
JOHN FORSYTH, MD, 670 SUPERIOR COURT, SUITE 208, MEDFORD, OR 97504	CHAIR 0.25	0.	0.	0.
KATHERINE BRYON, MPH, 670 SUPERIOR COURT, SUITE 208, MEDFORD, OR 97504	SECRETARY 0.25	0.	0.	0.
WILLIAM D. THORNDIKE, JR., 670 SUPERIOR COURT, SUITE 208, MEDFORD,	TREASURER 0.25	0.	0.	0.
PETER ANGSTADT, 670 SUPERIOR COURT, SUITE 208, MEDFORD, OR 97504	BOARD MEMBER 0.25	0.	0.	0.
MAUREEN GRAHAM, 670 SUPERIOR COURT, SUITE 208, MEDFORD, OR 97504	BOARD MEMBER 0.25	0.	0.	0.
MARK ORNDOFF, 670 SUPERIOR COURT, SUITE 208, MEDFORD, OR 97504	BOARD MEMBER 0.25	0.	0.	0.
ALLEN DOUMA, MD, 670 SUPERIOR COURT, SUITE 208, MEDFORD, OR 97504	BOARD MEMBER 0.25	0.	0.	0.
TOM HANENBURG, 670 SUPERIOR COURT, SUITE 208, MEDFORD, OR 97504	BOARD MEMBER 0.25	0.	0.	0.
JOANNE NOONE, PHD, RN, 670 SUPERIOR COURT, SUITE 208, MEDFORD, OR 97504	BOARD MEMBER 0.25	0.	0.	0.
DON BRULAND, 670 SUPERIOR COURT, SUITE 208, MEDFORD, OR 97504	BOARD MEMBER 0.25	0.	0.	0.
MARK MARCHETTI, 670 SUPERIOR COURT, SUITE 208, MEDFORD, OR 97504	BOARD MEMBER 0.25	0.	0.	0.
KURT HIGUERA, 670 SUPERIOR COURT, SUITE 208, MEDFORD, OR 97504	BOARD MEMBER 0.25	0.	0.	0.
BELLE SHEPHARD, MPH, 670 SUPERIOR COURT, SUITE 208, MEDFORD, OR 97504	BOARD MEMBER 0.25	0.	0.	0.
MARY CULLINAN, PHD, 670 SUPERIOR COURT, SUITE 208, MEDFORD, OR 97504	BOARD MEMBER 0.25	0.	0.	0.

JEFFERSON REGIONAL HEALTHCARE ALLIANCE

59-3813059

ROY VINYARD, 670 SUPERIOR COURT, SUITE 208, MEDFORD, OR 97504	BOARD MEMBER 0.25	0.	0.	0.
MIKE BOND, 670 SUPERIOR COURT, SUITE 208, MEDFORD, OR 97504	BOARD MEMBER 0.25	0.	0.	0.
SHARON JOHNSON, 670 SUPERIOR COURT, SUITE 208, MEDFORD, OR 97504	BOARD MEMBER 0.25	0.	0.	0.
BRENDA JOHNSON, RN, MBA, 670 SUPERIOR COURT, SUITE 208, MEDFORD,	BOARD MEMBER 0.25	0.	0.	0.
PEG CROWLEY, MPH, RN, 670 SUPERIOR COURT, SUITE 208, MEDFORD, OR 97504	BOARD MEMBER 0.25	0.	0.	0.
DAVID DONNELLY, MD, 670 SUPERIOR COURT, SUITE 208, MEDFORD, OR 97504	BOARD MEMBER 0.25	0.	0.	0.
<hr/> TOTALS INCLUDED ON FORM 990-EZ, PART IV		0.	0.	0.
<hr/> <hr/>				

THE NURSING PROJECT(S):

WITH PARTNER ORGANIZATIONS, THE JOB COUNCIL AND ROGUE VALLEY WORKFORCE COUNCIL, JEFFERSON REGIONAL HEALTHCARE ALLIANCE (JRHA) CONTINUED TO INVESTIGATE VARIOUS OPPORTUNITIES FOR MEDICAL WORKFORCE TRAINING AND DEVELOPMENT. DURING 2009, THE "NURSE NAVIGATOR" ROLE WAS IMPLEMENTED AT INDIVIDUAL HOSPITALS TO REDUCE THE RATE OF REHOSPITALIZATION.

CHRONIC DISEASE MANAGEMENT:

PROJECT "LIVING WELL" IS A PILOT PROJECT WHICH IS SUPPORTED BY JACKSON COUNTY AND ELWOOD FOUNDATION, AND MANAGED BY THE ROGUE VALLEY COUNCIL OF GOVERNMENTS AND THE OREGON STATE UNIVERSITY EXTENSION SERVICE. DURING 2009, THE PROGRAM GAINED POSITION AROUND THE REGION AND STATE.

DENTAL HEALTH:

JRHA INVESTIGATED AVENUES TO RECRUIT DENTAL LEADERSHIP ONTO THE COUNCIL, IN A CONTINUED EFFORT TO IMPROVE DENTAL HEALTH IN THE ROGUE VALLEY. DURING 2009, POTENTIAL RECRUITS WERE IDENTIFIED AND CONTACTED.

HEALTHCARE FOR COMMUNITY CLINIC PATIENTS:

THIS PROGRAM CONTINUED TO IMPROVE OVERALL CARE FOR COMMUNITY CLINIC PATIENTS AND TO EASE THE BURDEN OF MENTAL HEALTH ISSUES ON CLINIC MEDICAL PROVIDERS.

THE COMMUNITY CRISIS RESPONSE PROJECT (MENTAL AND BEHAVIORAL HEALTH):

JRHA CONTINUED TO SEEK START-UP FUNDING TO IMPLEMENT PLANS DEVELOPED TO ADDRESS SOME OF THE SIGNIFICANT MENTAL AND BEHAVIORAL HEALTH ISSUES IN THE ROGUE VALLEY.

COORDINATION AND RELATIONSHIP DEVELOPMENT:

THROUGH MONTHLY CHECK-INS, AS WELL AS LESS FORMAL PROCESSES, GROUP MEMBERS DEVELOPED A HEIGHTENED AWARENESS OF ISSUES THEIR COLLEAGUES FACE AND GOT TO KNOW AND TRUST EACH OTHER IN WAYS NOT PREVIOUSLY ACHIEVED. WHILE THIS IS INTANGIBLE, THERE IS A SENSE AMONG EXECUTIVE COMMITTEE MEMBERS THAT IT HAS AND WILL CONTINUE TO "PAY OFF" OVER TIME IN JRHA'S EFFORTS TO MEET THE HEALTHCARE NEEDS OF THE COMMUNITY AND ITS INDIVIDUAL MEMBERS.

JEFFERSON REGIONAL HEALTH ALLIANCE IS A COLLABORATION OF REGIONAL COMMUNITY LEADERS FROM ALL SECTORS ACTING IN A LEADERSHIP ROLE TO IMPROVE THE HEALTH AND HEALTH CARE RESOURCES OF SOUTHERN OREGONIANS.

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box X

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print File by the extended due date for filing the return. See instructions.	Name of Exempt Organization JEFFERSON REGIONAL HEALTHCARE ALLIANCE	Employer identification number 59-3813059
	Number, street, and room or suite no. If a P.O. box, see instructions. 670 SUPERIOR COURT, SUITE 208	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. MEDFORD, OR 97504	

Check type of return to be filed (File a separate application for each return):

Form 990 Form 990-EZ Form 990-T (sec. 401(a) or 408(a) trust) Form 1041-A Form 5227 Form 8870
 Form 990-BL Form 990-PF Form 990-T (trust other than above) Form 4720 Form 6069

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

DAVID HOOFF

- The books are in the care of ► **221 NW SECOND AVENUE, SUITE 300 – PORTLAND, OR 97209**
Telephone No. ► (503) 220-1955 FAX No. ► ►
- If the organization does not have an office or place of business in the United States, check this box ►
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ► . If it is for part of the group, check this box ► and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until November 15, 2010.
5 For calendar year 2009, or other tax year beginning _____, and ending _____.
6 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period
7 State in detail why you need the extension.

State in detail why you need the extension **ADDITIONAL TIME IS NEEDED TO OBTAIN THE INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN.**

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	b	
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8b	\$

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form. 16

Signature ► Ernest A. Clark Title ► CPA

Date ► 3/6/10

Form 8868 (Rev. 4-2009)