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Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047
2011
Open to Public Inspection

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.

A For the 2011 calendar year, or tax year beginning JUL 1, 2011 and ending JUN 30, 2012

B Check if applicable
C Name of organization: WHITE BIRD CLINIC
D Employer identification number: 93-0585814
E Telephone number: 5413428255
G Gross receipts \$: 2,933,189.
H(a) Is this a group return for affiliates? Yes X No
H(b) Are all affiliates included? Yes No
I Tax-exempt status: X 501(c)(3)
I Website: WHITEBIRDCLINIC.ORG
K Form of organization: X Corporation
M State of legal domicile: OR

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1 Briefly describe the organization's mission... THE CLINIC PROVIDES MEDICAL, DENTAL, DRUG REHABILITATION SERVICES, COUNSELING AND CRISIS. 2 Check this box if the organization discontinued its operations... 3 Number of voting members... 4 Number of independent voting members... 5 Total number of individuals employed... 6 Total number of volunteers... 7a Total unrelated business revenue... 7b Net unrelated business taxable income... 8 Contributions and grants... 9 Program service revenue... 10 Investment income... 11 Other revenue... 12 Total revenue... 13 Grants and similar amounts paid... 14 Benefits paid to or for members... 15 Salaries, other compensation, employee benefits... 16a Professional fundraising fees... 16b Total fundraising expenses... 17 Other expenses... 18 Total expenses... 19 Revenue less expenses... 20 Total assets... 21 Total liabilities... 22 Net assets or fund balances...

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 true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here: Signature of officer: CHUCK GERARD, CLINIC COORDINATOR
Date: 11/2/12

Paid Preparer Use Only: Print/Type preparer's name: MARK HOUSEN
Preparer's signature: Mark Housen
Date: 11/9/12
Check if self-employed: [X]
PTIN: P01353760
Firm's name: GEMERALD CPA GROUP LLP
Firm's EIN: 45-1582096
Firm's address: 450 COUNTRY CLUB ROAD, SUITE 155
EUGENE, OR 97401-6078
Phone no.: (541) 255-2888

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

SCANNED DEC 27 2012

RECEIVED
NOV 9 - 1 2012
EUGENE, OR

100

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

1 Briefly describe the organization's mission: THE CLINIC PROVIDES MEDICAL, DENTAL, DRUG REHABILITATION SERVICES, COUNSELING AND CRISIS MANAGEMENT AT NO COST OR LOW COST TO THE CLIENT.

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured 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 \$ 443,560. including grants of \$ ) (Revenue \$ ) HOMELESS HEALTH CARE: FREE COMPREHENSIVE HEALTHCARE, MEDICAL, SUBSTANCE ABUSE, MENTAL HEALTH, CASE MANAGEMENT, OUTREACH AND TRANSPORTATION SERVICES TO HOMELESS CLIENTS.

CONTACTS = 13596
INDIVIDUALS = 3950

4b (Code ) (Expenses \$ 430,499. including grants of \$ ) (Revenue \$ 289,099.) DENTAL - FREE/LOW COST, IMMEDIATE NEED DENTAL TREATMENT FOR LOW INCOME, UNINSURED INDIVIDUALS AND ON-GOING, PREVENTATIVE CARE FOR LOW-INCOME CHILDREN.

CONTACTS = 2976
INDIVIDUALS = 1623

4c (Code ) (Expenses \$ 475,281. including grants of \$ ) (Revenue \$ ) CAHOOTS: MOBILE CRISIS RESPONSE TEAM DEALING WITH ALCOHOL/DRUG RELATED INCIDENTS AND MENTAL HEALTH EMERGENCIES ON THE STREET. TRANSPORT TO TREATMENT, DISPUTE RESOLUTION AND INFORMATION AND REFERRAL PROVIDED, IMPACT COMMUNITY CASE MANAGEMENT FOR PROBLEM CLIENTS.

CONTACTS = 8300
INDIVIDUALS = 4412

4d Other program services (Describe in Schedule O.) (Expenses \$ 1,001,808. including grants of \$ ) (Revenue \$ 470,372.)

4e Total program service expenses I 2,351,148.

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 ~ ~ ~ ~ ~	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors ~ ~ ~ ~ ~		X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I ~ ~ ~ ~ ~		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II ~ ~ ~ ~ ~		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III ~ ~ ~ ~ ~		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which 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 ~ ~ ~ ~ ~		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II ~ ~ ~ ~ ~		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III ~ ~ ~ ~ ~		X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV ~ ~ ~ ~ ~		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V ~ ~ ~ ~ ~		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 17? If "Yes," complete Schedule D, Part VI ~ ~ ~ ~ ~	X	
b 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 ~ ~ ~ ~ ~		X
c 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 ~ ~ ~ ~ ~		X
d 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 ~ ~ ~ ~ ~		X
e Did the organization report an amount for other liabilities in Part X, line 18? If "Yes," complete Schedule D, Part X ~ ~ ~ ~ ~		X
f 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 (ASC 740)? If "Yes," complete Schedule D, Part X ~ ~ ~ ~ ~		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII ~ ~ ~ ~ ~	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional ~ ~ ~ ~ ~		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E ~ ~ ~ ~ ~		X
14a Did the organization maintain an office, employees, or agents outside of the United States? ~ ~ ~ ~ ~		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV ~ ~ ~ ~ ~		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV ~ ~ ~ ~ ~		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV ~ ~ ~ ~ ~		X
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 ~ ~ ~ ~ ~		X
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 ~ ~ ~ ~ ~		X
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 ~ ~ ~ ~ ~		X
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H ~ ~ ~ ~ ~		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? ~ ~ ~ ~ ~		

Part IV Checklist of Required Schedules (continued)

		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II ~ ~ ~ ~ ~		X
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 II ~ ~ ~ ~ ~		X
23	Did the organization answer "Yes" to Part VII, Section A, line 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 ~ ~ ~ ~ ~		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25 ~ ~ ~ ~ ~		X
	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? ~ ~ ~ ~ ~		
	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? ~ ~ ~ ~ ~		
	d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? ~ ~ ~ ~ ~		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I ~ ~ ~ ~ ~		X
	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 ~ ~ ~ ~ ~		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II ~ ~ ~ ~ ~		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III ~ ~ ~ ~ ~		X
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 ~ ~ ~ ~ ~		X
	b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV ~ ~ ~ ~ ~		X
	c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV ~ ~ ~ ~ ~		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M ~ ~ ~ ~ ~		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M ~ ~ ~ ~ ~		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I ~ ~ ~ ~ ~		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II ~ ~ ~ ~ ~		X
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 ~ ~ ~ ~ ~		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 ~ ~ ~ ~ ~		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)? ~ ~ ~ ~ ~		X
	b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 ~ ~ ~ ~ ~		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 ~ ~ ~ ~ ~		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI ~ ~ ~ ~ ~		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? ~ ~ ~ ~ ~	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

Table with columns for question number, question text, and Yes/No checkboxes. Includes questions 1a through 14b regarding IRS filings and tax compliance.

Part V Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part V

Section A. Governing Body and Management

Table with columns for question number, description, and Yes/No checkboxes. Includes questions 1a through 9 regarding governing body members, relationships, and documentation.

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

Table with columns for question number, description, and Yes/No checkboxes. Includes questions 10a through 16b regarding local chapters, conflict of interest policies, whistleblower policies, and compensation.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed OR
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection.
19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: THE ORGANIZATION - 5413428255 341 E 12TH AVE, EUGENE, OR 97401

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

Check if Schedule O contains a response to any question in this Part VII

**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.

È List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

È List all of the organization's current key employees, if any. See instructions for definition of "key employee."

È List the organization's five 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.

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

È 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 neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(1) GINA TORMOHLN VICE CHAIR	1.00	X						0.	0.	0.
(2) TRUDY TURNER BOARD MEMBER	1.00	X						0.	0.	0.
(3) JOHATHON SCHWARTZ BOARD MEMBER	1.00	X						0.	0.	0.
(4) CHERYL NEL APPLLEGTE CHAIR	1.00	X						0.	0.	0.
(5) COLLEEN BELL SECRETARY	1.00	X						0.	0.	0.
(6) WREN ARRINGTON BOARD MEMBER	1.00	X						0.	0.	0.
(7) JADE TURNER BOARD MEMBER	1.00	X						0.	0.	0.
(8) CHUCK MACGHEE HOMELESS REPRESENTATIVE	1.00	X						0.	0.	0.
(9) CINDY KAUFMAN BOARD MEMBER	1.00	X						0.	0.	0.
(10) CHUCK GERARD CLINIC COORDINATOR	40.00			X				27,799.	0.	6,145.
(11) BEN MEYER DDS DENTIST	40.00					X		107,933.	0.	6,145.

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
1b Sub-total ~ ~ ~ ~ ~							135,732.	0.	12,290.	
c Total from continuation sheets to Part VII, Section A ~ ~ ~ ~ ~							0.	0.	0.	
d Total (add lines 1b and 1c) ~ ~ ~ ~ ~							135,732.	0.	12,290.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization | 1

	Yes	No
3 Did the organization list a former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual ~ ~ ~ ~ ~		X
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 ~ ~ ~ ~ ~		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person ~ ~ ~ ~ ~		X

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. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization | 0

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	1 a Federated campaigns ~ ~ ~ ~ ~ 1a				
	b Membership dues ~ ~ ~ ~ ~ 1b				
	c Fundraising events ~ ~ ~ ~ ~ 1c				
	d Related organizations ~ ~ ~ ~ ~ 1d				
	e Government grants (contributions) 1e	1661106.			
	f All other contributions, gifts, grants, and similar amounts not included above 1f	221,976.			
	g Noncash contributions included in lines 1a-1f \$				
	h Total. Add lines 1a-1f	1883082.			
Program Service Revenue	2 a FEES FOR SERVICES Business Code 621400	480,973.	480,973.		
	b INSURANCE BILLING Business Code 621400	278,498.	278,498.		
	c				
	d				
	e				
	f All other program service revenue ~ ~ ~ ~ ~				
	g Total. Add lines 2a-2f	759,471.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ~ ~ ~ ~ ~	26,031.			26,031.
	4 Income from investment of tax-exempt bond proceeds				
	5 Royalties				
	6 a Gross rents ~ ~ ~ ~ ~ (i) Real (ii) Personal	1,300.			
	b Less: rental expenses ~ ~ ~ ~ ~	0.			
	c Rental income or (loss) ~ ~ ~ ~ ~	1,300.			
	d Net rental income or (loss) ~ ~ ~ ~ ~	1,300.			1,300.
	7 a Gross amount from sales of assets other than inventory (i) Securities (ii) Other	111441.			
	b Less: cost or other basis and sales expenses ~ ~ ~ ~ ~	105850.			
	c Gain or (loss) ~ ~ ~ ~ ~	5,591.			
	d Net gain or (loss) ~ ~ ~ ~ ~	5,591.			5,591.
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 ~ ~ ~ ~ ~ a	151864.			
	b Less: direct expenses ~ ~ ~ ~ ~ b	60,702.			
	c Net income or (loss) from fundraising events ~ ~ ~ ~ ~	91,162.			91,162.
	9 a Gross income from gaming activities. See Part IV, line 19 ~ ~ ~ ~ ~ a				
b Less: direct expenses ~ ~ ~ ~ ~ b					
c Net income or (loss) from gaming activities ~ ~ ~ ~ ~					
10 a Gross sales of inventory, less returns and allowances ~ ~ ~ ~ ~ a					
b Less: cost of goods sold ~ ~ ~ ~ ~ b					
c Net income or (loss) from sales of inventory ~ ~ ~ ~ ~					
Miscellaneous Revenue Business Code					
11 a					
b					
c					
d All other revenue ~ ~ ~ ~ ~					
e Total. Add lines 11a-11d ~ ~ ~ ~ ~					
12 Total revenue See instructions	2766637.	759,471.	0.	124,084.	

**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).

Check if Schedule O contains a response to any question in this Part IX

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 United States. See Part IV, line 21				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22 ~ ~ ~				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. 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 ~ ~ ~ ~ ~	1,752,279.	1,518,173.	234,106.	
8 Pension plan accruals and contributions (section 401(k) and section 403(b) employer contributions) ~				
9 Other employee benefits ~ ~ ~ ~ ~				
10 Payroll taxes ~ ~ ~ ~ ~	405,681.	337,223.	68,458.	
11 Fees for services (non-employees):				
a Management ~ ~ ~ ~ ~				
b Legal ~ ~ ~ ~ ~				
c Accounting ~ ~ ~ ~ ~	14,625.	12,392.	2,233.	
d Lobbying ~ ~ ~ ~ ~				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees ~ ~ ~ ~ ~	360.		360.	
g Other ~ ~ ~ ~ ~				
12 Advertising and promotion ~ ~ ~ ~ ~	1,216.	1,216.		
13 Office expenses ~ ~ ~ ~ ~	25,557.	22,729.	2,828.	
14 Information technology ~ ~ ~ ~ ~	12,873.	12,072.	801.	
15 Royalties ~ ~ ~ ~ ~				
16 Occupancy ~ ~ ~ ~ ~	9,627.	9,627.		
17 Travel ~ ~ ~ ~ ~	3,161.	2,745.	416.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings ~ ~				
20 Interest ~ ~ ~ ~ ~				
21 Payments to affiliates ~ ~ ~ ~ ~				
22 Depreciation, depletion, and amortization ~ ~	49,624.	47,857.	1,767.	
23 Insurance ~ ~ ~ ~ ~	30,972.	30,347.	625.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a SUPPLIES & OTHER	222,390.	222,115.	275.	
b MAINTENANCE	27,297.	22,212.	5,085.	
c UTILITIES	27,263.	25,732.	1,531.	
d TELEPHONE	24,841.	22,535.	2,306.	
e All other expenses	91,342.	64,173.	3,753.	23,416.
25 Total functional expenses. Add lines 1 through 24e	2,699,108.	2,351,148.	324,544.	23,416.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here  if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing ~ ~ ~ ~ ~	463,213.	1	530,314.
	2	Savings and temporary cash investments ~ ~ ~ ~ ~	1,457,069.	2	1,524,389.
	3	Pledges and grants receivable, net ~ ~ ~ ~ ~	66,979.	3	124,162.
	4	Accounts receivable, net ~ ~ ~ ~ ~	179,784.	4	43,131.
	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)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) ~ ~ ~ ~ ~		6	
	7	Notes and loans receivable, net ~ ~ ~ ~ ~		7	
	8	Inventories for sale or use ~ ~ ~ ~ ~		8	
	9	Prepaid expenses and deferred charges ~ ~ ~ ~ ~	36,201.	9	65,606.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D ~ ~ ~	1,299,006.		
		10a			
	b	Less: accumulated depreciation ~ ~ ~	573,931.	10c	725,075.
	11	Investments - publicly traded securities ~ ~ ~ ~ ~	742,914.	11	255,500.
	12	Investments - other securities. See Part IV, line 14 ~ ~ ~ ~ ~	243,570.	12	
	13	Investments - program-related. See Part IV, line 11 ~ ~ ~ ~ ~		13	
	14	Intangible assets ~ ~ ~ ~ ~		14	
15	Other assets. See Part IV, line 11 ~ ~ ~ ~ ~		15		
16	<b>Total assets. Add lines 1 through 15 (must equal line 34).</b> ~ ~ ~ ~ ~	3,189,730.	16	3,268,177.	
Liabilities	17	Accounts payable and accrued expenses ~ ~ ~ ~ ~	233,123.	17	239,132.
	18	Grants payable ~ ~ ~ ~ ~		18	
	19	Deferred revenue ~ ~ ~ ~ ~	66,488.	19	77,253.
	20	Tax-exempt bond liabilities ~ ~ ~ ~ ~		20	
	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 ~ ~ ~ ~ ~		23	
24	Unsecured notes and loans payable to unrelated third parties ~ ~ ~ ~ ~	245,000.	24	241,367.	
25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D ~ ~ ~ ~ ~		25		
26	<b>Total liabilities. Add lines 17 through 25.</b> ~ ~ ~ ~ ~	544,611.	26	557,752.	
Net Assets or Fund Balances	27	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. ~ ~ ~ ~ ~			
	27	Unrestricted net assets ~ ~ ~ ~ ~	2,645,119.	27	2,710,425.
	28	Temporarily restricted net assets ~ ~ ~ ~ ~		28	
	29	Permanently restricted net assets ~ ~ ~ ~ ~		29	
	30	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34. ~ ~ ~ ~ ~			
	30	Capital stock or trust principal, or current funds ~ ~ ~ ~ ~		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund ~ ~ ~ ~ ~		31	
	32	Retained earnings, endowment, accumulated income, or other funds ~ ~ ~ ~ ~		32	
33	<b>Total net assets or fund balances ~ ~ ~ ~ ~</b>	2,645,119.	33	2,710,425.	
34	<b>Total liabilities and net assets/fund balances ~ ~ ~ ~ ~</b>	3,189,730.	34	3,268,177.	

**Part X** Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part  **X**

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,766,637.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,699,108.
3	Revenue less expenses. Subtract line 2 from line 1	3	67,529.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,645,119.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-2,224.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	2,710,424.

**Part XII** Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part  **X**

		Yes	No
1	Accounting method used to prepare the Form 990: Cash <input type="checkbox"/> Accrual <input checked="" type="checkbox"/> 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?		<input checked="" type="checkbox"/> <b>X</b>
b	Were the organization's financial statements audited by an independent accountant?	<input checked="" type="checkbox"/> <b>X</b>	
c	If "Yes" to line 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.	<input checked="" type="checkbox"/> <b>X</b>	
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 separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate 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?	<input checked="" type="checkbox"/> <b>X</b>	
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.	<input checked="" type="checkbox"/> <b>X</b>	



**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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") ~ ~	1,871,458.	1,716,491.	2,029,796.	2,004,178.	2,127,081.	9,749,004.
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 ~ ~ ~	1,871,458.	1,716,491.	2,029,796.	2,004,178.	2,127,081.	9,749,004.
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						9,749,004.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4 ~ ~ ~ ~ ~	1,871,458.	1,716,491.	2,029,796.	2,004,178.	2,127,081.	9,749,004.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ~	77,685.	53,754.	40,354.	34,544.	31,622.	237,959.
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						9,986,963.
12 Gross receipts from related activities, etc. (see instructions) ~ ~ ~ ~ ~						
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 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 2011 (line 6, column (f) divided by line 11, column (f)) ~ ~ ~ ~ ~	14	97.62 %
15 Public support percentage from 2010 Schedule A, Part II, line 14 ~ ~ ~ ~ ~	15	97.05 %
16a 33 1/3% support test - 2011. 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 checked="" type="checkbox"/>	
b 33 1/3% support test - 2010. 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 - 2011. 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 - 2010. 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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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.

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f)) ~ ~ ~ ~ ~	15	%
16 Public support percentage from 2010 Schedule A, Part III, line 13 ~ ~ ~ ~ ~		%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f)) ~ ~ ~ ~ ~	17	%
18 Investment income percentage from 2010 Schedule A, Part III, line 17 ~ ~ ~ ~ ~	18	%

19a 33 1/3% support tests - 2011. 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 - 2010. 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.

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. See separate instructions.

2011 Open to Public Inspection

Name of the organization WHITE BIRD CLINIC Employer identification number 93-0585814

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate contributions, aggregate grants, aggregate value, and questions about donor property and grant fund usage.

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

Table with 3 columns: Question, Held at the End of the Tax Year (2a-2d), and Yes/No. Rows include purpose of easements, number of easements, acreage, and monitoring expenses.

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.

Table with 3 columns: Question, Amount, and Yes/No. Rows include questions about reporting art and historical treasures for public service and financial gain.

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

3 Using the organization's acquisition, 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	0
d Additions during the year	0
e Distributions during the year	0
f Ending balance	0

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 Net investment earnings, gains, and 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 current year end balance (line 1g, column (a)) held as:  
 a Board designated or quasi-endowment | \_\_\_\_\_ %  
 b Permanent endowment | \_\_\_\_\_ %  
 c Temporarily restricted endowment | \_\_\_\_\_ %  
 The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  
 (i) unrelated organizations **Yes**  **No**   
 (ii) related organizations **Yes**  **No**   
 b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? **Yes**  **No**

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	320,500.			320,500.
b Buildings	727,048.		475,616.	251,432.
c Leasehold improvements	25,636.		8,395.	17,241.
d Equipment	225,824.		89,922.	135,902.
e Other				
<b>Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10.)</b>				<b>725,075.</b>

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
(1) Financial derivatives ~ ~ ~ ~ ~	~ ~	
(2) Closely-held equity interests ~ ~ ~ ~ ~	~	
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		

Total (Col (b) must 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
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		

Total (Col (b) must 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
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

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

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

(a) Description of liability	(b) Book value
1. (1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	

Total (Column (b) must equal Form 990, Part X, col (B) line 25.)

FIN 48 (ASC 740) 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 (ASC 740).

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	-1-	2,766,637.
2	Total expenses (Form 990, Part IX, column (A), line 25)	-2-	2,699,108.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	-3-	67,529.
4	Net unrealized gains (losses) on investments	-4-	-2,224.
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 through 8	-9-	-2,224.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	-10-	65,305.

**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-	2,917,244.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	-2a-	-2,224.
b	Donated services and use of facilities	-2b-	152,831.
c	Recoveries of prior year grants	-2c-	
d	Other (Describe in Part XIV.)	-2d-	
e	Add lines 2a through 2d	-2e-	150,607.
3	Subtract line 2e from line 1	-3-	2,766,637.
4	Amounts included on Form 990, Part VIII, line 12, but not on line		
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-	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	-5-	2,766,637.

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

1	Total expenses and losses per audited financial statements	-1-	2,851,939.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	-2a-	152,831.
b	Prior year adjustments	-2b-	
c	Other losses	-2c-	
d	Other (Describe in Part XIV.)	-2d-	
e	Add lines 2a through 2d	-2e-	152,831.
3	Subtract line 2e from line 1	-3-	2,699,108.
4	Amounts included on Form 990, Part IX, line 25, but not on line		
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-	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	-5-	2,699,108.

**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, line 2; 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.

**PART XI, LINE 8 - OTHER ADJUSTMENTS:**

**ROUNDING**

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**Part II Fundraising Events** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col.(a) through col.(c))	
		OCF (event type)	RENN FAIRE (event type)	11 (total number)		
Revenue	1	Gross receipts ~ ~ ~ ~ ~	39,210.	16,700.	95,954.	151,864.
	2	Less: Charitable contributions ~ ~ ~ ~ ~				
	3	Gross income (line 1 minus line 2) ~ ~ ~ ~ ~	39,210.	16,700.	95,954.	151,864.
Direct Expenses	4	Cash prizes ~ ~ ~ ~ ~				
	5	Noncash prizes ~ ~ ~ ~ ~				
	6	Rent/facility costs ~ ~ ~ ~ ~				
	7	Food and beverages ~ ~ ~ ~ ~				
	8	Entertainment ~ ~ ~ ~ ~				
	9	Other direct expenses ~ ~ ~ ~ ~	15,673.	6,677.	38,352.	60,702.
	10	Direct expense summary. Add lines 4 through 9 in column (d) ~ ~ ~ ~ ~				60,702.
	11	Net income summary. Combine line 3, column (d), and line 10 ~ ~ ~ ~ ~				91,162.

**Part III Gaming** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col.(a) through col.(c))	
Revenue	1	Gross revenue ~ ~ ~ ~ ~				
	2	Cash prizes ~ ~ ~ ~ ~				
Direct Expenses	3	Noncash prizes ~ ~ ~ ~ ~				
	4	Rent/facility costs ~ ~ ~ ~ ~				
	5	Other direct expenses ~ ~ ~ ~ ~				
	6	Volunteer labor ~ ~ ~ ~ ~	Yes _____ % No	Yes _____ % No	Yes _____ % No	
	7	Direct expense summary. Add lines 2 through 5 in column (d) ~ ~ ~ ~ ~				
	8	Net gaming income summary. Combine line 1, column d, and line 7 ~ ~ ~ ~ ~				

9 Enter the state(s) in which the organization operates gaming activities: \_\_\_\_\_  
 a Is the organization licensed to operate gaming activities in each of these states? ~ ~ ~ ~ ~ Yes No  
 b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ~ ~ ~ ~ ~ Yes No  
 b If "Yes," explain: \_\_\_\_\_



SCHEDULE O  
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ OMB No. 1545-0047

Department of the Treasury  
Internal Revenue Service

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

**2011**  
Open to Public  
Inspection

Name of the organization

WHITE BIRD CLINIC

Employer identification number  
93-0585814

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

INTERVENTION SERVICES PRIMARILY TO THE HOMELESS AND LOW-INCOME PEOPLE  
OF LANE COUNTY AT A LOW COST OR LOW COST TO THE CLIENT.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

4D) CRISIS INTERVENTION; FREE 24 HOUR CRISIS SERVICES WITH PHONE AND  
MOBILE INTERVENTION; MENTAL HEALTH AND REFERRALS, EVALUATIONS AND  
TRANSPORTATION.

CONTACTS = 3842

INDIVIDUALS = 2438

4E) CHRYSALIS PROGRAM: LOW COST OUTPATIENT TREATMENT, INDIVIDUAL AND  
GROUP CONSELING, M DRUG ABUSE EDUCATION, ACUPUNCTURE, DETOX AND  
URINALYSIS FOR INDIGENT, HOMELESS AND OTHER CLIENTS.

CONTACTS = 14029

INDIVIDUALS = 396

4F) INFORMATION AND REFERRAL - HUMAN SERVICE INFORMATION AND REFERRAL  
TARGETED TO LOW INCOME POPULATION. PHONE AND WALK IN AVAILABILTY, FREE  
PHONE USE, MESSAGE SERVICE , MAIL DROP, AND RIDE SHARING.

64090

Name of the organization

WHITE BIRD CLINIC

Employer identification number  
93-0585814

4G) COUNSELING - LOW COST ONGOING COUSELING FOR INDIVIDUALS, COUPLES,  
AND FAMILIES, FREE COUNSELING SERVICES FOR SELECTED HOMELESS  
FAMILILIES.

CONTACTS = 1001

INDIVIDUALS = 91

MEDICAL CARE: FREE/LOW COST IMMEDIATE NEED MEDICAL TREATMENT FOR LOW  
INCOME, INISSURED INDIVIDUALS AND ON-GOING PREVENTATIVE CARE FOR  
LOW-INCOME CHILDREN

CONTACTS = 1611

INDIVIDUALS = 1008

EXPENSES \$ 1,001,808. INCLUDING GRANTS OF \$ 0. REVENUE \$ 470,372.

FORM 990, PART VI, SECTION B, LINE 11: THE TREASURER REVIEWS WHAT THE  
ACCOUNTANT PREPARED AND THEN THE TREASURER SIGNS AND MAILES THE RETURN.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION GOVERNING  
DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE  
AVAILABLE TO THE THE PUBLIC THROUGH THE ORGANIZATION WEB SIT.

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

NET UNREALIZED LOSSES ON INVESTMENTS: -2,224.

ROUNDING

TOTAL TO FORM 990, PART XI, LINE 5 -2,224.