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# Return of Organization Exempt From Income Tax

OMB No. 1545-0047  
**2012**  
 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)

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

**A** For the 2012 calendar year, or tax year beginning **JUL 1, 2012** and ending **JUN 30, 2013**

<b>B</b> Check if applicable: Address change Name change Initial return Terminated Amended return Application pending	<b>C</b> Name of organization <b>WHITE BIRD CLINIC</b>		<b>D</b> Employer identification number <b>93-0585814</b>
	Doing Business As		<b>E</b> Telephone number <b>5413428255</b>
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>341 E 12TH AVE</b>		<b>G</b> Gross receipts \$ <b>3,232,881.</b>
	City, town, or post office, state, and ZIP code <b>EUGENE, OR 97401</b>		<b>H(a)</b> Is this a group return for affiliates? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <b>H(b)</b> Are all affiliates included? Yes <input type="checkbox"/> No <input type="checkbox"/> If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number
F Name and address of principal officer <b>CHUCK GERARD 341 E, 12TH AVENUE, EUGENE, OR 97401</b>		I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)( ) <input type="checkbox"/> (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 J Website: <b>WHITEBIRDCLINIC.ORG</b>	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: <b>1970</b> M State of legal domicile: <b>OR</b>	

SCANNED MAR 12 2014

Part I Summary		Prior Year	Current Year
1 Briefly describe the organization's mission or most significant activities: <b>THE CLINIC PROVIDES MEDICAL, DENTAL, DRUG REHABILITATION SERVICES, COUNSELING AND CRISIS</b>			
2 Check this box <input type="checkbox"/> 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	9
4 Number of independent voting members of the governing body (Part VI, line 1b)		4	9
5 Total number of individuals employed in calendar year 2012 (Part V, line 2a)		5	135
6 Total number of volunteers (estimate if necessary)		6	0
7a Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
b Net unrelated business taxable income from Form 990-T, line 33			35,650.
8 Contributions and grants (Part VIII, line 1h)		1,883,082.	2,197,782.
9 Program service revenue (Part VIII, line 2g)		759,471.	811,171.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		31,622.	21,795.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9d, 10c, and 12e)		92,462.	116,967.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,766,637.	3,147,715.
13 Grants and similar amounts paid (Part IX, column (A), lines 13a-13d)		0.	0.
14 Benefits paid to or for members (Part IX, column (A), line 14)		0.	0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 15-16)		2,157,960.	2,362,681.
16a Professional fundraising fees (Part IX, column (A), line 16a)		0.	0.
b Total fundraising expenses (Part IX, column (D), line 25)		31,707.	
17 Other expenses (Part IX, column (A), lines 17a-17d, 17f-24e)		541,148.	593,265.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,699,108.	2,955,946.
19 Revenue less expenses. Subtract line 18 from line 12		67,529.	191,769.
20 Total assets (Part X, line 16)		Beginning of Current Year: 3,268,177.	End of Year: 3,764,388.
21 Total liabilities (Part X, line 26)		557,752.	827,028.
22 Net assets or fund balances. Subtract line 21 from line 20		2,710,425.	2,937,360.

**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, this return and the information furnished hereon is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	<u>Chuck Gerard</u> Signature of officer	<u>2/17/14</u> Date
	<u>CHUCK GERARD, CLINIC COORDINATOR</u> Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name <b>MARK A HOUSEN</b>	Preparer's signature <u>Mark A Houseen</u>	Date <u>2/18/14</u>	Check if self-employed <input checked="" type="checkbox"/>	PTIN <b>P01353760</b>
	Firm's name <b>EMERALD CPA GROUP LLP</b>	Firm's EIN <b>94-51582096</b>		Phone no. (541) 255-2888	
	Firm's address <b>450 COUNTRY CLUB ROAD, SUITE 155 EUGENE, OR 97401-6078</b>				

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

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

9 8

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 X

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X 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 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 \$ 416,161. including grants of \$ ) (Revenue \$ 396.) HOMELESS HEALTH CARE: FREE COMPREHENSIVE HEALTHCARE, MEDICAL, SUBSTANCE ABUSE, MENTAL HEALTH, CASE MANAGEMENT, OUTREACH AND TRANSPORTATION SERVICES TO HOMELESS CLIENTS.

CONTACTS = 13729
INDIVIDUALS = 3730

4b (Code ) (Expenses \$ 460,680. including grants of \$ ) (Revenue \$ 299,365.) DENTAL - FREE/LOW COST, IMMEDIATE NEED DENTAL TREATMENT FOR LOW INCOME, UNINSURED INDIVIDUALS AND ON-GOING, PREVENTATIVE CARE FOR LOW-INCOME CHILDREN.

CONTACTS = 3893
INDIVIDUALS = 1772

4c (Code ) (Expenses \$ 496,178. 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 = 10311
INDIVIDUALS = 4682

4d Other program services (Describe in Schedule O.) (Expenses \$ 1,227,883. including grants of \$ ) (Revenue \$ 511,410.)

4e Total program service expenses I 2,600,902.

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, for escrow or custodial account liability; 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 10? 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 15? 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 and XII ~ ~ ~ ~ ~		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 and XII 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? ~ ~ ~ ~ ~		X

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 12? 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 III ~ ~ ~ ~ ~		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, highest 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, Part II, III, or IV, and Part V, line 1 ~ ~ ~ ~ ~		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? ~ ~ ~ ~ ~		X
b If "Yes" to line 35a, 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 ~ ~ ~ ~ ~		
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 11b and 19? ~ ~ ~ ~ ~		X

Note. All Form 990 filers are required to complete Schedule O.

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, description, response field, and Yes/No columns. Includes questions 1a through 14b regarding Form 1096, Form W-2G, Form W-3, Form 8886-T, Form 8899, Form 1098-TR, Form 990, Form 720, and Form 709.

Part VII 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 VII

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 16a regarding local chapters, conflict of interest policies, whistleblower policies, and joint ventures.

Section C. Disclosure

Table with columns for question number, description, and Yes/No checkboxes. Includes questions 17 through 20 regarding public inspection of forms, availability of governing documents, and records of the organization.

**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 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.

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 (list any hours for related organizations below line)	(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 TORMOEHLEN MEMBER	1.00	X						0.	0.	0.
(2) TRUDY TURNER VICE CHAIR	1.00	X						0.	0.	0.
(3) JOHATHON SCHWARTZ SECRETARY	1.00	X						0.	0.	0.
(4) CHERYL NEL APPLGTE MEMBER	1.00	X						0.	0.	0.
(5) COLLEEN BELL MEMBER	1.00	X						0.	0.	0.
(6) WREN ARRINGTON BOARD MEMBER	1.00	X						0.	0.	0.
(7) JADE TURNER CHAIR	1.00	X						0.	0.	0.
(8) CHUCK MACGHEE HOMELESS REPRESENTATIVE	1.00	X						0.	0.	0.
(9) CINDY KAUFMAN TREASURER	1.00	X						0.	0.	0.
(10) CHUCK GERARD CLINIC COORDINATOR	40.00			X				28,359.	0.	5,655.
(11) BEN MEYER DDS DENTIST	40.00				X			113,819.	0.	5,655.



**Part VII** Statement of Revenue

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

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514	
Contributions, Gifts, Grants and Similar Amounts	1 a	Federated campaigns ~ ~ ~ ~ ~	1a					
	b	Membership dues ~ ~ ~ ~ ~	1b					
	c	Fundraising events ~ ~ ~ ~ ~	1c					
	d	Related organizations ~ ~ ~ ~ ~	1d					
	e	Government grants (contributions)	1e	2,004,368.				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	193,414.				
	g	Noncash contributions included in lines 1a-1f \$						
	h	Total. Add lines 1a-1f		2,197,782.				
Program Service Revenue	2 a	FEEES FOR SERVICES	Business Code 621400	523,602.	523,602.			
	b	INSURANCE BILLING	621400	285,269.	285,269.			
	c	MISCELLANEOUS	621400	2,300.	2,300.			
	d							
	e							
	f	All other program service revenue ~ ~ ~ ~ ~						
	g	Total. Add lines 2a-2f		811,171.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ~ ~ ~ ~ ~		21,795.			21,795.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross rents ~ ~ ~ ~ ~	(i) Real	13,855.				
		b	Less: rental expenses ~ ~ ~	(ii) Personal	0.			
		c	Rental income or (loss) ~ ~		13,855.			
		d	Net rental income or (loss)		13,855.			13,855.
	7 a	Gross amount from sales of assets other than inventory	(i) Securities					
		b	Less: cost or other basis and sales expenses ~ ~ ~	(ii) Other				
		c	Gain or (loss) ~ ~ ~ ~ ~					
		d	Net gain or (loss)					
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 ~ ~ ~ ~ ~		188,278.				
b		Less: direct expenses ~ ~ ~ ~ ~		85,166.				
c		Net income or (loss) from fundraising events		103,112.			103,112.	
9 a	Gross income from gaming activities. See Part IV, line 19 ~ ~ ~ ~ ~							
	b	Less: direct expenses ~ ~ ~ ~ ~						
	c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances ~ ~ ~ ~ ~							
	b	Less: cost of goods sold ~ ~ ~ ~ ~						
	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		3,147,715.	811,171.	0.	138,762.		

**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).

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 ~ ~ ~ ~ ~	1,909,964.	1,669,015.	240,949.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits ~ ~ ~ ~ ~				
10 Payroll taxes ~ ~ ~ ~ ~	452,717.	384,351.	68,366.	
11 Fees for services (non-employees):				
a Management ~ ~ ~ ~ ~				
b Legal ~ ~ ~ ~ ~				
c Accounting ~ ~ ~ ~ ~	14,600.	12,615.	1,985.	
d Lobbying ~ ~ ~ ~ ~				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees ~ ~ ~ ~ ~				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	53,407.	51,604.	1,803.	
12 Advertising and promotion ~ ~ ~ ~ ~	4,100.	4,004.	96.	
13 Office expenses ~ ~ ~ ~ ~	24,877.	24,162.	715.	
14 Information technology ~ ~ ~ ~ ~				
15 Royalties ~ ~ ~ ~ ~				
16 Occupancy ~ ~ ~ ~ ~	16,457.	16,101.	356.	
17 Travel ~ ~ ~ ~ ~	9,872.	9,410.	462.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings ~ ~	11,273.	8,300.	2,973.	
20 Interest ~ ~ ~ ~ ~				
21 Payments to affiliates ~ ~ ~ ~ ~				
22 Depreciation, depletion, and amortization ~	52,161.	50,370.	1,791.	
23 Insurance ~ ~ ~ ~ ~	31,108.	30,348.	760.	
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	269,778.	238,071.		31,707.
b UTILITIES	33,955.	32,318.	1,637.	
c TELEPHONE	26,861.	24,558.	2,303.	
d OTHER EXPENSE	13,270.	15,867.	-2,597.	
e All other expenses	31,546.	29,808.	1,738.	
25 Total functional expense. Add lines 1 through 24e	2,955,946.	2,600,902.	323,337.	31,707.
26 Joint costs. 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**

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

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing ~ ~ ~ ~ ~	530,314.	1	474,242.
	2	Savings and temporary cash investments ~ ~ ~ ~ ~	1,524,389.	2	1,696,393.
	3	Pledges and grants receivable, net ~ ~ ~ ~ ~	124,162.	3	69,575.
	4	Accounts receivable, net ~ ~ ~ ~ ~	43,131.	4	57,341.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L ~ ~ ~ ~ ~		5	
	6	Loans and other 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 instr). Complete Part II of Sch-L ~ ~ ~ ~ ~		6	
	7	Notes and loans receivable, net ~ ~ ~ ~ ~		7	
	8	Inventories for sale or use ~ ~ ~ ~ ~		8	
	9	Prepaid expenses and deferred charges ~ ~ ~ ~ ~	65,606.	9	67,317.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D ~ ~ ~ 10a	1,729,822.		
	b	Less: accumulated depreciation ~ ~ ~ ~ 10b	613,015.		
	11	Investments - publicly traded securities ~ ~ ~ ~ ~	725,075.	10c	1,116,807.
	12	Investments - other securities. See Part IV, line 14 ~ ~ ~ ~ ~	255,500.	11	282,713.
	13	Investments - program-related. See Part IV, line 11 ~ ~ ~ ~ ~		12	
	14	Intangible assets ~ ~ ~ ~ ~		13	
	15	Other assets. See Part IV, line 11 ~ ~ ~ ~ ~		14	
16	<b>Total assets. Add lines 1 through 15 (must equal line 34) ~ ~ ~ ~ ~</b>	<b>3,268,177.</b>	<b>16</b>	<b>3,764,388.</b>	
Liabilities	17	Accounts payable and accrued expenses ~ ~ ~ ~ ~	239,132.	17	257,995.
	18	Grants payable ~ ~ ~ ~ ~		18	
	19	Deferred revenue ~ ~ ~ ~ ~	77,253.	19	332,180.
	20	Tax-exempt bond liabilities ~ ~ ~ ~ ~		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D ~ ~ ~ ~ ~		21	
	22	Loans and other 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 ~ ~ ~ ~ ~	241,367.	24	236,853.
	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>	<b>557,752.</b>	<b>26</b>	<b>827,028.</b>
Net Assets or Fund Balances	27	Organizations that follow SFAS 117 (ASC 958), check here   <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27	Unrestricted net assets ~ ~ ~ ~ ~	2,710,425.	27	2,937,360.
	28	Temporarily restricted net assets ~ ~ ~ ~ ~		28	
	29	Permanently restricted net assets ~ ~ ~ ~ ~		29	
	30	Organizations that do not follow SFAS 117 (ASC 958), 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	<b>Total-net assets or fund balances ~ ~ ~ ~ ~</b>	<b>2,710,425.</b>	<b>33</b>	<b>2,937,360.</b>
	34	<b>Total liabilities and net assets/fund balances ~ ~ ~ ~ ~</b>	<b>3,268,177.</b>	<b>34</b>	<b>3,764,388.</b>

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	3,147,715.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,955,946.
3	Revenue less expenses. Subtract line 2 from line 1	3	191,769.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,710,425.
5	Net unrealized gains (losses) on investments	5	35,166.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))		2,937,360.

Part XII Financial Statements and Reporting

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

		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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis      Consolidated basis      Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis      Consolidated basis      Both consolidated and separate basis		X
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.		
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?		X
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.		



**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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") ~ ~ ~ ~	1,716,491.	2,029,796.	2,004,178.	2,127,081.	2,004,368.	9,881,914.
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 ~ ~ ~ ~	1,716,491.	2,029,796.	2,004,178.	2,127,081.	2,004,368.	9,881,914.
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						9,881,914.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4 ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	1,716,491.	2,029,796.	2,004,178.	2,127,081.	2,004,368.	9,881,914.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ~ ~ ~ ~	53,754.	40,354.	34,544.	31,622.	35,650.	195,924.
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						10,077,838.

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.  ~~~~~~~~~

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

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	14	98.06 %
15 Public support percentage from 2011 Schedule A, Part II, line 14 ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	15	97.62 %
16a 33 1/3% support test - 2012. 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"/> X ~ ~
b 33 1/3% support test - 2011. 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 - 2012. 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 - 2011. 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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 2012 (line 8, column (f) divided by line 13, column (f)) ~ ~ ~ ~ ~	15	%
16 Public support percentage from 2011 Schedule A, Part III, line 13 ~ ~ ~ ~ ~		%

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

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f)) ~ ~ ~ ~ ~	17	%
18 Investment income percentage from 2011 Schedule A, Part III, line 17 ~ ~ ~ ~ ~	18	%

19a 33 1/3% support tests - 2012. 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 - 2011. 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.

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.

	(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? ~ ~ ~ ~ ~	~ ~ ~ ~ ~	~ ~ ~ ~ ~
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can 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? ~ ~ ~ ~ ~	~ ~ ~ ~ ~	~ ~ ~ ~ ~

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

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

Preservation of land for public use (e.g., recreation or education)	Preservation of an historically important land area
Protection of natural habitat	Preservation of a certified historic structure
Preservation of open space	
- Complete lines 2a through 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 Tax 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, and not on a historic structure listed in the National Register ~ ~ ~ ~ ~	2d ~ ~ ~ ~ ~
- Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year | \_\_\_\_\_
- Number of states where property subject to conservation easement is located | \_\_\_\_\_
- 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
- Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year | \_\_\_\_\_
- Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year \$ \_\_\_\_\_
- Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ~ ~ ~ ~ ~ **Yes** No
- In Part XIII, 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.

- If the organization elected, as permitted under SFAS 116 (ASC 958), 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 XII the text of the footnote to its financial statements that describes these items.
  - If the organization elected, as permitted under SFAS 116 (ASC 958), 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 amount relating to these items:
 

(i) Revenues included in Form 990, Part VIII, line 1 ~ ~ ~ ~ ~	~ ~ ~ ~ ~	\$ ~ ~ ~ ~ ~
(ii) Assets included in Form 990, Part X ~ ~ ~ ~ ~	~ ~ ~ ~ ~	\$ ~ ~ ~ ~ ~
- 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 (ASC 958) 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

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 XIII.

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 XIII and complete the following table:

Table with columns for Amount and rows for Beginning balance, Additions during the year, Distributions during the year, Ending balance

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

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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

Table with columns for (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back and rows for 1a-1g

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
(ii) related organizations

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

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

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

Table with columns for (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value and rows for 1a-1e and Total

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.

1. (a) Description of liability	(b) Book value
(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.)

2. FIN 48 (ASC 740) Footnote. In Part XIII, 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). Check here if the text of the footnote has been provided in Part XIII.

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements			1	3,358,494.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains on investments	2a	35,166.		
b	Donated services and use of facilities	2b	175,613.		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines 2a through 2d			2e	210,779.
3	Subtract line 2e from line 1			3	3,147,715.
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 XIII.)	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	3,147,715.

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

1	Total expenses and losses per audited financial statements			1	0.
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 XIII.)	2d			
e	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	0.
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 XIII.)	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	0.

**Part XIII 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, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART XI, LINE 2D - OTHER ADJUSTMENTS:**

FUNDRAISING EXPENSES ARE NETTED AGAINST INCOME IN FORM 990

**PART XII, LINE 2D - OTHER ADJUSTMENTS:**

FUNDRAISING EXPENSES NETTED AGAINST INCOME ON FORM 990

**PART XII, LINE 4B - OTHER ADJUSTMENTS:**





**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)	ROCK MED (event type)	8 (total number)		
Revenue	1	Gross receipts ~ ~ ~ ~ ~	48,958.	25,628.	113,672.	188,258.
	2	Less: Contributions ~ ~ ~ ~ ~				
	3	Gross income (line 1 minus line 2) ~ ~ ~ ~ ~	48,958.	25,628.	113,672.	188,258.
Direct Expenses	4	Cash prizes ~ ~ ~ ~ ~				
	5	Noncash prizes ~ ~ ~ ~ ~				
	6	Rent/facility costs ~ ~ ~ ~ ~				
	7	Food and beverages ~ ~ ~ ~ ~				
	8	Entertainment ~ ~ ~ ~ ~				
	9	Other direct expenses ~ ~ ~ ~ ~	10,074.	14,975.	60,097.	85,146.
	10	Direct expense summary. Add lines 4 through 9 in column (d) ~ ~ ~ ~ ~				85,146.)
	11	Net income summary. Combine line 3, column (d), and line 10 ~ ~ ~ ~ ~				103,112.

**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))
		Yes _____ % No _____	Yes _____ % No _____	Yes _____ % No _____	
Revenue	1	Gross revenue ~ ~ ~ ~ ~			
	2	Cash prizes ~ ~ ~ ~ ~			
Direct Expenses	3	Noncash prizes ~ ~ ~ ~ ~			
	4	Rent/facility costs ~ ~ ~ ~ ~			
	5	Other direct expenses ~ ~ ~ ~ ~			
	6	Volunteer labor ~ ~ ~ ~ ~			
	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)

Department of the Treasury  
Internal Revenue Service

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

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.

2012

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 = 10518

INDIVIDUALS = 1560

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 = 14616

INDIVIDUALS = 406

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.

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

63105

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

CONTACTS = 2520

INDIVIDUALS = 105

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

CONTACTS = 3472

INDIVIDUALS = 1561

EXPENSES \$ 1,227,883. INCLUDING GRANTS OF \$ 0. REVENUE \$ 511,410.

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.

# Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

File a separate application for each return.

If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box ~ ~ ~ ~ ~  X

If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click one-file for Charities & Nonprofits.

**Part I Automatic 3-Month Extension of Time** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only ~ ~ ~ ~ ~

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions. <b>WHITE BIRD CLINIC</b>	Employer identification number (EIN) or <b>93-0585814</b>
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P.O. box, see instructions. <b>341 E 12TH AVE</b>	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>EUGENE, OR 97401</b>	

Enter the Return code for the return that this application is for (file a separate application for each return) ~ ~ ~ ~ ~ 01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**THE ORGANIZATION**

The books are in the care of | **341 E 12TH AVE - EUGENE, OR 97401**

Telephone No. | **5413428255** 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 \_\_\_\_\_

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **FEBRUARY 18, 2014**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 | calendar year \_\_\_\_\_ or  
 |  tax year beginning **JUL 1, 2012**, and ending **JUN 30, 2013**

2 If the tax year entered in line 1 is for less than 12 months, check reason:      Initial return      Final return  
 Change in accounting period

3a 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.	3a	\$	0.
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.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EQ and Form 8879-EQ for payment instructions