

# 990-EZ

Form

## Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-1150

2009

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)  
 ▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.  
 ▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

**A** For the 2009 calendar year, or tax year beginning **July 1**, 2009, and ending **June 30**, 20 **10**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	<b>C</b> Name of organization <b>Clinton Birthplace Foundation, Inc.</b>		<b>D</b> Employer identification number <b>71-0738050</b>
		Number and street (or P.O. box, if mail is not delivered to street address) Room/suite <b>P. O. Box 1925</b>		<b>E</b> Telephone number <b>870-722-6929</b>
		City or town, state or country, and ZIP + 4 <b>Hope, AR 71802-1925</b>		<b>F</b> Group Exemption Number ▶ <b>NA</b>

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

**G** Accounting Method:  Cash  Accrual  
Other (specify) ▶

**I** Website: ▶ [www.ClintonChildhoodHomeMuseum.com](http://www.ClintonChildhoodHomeMuseum.com)

**H** Check  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

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

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

**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **60,276**

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

		1	2	3	4	5a	5b	5c	6a	6b	6c	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21
Revenue	1	Contributions, gifts, grants, and similar amounts received															37,436											
	2	Program service revenue including government fees and contracts																										
	3	Membership dues and assessments																										
	4	Investment income																										
	5a	Gross amount from sale of assets other than inventory																										
	5b	Less: cost or other basis and sales expenses																										
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)																										
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>																										
	6a	Gross revenue (not including \$ of contributions reported on line 1)																										
	6b	Less: direct expenses other than fundraising expenses																										
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)																											
7a	Gross sales of inventory, less returns and allowances															22,840												
7b	Less: cost-of-goods sold															11,420												
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)															11,420												
8	Other revenue (describe ▶ )																											
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8															48,856												
Expenses	10	Grants and similar amounts paid (attach schedule)																										
	11	Benefits paid to or for members																										
	12	Salaries, other compensation, and employee benefits															150											
	13	Professional fees and other payments to independent contractors															6,466											
	14	Occupancy, rent, utilities, and maintenance															13,893											
	15	Printing, publications, postage, and shipping															929											
	16	Other expenses (describe ▶ )															23,911											
17	Total expenses. Add lines 10 through 16															45,349												
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)															3,507											
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)															811,533											
	20	Other changes in net assets or fund balances (attach explanation)																										
	21	Net assets or fund balances at end of year. Combine lines 18 through 20															815,040											

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

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	3,151	9,085
23	Land and buildings	780,860	783,329
24	Other assets (describe ▶ )	27,522	22,626
25	Total assets	811,533	815,040
26	Total liabilities (describe ▶ )		
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	811,533	815,040

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

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

- |   | Yes | No |
|---|-----|----|
| 46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . . | 46  | ✓  |
| 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II . . . . .   | 47  | ✓  |
| 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .   | 48  | ✓  |
| 49a Did the organization make any transfers to an exempt non-charitable related organization? . . . . .   | 49a | ✓  |
| b If "Yes," was the related organization a section 527 organization? . . . . .  | 49b |    |
- 50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

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

f Total number of other employees paid over \$100,000 . . . . . ▶ \_\_\_\_\_

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

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

d Total number of other independent contractors each receiving over \$100,000 . . . . . ▶ \_\_\_\_\_

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

**Sign Here**

Signature of officer: *Betty Jo Hays*

Type or print name and title: *Betty Jo Hays President*

**Paid Preparer's Use Only**

Preparer's signature: \_\_\_\_\_

Firm's name (or yours if self-employed), address, and ZIP + 4: \_\_\_\_\_

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

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2009**

Open to Public Inspection

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

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

Clinton Birthplace Foundation, Inc.

Employer identification number

71 ; 0738050

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

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

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: .....
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I      b  Type II      c  Type III—Functionally integrated      d  Type III—Other
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
  - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
  - (ii) A family member of a person described in (i) above?
  - (iii) A 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s).

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	24,368	1,783	24,822	24,552	37,436	112,961
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .	0	0	0	0	0	0
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .	0	0	0	0	0	0
<b>4 Total.</b> Add lines 1 through 3 . . . . .	24,368	1,783	24,822	24,552	37,436	112,961
<b>5</b> 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) . . . . .						58,475
<b>6 Public support.</b> Subtract line 5 from line 4.						54,486

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>7</b> Amounts from line 4 . . . . .	24,368	1,783	24,822	24,552	37,436	112,961
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	1,313	467	507	11	0	2,298
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .	0	0	0	0	0	0
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .	0	0	0	0	0	0
<b>11 Total support.</b> Add lines 7 through 10 . . . . .						115,259
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					12	221,165

**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**

<b>14</b> Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) . . . . .	14	47 %
<b>15</b> Public support percentage from 2008 Schedule A, Part II, line 14 . . . . .	15	93 %
<b>16a 33% support test—2009.</b> If the organization did not check the box on line 13, and line 14 is 33% or more, check this box and stop here. The organization qualifies as a publicly supported organization . . . . . <input checked="" type="checkbox"/>		
<b>b 33% support test—2008.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33% or more, check this box and stop here. The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test—2009.</b> 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>b 10%-facts-and-circumstances test—2008.</b> 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"/>		
<b>18 Private foundation.</b> 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"/>		



**STATEMENT ONE**

FORM 990 -EZ, Part I, Line 16

Other Expenses

\$ 306	Inventory Production Supplies
\$ 188	Dues to Chamber of Commerce and Museum Associations
\$ 365	Office Supplies
\$ 2,351	Telephone, Telecommunications
\$ 1,333	Merchant Credit Fees for Store
\$ 2,274	Sales Taxes Paid to State of Arkansas
\$ 126	Store Expenses
\$ 4,534	Service Programs/Exhibits
\$ 1,103	Advertising
\$ 152	Fundraising Expenses
\$ 478	Board of Directors' Expenses
\$ 48	Staff Development
\$ 1,086	Event Expenses
\$ 60	Travel and Meetings
\$ 48	Subscriptions
\$ 1,445	Banking Fees
\$ 102	Miscellaneous Costs
\$ 7,912	Building and Liability Insurance
<u>\$ 23,911</u>	<b>TOTAL OTHER EXPENSES</b>

**STATEMENT TWO**

FORM 990-EZ, Part II, Line 23

Land, Buildings and Equipment

Category	Beginning Basis	Additions (Deletions)	Accumulated Depreciation	Book Value
Furnishings and Fixtures	\$ 13,059	\$ 1,315		\$ 14,374
Office Equipment	\$ 6,119	\$ 629		\$ 6,748
Buildings - Operating	\$ 671,955			\$ 671,955
Land - Operating	\$ 16,000			\$ 16,000
Memorial Garden	\$ 51,335	\$ 525		\$ 51,860
Leasehold Improvements	\$ 22,239			\$ 22,239
Facility Construction	\$ 153			\$ 153
<b>TOTALS</b>	<u>\$ 780,860</u>	<u>\$ 2,469</u>		<u>\$ 783,329</u>

**STATEMENT THREE**

FORM 990-EZ, Part II, Line 24

Other Assets

Beginning Inventory	\$ 27,392
Purchases	\$ 6,654
	<u>\$ 34,046</u>
COGS	\$ 11,420
Ending Inventory	<u>\$ 22,626</u>

**STATEMENT FOUR**  
**FORM 990-EZ, Part III**

**Organization's Primary Exempt Purpose - Former President William Jefferson Clinton's 1st and 2nd Homes, preservation and public history presentation of biographical history.**

**Line 28**

**The Clinton Birthplace Foundation, Inc. operates a public history museum and exhibit center at the first home of former United States President William J. Clinton and maintains a passive exhibit at his second home, also in Hope. The museum offers interpretive tours, exhibits and educational materials to school groups and approximately 10,000 annual visitors from 159 countries.**

**The museum presents information about the formative environment of Clinton's first ten years, demonstrating the links of influence of family, friends, events and place with the development of Clinton's ideas and policies around the world.**

**STATEMENT FIVE**  
**FORM 990-EZ, Part IV**  
**List of Officers, Directors, Trustees and Key Employees**

Name and Address	Title and Average Hours Per Week Devoted	Comp.	Cont.	Expense Acct./Other
Betty Jo Hays 401 South Spruce St. Hope, AR 71801	President	\$0	\$0	\$0
Ermer Pondexter 4302 Sanderson Lane Texarkana, AR 71854	Vice-President	\$0	\$0	\$0
Paul Henley P.O. Box 128 Washington, AR 71862	Secretary - Treasurer	\$0	\$0	\$0
George Frazier P.O. Box 1450 Hope, AR 78702	Trustee	\$0	\$0	\$0
Jeremy Higginbotham 6500 N. Park Road Texarkana, TX 75503	Trustee	\$0	\$0	\$0
Dave Phillips P.O. Box 206 Emmet, AR 71835	Trustee	\$0	\$0	\$0
Chris Thomason 1900 Princeton Drive Hope, AR 71801	Trustee	\$0	\$0	\$0
Katherine Hatley Young 301 East 18th St. Hope, AR 71801	Trustee	\$0	\$0	\$0
Martha Berryman P.O. Box 1166 Texarkana, TX 75504	Executive Director	\$0	\$0	\$0
<b>Total</b>		\$0	\$0	\$0

**ALL BOARD MEMBERS ATTEND REGULAR BOARD MEETINGS AND EVENTS AT  
 FORMER PRESIDENT CLINTON'S FIRST HOME MUSEUM AND EXHIBIT CENTER.  
 THE EXECUTIVE DIRECTOR WORKS AT THE CENTER FULL-TIME.**