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Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax

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

▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than $200,000 and total assets less than $500,000 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.

OMB No. 1545-1150

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning July 1, 2010, and ending June 30, 20 11

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

C Name of organization: Clinton Birthplace Foundation, Inc.

Number and street (or P.O. box, if mail is not delivered to street address): P. O. Box 1925 | Room/suite

City or town, state or country, and ZIP + 4: Hope, AR 71802-1925

D Employer identification number: 71-0738050

E Telephone number: 870-777-7500

F Group Exemption Number ▶

G Accounting Method: ☑ Cash ☐ Accrual Other (specify) ▶

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

I Website: ▶ www.ClintonChildhoodMuseum.com

J Tax-exempt status (check only one) – ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (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 $50,000. A Form 990-EZ or Form 990 return is not required through Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are $200,000 or more, or if total assets (Part II, line 25, column (B) below) are $500,000 or more, file Form 990 instead of Form 990-EZ ▶ $ 89,139

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

Check if the organization used Schedule O to respond to any question in this Part I ☑

Revenue	1	Contributions, gifts, grants, and similar amounts received		1	71,349
	2	Program service revenue including government fees and contracts		2	
	3	Membership dues and assessments		3	
	4	Investment income		4	
	5a	Gross amount from sale of assets other than inventory	5a 3,160		
	b	Less: cost or other basis and sales expenses	5b 14,250		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	(11,090)
	6	Gaming and fundraising events			
	a	Gross income from gaming (attach Schedule G if greater than $15,000)	6a		
	b	Gross income from fundraising events (not including $ ____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds $15,000)	6b		
	c	Less: direct expenses from gaming and fundraising events	6c		
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d	
	7a	Gross sales of inventory, less returns and allowances	7a 14,030		
	b	Less: cost of goods sold	7b 7,390		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	6,640
	8	Other revenue (describe in Schedule O)		8	600
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶		9	67,499
Expenses	10	Grants and similar amounts paid (list in Schedule O)		10	
	11	Benefits paid to or for members		11	
	12	Salaries, other compensation, and employee benefits		12	
	13	Professional fees and other payments to independent contractors		13	57,653
	14	Occupancy, rent, utilities, and maintenance		14	16,397
	15	Printing, publications, postage, and shipping		15	217
	16	Other expenses (describe in Schedule O)		16	14,058
	17	**Total expenses.** Add lines 10 through 16 ▶		17	88,325
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	(20,826)
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		19	815,040
	20	Other changes in net assets or fund balances (explain in Schedule O)		20	(633,637)
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶		21	160,577

For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 10642I Form **990-EZ** (2010)

IRS RCVD 07-05-12

JUL 30 2012

SCANNED

CIS IMAGE - DO NOT CORRESPOND FOR SIGNATURE

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Part II **Balance Sheets.** (see the instructions for Part II.)
Check if the organization used Schedule O to respond to any question in this Part II . . . . . ☑

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	9,085	22	3,577
23	Land and buildings	783,329	23	157,000
24	Other assets (describe in Schedule O)	22,626	24	-0-
25	**Total assets**	815,040	25	160,577
26	**Total liabilities** (describe in Schedule O)	-0-	26	-0-
27	**Net assets or fund balances** (line 27 of column (B) must agree with line 21)	815,040	27	160,577

Part III **Statement of Program Service Accomplishments** (see the instructions for Part III.)
Check if the organization used Schedule O to respond to any question in this Part III . . ☑

What is the organization's primary exempt purpose? See Schedule O

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

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

28	The Foundation operated a public history museum/exhibit center at the first home of former President William J. Clinton and maintained a passive exhibit at his second home. The museum offered interpretive tours, exhibits and educational material to school groups and approximately 10,000 annual visitors. (Grants $) If this amount includes foreign grants, check here ▶ ☐	28a	63,504
29	The Clinton Birthplace Foundation's Museum Store - The Foundation maintained a non-profit museum store offering books and educational materials reflecting former President Clinton's current work, as well as political memorabilia. (Grants $) If this amount includes foreign grants, check here ▶ ☐	29a	8,709
30	The Clinton Birthplace Foundation planned, changed and provided special exhibits pertinent to former President Clinton's childhood and family history. (Grants $) If this amount includes foreign grants, check here ▶ ☐	30a	648
31	Other program services (describe in Schedule O) (Grants $) If this amount includes foreign grants, check here ▶ ☐	31a	
32	**Total program service expenses** (add lines 28a through 31a) ▶	32	72,861

Part IV **List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated. (see the instructions for Part IV.)
Check if the organization used Schedule O to respond to any question in this Part IV . . . . . ☐

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Betty J. Hays 401 S. Spruce, 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 Drvie, 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	Exec. Director/Consultant	19,867	-0-	-0-

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Part V **Other Information** (Note the statement requirements in the instructions for Part V.)
Check if the organization used Schedule O to respond to any question in this Part V . . . . . ☐

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		✓
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		✓
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T.			
a	Did the organization have unrelated business gross income of $1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		✓
b	If "Yes," has it filed a tax return on **Form 990-T** for this year (see instructions)?	35b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	✓	
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a -0-			
b	Did the organization file **Form 1120-POL** for this year?	37b		✓
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		✓
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9 . . . . 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶ -0- ; section 4912 ▶ -0- ; section 4955 ▶ -0-			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		✓
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ -0-			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ -0-			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.	40e		✓

41 List the states with which a copy of this return is filed. ▶ **Arkansas**

42a The organization's books are in care of ▶ CBF BOB and M. Berryman, CBF Consultant Telephone no. ▶ 903-490-9522
Located at ▶ **321 East 13th, Hope AR** ZIP + 4 ▶ **71801-7314**

			Yes	No
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		✓
	If "Yes," enter the name of the foreign country: ▶			
	See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.**			
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		✓
	If "Yes," enter the name of the foreign country: ▶			

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here . . . . ▶ ☐
and enter the amount of tax-exempt interest received or accrued during the tax year . . . . ▶ 43

			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		✓
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		✓
c	Did the organization receive any payments for indoor tanning services during the year?	44c		✓
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*	44d		

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			Yes	No
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?	45		✓
a	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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45a		✓
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46		✓

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 47–49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☐

			Yes	No
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 ▶ -0-

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
None		

d Total number of other independent contractors each receiving

52 Did the organization complete Schedule A? **Note:** All section 5 nonexempt charitable trusts must attach a completed Schedu

Under penalties of perjury, I declare that I have examined this return, including accompany true, correct, and complete. Declaration of preparer (other than officer) is based on all info

Sign Here

Signature of officer

MARTHA BERRYMAN

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name | Preparer's signature

Firm's name ▶

Firm's address ▶

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

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

2010

Open to Public Inspection

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 33⅓% 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 33⅓% of its** support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses **acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)**

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

11 ☐ **An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the** purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I b ☐ Type II c ☐ Type III–Functionally integrated d ☐ Type III–Other

e ☐ **By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons** other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) **or section 509(a)(2).**

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box . . . . . ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)		
(ii) A family member of a person described in (i) above?	11g(ii)		
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)		

h Provide the following information about the supported organization(s).

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

For Paperwork Reduction Act Notice, see the instructions for Form 990 or 990-EZ.

Cat. No. 11285F Schedule A (Form 990 or 990-EZ) 2010

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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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,783	24,822	24,552	37,438	71,349	159,942
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	1,783	24,822	24,552	37,438	71,349	159,942
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)						50,307
6 Public support. Subtract line 5 from line 4.						109,635

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	1,783	24,822	24,552	37,438	71,349	159,942
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	467	507	11	0	600	1,585
9 Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	0	0	0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0	0	0	0	0	0
11 Total support. Add lines 7 through 10						161,527

12 Gross receipts from related activities, etc. (see instructions) . . . 12 188,309

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 2010 (line 6, column (f) divided by line 11, column (f)) . . . 14 67.87 %

15 Public support percentage from 2009 Schedule A, Part II, line 14 . . . 15 47.27 %

16a **33 1/3% support test—2010.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ ☑

b **33 1/3% support test—2009.** 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 ▶ ☐

17a **10%-facts-and-circumstances test—2010.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

b **10%-facts-and-circumstances test—2009.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

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SCHEDULE N
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Liquidation, Termination, Dissolution, or Significant Disposition of Assets

▷ Complete if the organization answered "Yes" to Form 990, Part IV, lines 31 or 32; or Form 990-EZ, line 38.
▶ Attach certified copies of any articles of dissolution, resolutions, or plans.
▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization: Clinton Birthplace Foundation, Inc.

Employer identification number: 71-0738069

Part I Liquidation, Termination, or Dissolution. Complete this part if the organization answered "Yes" to Form 990, Part IV, line 31, or Form 990-EZ, line 38. Part I can be duplicated if additional space is needed.

1 (a) Description of asset(s) distributed or transaction expenses paid	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transaction expenses	(d) Method of determining FMV for asset(s) distributed or transaction expenses	(e) EIN of recipient	(f) Name and address of recipient	(g) IRC section of recipient(s) (if tax-exempt) or type of entity

		Yes	No
2 Did or will any officer, director, trustee, or key employee of the organization:			
a Become a director or trustee of a successor or transferee organization?	2a		
b Become an employee of, or independent contractor for, a successor or transferee organization?	2b		
c Become a direct or indirect owner of a successor or transferee organization?	2c		
d Receive, or become entitled to, compensation or other similar payments as a result of the organization's liquidation, termination, or dissolution?	2d		

e If the organization answered "Yes" to any of the questions in this line, provide the name of the person involved and explain in Part III. ▶

Part I Liquidation, Termination, or Dissolution *(continued)*

Note. If the organization distributed all of its assets during the tax year, then Form 990, Part X, column (B) should equal -0-.

			Yes	No
3	Did the organization distribute its assets in accordance with its governing instrument(s)? If "No," describe in Part III	3		
4a	Is the organization required to notify the attorney general or other appropriate state official of its intent to dissolve, liquidate, or terminate?	4a		
b	If "Yes," did the organization provide such notice?	4b		
5	Did the organization discharge or pay all liabilities in accordance with state laws?	5		
6a	Did the organization have any tax-exempt bonds outstanding during the year?	6a		
b	Did the organization discharge or defease tax-exempt bond liabilities in accordance with the Internal Revenue Code and state laws?	6b		

c If "Yes," describe in Part III how the organization defeased or otherwise settled these liabilities. If "No," explain in Part III.

Part II Sale, Exchange, Disposition, or Other Transfer of More Than 25% of the Organization's Assets. Complete this part if the organization answered "Yes" to Form 990, Part IV, line 32, or Form 990-EZ, line 36. Part II can be duplicated if additional space is needed.

1 (a) Description of asset(s) distributed or transaction expenses paid	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transaction expenses	(d) Method of determining FMV for asset(s) distributed or transaction expenses	(e) EIN of recipient	(f) Name and address of recipient	(g) IRC section of recipient(s) (if tax-exempt) or type of entity
Former President Wm. J. Clinton's First Home & Exhibit Center located	12/17/2010	612,079	Book Value	NPS Tax	United States of America c/o National Park Service, a Bureau	Governmental
at 117 S. Harvey, Hope, Arkansas				Exempt ID	of the United States Dept. of the Interior, 1849 C St., NW	Entity
				140001849	Washington, D.C. 20240	
Museum Store Inventory	12/31/2010	250	Book Value	NPS Above	NPS Above	NPS Above
Museum Store Inventory	12/31/2010	2,798	Book Value	71-6006449	City of Hope, AR, P.O. Box 580 208 W Ave A, Hope, AR 71802	Governmental
						Entity
Exhibit Center Fixtures	12/31/2010	14,250	Book Value	Hope Above	City of Hope Above	Hope Above

			Yes	No
2	Did or will any officer, director, trustee, or key employee of the organization:			
a	Become a director or trustee of a successor or transferee organization?	2a		✓
b	Become an employee of, or independent contractor for, a successor or transferee organization?	2b		✓
c	Become a direct or indirect owner of a successor or transferee organization?	2c		✓
d	Receive, or become entitled to, compensation or other similar payments as a result of the organization's significant disposition of assets?	2d		✓

e If the organization answered "Yes" to any of the questions in this line, provide the name of the person involved and explain in Part III. ▶

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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.

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization: Clinton Birthplace Foundation, Inc.

Employer identification number: 71-0738050

Part I, Line 8 - Other Revenue - 600 - Space rented to a tenant for May and June in former President Clinton's boyhood home located at 321 East 13th, Hope Arkansas. This home was not part of the Clinton Birthplace Foundation's gift to the National Park Service. That gift included former President Clinton's first home and the adjoining Exhibit Center located at 17 South Hervey in Hope.

Part I, Line 16 - Other Expenses - 14,058

477	Supplies
1,498	Telephone, Telecommunications
1,224	Merchant Credit Fees for Store
1,621	Sales Taxes Paid to the State of Arkansas
161	Exhibit Expense
4,018	Program Expense
98	BOD Meeting Expenses
151	Staff Development
17	Store Expense
11	Other Costs
2,259	Event Expense
1,880	Fundraising Letters Expense
35	Moving Expense
632	Banking Expense
14,058	TOTAL OTHER EXPENSES

048 012

Name of the organization: Clinton Birthplace Foundation, Inc.

Employer identification number: 71-0738050

Part I, Line 20 - Change in Net Assets or Fund Balances

The Clinton Birthplace Foundation had a major decrease in its net assets/fund balances from the beginning of the 2010 tax year on July 1, 2010, to its ending on June 30, 2011. The Foundation's gift of former President Clinton's First Home and the Exhibit Center to the United States of America was the reason for the major decrease in asset balances. Besides those two buildings, the Foundation also sold or donated its remaining inventory from the gift shop to either the City of Hope or to the National Park Service that now manages the first home and the exhibit center. The furnishings, fixtures and equipment were donated with the house or sold to the City of Hope.

The Foundation's only remaining assets are President Clinton's boyhood home also located in Hope, a custom made rug identical to the rug that was in the Oval Office during former President Clinton's terms in office, and the funds in the Foundation's checking account.

Explanation for Changes:

CASH		LAND AND BUILDINGS	
9,085	Beginning	783,329	Beginning
3,577	Ending	157,000	Ending
5,508	NET DECREASE IN CASH	626,329	NET DECREASE Due to Gift of Home/Exhibit Center/Sale of Furnishings/Fixtures

INVENTORY (OTHER ASSETS)		CHANGE IN NET ASSETS/FUND BALANCES	
22,626	Beginning	5,508	Decrease in Cash
5,914	Plus Purchases	626,329	Decrease in Land, Buildings, Furnishings, Fixtures, Equipment
7,390	Less COGS	1,800	Decrease in Inventory
21,150	Ending Inventory	633,637	NET DECREASE IN ASSETS/FUND BALANCES
(19,350)	Loss on Disposition		
1,800	NET DECREASE IN INVENTORY		

Part II, Line 24 - Other Assets - Beginning of Year - 22,626 is Beginning Inventory. Since all shop inventory was sold or donated, there are no Other Assets at the end of the year.

Name of the organization	Employer identification number
Clinton Birthplace Foundation, Inc.	71-0739050

Part III - Purpose - The Clinton Birthplace Foundation's primary exempt purpose is former President William J. Clinton's first and second homes, preservation and public history presentation of biographical history.