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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the Organization

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**

ST CLEMENT COMMUNITY FOUNDATION

Employer identification number
16-1631602

Form 990 - Part III Statement of Program Services Accomplishments

Item 1 - Briefly describe the organization's mission:

To solicit public support for health related entities operated for charitable, religious or educational purposes from the public generally and utilizing a Board of Directors which is representative of the public and the communities in a defined service area. Monies are to be utilized to promote health-related and social work activities.

Form 990 - Section VII Section B item 11:

Form 990 is reviewed with the Treasurer of the Board and any unusual issues are communitied to the board at their meeting.

Form 990 section VII Section C item 18:

The organization will have its governing documents, financial statements and conflict of interest policy within a reasoable amount of time (7 days) available to the public after a request is made. The time and place to be determined.

Part V Item 3:

The organization has no unrelated business income.

Part V Item 14:

The orgainzation has received no payments for indoor tanning services.