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**SCHEDULE O
(Form 990)**Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.

▶ Attach to Form 990.

OMB No 1545-0047

2009

Employer identification number

41-1470487

ST MARTIN FIRE DEPT RELIEF ASSOC**01. Members or stockholder classes and rights (Part VI, line 6)****NO CHANGES IN SERVICES**

0425874015
Jan. 28, 2011 LTR 2694C 0 R
41-1470487 200912 67
00017535

ST MARTIN FIRE DEPT RELIEF ASSOC
166 WEST ST
PO BOX 245
SAINT MARTIN MN 56376



DECLARATION

010159

Under penalties of perjury, I declare that I have examined the return identified in this letter, including any accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. I understand that this declaration will become a permanent part of that return.

Signature of officer or trustee

Date

Title