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SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization Employer identification number 41-0773778 **ELMHURST CEMETERY ASSOCIATION** 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). A school described in section 170(b)(1)(A)(ii), (Attach Schedule E) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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. 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.) ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives. (1) more than 331/3% 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 331/3% 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 c Type III-Functionally integrated b Type II 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) If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting \Box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Νo (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) 11g(ii) (ii) A family member of a person described in (i) above? 11g(iii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the supported organization(s) (iv) is the organization (vii) Amount of (i) Name of supported (ii) EIN (III) Type of organization (v) Did you notify (vi) Is the the organization in col (i) of your support? in col (i) listed in your organization in col nogaus (described on lines 1-9 organization above or IRC section governing document? (i) organized in the (see instructions)) No Yes Yes No Yes (A) (B) (C) (D)

(E)

Par	Support Schedule for Organiz	ations Descr	ibed in Sect	ions 170(b)(1)(A)(iv) and 1	70(b)(1)(A)(v	i)		
	(Complete only if you checked t								
	Part III. If the organization fails to	o qualify unde	er the tests lis	sted below, p	lease comple	ete Part III.)			
	ion A. Public Support	· · · · · · · · · · · · · · · · · · ·				1			
	ndar 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")	NONE	0 00	0 00	0.00		0 00		
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0 00	0 00	0 00	0 00	0 00	0 00		
3	The value of services or facilities furnished by a governmental unit to the organization without charge	0 00	0 00	0.00	0.00	0.00	0.00		
4	Total. Add lines 1 through 3.	0.00	0.00	0.00	0 00	0.00	0.00		
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.			#15 (\$P) 24	Ch- : And	* 9/8 // 5/8			
Secti	on B. Total Support								
Caler	dar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total		
7	Amounts from line 4	0 00	0 00	0.00	0 00	0 00	0 00		
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	0.00	0 00	0 00	0.00	0 00	0 00		
9	Net income from unrelated business activities, whether or not the business is regularly carried on	0 00	0 00	0.00	0 00	0.00	0.00		
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)	0.00	0.00	0.00	0 00	0 00	0.00		
11	Total support. Add lines 7 through 10		\$ 15 TH		扩系数:基·省	78-13 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
12	Gross receipts from related activities, etc	•	•			12	0 00		
13	First five years. If the Form 990 is for the	-		d, third, fourth	, or fifth tax ye	ear as a sectio	n 501(c)(3)		
0	organization, check this box and stop he						· <u>P</u> L		
	on C. Computation of Public Suppor	-		4	-				
14	Public support percentage for 2010 (line		-			14	<u>%</u>		
15 16a	Public support percentage from 2009 Schedule A, Part II, line 14								
	box and stop here. The organization qua								
b	33½% support test—2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33½% 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—20 15 is 10% or more, and if the organization or Explain in Part IV how the organization or supported organization	tion meets the	"facts-and-ci	rcumstances"	test, check th	is box and sto	op here		
18	supported organization	id not check a	 hav an line 19		or 17b, check	k this hov and :	· 🚩 📙		
10	instructions			, ioa, iou, i/a		,	▶ □		

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										
Caler	ndar 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.")	0	0	U	G	0	0			
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	٥	o	0	0	U	U			
3	Gross receipts from activities that are not an unrelated trade or business under section 513	U	v	0	0	0	0			
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	ď	5	0	O	υ	0			
5	The value of services or facilities furnished by a governmental unit to the organization without charge	ď	0	J	o	U	O			
6	Total. Add lines 1 through 5	U	<u> </u>	0	0	0				
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .	0	O	U	O	O	0			
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	U	ט	٥	U	0	6			
С	Add lines 7a and 7b	U	0	0	0	0	0			
8	Public support (Subtract line 7c from line 6.)						0			
Secti	on B. Total Support									
Calen	dar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total			
9	Amounts from line 6	<u> </u>	0	0	0	0	0			
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	0	0	0	0	0	0			
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	U	0	0	O	0	ల			
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	O	0	Q	Q	Q	O			
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	υ	0	0	0	0	0			
13	Total support. (Add lines 9, 10c, 11, and 12.)	a	0	0	0	0	0			
14	First five years. If the Form 990 is for the organization, check this box and stop he			d, third, fourth			n 501(c)(3) · · ► □			
Section	on C. Computation of Public Support					· · · · · · · · · · · · · · · · · · ·	=			
15	Public support percentage for 2010 (line			3, column (f))		15 0	> %			
16	Public support percentage from 2009 Sci		-	·	··	16 0	%			
	tion D. Computation of Investment Income Percentage									
17	Investment income percentage for 2010 (1.17 1	9 %							
18	Investment income percentage from 2009	18 0	/0							
19a	331/3% support tests—2010, if the organ									
	17 is not more than 331/3%, check this box		-	•						
b	331/3% support tests - 2009. If the organization 18 is not more than 331 mg/. check this									
20	line 18 is not more than 33½%, check this Private foundation. If the organization di									

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ELMHURST CEMETERY ASSOCIATION ELMHURST CEMETERY 1510 N DALE ST ST PAUL MN 55117



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DECLARATION

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.

gignature of officer or trustee

Date

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ELMHURST CEMETERY ASSOCIATION ELMHURST CEMETERY 1510 N DALE ST ST PAUL MN 55117



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DECLARATION

Under penalties of perjury, I declare that I have <code>&&&mined_defice_identified.jn_this lettercoincluding</code> complete. I understand that this declaration will become a permanent part of that return.

signature of officer of trustee

Date

Title