

Form **990-EZ**

Short Form
Return of Organization Exempt From Income Tax
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
 (except private foundations)

OMB No. 1545-0047

2022

Do not enter social security numbers on this form, as it may be made public.

Go to www.irs.gov/Form990EZ for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Open to Public Inspection

A For the 2022 calendar year, or tax year beginning _____, **2022**, and ending _____,

<p>B Check if applicable:</p> <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<p>C</p> <p>GREEN BURIAL COUNCIL, INC 2720 COLD SPRINGS ROAD PLACERVILLE, CA 95667</p>	<p>D Employer identification number 51-0544170</p> <p>E Telephone number 8889663330</p> <p>F Group Exemption Number</p>
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G Accounting Method: Cash Accrual Other (specify): _____

H Check if the organization is **not** required to attach Schedule B (Form 990).

I Website: www.greenburialcouncil.org

J Tax-exempt status (check only one) – 501(c)(3) 501(c) (6) (insert no.) 4947(a)(1) or 527

K Form of organization: Corporation Trust Association Other: _____

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, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ 80,036.

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

	1 Contributions, gifts, grants, and similar amounts received	1	
	2 Program service revenue including government fees and contracts	2	78,115.
	3 Membership dues and assessments	3	
	4 Investment income	4	9.
Revenue	5a Gross amount from sale of assets other than inventory	5a	
	b Less: cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)	5c	
	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	
	b Less: cost of goods sold	7b	
	c Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)	7c	
	8 Other revenue (describe in Schedule O) See Schedule O	8	1,912.
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	80,036.
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	22,411.
	13 Professional fees and other payments to independent contractors	13	15,182.
	14 Occupancy, rent, utilities, and maintenance	14	8,400.
	15 Printing, publications, postage, and shipping	15	719.
	16 Other expenses (describe in Schedule O) See Schedule O	16	34,204.
	17 Total expenses. Add lines 10 through 16	17	80,916.
	18 Excess or (deficit) for the year (subtract line 17 from line 9)	18	-880.
Net Assets	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	104,220.
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	103,340.

BAA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2022)

Part V Other Information (Note the Schedule A and personal benefit contract 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 significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O.		X
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.		X
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		X
b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O		
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		X
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		X
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?		X
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?		X
b If "Yes," complete Schedule L, Part II, and enter the total amount involved. 38b 0.		
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9. 39a 0.		
b Gross receipts, included on line 9, for public use of club facilities. 39b 0.		
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: N/A section 4911: 0.; section 4912: 0.; section 4955: 0.		
b Section 501(c)(3), 501(c)(4), and 501(c)(29) 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.		
c Section 501(c)(3), 501(c)(4), and 501(c)(29) 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), 501(c)(4), and 501(c)(29) 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.		X
41 List the states with which a copy of this return is filed: CA		

42a The organization's books are in care of: DOUG RENFIELD-MILLER Telephone no. (609) 892-4429
 Located at: 2720 COLD SPRINGS ROAD PLACERVILLE CA ZIP + 4 95667

	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)?		X
If "Yes," enter the name of the foreign country: _____		
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
c At any time during the calendar year, did the organization maintain an office outside the United States?		X
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. N/A
 and enter the amount of tax-exempt interest received or accrued during the tax year. **43** N/A

	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.		X
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.		X
c Did the organization receive any payments for indoor tanning services during the year?		X
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.		
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b 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.		X

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. Yes No

Part VI Section 501(c)(3) Organizations Only

All section 501(c)(3) organizations 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.

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II. Yes No

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. Yes No

49a Did the organization make any transfers to an exempt non-charitable related organization? Yes No

49b If "Yes," was the related organization a section 527 organization? Yes No

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 title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

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 business address of each independent contractor	(b) Type of service	(c) Compensation

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

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A. Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, 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		Date			
	DOUG RENFIELD-MILLER		Treasurer			
Type or print name and title						
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input checked="" type="checkbox"/> if self-employed	PTIN	
	TERRIE Y. PROD'HON	TERRIE Y. PROD'HON			P00059040	
	Firm's name	TERRIE Y PROD'HON CPA			Firm's EIN	68-0439189
	Firm's address	768 PLEASANT VALLEY RD STE 300 DIAMOND SPRINGS, CA 95619			Phone no.	(530) 622-1731

May the IRS discuss this return with the preparer shown above? See instructions. Yes No

California Exempt Organization Annual Information Return

Calendar Year 2022 or fiscal year beginning (mm/dd/yyyy) _____, and ending (mm/dd/yyyy) _____.

Corporation/Organization name GREEN BURIAL COUNCIL, INC		California corporation number 2748557
Additional information. See instructions.		FEIN 51-0544170
Street address (suite or room) 2720 COLD SPRINGS ROAD		PMB no.
City PLACERVILLE	State CA	Zip code 95667
Foreign country name	Foreign province/state/county	Foreign postal code

A First return Yes No

B Amended return Yes No

C IRC Section 4947(a)(1) trust Yes No

D Final information return?
 Dissolved Surrendered (Withdrawn) Merged/Reorganized
 Enter date: (mm/dd/yyyy) ● _____

E Check accounting method:
1 Cash **2** Accrual **3** Other

F Federal return filed? **1** 990T **2** 990-PF **3** Sch H (990)
4 Other 990 series

G Is this a group filing? See instructions. ● Yes No

H Is this organization in a group exemption. Yes No
 If "Yes," what is the parent's name?

I Did the organization have any changes to its guidelines not reported to the FTB? See instructions. ● Yes No

J If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions. ● Yes No **N/A**

K Is the organization exempt under R&TC Section 23701g? ... ● Yes No
 If "Yes," enter the gross receipts from nonmember sources. \$ _____

L Is the organization a limited liability company? ● Yes No

M Did the organization file Form 100 or Form 109 to report taxable income? ● Yes No

N Is the organization under audit by the IRS or has the IRS audited in a prior year? ● Yes No

O Is federal Form 1023/1024 pending? Yes No
 Date filed with IRS _____

Part I Complete Part I unless not required to file this form. See General Information B and C.

Receipts and Revenues	1 Gross sales or receipts from other sources. From Side 2, Part II, line 8. ●	1	80,036.
	2 Gross dues and assessments from members and affiliates. ●	2	
	3 Gross contributions, gifts, grants, and similar amounts received. ●	3	
	4 Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Information B... ●	4	80,036.
	5 Cost of goods sold. ●	5	
	6 Cost or other basis, and sales expenses of assets sold. ●	6	
	7 Total costs. Add line 5 and line 6. ●	7	
	8 Total gross income. Subtract line 7 from line 4. ●	8	80,036.
Expenses	9 Total expenses and disbursements. From Side 2, Part II, line 18. ●	9	80,916.
	10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8. ●	10	-880.
Filing Fee	11 Total payments. ●	11	
	12 Use tax. See General Information K. ●	12	
	13 Payments balance. If line 11 is more than line 12, subtract line 12 from line 11. ●	13	
	14 Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12. ●	14	
	15 Penalties and interest. See General Information J. ●	15	
16 Balance due. Add line 12 and line 15. Then subtract line 11 from the result. ●	16	0.	

Sign Here
 Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer TREASURER	Title TREASURER	Date	● Telephone 8889663330
Preparer's signature TERRIE Y. PROD'HON	Date	Check if self-employed <input checked="" type="checkbox"/>	● PTIN P00059040
Firm's name (or yours, if self-employed) and address TERRIE Y PROD'HON CPA 768 PLEASANT VALLEY RD STE 300 DIAMOND SPRINGS, CA 95619			● Firm's FEIN 68-0439189
			● Telephone (530) 622-1731

May the FTB discuss this return with the preparer shown above? See instructions. ● Yes No

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts – complete Part II or furnish substitute information.

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions.	●	1	
	2	Interest	●	2	9.
	3	Dividends	●	3	
	4	Gross rents	●	4	
	5	Gross royalties	●	5	
	6	Gross amount received from sale of assets (See instructions).	●	6	
	7	Other income. Attach schedule. SEE STATEMENT 1	●	7	80,027.
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1.		8	80,036.
	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule	●	9	
Expenses and Disbursements	10	Disbursements to or for members	●	10	
	11	Compensation of officers, directors, and trustees. Attach schedule. SEE STMT 2	●	11	0.
	12	Other salaries and wages	●	12	20,675.
	13	Interest	●	13	
	14	Taxes	●	14	1,736.
	15	Rents	●	15	8,400.
	16	Depreciation and depletion (See instructions)	●	16	123.
	17	Other expenses and disbursements. Attach schedule. SEE STATEMENT 3	●	17	49,982.
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9.		18	80,916.

Schedule L Balance Sheet		Beginning of taxable year		End of taxable year	
		(a)	(b)	(c)	(d)
Assets					
1	Cash		104,236.	●	103,491.
2	Net accounts receivable			●	
3	Net notes receivable			●	
4	Inventories			●	
5	Federal and state government obligations			●	
6	Investments in other bonds			●	
7	Investments in stock			●	
8	Mortgage loans			●	
9	Other investments. Attach schedule			●	
10a	Depreciable assets	905.		905.	
b	Less accumulated depreciation	596.	309.	719.	186.
11	Land			●	
12	Other assets. Attach schedule			●	
13	Total assets		104,545.		103,677.
Liabilities and net worth					
14	Accounts payable			●	
15	Contributions, gifts, or grants payable			●	
16	Bonds and notes payable			●	
17	Mortgages payable			●	
18	Other liabilities. Attach schedule. STM 4		325.		337.
19	Capital stock or principal fund		104,220.	●	103,340.
20	Paid-in or capital surplus. Attach reconciliation			●	
21	Retained earnings or income fund			●	
22	Total liabilities and net worth		104,545.		103,677.

Schedule M-1 Reconciliation of income per books with income per return			
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.			
1	Net income per books	●	-880.
2	Federal income tax	●	
3	Excess of capital losses over capital gains	●	
4	Income not recorded on books this year. Attach schedule	●	
5	Expenses recorded on books this year not deducted in this return. Attach schedule	●	
6	Total. Add line 1 through line 5	●	-880.
7	Income recorded on books this year not included in this return. Attach schedule	●	
8	Deductions in this return not charged against book income this year. Attach schedule	●	
9	Total. Add line 7 and line 8	●	
10	Net income per return. Subtract line 9 from line 6	●	-880.