

Form **990EZ**
 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 private foundations)
 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.

OMB No. 1545-1150
2019
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 01-01-2019, and ending 12-31-2019

- B** Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
 GREEN BURIAL COUNCIL INC

Number and street (or P. O. box, if mail is not delivered to street address) Room/suite
 2720 COLD SPRINGS ROAD

City or town, state or province, country, and ZIP or foreign postal code
 PLACERVILLE, CA 95667

D Employer identification number
 51-0544170

E Telephone number
 (888) 966-3330

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.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) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ **\$ 57,727**

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	375
	2 Program service revenue including government fees and contracts	2	56,825
	3 Membership dues and assessments	3	
	4 Investment income	4	527
	5a Gross amount from sale of assets other than inventory	5a	
	b Less: cost or other basis and sales expenses	5b	0
	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	0	
c Less: direct expenses from gaming and fundraising events	6c	0	
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	0	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8 Other revenue (describe in Schedule O)	8		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	57,727	
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	6,395
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	983
	13 Professional fees and other payments to independent contractors	13	13,668
	14 Occupancy, rent, utilities, and maintenance	14	1,071
	15 Printing, publications, postage, and shipping	15	253
	16 Other expenses (describe in Schedule O)	16	12,495
17 Total expenses. Add lines 10 through 16	17	34,865	
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	22,862	
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	15,462
	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	38,324

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	7,431	22	38,539
23 Land and buildings		23	
24 Other assets (describe in Schedule O)	9,035	24	860
25 Total assets	16,466	25	39,399
26 Total liabilities (describe in Schedule O).	1,004	26	1,075
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	15,462	27	38,324

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

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

What is the organization's primary exempt purpose?
Green Burial Options

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28 Green Burial Options (Grants \$)	If this amount includes foreign grants, check here	<input type="checkbox"/>	28a
29 (Grants \$)	If this amount includes foreign grants, check here	<input type="checkbox"/>	29a
30 (Grants \$)	If this amount includes foreign grants, check here	<input type="checkbox"/>	30a
31 Other program services (describe in Schedule O)	If this amount includes foreign grants, check here	<input type="checkbox"/>	31a
32 Total program service expenses (add lines 28a through 31a)		<input type="checkbox"/>	32

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 title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Ed Bixby President	0	0		
KATE KALANICK CEO/CFO	40.00	0		

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.

Main form area containing questions 33 through 45b with corresponding input fields and Yes/No columns.

	Yes	No
46		No

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.

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.

	Yes	No
47		
48		
49a		
49b		

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

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

49a Did the organization make any transfers to an exempt non-charitable related organization?

b If "Yes," was the related organization a section 527 organization?

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)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

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
NONE		

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

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	2020-10-15
	Ed Bixby President Type or print name and title	Date

Paid Preparer Use Only	Print/Type preparer's name TERRIE Y PRODHON	Preparer's signature	Date	Check <input checked="" type="checkbox"/> if self-employed	PTIN P00059040
	Firm's name TERRIE Y PRODHON 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

Additional Data

[Return to Form](#)

Software ID: 19009920

Software Version: 2019v5.0

Form 990-EZ, Special Condition Description:

Special Condition Description

2019

Open to Public Inspection

SCHEDULE O
(Form 990 or 990-EZ)

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.

▶ Go to www.irs.gov/Form990 for the latest information.

Department of the Treasury
Name of the organization
GREEN BURIAL COUNCIL INC

Employer identification number

51-0544170

Return Reference	Explanation
Other Expenses.1001	Advertising and Promotion \$2963
Other Expenses.1002	Office Expenses \$586
Other Expenses.1005	Travel \$1164
Other Expenses.1009	Depreciation \$45
Other Expenses.1	COMPLIANCE \$3500
Other Expenses.2	TELEPHONE \$1013
Other Expenses.3	DUES AND SUBSCRIPTIONS \$673
Other Expenses.4	DATABASE MANAGEMENT \$655
Other Expenses.5	WEBSITE DEVELOPMENT \$466
Other Expenses.6	COMPUTER AND INTERNET \$464
Other Expenses.7	MERCHANT SERVICE FEES \$346
Other Expenses.9	QB MANAGEMENT \$229
Other Expenses.10	BANK FEES \$217
Other Expenses.11	MOVING EXPENSES \$200
Other Expenses.18	PENALTIES \$-26
Other Assets.1003	Machinery and Equipment - Beginning \$0 Machinery and Equipment - Ending \$860
Other Assets.1005	Accounts Receivable - Beginning \$9035 Accounts Receivable - Ending \$0
Total Liabilities.1	PAYROLL LIABILITY - Beginning \$1004 PAYROLL LIABILITY - Ending \$90
Total Liabilities.2	PREPAID CERTIFICATION FEES - Beginning \$0 PREPAID CERTIFICATION FEES - Ending \$985

Additional Data

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