

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

2021

Department of the Treasury
 Internal Revenue Service

- ▶ 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.

Open to Public Inspection

A For the **2021** calendar year, or tax year beginning , **2021**, and ending ,

B Check if applicable:	C	D Employer identification number
<input type="checkbox"/> Address change	GREEN BURIAL COUNCIL, INC 2720 COLD SPRINGS ROAD PLACERVILLE, CA 95667	51-0544170
<input type="checkbox"/> Name change		E Telephone number
<input type="checkbox"/> Initial return		(888) 966-3330
<input type="checkbox"/> Final return/terminated		F Group Exemption Number
<input type="checkbox"/> Amended return		
<input type="checkbox"/> Application pending		

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. ▶ \$ **75,585.**

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	
	2 Program service revenue including government fees and contracts	2	75,585.
	3 Membership dues and assessments	3	
	4 Investment income	4	
	5 a Gross amount from sale of assets other than inventory	5 a	
	b Less: cost or other basis and sales expenses	5 b	
	c Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)	5 c	
	6 Gaming and fundraising events:		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6 a	
	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)	6 b	
c Less: direct expenses from gaming and fundraising events	6 c		
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6 d		
7 a Gross sales of inventory, less returns and allowances	7 a		
b Less: cost of goods sold	7 b		
c Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)	7 c		
8 Other revenue (describe in Schedule O)	8		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	75,585.	
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	1,500.
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	16,278.
	13 Professional fees and other payments to independent contractors	13	9,325.
	14 Occupancy, rent, utilities, and maintenance	14	8,400.
	15 Printing, publications, postage, and shipping	15	75.
	16 Other expenses (describe in Schedule O) SEE SCHEDULE O	16	9,952.
	17 Total expenses. Add lines 10 through 16	17	45,530.
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 9)	18	30,055.
	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	74,165.
	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	104,220.

BAA For Paperwork Reduction Act Notice, see the separate instructions. Form **990-EZ** (2021)

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	73,998.	104,236.
23 Land and buildings		
24 Other assets (describe in Schedule O) SEE SCHEDULE O	516.	309.
25 Total assets	74,514.	104,545.
26 Total liabilities (describe in Schedule O) SEE SCHEDULE O	349.	325.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	74,165.	104,220.

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.

What is the organization's primary exempt purpose? SEE SCHEDULE O

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.

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

28 <u>ADVOCATING FOR ENVIRONMENTALLY SUSTAINABLE, NATURAL DEATH CARE.</u>	
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28 a
29 <u>CERTIFYING CEMETERIES, FUNERAL HOMES, AND PRODUCTS THAT DEMONSTRATE COMPLIANCE WITH ESTABLISHED GREEN STANDARDS.</u>	
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29 a
30 <u>WEBSITE, NEWSLETTER, AND SOCIAL MEDIA OUTREACH ATTRACTING THOUSANDS OF VISITORS, READERS, AND FOLLOWERS GLOBALLY.</u>	
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30 a
31 Other program services (describe in Schedule O)	
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31 a
32 Total program service expenses (add lines 28a through 31a)	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-MIS/1099-NEC) (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	10	0.	0.	0.
DOUGLAS RENFIELD-MILLER TREASURER	15	0.	0.	0.
KATE BERDAN SECRETARY	2	0.	0.	0.
BAXLEY ANDRESEN VICE PRESIDENT	5	0.	0.	0.
STEVE BERKOFF DIRECTOR	1	0.	0.	0.
MARLA CARTER DIRECTOR	5	0.	0.	0.
DARREN CROUCH DIRECTOR	1	0.	0.	0.
RACHEL ESSIG DIRECTOR	5	0.	0.	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. []

33 Did the organization engage in any significant activity not previously reported to the IRS?
34 Were any significant changes made to the organizing or governing documents?
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities?
35b If 'Yes' to line 35a, has the organization filed a Form 990-T for the year?
35c 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?
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year?
37a Enter amount of political expenditures, direct or indirect, as described in the instructions.
37b Did the organization file Form 1120-POL for this year?
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?
38b If 'Yes,' complete Schedule L, Part II, and enter the total amount involved.
39 Section 501(c)(7) organizations. Enter:
39a Initiation fees and capital contributions included on line 9
39b Gross receipts, included on line 9, for public use of club facilities
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:
40b 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?
40c 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.
40d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization.
40e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?
41 List the states with which a copy of this return is filed

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

42b 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)?
42c At any time during the calendar year, did the organization maintain an office outside the United States?
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).

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

44a Did the organization maintain any donor advised funds during the year?
44b Did the organization operate one or more hospital facilities during the year?
44c Did the organization receive any payments for indoor tanning services during the year?
44d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments?
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?

	Yes	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.....		X

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 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.....		
49 a Did the organization make any transfers to an exempt non-charitable related organization?.....		
49 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/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 Type or print name and title	TREASURER

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				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

**SCHEDULE O
(Form 990)**

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

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 Form 990-EZ.

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization

Employer identification number

GREEN BURIAL COUNCIL, INC

51-0544170

**FORM 990-EZ, PART I, LINE 16
OTHER EXPENSES**

ADVERTISING AND PROMOTION.....	\$	1,874.
BANK FEES.....		9.
DEPRECIATION.....		207.
DUES AND SUBSCRIPTIONS.....		456.
FRANCHISE TAX.....		10.
INSURANCE.....		1,050.
MERCHANT SERVICE FEES.....		736.
OFFICE EXPENSES.....		221.
PAYROLL PROCESSING FEES.....		102.
PENALTIES AND INTEREST.....		1,863.
QUICKBOOKS SUBSCRIPTION.....		160.
TELEPHONE.....		2,125.
TRAINING.....		24.
TRAVEL.....		1,115.
	TOTAL \$	<u>9,952.</u>

**FORM 990-EZ, PART II, LINE 24
OTHER ASSETS**

	<u>BEGINNING</u>	<u>ENDING</u>
MACHINERY AND EQUIPMENT.....	\$ 516.	\$ 309.
TOTAL	<u>\$ 516.</u>	<u>\$ 309.</u>

**FORM 990-EZ, PART II, LINE 26
TOTAL LIABILITIES**

	<u>BEGINNING</u>	<u>ENDING</u>
PAYROLL LIABILITY.....	\$ 349.	\$ 325.
TOTAL	<u>\$ 349.</u>	<u>\$ 325.</u>

FORM 990-EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

GREEN BURIAL OPTIONS

California Exempt Organization Annual Information Return

Calendar Year 2021 or fiscal year beginning (mm/dd/yyyy) and ending (mm/dd/yyyy)
Corporation/Organization name: GREEN BURIAL COUNCIL, INC
California corporation number: 2748557
FEIN: 51-0544170
Street address: 2720 COLD SPRINGS ROAD
City: PLACERVILLE
State: CA
Zip code: 95667

A First return
B Amended return
C IRC Section 4947(a)(1) trust
D Final information return
E Check accounting method
F Federal return filed
G Is this a group filing?
H Is this organization in a group exemption

I Did the organization have any changes to its guidelines not reported to the FTB?
J If exempt under R&TC Section 23701d, has the organization engaged in political activities?
K Is the organization exempt under R&TC Section 23701g?
L Is the organization a limited liability company?
M Did the organization file Form 100 or Form 109 to report taxable income?
N Is the organization under audit by the IRS or has the IRS audited in a prior year?
O Is federal Form 1023/1024 pending?

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

Table with 2 columns: Description and Amount. Rows include Receipts and Revenues (Total gross receipts: 75,585), Expenses (Total expenses: 45,530), and Filing Fee (Total payments: 11).

Table with 2 columns: Description and Amount. Rows include Expenses (Total expenses: 45,530), Filing Fee (Total payments: 11), and Balance due (Total: 0).

Sign Here: Declaration of preparer. Title: TREASURER. Date: [blank]. Telephone: (888) 966-3330.
Paid Preparer's Use Only: Preparer's signature: TERRIE Y PROD'HON CPA. Firm's name: 768 PLEASANT VALLEY RD STE 300 DIAMOND SPRINGS, CA 95619. Telephone: (530) 622-1731.

May the FTB discuss this return with the preparer shown above? See instructions. [X] 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	
	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	75,585.
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	75,585.	
9	Contributions, gifts, grants, and similar amounts paid. Attach schedule. SEE STATEMENT 2	●	9	1,500.	
10	Disbursements to or for members	●	10		
Expenses and Disbursements	11	Compensation of officers, directors, and trustees. Attach schedule. SEE STMT 3	●	11	0.
	12	Other salaries and wages	●	12	14,777.
	13	Interest	●	13	
	14	Taxes	●	14	1,501.
	15	Rents	●	15	8,400.
	16	Depreciation and depletion (See instructions)	●	16	207.
	17	Other expenses and disbursements. Attach schedule. SEE STATEMENT 4	●	17	19,145.
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9.		18	45,530.

Schedule L Balance Sheet	Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)
Assets				
1 Cash		73,998.		104,236.
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				
10 a Depreciable assets	905.		905.	
b Less accumulated depreciation	389.	516.	596.	309.
11 Land				
12 Other assets. Attach schedule				
13 Total assets		74,514.		104,545.
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 5		349.		325.
19 Capital stock or principal fund		74,165.		104,220.
20 Paid-in or capital surplus. Attach reconciliation				
21 Retained earnings or income fund				
22 Total liabilities and net worth		74,514.		104,545.

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	●	30,055.	7	Income recorded on books this year not included in this return. Attach schedule	●	
2	Federal income tax	●		8	Deductions in this return not charged against book income this year. Attach schedule	●	
3	Excess of capital losses over capital gains	●		9	Total. Add line 7 and line 8		
4	Income not recorded on books this year. Attach schedule	●		10	Net income per return. Subtract line 9 from line 6		30,055.
5	Expenses recorded on books this year not deducted in this return. Attach schedule	●					
6	Total. Add line 1 through line 5		30,055.				

2021 Corporation Depreciation and Amortization

3885

Attach to Form 100 or Form 100W. **FORM 199**

Corporation name GREEN BURIAL COUNCIL, INC	California corporation number 2748557
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Part I Election To Expense Certain Property Under IRC Section 179

1 Maximum deduction under IRC Section 179 for California.....	1	\$25,000
2 Total cost of IRC Section 179 property placed in service.....	2	
3 Threshold cost of IRC Section 179 property before reduction in limitation.....	3	\$200,000
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-.....	4	
5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-.....	5	
6 (a) Description of property	(b) Cost (business use only)	(c) Elected cost
7 Listed property (elected IRC Section 179 cost).....	7	
8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7.....	8	
9 Tentative deduction. Enter the smaller of line 5 or line 8.....	9	
10 Carryover of disallowed deduction from prior taxable years.....	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5.....	11	
12 IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11.....	12	
13 Carryover of disallowed deduction to 2022. Add line 9 and line 10, less line 12.....	13	

Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356

14 (a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation
COMPUTER EQUIPM	11/20/2019	244.	105.	200DB	5	56.	
COMPUTER EQUIPM	11/25/2019	661.	284.	200DB	5	151.	
15 Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h).....						15	207.

Part III Summary

16 Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation (if no election is made), enter the amount from line 15, column (g).....	16	
17 Total depreciation claimed for federal purposes from federal Form 4562, line 22.....	17	
18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.).....	18	

Part IV Amortization

19 (a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Amortization allowed or allowable in earlier years	(e) R&TC Section (see instr)	(f) Period or percentage	(g) Amortization for this year	
20 Total. Add the amounts in column (g).....						20	
21 Total amortization claimed for federal purposes from federal Form 4562, line 44.....						21	
22 Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 2, line 12.....						22	

CLIENT 2870

GREEN BURIAL COUNCIL, INC

51-0544170

6/03/22

12:19PM

**STATEMENT 1
FORM 199, PART II, LINE 7
OTHER INCOME**

PROGRAM SERVICE REVENUE..... \$ 75,585.
TOTAL \$ 75,585.

**STATEMENT 2
FORM 199, PART II, LINE 9
CONTRIBUTIONS, GIFTS, GRANTS, AND SIMILAR AMOUNTS PAID**

DONEE'S NAME - BUSINESS GREEN BURIAL COUNCIL INTERNATIONAL
DONEE'S STREET ADDRESS: 2720 COLD SPRINGS ROAD
DONEE'S CITY PLACERVILLE
DONEE'S STATE CA
DONEE'S ZIP CODE 95667
CASH AND NONCASH AMOUNT: \$ 1,500.
TOTAL \$ 1,500.

**STATEMENT 3
FORM 199, PART II, LINE 11
COMPENSATION OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES**

CURRENT OFFICERS:

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	TOTAL COMPEN-SATION	CONTRI-BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
ED BIXBY 2720 COLD SPRINGS ROAD PLACERVILLE, CA 95667	PRESIDENT 10.00	\$ 0.	\$ 0.	\$ 0.
DOUGLAS RENFIELD-MILLER 2720 COLD SPRINGS ROAD PLACERVILLE, CA 95667	TREASURER 15.00	0.	0.	0.
KATE BERDAN 2720 COLD SPRINGS ROAD PLACERVILLE, CA 95667	SECRETARY 2.00	0.	0.	0.
BAXLEY ANDRESEN 2720 COLD SPRINGS ROAD ,	VICE PRESIDENT 5.00	0.	0.	0.
STEVE BERKOFF 2720 COLD SPRINGS ROAD ,	DIRECTOR 1.00	0.	0.	0.
MARLA CARTER 2720 COLD SPRINGS ROAD ,	DIRECTOR 5.00	0.	0.	0.

STATEMENT 3 (CONTINUED)
FORM 199, PART II, LINE 11
COMPENSATION OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

CURRENT OFFICERS:

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	TOTAL COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
DARREN CROUCH 2720 COLD SPRINGS ROAD ,	DIRECTOR 1.00	\$ 0.	\$ 0.	\$ 0.
RACHEL ESSIG 2720 COLD SPRINGS ROAD ,	DIRECTOR 5.00	0.	0.	0.
TOTAL		<u>\$ 0.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>

STATEMENT 4
FORM 199, PART II, LINE 17
OTHER EXPENSES

ACCOUNTING FEES.....	\$ 6,825.
ADVERTISING AND PROMOTION.....	1,874.
BANK FEES.....	9.
DUES AND SUBSCRIPTIONS.....	456.
FRANCHISE TAX.....	10.
INSURANCE.....	1,050.
MERCHANT SERVICE FEES.....	736.
OFFICE EXPENSES.....	221.
OTHER FEES.....	2,500.
PAYROLL PROCESSING FEES.....	102.
PENALTIES AND INTEREST.....	1,863.
POSTAGE AND SHIPPING.....	75.
QUICKBOOKS SUBSCRIPTION.....	160.
TELEPHONE.....	2,125.
TRAINING.....	24.
TRAVEL.....	1,115.
TOTAL	<u>\$ 19,145.</u>

STATEMENT 5
FORM 199, SCHEDULE L, LINE 18
OTHER LIABILITIES

PAYROLL LIABILITY.....	325.
TOTAL	<u>\$ 325.</u>

12/31/21

2021 FEDERAL BOOK DEPRECIATION SCHEDULE

PAGE 1

CLIENT 2870

GREEN BURIAL COUNCIL, INC

51-0544170

6/03/22

12:20PM

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
FORM 990/990-PF																
MACHINERY AND EQUIPMENT																
1	COMPUTER EQUIPMENT	11/20/19		244							244	105	200DB MQ	5	.22800	56
2	COMPUTER EQUIPMENT	11/25/19		661							661	284	200DB MQ	5	.22800	151
TOTAL MACHINERY AND EQUIPME				905		0	0	0	0	0	905	389				207
TOTAL DEPRECIATION				905		0	0	0	0	0	905	389				207
GRAND TOTAL DEPRECIATION				905		0	0	0	0	0	905	389				207

CLIENT 2870

GREEN BURIAL COUNCIL, INC

51-0544170

6/03/22

12:20PM

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
FORM 199																
MACHINERY AND EQUIPMENT																
1	COMPUTER EQUIPMENT	11/20/19		244							244	105	200DB MQ	5	.22800	56
2	COMPUTER EQUIPMENT	11/25/19		661							661	284	200DB MQ	5	.22800	151
TOTAL MACHINERY AND EQUIPME				905		0	0	0	0	0	905	389				207
TOTAL DEPRECIATION				905		0	0	0	0	0	905	389				207
GRAND TOTAL DEPRECIATION				905		0	0	0	0	0	905	389				207