2020

990

PUBLIC

DISCLOSURE

** PUBLIC DISCLOSURE COPY **

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

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

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

| Α | For the | e 2020 calendar year, or tax year beginning $$ OCT $$ I $$, $$ $$ $$ $$ $$ $$ $$ $$ and $$ $$ | ending S | EP 30, 2021 | |
|-----------------------------|--------------------------------------|---|---------------|------------------------------|-------------------------------|
| В | Check if applicabl | C Name of organization | | D Employer identific | cation number |
| | Addre | | | | |
| L | Name chang | Doing business as | | 47-15709 | 10 |
| | Initial return Final return | AA1 CAYONY DD | Room/suite | E Telephone number 760-431- | |
| _ | termin ated | | | G Gross receipts \$ | 2,436,675. |
| | Amen | | | H(a) Is this a group re | |
| F | lreturn ∏Applio | | | for subordinates | |
| | ⊥ltiön pendi | SAME AS C ABOVE | | | |
| _ | | | | H(b) Are all subordinates in | |
| | | empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) o | or 527 | 1, | list. See instructions |
| | | te: HTTPS: //COASTALROOTSFARM.ORG/ | 1 | H(c) Group exemption | |
| | | organization: X Corporation Trust Association Other | L Year | of formation: 2014 N | 1 State of legal domicile: CA |
| P | art I | Summary | | | |
| ě | 1 | Briefly describe the organization's mission or most significant activities: CULT | | | MMUNITIES |
| & Governance | | INTEGRATING AGRICULTURE, FOOD JUSTICE, AND | | | |
| ern | 2 | Check this box if the organization discontinued its operations or dispos | ed of more | than 25% of its net as | |
| Š | 3 | Number of voting members of the governing body (Part VI, line 1a) | | 3 | 6 |
| ω Θ | 4 | Number of independent voting members of the governing body (Part VI, line 1b) | | 4 | 3 |
| es 6 | 5 | Total number of individuals employed in calendar year 2020 (Part V, line 2a) | | 5 | 31 |
| Ę | | Total number of volunteers (estimate if necessary) | | | 402 |
| Activities | | Total unrelated business revenue from Part VIII, column (C), line 12 | | | 0. |
| ⋖ | | Net unrelated business taxable income from Form 990-T, Part I, line 11 | | | 0. |
| | | , , | | Prior Year | Current Year |
| • | 8 | Contributions and grants (Part VIII, line 1h) | | 1,540,644. | 1,892,579. |
| ž | 1 | Program service revenue (Part VIII, line 2g) | | 299,478. | 528,526. |
| Revenue | 1 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | | -6,365. | -7,968. |
| æ | | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 0. | 0. |
| | | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | 1,833,757. | |
| | | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | | 79,979. | 111,044. |
| | | Benefits paid to or for members (Part IX, column (A), line 4) | | 0. | 0. |
| | | | | 1,357,043. | 1,568,835. |
| Expenses | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | | 0. | 0. |
| en | loa | Professional fundraising fees (Part IX, column (A), line 11e) | 55 | 0. | 0. |
| X | 1.0 | Total fundraising expenses (Part IX, column (D), line 25) ► 129, 25 | | 334,041. | 401,510. |
| | | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | | 1,771,063. | 2,081,389. |
| | | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | | 62,694. | 331,748. |
| | | Revenue less expenses. Subtract line 18 from line 12 | | | |
| Net Assets or Find Balances | | | Be | ginning of Current Year | End of Year |
| Sset | 20 | Total assets (Part X, line 16) | | 569,026. | 999,012. |
| at A | 21 | Total liabilities (Part X, line 26) | | 304,722. | 402,960. |
| | | Net assets or fund balances. Subtract line 21 from line 20 | | 264,304. | 596,052. |
| | art II | Signature Block | | | |
| | | lties of perjury, I declare that I have examined this return, including accompanying schedules | | | y knowledge and belief, it is |
| true | , correc | t, and complete. Declaration of preparer (other than officer) is based on all information of wh | ich preparer | has any knowledge. | |
| | | Discording of officers | | Data | |
| Sig | n | Signature of officer | | Date | |
| He | re | JAVIER GUERRERO, PRESIDENT AND CEO | | | |
| | | Type or print name and title | |) oto | II DTIN |
| | | Print/Type preparer's name Preparer's signature | 1 | Date Check | PTIN |
| Pai | | | 0 | 3/22/22 if self-employed | ed |
| | parer | Firm's name ALDRICH CPAS AND ADVISORS, LLP | | Firm's EIN ▶ | |
| Use | Only | Firm's address 7676 HAZARD CENTER DRIVE, STE 13 | 300 | | |
| | | SAN DIEGO, CA 92108 | | Phone no. (6 | 19) 810-4940 |
| Ma | v the II | RS discuss this return with the preparer shown above? See instructions | | | X Ves No |

| | 1930 (2020) CONDITION 1930 Page 2 |
|-----|--|
| Pai | rt III Statement of Program Service Accomplishments |
| | Check if Schedule O contains a response or note to any line in this Part III |
| 1 | Briefly describe the organization's mission: |
| | COASTAL ROOTS FARM IS A NONPROFIT JEWISH COMMUNITY FARM AND EDUCATION |
| | CENTER. WE CULTIVATE HEALTHY, CONNECTED COMMUNITIES BY INTEGRATING |
| | SUSTAINABLE AGRICULTURE, FOOD JUSTICE, AND ANCIENT JEWISH WISDOM. |
| | |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes X No |
| | prior Form 990 or 990-EZ? LYes \(\times \) No If "Yes," describe these new services on Schedule O. |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No |
| 3 | If "Yes," describe these changes on Schedule O. |
| 4 | Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. |
| • | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and |
| | revenue, if any, for each program service reported. |
| 4a | (Code:) (Expenses \$ 953,949 · including grants of \$ 111,044 ·) (Revenue \$ 239,130 · |
| | INCREASING ACCESS TO FRESH ORGANIC PRODUCE THROUGH SUSTAINABLE |
| | AGRICULTURE: |
| | COASTAL ROOTS FARM SEEKS TO CARE FOR ITS COMMUNITY WHILE ALSO BEING |
| | GOOD STEWARDS OF ITS LAND AND SOIL. THE FARM MANAGES 17 ACRES OF |
| | FARMLAND, CONSISTING OF 2.5 ACRES OF VEGETABLE PRODUCTION FIELDS, AN |
| | EDUCATION FARM & GARDEN, A LARGE-SCALE COMPOST OPERATION, THREE CHICKEN |
| | FLOCKS, AND AN 8.5-ACRE AGROFORESTRY "FOOD FOREST." THE FARM IS ON THE |
| | FOREFRONT OF SUSTAINABLE, REGENERATIVE FARMING PRACTICES THAT BUILD |
| | HEALTHY SOIL, SEQUESTER CARBON, CONSERVE WATER, AND HELP REDUCE THE |
| | IMPACTS OF CLIMATE CHANGE. |
| | |
| | 452 620 |
| 4b | (Code:) (Expenses \$ 452,639. including grants of \$) (Revenue \$ 256,867. |
| | INCREASING ACCESS TO HANDS-ON FARM-BASED ENVIRONMENTAL EDUCATION |
| | EXPERIENCES: WE PROVIDE YOUTH AND ADULTS WITH UNIQUE, DIVERSE, AND INCLUSIVE FARM-BASED EDUCATIONAL OPPORTUNITIES THAT CONNECT OUR |
| | COMMUNITY WITH THE LAND, FOOD, AND ONE ANOTHER. OUR FARM PROVIDES A |
| | UNIQUE PLATFORM FOR FARM-BASED ENVIRONMENTAL EDUCATION TO IMPROVE |
| | COMMUNITY HEALTH AND INCREASE AWARENESS, INVOLVEMENT, AND PASSION FOR |
| | NATURE, ENVIRONMENTAL STEWARDSHIP, AND FOOD SYSTEMS. WE HOST WEEKLY |
| | HANDS-ON VOLUNTEER OPPORTUNITIES, EDUCATIONAL WORKSHOPS, FARM TOURS, |
| | FARM CAMPS, AND SCHOOL AND GROUP VISITS BASED ON STEM-ALIGNED |
| | CURRICULUM FOR STUDENTS IN PRE-K THROUGH 12TH GRADE. |
| | |
| | |
| 4c | (Code:) (Expenses \$ |
| | CULTIVATING INCLUSIVE JEWISH LIFE OPPORTUNITIES: COASTAL ROOTS FARM IS |
| | A JEWISH COMMUNITY FARM THAT INTEGRATES FARMING, GARDENING, AND FOOD AS |
| | A WAY TO TEACH ABOUT JEWISH TRADITION AND HERITAGE, BUILD JEWISH |
| | IDENTITY AND COMMUNITY, AND MAKE THE WORLD A MORE JUST AND SUSTAINABLE |
| | PLACE. WE ARE A LIVING JEWISH FARM, MAKING PRACTICES THAT ARE THOUSANDS |
| | OF YEARS OLD RELEVANT LESSONS FOR TODAY. THESE PRACTICES INFORM HOW WE |
| | GROW PRODUCE, SHARE BELONGINGS, TREAT NEIGHBORS, OBSERVE THE PASSING OF |
| | TIME, CELEBRATE AND IMPROVE, CARE FOR PLANTS AND ANIMALS, AND CREATE A |
| | VIBRANT, WELCOMING COMMUNITY. ALL OF THIS MAKES COASTAL ROOTS FARM A |
| | JEWISH FARM FOR EVERYONE. |
| | |
| | |
| 4d | Other program services (Describe on Schedule O.) |
| 4 - | (Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ▶ 1,607,784. |
| 4e | Total program service expenses \(\bigs\) \(\bigs\) \(\bigs\) \(\bigs\) \(\bigs\) |

Part IV Checklist of Required Schedules

| | | | Yes | No |
|----------|--|------------|-----|--|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A | 1 | х | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | 2 | X | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for | | | |
| Ū | public office? If "Yes," complete Schedule C, Part I | 3 | | х |
| 4 | Section 501(c)(3) organizations. 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 | 4 | | Х |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or | | | |
| | similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | 5 | | Х |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | х |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II. | 7 | | x |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i> | • | | |
| | Schedule D, Part III | 8 | | Х |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for | | | |
| | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV | 9 | | х |
| 10 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments | | | |
| | or in quasi endowments? If "Yes," complete Schedule D, Part V | 10 | | X |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, | | 37 | |
| | Part VI | 11a | Х | |
| b | Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | X |
| c | Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total | 110 | | 1 |
| · | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | Х |
| d | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in | | | |
| | Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | Х |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | X | |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | | |
| | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | Х | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII | 12a | Х | |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? | | | |
| | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | Х | 37 |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | X |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | X |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 | | | |
| | or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | X |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any | שדו | | - |
| | foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | х |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to | | | |
| | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | Х |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | | | l |
| | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I | 17 | | X |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | | | _v |
| 46 | 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | X |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," | 40 | | X |
| 20- | complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 19 20a | | X |
| 20a b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20a 20b | | |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | | |
| | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | | х |
| | | _ | | |

Part IV Checklist of Required Schedules (continued)

| | | | Yes | No |
|------|--|-----------|----------|--|
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | | | |
| | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | Х | <u> </u> |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current | | | 1 |
| | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete | | 7.7 | 1 |
| 04 - | Schedule J | 23 | Х | |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete | | | |
| | Schedule K. If "No," go to line 25a | 24a | | x |
| h | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease | | | |
| | any tax-exempt bonds? | 24c | | 1 |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25 a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit | | | |
| | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | X |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and | | | 1 |
| | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete | | | 77 |
| | Schedule L, Part I | 25b | | Х |
| 26 | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current | | | 1 |
| | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part II</i> | 26 | | x |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, | | | |
| | creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled | | | 1 |
| | entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | х |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV | | | |
| | instructions, for applicable filing thresholds, conditions, and exceptions): | | | |
| а | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If | | | |
| | "Yes," complete Schedule L, Part IV | 28a | | X |
| | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28b | | Х |
| С | A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?// | 00- | | x |
| 29 | "Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 28c 29 | Х | |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | 23 | | |
| - | contributions? If "Yes," complete Schedule M | 30 | | х |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | Х |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete | | | |
| | Schedule N, Part II | 32 | | X |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | | |
| | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | X |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and | 24 | Х | |
| 35.5 | Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 34 35a | -27 | Х |
| | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity | 55a | | |
| ~ | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? | | | |
| | If "Yes," complete Schedule R, Part V, line 2 | 36 | | Х |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | X |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? | | . | |
| Pa | Note: All Form 990 filers are required to complete Schedule 0 rt V Statements Regarding Other IRS Filings and Tax Compliance | 38 | X | |
| ı a | Check if Schedule O contains a response or note to any line in this Part V | | | |
| | | | Yes | No |
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 11 | | | |
| | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0 | | | |
| | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming | | | |
| | (gambling) winnings to prize winners? | 1c | Х | |

Form 990 (2020) COASTAL ROOTS FARM Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

| | | | Yes | No | | | | | |
|--|---|----------------------|-----|--------|--|--|--|--|--|
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, | | | | | | | | |
| | filed for the calendar year ending with or within the year covered by this return 2a 31 | | | | | | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | Х | | | | | | |
| | Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | | | | | | | |
| За | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | X | | | | | |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O | 3b | | | | | | | |
| 4a | 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)? | 4a | | Х | | | | | |
| b | If "Yes," enter the name of the foreign country ▶ | | | | | | | | |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | | | | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | X | | | | | |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | X | | | | | |
| С | , | | | | | | | | |
| 6a | | | | | | | | | |
| | any contributions that were not tax deductible as charitable contributions? | 6a | | X | | | | | |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts | | | | | | | | |
| | were not tax deductible? | 6b | | | | | | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | | | | | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a | | X | | | | | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | | | | | | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required | | | ٠,, | | | | | |
| | to file Form 8282? | 7с | | X | | | | | |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | | | 37 | | | | | |
| е | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | X | | | | | |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7 f 7g | | X | | | | | |
| g | | | | | | | | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | | | | | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the | | | | | | | | |
| 0 | sponsoring organization have excess business holdings at any time during the year? | 8 | | | | | | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | 9a | | | | | | | |
| a b | Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | | | | | | |
| 10 | Section 501(c)(7) organizations. Enter: | 35 | | | | | | | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 | | | | | | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b | | | | | | | | |
| 11 | Section 501(c)(12) organizations. Enter: | | | | | | | | |
| а | Gross income from members or shareholders 11a | | | | | | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against | | | | | | | | |
| | amounts due or received from them.) | | | | | | | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | | | | | | |
| | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | | | | | | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | | | | | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? | 13a | | | | | | | |
| | Note: See the instructions for additional information the organization must report on Schedule O. | | | | | | | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the | | | | | | | | |
| | organization is licensed to issue qualified health plans | | | | | | | | |
| С | Enter the amount of reserves on hand | | | | | | | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | Х | | | | | |
| b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O | | | | | | | | | |
| 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or | | | | | | | | | |
| | excess parachute payment(s) during the year? | 15 | | X | | | | | |
| | If "Yes," see instructions and file Form 4720, Schedule N. | | | | | | | | |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? | 16 | | X | | | | | |
| | If "Yes," complete Form 4720, Schedule O. | | 262 | | | | | | |
| | | Form | 990 | (2020) | | | | | |

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

| | Check if Schedule O contains a response or note to any line in this Part VI | | | X |
|----------|--|----------|---------|------|
| Sec | tion A. Governing Body and Management | | | |
| | | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year | | | |
| | If there are material differences in voting rights among members of the governing body, or if the governing | | | |
| | body delegated broad authority to an executive committee or similar committee, explain on Schedule O. | | | |
| b | Enter the number of voting members included on line 1a, above, who are independent 1b 3 | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other | | | |
| | officer, director, trustee, or key employee? | 2 | X | |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision | | | |
| | of officers, directors, trustees, or key employees to a management company or other person? | 3 | | X |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | X |
| 6 | Did the organization have members or stockholders? | 6 | | Х |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or | | | |
| | more members of the governing body? | 7a | | X |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or | | | |
| | persons other than the governing body? | 7b | | X |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | |
| а | The governing body? | 8a | Х | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | | X |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the | | | |
| | organization's mailing address? If "Yes," provide the names and addresses on Schedule O | 9 | | X |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) | | | |
| | | | Yes | No |
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | | X |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, | | | |
| | and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | Х | |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | X | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | Х | |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe | | | |
| | in Schedule O how this was done | 12c | X | |
| 13 | Did the organization have a written whistleblower policy? | 13 | X | |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | X | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent | | | |
| | persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | 37 | |
| | The organization's CEO, Executive Director, or top management official | 15a | Х | 37 |
| b | Other officers or key employees of the organization | 15b | | X |
| 40 | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a | | | v |
| | taxable entity during the year? | 16a | | X |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation | | | |
| | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's | 401 | | |
| 800 | exempt status with respect to such arrangements? tion C. Disclosure | 16b | | |
| | | | | |
| 17 10 | List the states with which a copy of this Form 990 is required to be filed CA Section 6104 requires an organization to make its Forms 1023 (1024 or 1024 A. if applicable), 990, and 990 T (Section 501/c)(3) |)c on! |) ava: | able |
| 18 | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3 | is only |) avall | aule |
| | for public inspection. Indicate how you made these available. Check all that apply. X Own website | | | |
| 10 | · | d fina | ncial | |
| 19 | Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, are statements available to the public during the tax year. | u iirial | ıcıdı | |
| 20 | State the name, address, and telephone number of the person who possesses the organization's books and records | | | |
| 20 | DENISE NAYLOR - 760-452-8617 | | | |
| | 441 SAXONY ROAD, ENCINITAS, CA 92024 | | | |

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

| (A) | (B) | | | | C) ition | | | (D) | (E) | (F) |
|---------------------------------|-----------------------|--------------------------------|--|---------|--------------|---------------------------------|--------|----------------------|------------------------------|-----------------------------|
| Name and title | Average | | Position do not check more th ox, unless person is | | | re than one | | Reportable | Reportable | Estimated |
| | hours per week | | | | | r/trus | | compensation from | compensation from related | amount of other |
| | (list any | sctor | | | | | | the | organizations | compensation |
| | hours for | or dire | g. | | | ated | | organization | (W-2/1099-MISC) | from the |
| | related organizations | Individual trustee or director | Institutional trustee | | ee ee | nbens | | (W-2/1099-MISC) | | organization and related |
| | below | dualtr | ıtional | _ | Key employee | stcor | 10 | | | organizations |
| | line) | Indivi | Institu | Officer | Key e | Highest compensated employee | Former | | | J |
| (1) JAMES S. FARLEY | 1.00 | | | | | | | | | |
| VICE CHAIR & TREASURER | 40.00 | Х | | Х | | | | 0. | 560,671. | 41,374 |
| (2) CHARLENE SEIDLE | 1.00 | | | | | | | | | |
| CHAIRPERSON | | Х | | Х | | | | 0. | 324,258. | 47,232 |
| (3) LEILANI RASMUSSEN | 1.00 | | | l | | | | | | |
| SECRETARY | 40.00 | | | Х | | | | 0. | 244,728. | 29,468 |
| (4) SHARYN GOODSON | 1.00 | 1 | | ,, | | | | | 010 050 | 46 204 |
| ASSISTANT SECRETARY | 40.00 | _ | | Х | | | | 0. | 210,853. | 46,394 |
| (5) JAVIER GUERRERO | 40.00 | - | | x | | | | 102 042 | 0. | 25 427 |
| PRESIDENT & CEO (6) ADAM BERMAN | 1.00 | | | ^ | | | | 183,942. | 0. | 25,427 |
| BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0 |
| (7) TODD FRANK | 1.00 | 122 | | | | | | 0. | • | 0 . |
| BOARD MEMBER | 1 2100 | x | | | | | | 0. | 0. | 0. |
| (8) ELAINE BECERRA | 1.00 | | | | | | | | | |
| BOARD MEMBER | | x | | | | | | 0. | 0. | 0 |
| (9) LAURA KREISS | 1.00 | | | | | | | | | |
| BOARD MEMBER | | Х | | | | | | 0. | 0. | 0 |
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| Pai | T VII Section A. Officers, Directors, Trus | | ploy | /ees | | | ighe | st C | | | | | (F) | |
|-----|---|------------------------|--------------------------------|-----------------------|---------|--------------|------------------------------|-------|--------------------------------|---------------------------|-------|---------|------------------|----------|
| | (A) | (B) | | | • | C) | | | (D) | (E) | • • | | | |
| | Name and title | Average hours per | | not c | | more | than | | Reportable | Reportable | | | timate | |
| | | week | | | | | is bot or/trus | | compensation from | compensation from related | | | nount (other | OŤ. |
| | | (list any | į į | | | | | the | organization | | | pensa | tion | |
| | | hours for | direc. | | | l lp | | | organization | (W-2/1099-MI | | | om the | |
| | | related | tee or | ustee | | | ensat | | (W-2/1099-MISC) | | | org | anizati | on |
| | | organizations | al trus | onal tr | | loyee | comp | | | | | | d relate | |
| | | below line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | rmer | | | | orga | anizatio | วทร |
| | | | 드 | 드 | 5 | <u>\$</u> | ± 5 | 윤 | | | | | | |
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| | | | | | | | | | | | | | | |
| | Cultivatal | | | | | | | | 183,942. | 1 3/10 5 | 1 0 | 1.8 | 9 8 | 95 |
| | Subtotal Total from continuation sheets to Part V | | | | | | | | 0. | 1,540,5 | 0. | 10 | <i>,</i> 0. | 0. |
| | Total (add lines 1b and 1c) | | | | | | | | 183,942. | 1.340.5 | - | 18 | 9,8 | |
| 2 | Total number of individuals (including but n | | | | | | | | <u> </u> | | | | | |
| | compensation from the organization | | | | | | | | | | | | Yes | No |
| 3 | Did the organization list any former officer, | director, trust | ee. I | kev e | emp | love | e. o | r hio | nhest compensated emp | lovee on | | | 162 | NO |
| _ | line 1a? If "Yes," complete Schedule J for s | • | | • | | • | | _ | | • | | 3 | | Х |
| 4 | For any individual listed on line 1a, is the su | | | | | | | | | | | | | |
| | and related organizations greater than \$15 | 0,000? <i>If</i> "Yes, | " co | mple | ete S | Sche | edule | e J f | for such individual | | | 4 | Х | |
| 5 | Did any person listed on line 1a receive or a | accrue compe | nsat | ion f | from | any | / unr | relat | ed organization or indivi | dual for services | 6 | | | |
| | rendered to the organization? If "Yes," com | plete Schedul | e J t | for s | uch | pers | son . | | | | | 5 | | X |
| 1 | tion B. Independent Contractors Complete this table for your five highest co | mpopostod in | don | ondo | nt c | ont | roote | aro t | that received more than | \$100,000 of oor | nnono | ation f | rom | |
| | the organization. Report compensation for | = | - | | | | | | | | препъ | alion | 10111 | |
| | (A) Name and business | address | NT | INC | | | | | (B) Description of s | envices | C | (C | ;) nsatior | n |
| | Name and business | <u>address</u> | 147 |)INI | | | | | Description of s | CIVICCS | | ompo | 1341101 | <u> </u> |
| | | | | | | | | _ | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 2 | Total number of independent contractors (i | ncluding but n | ot li | mite | d to | tho | se li | stec | d above) who received m | nore than | | | | |
| | \$100,000 of compensation from the organi | zation > | | | | (| 0 | | | | | Form | 990 (| 2020) |

| | | | | | ROOTS | FARM | | | 47-1570 | 910 Page 9 |
|---|------|------|---|-----------------|---------------------------------------|--------------------|--------------------------|-------------------|-------------------------------|---------------------------------|
| Pa | rt \ | VIII | _ | | | | | | | |
| | | | Check if Schedule O c | ontains a | response | or note to any lir | ne in this Part VIII (A) | (B) | (C) | (D) |
| | | | | | | | Total revenue | Related or exempt | Unrelated business revenue | Revenue excluded from tax under |
| () (A) | | | | | 1. 1 | | | | | sections 512 - 514 |
| Contributions, Gifts, Grants and Other Similar Amounts | 1 | | Federated campaigns | | 1a | | | | | |
| اع ق | | | | | 1b | | | | | |
| ifts, | | | Fundraising events | | 1c | 682,000. | | | | |
| ء; ظر | | | Related organizations Government grants (contri | | 1e | 326,360. | | | | |
| Sir | | | All other contributions, gifts, g | | \vdash | 320,3000 | | | | |
| per the | | | similar amounts not included | | | 884,219. | | | | |
| | | g | Noncash contributions included in | | 1g \$ | 64,996. | | | | |
| a Co | | - | Total. Add lines 1a-1f | | | | 1,892,579. | | | |
| | | | | | | Business Code | | | | |
| Program Service Revenue | 2 | a | FARM CAMPS | | | 611620 | 241,658. | 241,658. | | |
| | | b | | COME | | 110000 | 231,929. | 231,929. | | |
| n S | | С | COMMUNITY FAR | | | 900099 | 36,524. | 36,524. | | |
| Rev | | d | SCHOOL VISITS | /TOUE | <u> </u> | 900099 | 11,215. | 11,215. | | |
| , Jog | | e | COMPOSTING | | | 900099 | 7,200. | 7,200. | | |
| _ | | | All other program service r | | | | 528,526. | | | |
| | 3 | | Total. Add lines 2a-2f Investment income (include | | | | 320,320. | | | |
| | Ŭ | , | other similar amounts) | | | | 71. | | | 71. |
| | 4 | | Income from investment o | | | | | | | |
| | 5 | ; | Royalties | | | | | | | |
| | | | | (| i) Real | (ii) Personal | | | | |
| | 6 | а | Gross rents | 6a | | | | | | |
| | | | Less: rental expenses | 6b | | | | | | |
| | | | , , | 6c | | | | | | |
| | | | Net rental income or (loss) | | ` | | | | | |
| | 7 | а | Gross amount from sales of | `` | Securities | (ii) Other 15,499. | | | | |
| | | h | assets other than inventory Less: cost or other basis | 7a | | 13,433. | | | | |
| ě | | D | and sales expenses | 7b | | 23,538. | | | | |
| evenue | | С | Gain or (loss) | 7c | | -8,039. | | | | |
| Re | | | Net gain or (loss) | | | | -8,039. | | | -8,039. |
| Other | 8 | | Gross income from fundraisin | | | | | | | |
| ₹ | | | including \$ | | of | | | | | |
| | | | contributions reported on | line 1c). S | See | | | | | |
| | | | Part IV, line 18 | | | | | | | |
| | | | Less: direct expenses | | | | | | | |
| | _ | | Net income or (loss) from f | | | D | | | | |
| | 9 | а | Gross income from gaming | - | ı | | | | | |
| | | h | Part IV, line 19 | | | | | | | |
| | | | Net income or (loss) from (| | | > | | | | |
| | 10 | | Gross sales of inventory, le | | | | | | | |
| | | | and allowances | | I | | | | | |
| | | b | Less: cost of goods sold | | | | | | | |
| | | | Net income or (loss) from s | | · · · · · · · · · · · · · · · · · · · | > | | | | |
| sn | | | | | | Business Code | | | | |
| ne eo | 11 | а | | | | | | | | |
| Miscellaneous Revenue | | b | | | | | | | | |
| isc. Re | | q | All other revenue | | | | | | | |
| Σ | | | Total. Add lines 11a-11d | | | | | | | |
| | | | | | | | | | | |

032009 12-23-20

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

| | Check if Schedule O contains a respon | se or note to any line in | this Part IX | | |
|-----|---|---------------------------|-------------------------------|-----------------------|---------------------------|
| | not include amounts reported on lines 6b, | (A) Total expenses | (B) Program service | (C) Management and | (D) Fundraising |
| 7b, | 8b, 9b, and 10b of Part VIII. | Total expenses | expenses | general expenses | expenses |
| 1 | Grants and other assistance to domestic organizations | | | | |
| | and domestic governments. See Part IV, line 21 | | | | |
| 2 | Grants and other assistance to domestic | 111 044 | 111 044 | | |
| | individuals. See Part IV, line 22 | 111,044. | 111,044. | | |
| 3 | Grants and other assistance to foreign | | | | |
| | organizations, foreign governments, and foreign | | | | |
| | individuals. See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, | 017 550 | 120 522 | F4 200 | 22 (22 |
| | trustees, and key employees | 217,553. | 130,532. | 54,388. | 32,633 |
| 6 | Compensation not included above to disqualified | | | | |
| | persons (as defined under section 4958(f)(1)) and | | | | |
| | persons described in section 4958(c)(3)(B) | 000 005 | 000 657 | 105 000 | FO 44F |
| 7 | Other salaries and wages | 999,925. | 823,657. | 125,823. | 50,445 |
| 8 | Pension plan accruals and contributions (include | C1 040 | 40 460 | 0 1 - 4 | 4 000 |
| | section 401(k) and 403(b) employer contributions) | 61,842. | 48,468. | 9,154. | 4,220 12,211 |
| 9 | Other employee benefits | 178,953. | 140,253. | 26,489. | 14,411 |
| 10 | Payroll taxes | 110,562. | 86,652. | 16,365. | 7,545 |
| 11 | Fees for services (nonemployees): | | | | |
| а | Management | | | | |
| b | | | | | |
| С | 5 F | | | | |
| d | , , , , , , , , , , , , , , , , , , , | | | | |
| е | · · · | | | | |
| f | Investment management fees | | | | |
| g | ` ' | 01 000 | 20 040 | 25 552 | 15 570 |
| | column (A) amount, list line 11g expenses on Sch 0.) | 81,080. | 29,949. | 35,552. | 15,579 367 |
| 12 | Advertising and promotion | 12,255. | 11,888. | 410 | |
| 13 | Office expenses | 2,512. | 2,095. | 412. | 5 |
| 14 | Information technology | 12,949. | 10,047. | 2,902. | |
| 15 | Royalties | 21 524 | 21 200 | 21.6 | |
| 16 | Occupancy | 21,524. | 21,208. | 316. | |
| 17 | Travel | | | | |
| 18 | Payments of travel or entertainment expenses | | | | |
| | for any federal, state, or local public officials | 4 1 4 0 | 2 660 | 200 | 200 |
| 19 | Conferences, conventions, and meetings | 4,148. | 3,660. | 200. | 288 |
| 20 | Interest | | | | |
| 21 | Payments to affiliates | 38,683. | 35,548. | 3,135. | |
| 22 | Depreciation, depletion, and amortization | 23,130. | 12,117. | 9,282. | 1,731 |
| 23 | Insurance Other expanses Itamize expanses not sourced | 43,130. | 14,11, | 3,404. | Ι,/31 |
| 24 | Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If | | | | |
| | line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) | | | | |
| а | PADM CHIDDLIEC / [| 99,516. | 99,224. | 283. | 9 |
| b | IN-KIND GIFTS | 54,496. | 0. | 54,496. | 0 |
| С | MISCELLANEOUS | 25,439. | 20,944. | 625. | 3,870 |
| d | REPAIRS/MAINTENENCE | 22,730. | 19,250. | 3,480. | 0 |
| е | | 3,048. | 1,248. | 1,448. | 352 |
| 25 | Total functional expenses. Add lines 1 through 24e | 2,081,389. | 1,607,784. | 344,350. | 129,255 |
| 26 | Joint costs. Complete this line only if the organization | | | | |
| | reported in column (B) joint costs from a combined | | | | |
| | educational campaign and fundraising solicitation. | | | | |
| | Check here if following SOP 98-2 (ASC 958-720) | | | | |

| Par | τX | Balance Sheet | | | | | |
|-----------------------------|-----|--|---------------|-----------------------|---------------------------------|---------|---------------------------|
| | | Check if Schedule O contains a response or | note to any | / line in this Part X | | | |
| | | | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash - non-interest-bearing | | 327,638. | 1 | 731,143 | |
| | 2 | Savings and temporary cash investments | | | | 2 | |
| | 3 | Pledges and grants receivable, net | | 3 | | | |
| | 4 | Accounts receivable, net | 77,338. | 4 | 54,925 | | |
| | 5 | Loans and other receivables from any currer | | | | | |
| | | trustee, key employee, creator or founder, so | ubstantial c | ontributor, or 35% | | | |
| | | controlled entity or family member of any of | | 5 | | | |
| | 6 | Loans and other receivables from other disq | | | | | |
| | | under section 4958(f)(1)), and persons descr | ibed in sec | tion 4958(c)(3)(B) | | 6 | |
| į į | 7 | Notes and loans receivable, net | | | | 7 | |
| Assets | 8 | Inventories for sale or use | | | | 8 | |
| ⋖ | 9 | Prepaid expenses and deferred charges | | | 8,600. | 9 | 7,618 |
| | 10a | Land, buildings, and equipment: cost or other | | | | | |
| | | basis. Complete Part VI of Schedule D | 10a | 331,808. | | | |
| | b | Less: accumulated depreciation | 10b | 126,482. | 155,450. | 10c | 205,326 |
| | 11 | Investments - publicly traded securities | | 11 | | | |
| | 12 | Investments - other securities. See Part IV, li | | 12 | | | |
| | 13 | Investments - program-related. See Part IV, I | | 13 | | | |
| | 14 | Intangible assets | | | 14 | | |
| | 15 | Other assets. See Part IV, line 11 | | 15 | | | |
| | 16 | Total assets. Add lines 1 through 15 (must e | equal line 3 | 3) | 569,026. | 16 | 999,012 |
| | 17 | Accounts payable and accrued expenses | | 97,395. | 17 | 153,770 | |
| | 18 | Grants payable | | 18 | | | |
| | 19 | Deferred revenue | | | 19 | | |
| | 20 | Tax-exempt bond liabilities | | | | 20 | |
| | 21 | Escrow or custodial account liability. Comple | ete Part IV o | of Schedule D | | 21 | |
| es | 22 | Loans and other payables to any current or | | | | | |
| <u> </u> | | trustee, key employee, creator or founder, so | | | | | |
| Liabilities | | controlled entity or family member of any of | | | | 22 | |
| _ | 23 | Secured mortgages and notes payable to ur | | _ | | 23 | |
| | 24 | Unsecured notes and loans payable to unrel | | | | 24 | |
| | 25 | Other liabilities (including federal income tax | | | | | |
| | | parties, and other liabilities not included on I | ines 17-24). | Complete Part X | 207,327. | | 249,190 |
| | | of Schedule D | | | 304,722. | | |
| _ | 26 | Total liabilities. Add lines 17 through 25 | | | 304,722. | 26 | 402,960 |
| န္က | | Organizations that follow FASB ASC 958, | check here | | | | |
| ğ | | and complete lines 27, 28, 32, and 33. | | | 53,819. | | 206 200 |
| <u>ala</u> | 27 | Net assets without donor restrictions | | | 210,485. | 27 | 296,398 299,654 |
| 9 | 28 | Net assets with donor restrictions | | | 210,403. | 28 | 233,034 |
| 립 | | Organizations that do not follow FASB AS | C 958, cne | ck nere | | | |
| <u>ه</u> ا | 00 | and complete lines 29 through 33. | | | 00 | | |
| ets | 29 | Capital stock or trust principal, or current fur | | | 29 | | |
| ŠŠ | 30 | Paid-in or capital surplus, or land, building, o | | | | 30 | |
| Net Assets or Fund Balances | 31 | Retained earnings, endowment, accumulate | | | 264,304. | 31 | 596,052 |
| Ž | 32 | Total net assets or fund balances | | | 569,026. | 32 | 999,012 |
| | 33 | Total liabilities and net assets/fund balances | | | 303,040. | 33 | 333,U14 |

| Pa | rt XI Reconciliation of Net Assets | | | , | |
|----|---|------------|------|-----------------|-----|
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | |
| | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 2 | 2,41 | 3,1 | 37. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 2 | 2,08 | | |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 33 | 1, 7 | 48. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 26 | 4,3 | 04. |
| 5 | Net unrealized gains (losses) on investments | 5 | | | |
| 6 | Donated services and use of facilities | 6 | | | |
| 7 | Investment expenses | 7 | | | |
| 8 | Prior period adjustments | 8 | | | |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | 9 | | | 0. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, | | | | |
| | column (B)) | 10 | 59 | 6,0 | 52. |
| Pa | rt XII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | |
| | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other | | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule | O. | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | | Х |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed | d on a | | | |
| | separate basis, consolidated basis, or both: | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b | Х | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat | e basis, | | | |
| | consolidated basis, or both: | | | | |
| | Separate basis Consolidated basis X Both consolidated and separate basis | | | | |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th | e audit, | | | |
| | review, or compilation of its financial statements and selection of an independent accountant? | | 2c | Х | |
| | If the organization changed either its oversight process or selection process during the tax year, explain on Sch | nedule O. | | | |
| За | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir | ngle Audit | | | |
| | Act and OMB Circular A-133? | | 3a | | Х |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ | ired audit | | | |
| | or audits, explain why on Schedule O and describe any steps taken to undergo such audits | | 3b | | |

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization COASTAL ROOTS FARM **Employer identification number** 47-1570910

| Pa | rt I | Reason for Public (| Charity Status. | All organizations must c | omplete th | nis part.) S | ee instructions. | |
|----------|---------|---|---|------------------------------|-------------------------------|---------------------------|-----------------------------|----------------------------|
| Γhe | organ | ization is not a private found | oundation because it is: (For lines 1 through 12, check only one box.) | | | | | |
| 1 | | A church, convention of ch | | | | | I)(A)(i). | |
| 2 | | A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) | | | | | | |
| 3 | | A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii) . | | | | | | |
| 4 | | A medical research organiz | | | | | | the hospital's name. |
| | | city, and state: | a operatea ee. | ngan onon man a moopha | | 000 | | ino noophan o name, |
| 5 | | | An organization operated for the benefit of a college or university owned or operated by a governmental unit described in | | | | | |
| J | | section 170(b)(1)(A)(iv). (C | | nego or armversity owner | a or opera | iou by u g | overnmental and accord | 700 III |
| 6 | | | | aantal unit daaarihad in | costion 17 | 70/6\/4\/A\ | (v) | |
| 6 | X | A federal, state, or local gov | | | | | | nublic described in |
| ′ | 21 | An organization that norma | • | riliai part of its support i | rom a gov | emmentai | unit or from the general | public described in |
| | | section 170(b)(1)(A)(vi). (C | . , | (4)(A)(vi) (Commisto Dom | L II \ | | | |
| 8 | | A community trust describe | | | | | | a alla ma |
| 9 | | An agricultural research org | | | | - | - | - |
| | | or university or a non-land-g | grant college of agric | ulture (see instructions). | Enter the | name, city | , and state of the colleg | e or |
| 40 | | university: | . (4) | | | | | |
| 10 | | An organization that norma | | | | | | |
| | | activities related to its exen | | | | | | |
| | | income and unrelated busin | | (less section 511 tax) fr | om busine | sses acqu | ired by the organization | after June 30, 1975. |
| | | See section 509(a)(2). (Cor | • | | | | 201 1141 | |
| 11 | | An organization organized | • | • | - | | | |
| 12 | | An organization organized a | | • | = | | • | |
| | | more publicly supported or | ~ | | | | | neck the box in |
| _ | | lines 12a through 12d that | * * | | | - | _ | . at ta |
| а | | ☐ Type I. A supporting orga | · · · · · · · · · · · · · · · · · · · | | • | • | | |
| | | the supported organization | | | a majority (| of the aire | ctors or trustees of the s | supporting |
| | | organization. You must o | | | | | | |
| b | | | • | | | | | • |
| | | control or management o | | | ame perso | ons that co | ontrol or manage the sup | portea |
| | | organization(s). You mus | - | | | | | 1 20 |
| С | | ☐ Type III functionally inte | | | | | • • | ed with, |
| | | its supported organization | | • | | | | |
| d | | ☐ Type III non-functionally | | | | | | ` ' |
| | | that is not functionally int | • | • | • | | • | iveness |
| | | requirement (see instruct | · · | - | | | | |
| е | L | ☐ Check this box if the orga | | | | | ı Type I, Type II, Type III | |
| | | functionally integrated, or | * * | nally integrated support | ing organiz | zation. | | |
| Т | | er the number of supported o | • | | | | | |
| <u>g</u> | | vide the following information i) Name of supported | (ii) EIN | (iii) Type of organization | (iv) Is the orga | nization listed | (v) Amount of monetary | (vi) Amount of other |
| | ` | organization | (-, | (described on lines 1-10 | in your governi Yes | ng document? No | support (see instructions) | support (see instructions) |
| | | | | above (see instructions)) | | | | |
| | | | | | | | | |
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032021 01-25-21

Schedule A (Form 990 or 990-EZ) 2020

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

| Sec | ction A. Public Support | | <u> </u> | | | | |
|------|--|----------|-----------------|-------------|---------------|------------------------|-----------|
| Cale | ndar year (or fiscal year beginning in) | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | 948,664. | 1079666. | 1378831. | 1540644. | 1892579. | 6840384. |
| 2 | Tax revenues levied for the organ- | | | | | | |
| | ization's benefit and either paid to | | | | | | |
| | or expended on its behalf | | | | | | |
| 3 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to | | | | | | |
| | the organization without charge | | 107044 | 10-001 | 1 - 1 - 1 - 1 | 1000==0 | |
| 4 | Total. Add lines 1 through 3 | 948,664. | 1079666. | 1378831. | 1540644. | 1892579. | 6840384. |
| 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) | | | | | | 3726139. |
| 6 | Public support. Subtract line 5 from line 4. | | | | | | 3114245. |
| | ction B. Total Support | | | | г | r | |
| | ndar year (or fiscal year beginning in) | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
| 7 | Amounts from line 4 | 948,664. | 1079666. | 1378831. | 1540644. | 1892579. | 6840384. |
| 8 | Gross income from interest, | | | | | | |
| | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties, | | | | 21 | 71 | 0.0 |
| | and income from similar sources | | | | 21. | 71. | 92. |
| 9 | Net income from unrelated business | | | | | | |
| | activities, whether or not the | | | | | | |
| | business is regularly carried on | | | | | | |
| 10 | Other income. Do not include gain | | | | | | |
| | or loss from the sale of capital | | | | | | |
| | assets (Explain in Part VI.) | | | | | | 6840476. |
| 11 | Total support. Add lines 7 through 10 | | , | | | 1 | ,323,037. |
| 12 | Gross receipts from related activities, | | | | | | ,323,031. |
| 13 | First 5 years. If the Form 990 is for the | | | • | • | . , . , | . □ |
| 50/ | organization, check this box and storection C. Computation of Publ | | rcentage | | | | <u></u> |
| | Public support percentage for 2020 (| | | oolumn (f)\ | | 14 | 45.53 % |
| | Public support percentage from 2019 | | | | | 15 | 35.65 % |
| 15 | | | | | | | |
| 102 | 16a 33 1/3 % support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | | | | | |
| h | stop here. The organization qualifies as a publicly supported organization ▶ X b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box | | | | | | |
| | and stop here. The organization qual | | | | | | |
| 179 | 10% -facts-and-circumstances tes | | | | | | |
| 110 | and if the organization meets the fact | • | | | | | * |
| | meets the facts-and-circumstances to | | · | • | | · · | |
| h | 10% -facts-and-circumstances tes | ū | • | • • • • | • | 17a and line 15 is | |
| | more, and if the organization meets the | _ | | | | | 10/0 01 |
| | organization meets the facts-and-circ | | • | | | | |
| 18 | Private foundation. If the organization | | | | | | s |

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 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.)

| Se | ction A. Public Support | , 1 | , | | | | |
|------|---|---------------------|----------------------|----------------------|-------------------|---------------------|---------------|
| Cale | endar year (or fiscal year beginning in) 🕨 | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | | | | | | |
| 2 | Gross receipts from admissions, | | | | | | |
| | merchandise sold or services per- | | | | | | |
| | formed, or facilities furnished in any activity that is related to the | | | | | | |
| | organization's tax-exempt purpose | | | | | | |
| 3 | Gross receipts from activities that | | | | | | |
| | are not an unrelated trade or bus- | | | | | | |
| | iness under section 513 | | | | | | |
| 4 | Tax revenues levied for the organ- | | | | | | |
| | ization's benefit and either paid to | | | | | | |
| | or expended on its behalf | | | | | | |
| 5 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to | | | | | | |
| | the organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | | | | | | |
| | Amounts included on lines 1, 2, and | | | | | | |
| | 3 received from disqualified persons | | | | | | |
| ŀ | 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 | | | | | | |
| (| Add lines 7a and 7b | | | | | | |
| | Public support. (Subtract line 7c from line 6.) | | | | | | |
| | ction B. Total Support | | | | | | |
| Cale | endar year (or fiscal year beginning in) | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
| 9 | Amounts from line 6 | . , | | | | , , | |
| | Gross income from interest, | | | | | | |
| | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties, and income from similar sources | | | | | | |
| ŀ | Unrelated business taxable income | | | | | | |
| | (less section 511 taxes) from businesses | | | | | | |
| | acquired after June 30, 1975 | | | | | | |
| | Add lines 10a and 10b | | | | | | |
| | Net income from unrelated business | | | | | | |
| | activities not included in line 10b, | | | | | | |
| | whether or not the business is regularly carried on | | | | | | |
| 12 | Other income. Do not include gain | | | | | | |
| | or loss from the sale of capital | | | | | | |
| 13 | assets (Explain in Part VI.) | | | | | | |
| | First 5 years. If the Form 990 is for the | ne organization's f | irst, second, third. | fourth, or fifth tax | vear as a section | 501(c)(3) organizat | ion. |
| | | · · | | • | | | |
| Se | ction C. Computation of Publ | | | | | | |
| | Public support percentage for 2020 (| | | column (f)) | | 15 | % |
| | Public support percentage from 2019 | | | | | 16 | % |
| | ction D. Computation of Inve | | | | | 1 | ,, |
| | Investment income percentage for 20 | | | | | 17 | % |
| | Investment income percentage from | | | | | 18 | // |
| | a 33 1/3% support tests - 2020. If the | | | | | | |
| .50 | more than 33 1/3%, check this box a | | | | | | |
| ŀ | 33 1/3% support tests - 2019. If the | | | | | | |
| • | line 18 is not more than 33 1/3%, che | | | | | | |
| 20 | Private foundation If the organization | | | | | | |

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

| | Yes | No |
|-----|-----|----|
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| Par | t IV | Supporting Organizations (continued) | | | |
|----------|---------|---|----------|------|----|
| | | • | | Yes | No |
| 11 | Has th | ne organization accepted a gift or contribution from any of the following persons? | | | |
| а | A pers | son who directly or indirectly controls, either alone or together with persons described in lines 11b and | | | |
| | 11c be | elow, the governing body of a supported organization? | 11a | | |
| b | A fami | ly member of a person described in line 11a above? | 11b | | |
| С | A 35% | controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide | | | |
| | | in Part VI. | 11c | | |
| Sect | tion E | B. Type I Supporting Organizations | | | |
| | | | | Yes | No |
| 1 | | e governing body, members of the governing body, officers acting in their official capacity, or membership of one or | | | |
| | | supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, | | | |
| | | ors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) ively operated, supervised, or controlled the organization's activities. If the organization had more than one supported | | | |
| | | zation, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the | | | |
| | | rted organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1 | | |
| 2 | Did the | e organization operate for the benefit of any supported organization other than the supported | | | |
| | • | zation(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in | | | |
| | Part V | I how providing such benefit carried out the purposes of the supported organization(s) that operated, | | | |
| | | vised, or controlled the supporting organization. | 2 | | |
| Sect | tion C | C. Type II Supporting Organizations | | | |
| | | | | Yes | No |
| 1 | | a majority of the organization's directors or trustees during the tax year also a majority of the directors | | | |
| | | stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control | | | |
| | | nagement of the supporting organization was vested in the same persons that controlled or managed | | | |
| <u> </u> | | pported organization(s). | 1 | | |
| Seci | ion L | D. All Type III Supporting Organizations | | | |
| | | | | Yes | No |
| 1 | | e organization provide to each of its supported organizations, by the last day of the fifth month of the | | | |
| | • | zation's tax year, (i) a written notice describing the type and amount of support provided during the prior tax | | | |
| | | ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the | | | |
| • | | zation's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | | |
| 2 | | any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported | | | |
| | | zation(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how ganization maintained a close and continuous working relationship with the supported organization(s). | 2 | | |
| 3 | | ison of the relationship described in line 2, above, did the organization's supported organizations have a | | | |
| 3 | • | cant voice in the organization's investment policies and in directing the use of the organization's | | | |
| | • | e or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's | | | |
| | | rted organizations played in this regard. | 3 | | |
| Sect | | E. Type III Functionally Integrated Supporting Organizations | | | |
| 1 | | the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions) | | | |
| a | | The organization satisfied the Activities Test. Complete line 2 below. | - | | |
| b | | The organization is the parent of each of its supported organizations. Complete line 3 below. | | | |
| С | | The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in | structio | ns). | |
| 2 | Activit | ies Test. Answer lines 2a and 2b below. | | Yes | No |
| а | Did su | bstantially all of the organization's activities during the tax year directly further the exempt purposes of | | | |
| | the su | pported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify | | | |
| | those | supported organizations and explain how these activities directly furthered their exempt purposes, | | | |
| | how th | ne organization was responsive to those supported organizations, and how the organization determined | | | |
| | that th | nese activities constituted substantially all of its activities. | 2a | | |
| b | Did the | e activities described in line 2a, above, constitute activities that, but for the organization's involvement, | | | |
| | one or | more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in | | | |
| | Part V | Ithe reasons for the organization's position that its supported organization(s) would have engaged in | | | |
| | these a | activities but for the organization's involvement. | 2b | | |
| 3 | | t of Supported Organizations. Answer lines 3a and 3b below. | | | |
| а | Did the | e organization have the power to regularly appoint or elect a majority of the officers, directors, or | | | |
| | trustee | es of each of the supported organizations? If "Yes" or "No" provide details in Part VI. | 3a | | |
| b | Did the | e organization exercise a substantial degree of direction over the policies, programs, and activities of each | | | |

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

| Pa | rt V Type III Non-Functionally Integrated 509(a)(3) Supporti | ng Organ | izations | |
|------|--|----------------|-------------------------------------|--------------------------------|
| 1 | Check here if the organization satisfied the Integral Part Test as a qualifyi | ng trust on | Nov. 20, 1970 (e <i>xplain in</i> I | Part VI). See instructions. |
| | All other Type III non-functionally integrated supporting organizations must | st complete | Sections A through E. | |
| Sect | ion A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Net short-term capital gain | 1 | | |
| 2 | Recoveries of prior-year distributions | 2 | | |
| 3 | Other gross income (see instructions) | 3 | | |
| 4 | Add lines 1 through 3. | 4 | | |
| 5 | Depreciation and depletion | 5 | | |
| 6 | Portion of operating expenses paid or incurred for production or | | | |
| | collection of gross income or for management, conservation, or | | | |
| | maintenance of property held for production of income (see instructions) | 6 | | |
| 7 | Other expenses (see instructions) | 7 | | |
| 8 | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | | |
| Sect | ion B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Aggregate fair market value of all non-exempt-use assets (see | | | |
| | instructions for short tax year or assets held for part of year): | | | |
| а | Average monthly value of securities | 1a | | |
| b | Average monthly cash balances | 1b | | |
| c | Fair market value of other non-exempt-use assets | 1c | | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | | |
| е | Discount claimed for blockage or other factors | | | |
| | (explain in detail in Part VI): | | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| 3 | Subtract line 2 from line 1d. | 3 | | |
| 4 | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, | | | |
| | see instructions). | 4 | | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| 6 | Multiply line 5 by 0.035. | 6 | | |
| 7 | Recoveries of prior-year distributions | 7 | | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| Sect | ion C - Distributable Amount | | | Current Year |
| 1 | Adjusted net income for prior year (from Section A, line 8, column A) | 1 | | |
| 2 | Enter 0.85 of line 1. | 2 | | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, column A) | 3 | | |
| 4 | Enter greater of line 2 or line 3. | 4 | | |
| 5 | Income tax imposed in prior year | 5 | | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to | | | |
| | emergency temporary reduction (see instructions). | 6 | | |
| 7 | Check here if the current year is the organization's first as a non-functional | ally integrate | ed Type III supporting org | anization (see |
| | instructions). | | | |

Schedule A (Form 990 or 990-EZ) 2020

| Sche | dule A (Form 990 or 990-EZ) 2020 COASTAL ROOTS | FARM | | 4 | 7-1570910 Page 7 |
|--|--|-------------------------------|---------------------------------------|------|---|
| Pai | | (a)(3) Supporting Orga | anizations _{(continu} | ıed) | |
| Sect | ion D - Distributions | | • | Í | Current Year |
| 1 | Amounts paid to supported organizations to accomplish exe | | 1 | | |
| 2 | Amounts paid to perform activity that directly furthers exem | | | | |
| | organizations, in excess of income from activity | 2 | | | |
| 3 | Administrative expenses paid to accomplish exempt purpos | es of supported organization | s | 3 | |
| 4 | Amounts paid to acquire exempt-use assets | | | 4 | |
| 5 | Qualified set-aside amounts (prior IRS approval required - pro | ovide details in Part VI) | | 5 | |
| 6 | Other distributions (describe in Part VI). See instructions. | | | 6 | |
| 7 | Total annual distributions. Add lines 1 through 6. | | | 7 | |
| 8 | Distributions to attentive supported organizations to which t | he organization is responsive |) | | |
| | (provide details in Part VI). See instructions. | | | 8 | |
| 9 | Distributable amount for 2020 from Section C, line 6 | | | 9 | |
| 10 | Line 8 amount divided by line 9 amount | | | 10 | |
| Section E - Distribution Allocations (see instructions) (i) (ii) Underdistributions Underdistributions | | | | | |
| Sect | ion E - Distribution Allocations (see instructions) | 1 | (ii) Underdistributior Pre-2020 | ıs | (iii) Distributable Amount for 2020 |
| Sect | ion E - Distribution Allocations (see instructions) Distributable amount for 2020 from Section C, line 6 | 1 | Underdistribution | ıs | Distributable |
| | <u> </u> | 1 | Underdistribution | is | Distributable |
| 1 | Distributable amount for 2020 from Section C, line 6 | 1 | Underdistribution | is | Distributable |
| 1 | Distributable amount for 2020 from Section C, line 6 Underdistributions, if any, for years prior to 2020 (reason- | 1 | Underdistribution | ns | Distributable |
| 1 2 3 | Distributable amount for 2020 from Section C, line 6 Underdistributions, if any, for years prior to 2020 (reasonable cause required - explain in Part VI). See instructions. | 1 | Underdistribution | ns | Distributable |
| 1 2 3 a | Distributable amount for 2020 from Section C, line 6 Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in</i> Part VI). See instructions. Excess distributions carryover, if any, to 2020 | 1 | Underdistribution | ns | Distributable |
| 1 2 3 a b | Distributable amount for 2020 from Section C, line 6 Underdistributions, if any, for years prior to 2020 (reasonable cause required - explain in Part VI). See instructions. Excess distributions carryover, if any, to 2020 From 2015 | 1 | Underdistribution | ns | Distributable |
| 1 2 3 a b c | Distributable amount for 2020 from Section C, line 6 Underdistributions, if any, for years prior to 2020 (reasonable cause required - explain in Part VI). See instructions. Excess distributions carryover, if any, to 2020 From 2015 From 2016 | 1 | Underdistribution | ns | Distributable |
| 1 2 3 a b c d | Distributable amount for 2020 from Section C, line 6 Underdistributions, if any, for years prior to 2020 (reasonable cause required - explain in Part VI). See instructions. Excess distributions carryover, if any, to 2020 From 2015 From 2016 From 2017 | 1 | Underdistribution | ns | Distributable |
| 1 2 3 a b c d e | Distributable amount for 2020 from Section C, line 6 Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i>). See instructions. Excess distributions carryover, if any, to 2020 From 2015 From 2016 From 2017 From 2018 | 1 | Underdistribution | ns | Distributable |
| 1 2 3 a b c d e f | Distributable amount for 2020 from Section C, line 6 Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i>). See instructions. Excess distributions carryover, if any, to 2020 From 2015 From 2016 From 2017 From 2018 From 2019 | 1 | Underdistribution | ns | Distributable |
| 1 2 3 a b c d e f g | Distributable amount for 2020 from Section C, line 6 Underdistributions, if any, for years prior to 2020 (reasonable cause required - explain in Part VI). See instructions. Excess distributions carryover, if any, to 2020 From 2015 From 2016 From 2017 From 2018 From 2019 Total of lines 3a through 3e | 1 | Underdistribution | ns | Distributable |

Schedule A (Form 990 or 990-EZ) 2020

Remainder. Subtract lines 3g, 3h, and 3i from line 3f.

4 Distributions for 2020 from Section D,

Part VI. See instructions.

and 4c.

8 Breakdown of line 7:
 a Excess from 2016
 b Excess from 2017
 c Excess from 2018
 d Excess from 2019
 e Excess from 2020

a Applied to underdistributions of prior yearsb Applied to 2020 distributable amount

c Remainder. Subtract lines 4a and 4b from line 4.
 5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater

than zero, explain in Part VI. See instructions.
 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in

7 Excess distributions carryover to 2021. Add lines 3j

| Part VI | Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; |
|---------|---|
| | Part IV. Section A. lines 1.2. 3b. 3c. 4b. 4c. 5a. 6. 9a. 9b. 9c. 11a. 11b. and 11c. Part IV. Section B. lines 1 and 2: Part IV. Section C. |
| | Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, |
| | Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. |
| | (See instructions.) |
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Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service **Schedule of Contributors**

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

2020

Name of the organization Employer identification number COASTAL ROOTS FARM 47-1570910

Organization type (check one):

| Filers of: | Filers of: Section: | | | | | |
|---|--|--|--|--|--|--|
| Form 990 or 990-EZ | X 501(c)(3) (enter number) organization | | | | | |
| | 4947(a)(1) nonexempt charitable trust not treated as a private foundation | | | | | |
| | 527 political organization | | | | | |
| Form 990-PF | 501(c)(3) exempt private foundation | | | | | |
| | 4947(a)(1) nonexempt charitable trust treated as a private foundation | | | | | |
| | 501(c)(3) taxable private foundation | | | | | |
| | | | | | | |
| • • | ation is covered by the General Rule or a Special Rule . 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. | | | | | |
| General Rule | | | | | | |
| - | nization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or many one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. | | | | | |
| Special Rules | | | | | | |
| sections 509 any one conf | For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. | | | | | |
| For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. | | | | | | |
| For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year | | | | | | |
| Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF). | | | | | | |

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization

COASTAL ROOTS FARM

Employer identification number

47-1570910

| Part I | Contributors (see instructions). Use duplicate copies of Part I if additional | I space is needed. | |
|------------|---|----------------------------|---|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 1 | | \$\$ | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 2 | | \$ 682,000. | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 3 | | \$ 79,033. | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 4 | | \$ | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 5 | | \$\$ | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 6 | | \$54,496. | Person Payroll Noncash (Complete Part II for noncash contributions.) |

Name of organization

COASTAL ROOTS FARM

47-1570910

| Part I | Contributors (see instructions). Use duplicate copies of Part I is | f additional space is needed. | |
|------------|--|-------------------------------|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 7 | | \$\$ | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |

Name of organization Employer identification number

47-1570910 COASTAL ROOTS FARM Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (a) No. (b) (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I HAND SANITIZER 6 54,496. 12/31/20 (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I (a) (c) No. (d) (b) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I

023453 11-25-20

(a)

No.

from

Part I

(c)

FMV (or estimate)

(See instructions.)

(b)

Description of noncash property given

(d)

Date received

Name of organization **Employer identification number** COASTAL ROOTS FARM 47-1570910 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. `fŕom Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

►Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

COASTAL ROOTS FARM

Employer identification number 47-1570910

| Pai | rt I Organizations Maintaining Donor Advise | ed Funds or Other Similar Funds or | Accounts. Complete if the | | | |
|--------|--|---|---------------------------------|--|--|--|
| | organization answered "Yes" on Form 990, Part IV, lin | ne 6. | | | | |
| | | (a) Donor advised funds | (b) Funds and other accounts | | | |
| 1 | Total number at end of year | | | | | |
| 2 | Aggregate value of contributions to (during year) | | | | | |
| 3 | Aggregate value of grants from (during year) | | | | | |
| 4 | Aggregate value at end of year | | | | | |
| 5 | Did the organization inform all donors and donor advisors in | writing that the assets held in donor advised f | unds | | | |
| | are the organization's property, subject to the organization's | exclusive legal control? | Yes No | | | |
| 6 | Did the organization inform all grantees, donors, and donor a | dvisors in writing that grant funds can be use | d only | | | |
| | for charitable purposes and not for the benefit of the donor of | or donor advisor, or for any other purpose con | ferring | | | |
| | | | | | | |
| Pai | rt II Conservation Easements. Complete if the org | ganization answered "Yes" on Form 990, Part | IV, line 7. | | | |
| 1 | Purpose(s) of conservation easements held by the organization | | | | | |
| | Preservation of land for public use (for example, recrea | | storically important land area | | | |
| | Protection of natural habitat | Preservation of a ce | ertified historic structure | | | |
| | Preservation of open space | | | | | |
| 2 | Complete lines 2a through 2d if the organization held a quality | fied conservation contribution in the form of a | | | | |
| | day of the tax year. | | Held at the End of the Tax Year | | | |
| | Total number of conservation easements | | | | | |
| | Total acreage restricted by conservation easements | | • | | | |
| | Number of conservation easements on a certified historic str | | . 2c | | | |
| a | Number of conservation easements included in (c) acquired | | | | | |
| • | listed in the National Register | | 2d | | | |
| 3 | Number of conservation easements modified, transferred, re | leased, extinguished, or terminated by the org | ganization during the tax | | | |
| 4 | year | coment is leasted | | | | |
| 4 5 | Number of states where property subject to conservation ea | | | | | |
| 3 | Does the organization have a written policy regarding the per violations, and enforcement of the conservation easements i | | Yes No | | | |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, | | | | | |
| Ū | b | Transming of Violations, and emoreting conserve | ation casements during the year | | | |
| 7 | Amount of expenses incurred in monitoring, inspecting, hand | dling of violations, and enforcing conservation | easements during the year | | | |
| - | \$ | annig on molations, and other only contact ration | caseee adming and year | | | |
| 8 | Does each conservation easement reported on line 2(d) above | ve satisfy the requirements of section 170(h)(4 | 4)(B)(i) | | | |
| | and section 170(h)(4)(B)(ii)? | • | | | | |
| 9 | In Part XIII, describe how the organization reports conservati | | | | | |
| | balance sheet, and include, if applicable, the text of the footi | - | | | | |
| | organization's accounting for conservation easements. | | | | | |
| Pai | rt III Organizations Maintaining Collections o | f Art, Historical Treasures, or Othe | r Similar Assets. | | | |
| | Complete if the organization answered "Yes" on Form | n 990, Part IV, line 8. | | | | |
| 1a | If the organization elected, as permitted under FASB ASC 95 | 58, not to report in its revenue statement and I | balance sheet works | | | |
| | of art, historical treasures, or other similar assets held for pul | olic exhibition, education, or research in furthe | erance of public | | | |
| | service, provide in Part XIII the text of the footnote to its financial statements that describes these items. | | | | | |
| b | If the organization elected, as permitted under FASB ASC 95 | 58, to report in its revenue statement and bala | nce sheet works of | | | |
| | art, historical treasures, or other similar assets held for public | exhibition, education, or research in furtheral | nce of public service, | | | |
| | provide the following amounts relating to these items: | | | | | |
| | (i) Revenue included on Form 990, Part VIII, line 1 | | · | | | |
| | (ii) Assets included in Form 990, Part X | | | | | |
| 2 | If the organization received or held works of art, historical tre | asures, or other similar assets for financial gai | in, provide | | | |
| | the following amounts required to be reported under FASB A | | | | | |
| | Revenue included on Form 990, Part VIII, line 1 | | · | | | |
| | Assets included in Form 990, Part X | | | | | |
| LHA | For Paperwork Reduction Act Notice, see the Instruction | s for Form 990. | Schedule D (Form 990) 2020 | | | |

032051 12-01-20

| Pai | t III Organizations Maintaining C | Collections of A | rt, Hist | torical Tr | easures, d | or Othe | r Simila | r Asse | ts (contii | nued) | |
|-----|---|------------------------|---------------|----------------|----------------|--------------|-------------|-------------|-------------------|----------------|---------|
| 3 | Using the organization's acquisition, accessi | on, and other record | ls, checl | any of the | following tha | t make si | gnificant u | se of its | | | |
| | collection items (check all that apply): | | | | | | | | | | |
| а | Public exhibition | d | | Loan or exc | hange progra | am | | | | | |
| b | Scholarly research | е | | | 0 1 0 | | | | | | |
| С | Preservation for future generations | _ | | | | | | | | | |
| 4 | Provide a description of the organization's co | ollections and explain | n how th | nev further t | he organizati | on's exen | nnt nurnos | e in Par | t XIII | | |
| 5 | During the year, did the organization solicit of | • | | - | - | | | oc iii i ai | c Am. | | |
| 3 | to be sold to raise funds rather than to be ma | | | | • | | | | Yes | | No |
| Pai | t IV Escrow and Custodial Arran | | | | | | | | | <u> </u> | |
| | reported an amount on Form 990, Pa | |) to 11 ti 10 | organizatio | on anowored | 100 0111 | 01111 000, | r artiv, | 1110 0, 0 | | |
| 1a | Is the organization an agent, trustee, custod | | diary for | contribution | ns or other as | sets not i | ncluded | | | | |
| | on Form 990, Part X? | | | | | | | | Yes | | No |
| b | If "Yes," explain the arrangement in Part XIII | | | | | | | | | | |
| | , , | ' | 3 | | | | | | Amoun | t | |
| С | Beginning balance | | | | | | 1c | | | | |
| | Additions during the year | | | | | | | | | | |
| | Distributions during the year | | | | | | | | | | |
| f | Ending balance | | | | | | | | | | |
| | Did the organization include an amount on F | | | | | | | | Yes | | No |
| | If "Yes," explain the arrangement in Part XIII. | | | | | | | | | | |
| Pai | | | | | | | | | | | |
| | Zilastrilone i anasi complete i | (a) Current year | | rior year | (c) Two year | | | are hack | (a) Four | r veare | hack |
| 10 | Beginning of year balance | (a) Ourrent year | (5) | noi yeai | (C) Two year | S DUCK (| uj mice ye | uro buon | (6) 1 00 | yours | Dack |
| | | | | | | | | | | | |
| | Contributions | | | | | | | | | | |
| | Net investment earnings, gains, and losses | | | | | | | | | | |
| | Grants or scholarships | | | | | | | | | | |
| е | Other expenditures for facilities | | | | | | | | | | |
| | and programs | | | | | | | | | | |
| | Administrative expenses | | | | | | | | | | |
| g | End of year balance | | | | | | | | | | |
| 2 | Provide the estimated percentage of the cur | rent year end balanc | e (line 1 | g, column (| a)) held as: | | | | | | |
| а | Board designated or quasi-endowment | | _% | | | | | | | | |
| b | Permanent endowment > | <u></u> % | | | | | | | | | |
| С | Term endowment > | % | | | | | | | | | |
| | The percentages on lines 2a, 2b, and 2c sho | ould equal 100%. | | | | | | | | | |
| За | Are there endowment funds not in the posse | ession of the organiza | ation tha | at are held a | and administe | red for th | e organiza | ition | | | |
| | by: | | | | | | | | | Yes | No |
| | (i) Unrelated organizations | | | | | | | | 3a(i) | | |
| | (ii) Related organizations | | | | | | | | | | |
| b | If "Yes" on line 3a(ii), are the related organiza | | | | | | | | | | |
| 4 | Describe in Part XIII the intended uses of the | | | | | | | | | | |
| Pai | t VI Land, Buildings, and Equipm | | | | | | | | | | |
| | Complete if the organization answere | d "Yes" on Form 990 |), Part I\ | /, line 11a. s | See Form 990 |), Part X, I | ine 10. | | | | |
| | Description of property | (a) Cost or o | ther | (b) Cost | t or other | (c) Ac | cumulated | | (d) Boo | k valu | <u></u> |
| | | basis (investr | nent) | basis | (other) | dep | reciation | | | | |
| 1a | Land | | | | | | | | | | |
| | Buildings | | | | | | | | | | |
| | Leasehold improvements | | | | | | | | | | |
| | Equipment | | | 27 | 77,600. | 1 | 06,70 | 3. | 17 | 0,8 | 97. |
| | Other | | | | 4,208. | | 19,77 | | | 4,4 | |
| | . Add lines 1a through 1e. (Column (d) must e | | X colun | | | | | | | 5,3 | |

Schedule D (Form 990) 2020

| Schedule D (Form 990) 2020 COASTAL ROO | TS FARM | 47- | 1570910 Page |
|---|----------------------------|--|----------------------|
| Part VII Investments - Other Securities. | | | . age |
| Complete if the organization answered "Yes" | | | |
| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end- | of-year market value |
| 1) Financial derivatives | | | |
| 2) Closely held equity interests | | | |
| 3) Other | | | |
| (A) | | | |
| (B) | | | |
| (C) | | | |
| (D) | | | |
| (E) | | | |
| (F) | | | |
| (G) | | | |
| (H) | | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) | | | |
| Part VIII Investments - Program Related. | | | |
| Complete if the organization answered "Yes" | | | -f.,,,,,-,,-, |
| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or end- | or-year market value |
| (1) | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| Fort IX Other Assets. | | | |
| | on Form 000 Port IV line | 11d Con Form 000 Dort V line 15 | |
| Complete if the organization answered "Yes" | Description | 11d. See Form 990, Part X, line 15. | (b) Book value |
| | Description | | (b) Dook value |
| (1) | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line | 0.15 | | |
| Part X Other Liabilities. | | | |
| Complete if the organization answered "Yes" (a) Description of liability | on Form 990, Part IV, line | 11e or 11f. See Form 990, Part X, line 25. | (b) Pook value |
| ., , , , , , , , , , , , , , , , , , , | | | (b) Book value |
| (1) Federal income taxes (2) PPP LOAN | | | 249,190 |
| | | | 443,130 |
| (3) | | | |

(4) (5) (6) (7) (8) 249,190. Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII... X

Schedule D (Form 990) 2020

| | | COACMAL DOOMS HADM | | | 47 | 1 5 7 0 0 1 0 | |
|-----|---|---|---------------------------------------|------------------|-------|---------------|--------|
| | eddie B (Ferri ede) EdEe | COASTAL ROOTS FARM | al Ctatamanta Wii | | | 1570910 | Page 4 |
| Pai | | Revenue per Audited Financi | | in Revenue per R | eturi | n. | |
| | - | ation answered "Yes" on Form 990, Pa | · · · · · · · · · · · · · · · · · · · | | | 2 | 020 |
| 1 | Total revenue, gains, and other | r support per audited financial stateme | ents | | 1 | 2,553 | ,039 |
| 2 | Amounts included on line 1 bu | it not on Form 990, Part VIII, line 12: | | | | | |
| а | Net unrealized gains (losses) of | n investments | 2a | | | | |
| b | Donated services and use of fa | acilities | 2b | 250,946. | | | |
| | | S | | | | | |
| | | Other (Describe in Part XIII.) | | | | | |
| | | | 2e | 250 | ,946 | | |
| 3 | Subtract line 2e from line 1 | | 3 | 2,302 | ,093 | | |
| 4 | | 0, Part VIII, line 12, but not on line 1: | | | | | |
| а | Investment expenses not inclu | uded on Form 990, Part VIII, line 7b | 4a | | | | |
| | | | | 111,044. | | | |
| | A 1 1 11 A 1 A 1 | | • | | 4c | 111 | ,044 |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | | | | | 2,413 | ,137 |
| | | Expenses per Audited Finance | | | | irn. | |
| | Complete if the organiz | ation answered "Yes" on Form 990, Pa | art IV, line 12a. | | | | |
| 1 | Total expenses and losses per | r audited financial statements | | | 1 | 2,221 | ,291 |
| 2 | Amounts included on line 1 bu | it not on Form 990, Part IX, line 25: | | | | | |
| а | | acilities | 2a | 250,946. | | | |
| b | | | | | | | |

2e e Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.)

c Other losses Other (Describe in Part XIII.)

111,044. c Add lines 4a and 4b 2,081,389. 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

THE FARM FOLLOWS ACCOUNTING STANDARDS GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA RELATED TO THE RECOGNITION OF UNCERTAIN TAX POSITIONS. THE FARM RECOGNIZES ACCRUED INTEREST AND PENALTIES ASSOCIATED WITH UNCERTAIN TAX POSITIONS AS PART OF THE STATEMENT OF ACTIVITIES, WHEN APPLICABLE. MANAGEMENT HAS DETERMINED THAT THE FARM HAS NO UNCERTAIN TAX POSITIONS AT SEPTEMBER 30, 2021 AND SEPTEMBER 30, 2020 AND THEREFORE NO AMOUNTS HAVE BEEN ACCRUED.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

FARM STAND DISCOUNTS NETTED WITH REVENUE

111,044.

250,946.

1,970,345.

Schedule D (Form 990) 2020

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

➤ Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

| Name o | of the organization | | | | | | | Employer identification number |
|--------|---|--------------------|------------------------------------|--------------------------|-----------------------------------|--|---------------------------------------|---------------------------------------|
| | | | | | | | | 47-1570910 |
| Part I | General Information on Grants a | nd Assistance | | | | | | |
| | Ooes the organization maintain records | | | | | | | |
| С | riteria used to award the grants or assi | stance? | | | | | | Yes X No |
| 2 [| Describe in Part IV the organization's pr | ocedures for monit | oring the use of grant | funds in the Unite | d States. | | | |
| Part I | Granto ana Otrici Addictance to | _ | | | | anization answered "\ | res" on Form 990, Par | t IV, line 21, for any |
| | recipient that received more than | | | | | (f) Mathead of | 1 | |
| 1 (| a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | Enter total number of section 501(c)(3) a | | | ne line 1 table | | I | 1 | |

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non- cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---|--------------------------|--------------------------|---------------------------------------|---|---------------------------------------|
| | | | | | |
| | | | | | FARM STAND SEASONAL FRESH |
| WHAT YOU CAN FARM STAND FRESH PRODUCE | 15144 | 0. | 111,044. | FAIR MARKET VALUE | PRODUCE, EGGS AND PLANTS |
| | | | | | |
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| TIV Supplemental Information. Provide the information r | required in Part I, lin | ie 2; Part III, column | (b); and any other a | dditional information. | |
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SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

QUZU
Open to Public

OMB No. 1545-0047

Internal Revenue Service

Name of the organization

Department of the Treasury

► Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection
Employer identification number

47-1570910

COASTAL ROOTS FARM

Part I **Questions Regarding Compensation** No Yes 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Health or social club dues or initiation fees Tax indemnification and gross-up payments Discretionary spending account Personal services (such as maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain _____ 1b 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Written employment contract X Compensation survey or study Independent compensation consultant X Approval by the board or compensation committee X Form 990 of other organizations During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: X a Receive a severance payment or change-of-control payment? X b Participate in or receive payment from a supplemental nonqualified retirement plan? 4b X c Participate in or receive payment from an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: Х a The organization? 5a $\overline{\mathbf{x}}$ **b** Any related organization? If "Yes" on line 5a or 5b, describe in Part III. 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: Х a The organization? 6a X **b** Any related organization? 6b If "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III Х If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2020

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

| (A) Name and Title | | (B) Breakdown of | W-2 and/or 1099-MI | SC compensation | (C) Retirement and other deferred | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) |
|-----------------------|------|---|--------------------|-----------------|-----------------------------------|-------------------------|---|--------------------------------|
| | | (i) Base (ii) Bonus & (iii) Other compensation incentive reportable compensation compensation | | compensation | benefits | (6)(1)-(U) | reported as deferred on prior Form 990 | |
| (1) JAMES S. FARLEY | (i) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (ii) | 560,671. | 0. | 0. | 39,465. | 1,909. | 602,045. | 0. |
| (2) CHARLENE SEIDLE | (i) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (ii) | 324,258. | 0. | 0. | 39,708. | 7,524. | 371,490. | 0. |
| (3) LEILANI RASMUSSEN | (i) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (ii) | 244,728. | 0. | 0. | 26,849. | 2,619. | 274,196. | 0. |
| (4) SHARYN GOODSON | (i) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (ii) | 210,853. | 0. | 0. | 29,684. | 16,710. | 257,247. | 0. |
| (5) JAVIER GUERRERO | (i) | 183,942. | 0. | 0. | 24,885. | 542. | 209,369. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
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| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |

| Part III Supplemental Information |
|--|
| Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information. |
| |
| PART I, LINE 3: |
| COMPENSATION SURVEY AND STUDIES ARE USED FOR THE EXECUTIVE DIRECTOR |
| COMPENSATION WITH BOARD APPROVAL. THE REMAINING BOARD MEMBERS ARE |
| COMPENSATED BY LEICHTAG FOUNDATION A RELATED ORGANIZATION THAT HAS |
| APPROPRIATE COMPENSATION POLICIES IN PLACE. |
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SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization COASTAL ROOTS FARM Employer identification number 47-1570910

| Pai | rt I Types of Property | | | | | | | |
|----------|--|-------------------------------|---|---|---|-----|-----|----|
| | | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d) Method of de noncash contribu | | • | s |
| 1 | Art - Works of art | | | , , , | | | | |
| 2 | Art - Historical treasures | | | | | | | |
| 3 | Art - Fractional interests | | | | | | | |
| 4 | Books and publications | | | | | | | |
| 5 | Clothing and household goods | | | | | | | |
| 6 | Cars and other vehicles | X | 1 | 10,500. | FMV | | | |
| 7 | Boats and planes | | | | | | | |
| 8 | Intellectual property | | | | | | | |
| 9 | Securities - Publicly traded | | | | | | | |
| 10 | Securities - Closely held stock | | | | | | | |
| 11 | Securities - Partnership, LLC, or | | | | | | | |
| | trust interests | | | | | | | |
| 12 | Securities - Miscellaneous | | | | | | | |
| 13 | Qualified conservation contribution - | | | | | | | |
| | Historic structures | | | | | | | |
| 14 | Qualified conservation contribution - Other $_{\dots}$ | | | | | | | |
| 15 | Real estate - Residential | | | | | | | |
| 16 | Real estate - Commercial | | | | | | | |
| 17 | Real estate - Other | | | | | | | |
| 18 | Collectibles | | | | | | | |
| 19 | Food inventory | | | | | | | |
| 20 | Drugs and medical supplies | | | | | | | |
| 21 | Taxidermy | | | | | | | |
| 22 | Historical artifacts | | | | | | | |
| 23 | Scientific specimens | | | | | | | |
| 24 | Archeological artifacts Other ► (HAND SANITIZE) | X | 1 | 54,496. | EM7 | | | |
| 25 26 | · · · · · · · · · · · · · · · · · · · | | _ | 34,450. | LIIV | | | |
| 27 | Other () Other () | | | | | | | |
| 28 | Other () | | | | | | | |
| 29 | Number of Forms 8283 received by the organi | ı ization durin | n the tax vear for o | contributions | | | | |
| | for which the organization completed Form 82 | | | | | | | |
| | 3 | , , | | , | | | Yes | No |
| 30a | During the year, did the organization receive b | y contribution | on any property rep | oorted in Part I, lines 1 throu | gh 28, that it | | | |
| | must hold for at least three years from the dat | | | | | | | |
| | exempt purposes for the entire holding period | ? | | | | 30a | | Х |
| b | If "Yes," describe the arrangement in Part II. | | | | | | | |
| 31 | Does the organization have a gift acceptance | policy that re | equires the review | of any nonstandard contribu | utions? | 31 | | Х |
| 32a | Does the organization hire or use third parties | or related or | ganizations to soli | cit, process, or sell noncash | | | | |
| | contributions? | | | | | 32a | | Х |
| b | If "Yes," describe in Part II. | | | | | | | |
| 33 | If the organization didn't report an amount in o | column (c) fo | r a type of propert | y for which column (a) is che | ecked, | | | |
| | describe in Part II. | | | | | | | |
| | | | | _ | Cabadula N | | | |

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2020

Schedule M (Form 990) 2020

032142 11-23-20

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ)
Department of the Treasury

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.

2020 Open to Public Inspection

OMB No. 1545-0047

Name of the organization

COASTAL ROOTS FARM

Employer identification number 47-1570910

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

SINCE INCEPTION IN 2014, THE FARM HAS TURNED NUTRIENT-DEPLETED LAND

INTO A VIBRANT, PRODUCTIVE FARM, GROWN OVER 330,000 POUNDS OF ORGANIC

FRUITS, VEGETABLES, HERBS, AND EGGS, BUILT A BIODIVERSE ECOSYSTEM (94

SPECIES OF BIRDS HAVE BEEN OBSERVED IN THE FOOD FOREST), AND DIVERTED

OVER 5 MILLION POUNDS OF WASTE FROM THE LANDFILL THROUGH EXTENSIVE

COMPOSTING OPERATIONS, AND OFFSET CO2 EMISSIONS BY OVER 3 THOUSAND

METRIC TONS.

GUIDED BY ANCIENT JEWISH AGRICULTURAL TRADITIONS AND VALUES, COASTAL ROOTS FARM CARES FOR AND PROTECTS THE ENVIRONMENT WHILE CARING FOR THE MOST VULNERABLE, MARGINALIZED AND FOOD-INSECURE MEMBERS OF OUR COMMUNITY. THROUGH THE FARM'S ORGANIC FOOD DISTRIBUTION PROGRAM, WE DISTRIBUTE 60-80,000 POUNDS OF CERTIFIED-ORGANIC, NUTRIENT-DENSE FRUITS, VEGETABLES, HERBS, AND EGGS ANNUALLY. THIS PROGRAM IS DESIGNED TO ADDRESS AND REDUCE FOOD INSECURITY AND ENSURE LOW-INCOME, AT-RISK COMMUNITIES HAVE EQUAL AND DIGNIFIED ACCESS TO LOCALLY GROWN, FRESH, ORGANIC FOOD REGARDLESS OF ABILITY TO PAY. FOOD DISTRIBUTIONS TAKE PLACE ON AND OFF-SITE THE FARM, INCLUDING THROUGH A "PAY-WHAT-YOU-CAN" FARM STAND LOCATED AT THE FARM AND THROUGH FREE DISTRIBUTIONS IMPLEMENTED IN COLLABORATION WITH STRATEGIC COMMUNITY PARTNERS THAT ALLOW US TO SERVE DIVERSE FOOD-INSECURE POPULATIONS. THE FARM SERVES MARGINALIZED COMMUNITIES INCLUDING LOW-INCOME FAMILIES AND SENIORS, SINGLE-PARENT HOUSEHOLDS, IMMIGRANTS AND REFUGEES, ACTIVE-DUTY MILITARY AND VETERANS, HOLOCAUST SURVIVORS, AND INDIGENOUS/NATIVE AMERICAN FAMILIES.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) 2020

Name of the organization COASTAL ROOTS FARM Employer identification number 47-1570910

OUR ORGANIC FOOD DISTRIBUTIONS FOR FOOD INSECURE COMMUNITIES INCLUDE: (1) A BI-WEEKLY ON-SITE PAY-WHAT-YOU-CAN FARM STAND THAT ACCEPTS CAL FRESH EBT (FOOD STAMPS) AND OFFERS A PRIVATE AND DIGNIFIED CHECKOUT PROCESS; (2) A MONTHLY, NO-COST MOBILE FARM STAND IN PARTNERSHIP WITH HELPING HAND WORLDWIDE AND OTHER COMMUNITY ORGANIZATIONS SERVING MILITARY FAMILIES AND VETERANS AND WHO PROVIDE BENEFICIARIES NON-PERISHABLE FOODS, DIAPERS, CLOTHES, AND MORE; (3) A MONTHLY, NO-COST MOBILE FARM STAND AT VISTA COMMUNITY CLINIC, A COMPREHENSIVE HEALTH CARE SERVICES CLINIC SERVING PREDOMINATELY LOW-INCOME, IMMIGRANT, AND UNINSURED FAMILIES, AND IMPLEMENTED IN PARTNERSHIP WITH FEEDING SAN DIEGO WHO OFFERS BENEFICIARIES NON-PERISHABLE FOODS; (4) BI-MONTHLY NO-COST DELIVERIES TO ELDERLY INDIGENOUS/NATIVE AMERICAN FAMILIES LIVING THROUGHOUT SAN DIEGO COUNTY IN PARTNERSHIP WITH SAN DIEGO AMERICAN INDIAN HEALTH CENTER AS WELL AS NO-COST DELIVERIES TO ELDERLY INDIGENOUS/KUMEYAAY FAMILIES OF THE IIPAY NATION LIVING AT THE SANTA YSABEL RESERVATION AS WELL AS NEIGHBORING RESERVATIONS INCLUDING LOS COYOTES INDIAN RESERVATION AND MESA GRANDE RESERVATION; (5) WEEKLY, NO-COST HOME DELIVERIES TO SURVIVORS OF THE HOLOCAUST, MANY OF WHOM ARE HOMEBOUND AND LIVING IN POVERTY, AND IMPLEMENTED IN PARTNERSHIP WITH JEWISH FAMILY SERVICES WHO PROVIDES GERIATRIC CARE SERVICES; (5) WEEKLY DONATIONS TO MERCY HOUSING'S CANTEBRIA SENIOR HOMES, A LOW-INCOME HOUSING COMPLEX FOR SENIORS; AND (6) WEEKLY DONATIONS TO LOCAL SOCIAL SERVICE AGENCIES AND FOOD PANTRIES, INCLUDING COMMUNITY RESOURCE CENTER, ST. ANDREW'S EPISCOPAL CHURCH, JEWISH FAMILY SERVICES, KITCHENS FOR GOOD, AND MORE.

032212 11-20-20

THE FARM'S SERVICES HAVE BEEN MORE CRITICAL THAN EVER FOR VULNERABLE

COMMUNITY MEMBERS STRUGGLING WITH FOOD INSECURITY. PRIOR TO THE

Name of the organization **Employer identification number** COASTAL ROOTS FARM 47-1570910 PANDEMIC, 1 IN 7 SAN DIEGANS WERE HUNGRY; NOW IT IS 1 IN 3 HOUSEHOLDS (SAN DIEGO HUNGER COALITION). MANY OF THE POPULATIONS WE SERVE ARE UNEMPLOYED, FINANCIALLY UNCERTAIN, STRUGGLING TO MEET BASIC NEEDS, AND HAVING TO CHOOSE BETWEEN PAYING FOR FOOD, MEDICINE, AND HOUSING. FOR SENIORS UNABLE TO LEAVE THEIR HOMES, THE FARM'S HOME DELIVERIES HAVE BECOME CRUCIAL FOR THEM TO SAFELY MEET THEIR DAILY NUTRITIONAL NEEDS AND REDUCE SOCIAL ISOLATION. TOO OFTEN, LOW-INCOME, AT-RISK FAMILIES RELY ON CHEAP, LESS NUTRITIOUS FOOD TO REDUCE DAILY HUNGER. WHILE THIS MAY HELP THEM GET THROUGH THE DAY, IT DOES NOT PROVIDE THE NUTRITION NEEDED TO THRIVE. WHILE FOOD BANKS AND PANTRIES ARE CRITICAL RESOURCES FOR ADDRESSING FOOD INSECURITY, ESPECIALLY DURING A CRISIS, THEY TOO OFTEN RELY ON DONATIONS OF LESS-HEALTHY OPTIONS, INCLUDING CANNED, PACKAGED, AND HIGHLY PROCESSED FOOD PRODUCTS THAT CAN EXACERBATE UNEQUAL ACCESS TO QUALITY FOOD FOR POOR, MARGINALIZED COMMUNITIES. LACK OF PHYSICAL INFRASTRUCTURE, SUCH AS REFRIGERATION, CAN ALSO MAKE IT DIFFICULT FOR FOOD PANTRIES TO DISTRIBUTE FRESH FRUITS AND VEGETABLES. THE FARM'S INNOVATIVE ORGANIC FOOD DISTRIBUTION PROGRAM GOES WELL BEYOND JUST MEETING BASIC NEEDS AND REDUCING FOOD INSECURITY THROUGH CALORIES ALONE. WE PROVIDE ACCESS TO THE HIGH-QUALITY FRESH FOOD NEEDED FOR GOOD HEALTH AND THE ONE-ON-ONE EDUCATION AND RESOURCES NEEDED TO UNDERSTAND WHAT IT IS, HOW TO STORE IT, HOW TO PREPARE IT, AND WHY FOOD PLAYS A CRITICAL ROLE IN OUR HEALTH AND LIVES. FURTHER, BECAUSE THE FARM'S DISTRIBUTIONS PROVIDE A TOUCHPOINT FOR OFTEN-ISOLATED FAMILIES, WE ARE HELPING NOT ONLY SUPPORT THE PHYSICAL HEALTH AND WELL-BEING OF THOSE WE SERVE, BUT ARE ALSO BRING A SENSE OF NORMALCY, JOY, AND CONNECTION DURING THESE ISOLATING TIMES.

Name of the organization

Employer identification number

COASTAL ROOTS FARM 47-1570910

SINCE OUR INCEPTION IN 2014 THROUGH DECEMBER 2021, THE FARM DISTRIBUTED

MORE THAN 330,000 POUNDS OF FRESH, NUTRIENT-DENSE, ORGANIC PRODUCE AND

EGGS TO NEARLY 230,000 INDIVIDUALS. THIS AMOUNT INCLUDES AROUND 231,000

POUNDS DONATED AT NO-COST TO APPROXIMATELY 161,000 PEOPLE IN THE

COMMUNITY WHO LACK ACCESS TO FRESH, HEALTHY FOOD.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: COASTAL ROOTS FARM'S ENVIRONMENTAL STEM EDUCATION PROGRAMS, INCLUDING SCHOOL AND GROUP VISITS AND AFTER-SCHOOL AND SEASONAL FARM CAMPS, PROVIDE STUDENTS (PRE-K-12TH GRADE) WITH THE TOOLS AND SKILLS NEEDED FOR ACADEMIC SUCCESS, PREPARE THE NEXT GENERATION FOR CAREERS IN STEM-RELATED FIELDS, AND INSPIRE FUTURE GENERATIONS OF ENVIRONMENTAL LEADERS. UTILIZING OUR 17-ACRE OUTDOOR "CLASSROOM," THE FARM OFFERS ACCESSIBLE, HANDS-ON, FARM-BASED STEM EDUCATION PROGRAMS THAT ENHANCE SCIENCE CURRICULUM IN WAYS THAT INSPIRE AWE AND WONDER FOR NATURE, ENCOURAGE MEANINGFUL DISCOVERIES, MOTIVATE DEEPER APPRECIATION FOR AND AWARENESS OF NATURE, AND EXEMPLIFY INNOVATIVE WAYS TO TEACH STUDENTS ABOUT WELLBEING AND ENVIRONMENTAL ISSUES. FARM PROGRAMS ARE DESIGNED TO FOSTER CURIOSITY AND BRING STEM CONCEPTS TO LIFE, CONNECT STUDENTS WITH THE ORIGINS OF THEIR FOOD, ENCOURAGE HEALTHY DECISION-MAKING, AND INSPIRE FUTURE GENERATIONS OF ENVIRONMENTAL LEADERS. DEVELOPED BY AN EXPERIENCED TEAM OF EDUCATORS, THE FARM'S PROGRAMS ALIGN WITH NEXT GENERATION SCIENCE STANDARDS (NGSS) AND COMMON CORE CURRICULUM. UTILIZING OUR 17-ACRE OUTDOOR "CLASSROOM" AND A "HANDS-ON, MINDS-ON," INNOVATIVE, YOUTHFUL, AND FORWARD-THINKING APPROACH TO LEARNING DRIVEN BY SCIENTIFIC AND HUMANISTIC METHODOLOGIES, THE FARM FOSTERS CURIOSITY AND PROVIDES YOUTH UNIQUE OPPORTUNITIES TO GAIN DEEP, REAL-WORLD UNDERSTANDING OF IMPORTANT SCIENTIFIC TOPICS

Name of the organization **Employer identification number** COASTAL ROOTS FARM 47-1570910 THROUGH NATURE-BASED PLAY AND LEARNING. YOUTH BECOME ENVIRONMENTAL SCIENTISTS FOR THE DAY, INTERACTING WITH SOILS, PLANTS, ANIMALS, INSECTS, TREES AND MORE, AND ENGAGE ALL THEIR SENSES TO BETTER UNDERSTAND THE NATURAL WORLD. STUDENTS HARVEST, PREPARE, AND TASTE FRESH, ORGANICALLY GROWN PRODUCE, WITNESSING FIRST-HAND THE TRULY UNIQUE EXPERIENCE OF "SOIL TO FORK," WHICH CAN FOSTER A LIFE-LONG INTEREST IN FOOD AND HEALTHY HABITS. GETTING YOUTH OUTDOORS MATTERS BUT DOING SO CAN BE A CHALLENGE AND NATURE-BASED EDUCATIONAL OPPORTUNITIES ARE NOT EQUALLY AVAILABLE TO ALL. THIS INEQUALITY HAS FAR REACHING IMPLICATIONS ON PHYSICAL, PSYCHOLOGICAL, AND INTELLECTUAL HEATH. A NUMBER OF STUDIES HAVE DOCUMENTED THAT RELEVANT HANDS-ON EDUCATION IN NATURE AND OUTDOOR ENVIRONMENTS LIKE A FARM CAN IMPROVE SCHOOL PERFORMANCE, STANDARDIZED TEST SCORES, ATTITUDE ABOUT SCHOOL, IN-SCHOOL BEHAVIOR, AND ATTENDANCE. FARM-BASED STEM EDUCATION EMPLOYS A GREATER RANGE OF A CHILD'S INTELLIGENCE BY ENGAGING ALL OF THE SENSES, FROM DISCOVERIES WHILE PLANTING IN THE SOIL TO TASTING FRESHLY HARVESTED FRUITS AND VEGETABLES. COASTAL ROOTS FARM PROVIDES THESE TYPES OF HIGH-QUALITY EDUCATIONAL EXPERIENCES FOR YOUTH THAT ENCOURAGE CREATIVITY, CRITICAL THINKING, AND SELF-SUFFICIENCY. ACCORDING TO NGSS, CALIFORNIA ELEMENTARY AND MIDDLE SCHOOL STUDENTS RANK BELOW AVERAGE AMONG ALL STATES IN SCIENCE EDUCATION. THEY ALSO REPORT SIGNIFICANT GAPS IN OUTCOMES EXIST BETWEEN AFRICAN AMERICAN, HISPANIC/LATINX, AND OTHER LOW-INCOME CHILDREN. TO REDUCE THIS ACHIEVEMENT GAP, THE FARM STRIVES TO MAKE HIGH-QUALITY, OUTDOOR STEM PROGRAMMING ACCESSIBLE TO ALL STUDENTS. THE FARM STRIVES TO MAKE OUTDOOR STEM LEARNING OPPORTUNITIES AVAILABLE TO ALL, ESPECIALLY THOSE WHO HAVE BEEN HISTORICALLY UNDERSERVED, BY 032212 11-20-20 Schedule O (Form 990 or 990-EZ) 2020 Name of the organization

Employer identification number

COASTAL ROOTS FARM 47-1570910 ENSURING STUDENTS HAVE EQUAL ACCESS TO QUALITY OUTDOOR EDUCATIONAL PROGRAMS REGARDLESS OF FINANCIAL ABILITY. IN ORDER TO REACH YOUTH FROM AT-RISK AND MARGINALIZED COMMUNITIES, THE FARM ACTIVELY RECRUITS PARTICIPANTS FROM TITLE-I, TITLE-V, AND OTHER LOW-INCOME SCHOOLS AND GROUPS. THE FARM BUILDS STRATEGIC PARTNERSHIPS WITH SCHOOLS AND DISTRICTS MOST IN NEED OF OUTDOOR STEM LEARNING OPPORTUNITIES AND OFFERS ITS PROGRAMMING AT NO-COST, INCLUDING COVERING THE COST OF BUS TRANSPORTATION TO AND FROM THE FARM. IN CONTINUED RESPONSE TO COVID-19, THE FARM OFFERED ITS ENVIRONMENTAL STEM EDUCATIONAL PROGRAMS FOR SCHOOLS AND GROUP VISITS VIA VIRTUAL PLATFORMS OVER THE 2020-2021 ACADEMIC YEAR, WITH SOME ON-SITE PROGRAMS AND FULLY RELAUNCHED ON-SITE VISITS IN THE 2021-2022 ACCADEMIC YEAR. OUR VIRTUAL OUTDOOR CLASSROOM EXPERIENCES PROVIDED TEACHERS WITH EASILY ACCESSIBLE AND ENGAGING MATERIAL TO COMPLEMENT THEIR SCIENCE TO MEET THE INCREASED NEED FOR OUTDOOR LEARNING THAT CURRICULUM. BALANCES "SCREEN TIME WITH GREEN TIME" AS WELL AS DEMAND FOR AFFORDABLE CHILDCARE, THE FARM OFFERS SAFE, IN-PERSON, OUTDOOR PROGRAMING IN THE FORM OF AFTER-SCHOOL AND SEASONAL FARM CAMPS. THOUSANDS OF YOUTH AND FAMILY MEMBERS ARE ENGAGED AT THE FARM THROUGH PROGRAMMING AND EVENTS EACH YEAR. FROM INCEPTION IN 2014 THROUGH DECEMBER 2021, THE FARM ENGAGED APPROXIMATELY 40,000 ADULTS AND YOUTH THROUGH EDUCATIONAL OPPORTUNITIES, INCLUDING MORE THAN 10,000 STUDENTS THROUGH SCHOOL AND GROUP VISITS AND FARM CAMPS, OF WHOM NEARLY 6,500 WERE PROVIDED SCHOLARSHIPS TO VISIT THE FARM AT NO OR REDUCED COST.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

WE ARE INSPIRED BY ANCIENT JEWISH TRADITIONS THAT CONNECT PEOPLE TO

COMMUNITY, FOOD, THE LAND, AND SOCIAL JUSTICE: BA'AL TASCHIT: ETHICAL

Name of the organization **Employer identification number** COASTAL ROOTS FARM 47-1570910 CONSUMPTION; SHMITA: HONORING NATURAL CYCLES OF THE EARTH; PE'AH: LINING THE CORNERS OF ONE'S FIELD WITH FOOD FOR THE STRANGER AND POOR; KAYAMUT: ECOLOGICAL SUSTAINABILITY; MA'ASER: RESERVING AT LEAST ONE-TENTH OF ONE'S AGRICULTURE PRODUCE FOR THE POOR; K'VOD BRIUT: THE DIGNITY OF ALL CREATIONS; HACHNASAT ORCHIM: WELCOMING GUESTS; HAGANAT OVDIM: FAIR TREATMENT OF THOSE WHO WORK THE FIELDS; TSA'AR BA'ALEI CHAIM: KIND, HUMANE TREATMENT OF ANIMALS; TIKKUN OLAM: HEALING THE WORLD. WE ARE INSPIRED BY ANCIENT JEWISH TRADITIONS AND VALUES THAT ARE AS MEANINGFUL AND RELEVANT TODAY AS THEY HAVE BEEN OVER THOUSANDS OF YEARS AND ARE OFTEN REFLECTED IN MODERN AGRICULTURAL PRACTICES. THEY ARE ALSO THE BASIS OF OUR DEEP COMMITMENT TO THE PRINCIPLES OF FOOD JUSTICE, INCLUDING ACCESS TO FRESH, HEALTHY, AFFORDABLE, AND CULTURALLY APPROPRIATE FOOD FOR ALL; FAIR TREATMENT OF WORKERS; RESPONSIBLE LAND STEWARDSHIP; AND COMPASSIONATE TREATMENT OF ANIMALS. THESE VALUES ARE WOVEN INTO ALL OF OUR PROGRAMS. THERE ARE AT LEAST 80,000 JEWS IN NORTH SAN DIEGO COUNTY, AND IT IS ESTIMATED ALMOST 80% ARE IN INTERFAITH PARTNERSHIPS. FEWER THAN 10% OF JEWS IN THE REGION ARE AFFILIATED WITH A JEWISH INSTITUTION. BY 2022, MORE THAN 100,000 JEWS ARE PROJECTED TO BE LIVING IN THE REGION. MANY ARE SEEKING INNOVATIVE AND MEANINGFUL WAYS OUTSIDE THE WALLS OF A SYNAGOGUE OR TRADITIONAL INSTITUTION TO BUILD COMMUNITY AND JEWISH LIFE. HIGH RATES OF DISAFFILIATION AND INTERMARRIAGE ARE CONSISTENT WITH NATIONAL TRENDS MAKING NORTH SAN DIEGO COUNTY AN INTERESTING CASE STUDY FOR THE REST OF NORTH AMERICA AND EVEN BEYOND. COASTAL ROOTS FARM PROVIDES A UNIQUE SETTING TO CELEBRATE AND PRACTICE JEWISH TRADITION, LIFE, AND CULTURE THROUGH COMMUNITY-WIDE CELEBRATIONS FOR JEWISH HOLIDAYS THROUGHOUT THE YEAR. THE FARM IS ESPECIALLY

Name of the organization **Employer identification number** COASTAL ROOTS FARM 47-1570910 INTERESTED IN HIGHLIGHTING THE MAJOR AGRICULTURALLY FOCUSED JEWISH HOLIDAYS THAT ARE NOT AS WIDELY OBSERVED IN SYNAGOGUES AND HOMES, PARTICULARLY IN LESSER AFFILIATED AREAS SUCH AS NORTH COUNTY, AND MAKING THEM MORE VIBRANT, CREATIVE, AND RELEVANT FOR INDIVIDUALS AND WE INVITE COMMUNITY MEMBERS OF ALL BACKGROUNDS TO SHARE IN FAMILIES. MAJOR AGRICULTURAL FESTIVALS LIKE SUKKOT (A FESTIVAL CELEBRATING THE FINAL HARVEST OF THE GROWING SEASON); TU B'SHVAT (THE JEWISH NEW YEAR OF THE TREES); PESACH (A CELEBRATION OF SPRING AND THE FIRST HARVEST); AND SHAVUOT (A CELEBRATION OF THE SUMMER HARVEST). FROM INCEPTION IN 2014 THROUGH SEPTEMBER 2019, THE FARM ENGAGED NEARLY 5,000 COMMUNITY MEMBERS THROUGH JEWISH AGRICULTURAL FESTIVALS. WE ARE ALSO PROUD TO BE PART OF A NATIONAL MOVEMENT OF JEWISH COMMUNITY FARMING AND PART OF A FIELD BUILDING INITIATIVE WHICH INTEGRATES JEWISH EXPERIENTIAL EDUCATION WITH AGRICULTURE. THE INITIATIVE'S PURPOSE IS TO CULTIVATE COMMUNITY, PROMOTE ENVIRONMENTAL SUSTAINABILITY AND FOOD JUSTICE, FOSTER OPPORTUNITIES FOR MEANINGFUL SPIRITUAL ENGAGEMENT AND PERSONAL GROWTH, AND STRENGTHEN JEWISH LIFE.

FORM 990, PART VI, SECTION A, LINE 2:

JAMES FARLEY, CHARLENE SEIDLE, SHARYN GOODSON, AND LEILANI RASMUSSEN HAVE A
BUSINESS RELATIONSHIP, AS THEY ARE ALL EMPLOYED BY THE RELATED
ORGANIZATION, LEICHTAG FOUNDATION.

FORM 990, PART VI, SECTION A, LINE 8B:

NO COMMITTEES ARE CURRENTLY IN PLACE WITH AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY.

FORM 990, PART VI, SECTION B, LINE 11B:

| Name of the organization COASTAL ROOTS FARM | Employer identification number 47-1570910 |
|---|---|
| FORM 990 TO BE REVIEWED BY THE PRESIDENT AND CEO AND BOAR | D OF DIRECTORS |
| CHAIR. FINAL REVIEW AND APPROVAL BY THE FARM'S AUDIT COMM | ITTEE AND THEN |
| BOARD OF DIRECTORS TO BE PERFORMED BY BOARD OF DIRECTORS. | |
| | |
| FORM 990, PART VI, SECTION B, LINE 12C: | |
| EMPLOYEES AND BOARD ARE REQUIRED TO DISCLOSE ANY POTENTIA | L CONFLICTS OF |
| INTEREST. SERVICES AND/OR PRODUCTS FROM BUSINESS/FAMILY R | EQUIRE TWO OTHER |
| BIDS PRIOR TO MANAGEMENT OBJECTIVELY DETERMINING FISCALLY | RESPONSIBLE |
| SELECTION. | |
| | |
| FORM 990, PART VI, SECTION B, LINE 15A: | |
| COMPENSATION SURVEY AND STUDIES ARE USED FOR THE EXECUTIV | E DIRECTOR |
| COMPENSATION WITH BOARD APPROVAL. THE REMAINING BOARD MEM | BERS ARE |
| COMPENSATED BY LEICHTAG FOUNDATION A RELATED ORGANIZATION | THAT HAS |
| APPROPRIATE COMPENSATION POLICIES IN PLACE. | _ |
| | |
| FORM 990, PART VI, SECTION C, LINE 19: | |
| AN ELECTRONIC COPY VIA EMAIL OR HARDCOPY BY MAIL IS MADE | TO ANYONE WHO |
| REQUESTS A COPY (WITHOUT CHARGE). REPORTS ARE ADDED TO CO | ASTAL ROOTS FARM |
| WEBSITE. AUDITED FINANCIAL STATEMENTS AND 990'S ARE AVAIL | ABLE ONLINE AT |
| WWW.COASTALROOTSFARM.ORG | |
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SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

2020
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Department of the Treasury Internal Revenue Service

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COASTAL ROOTS FARM

Employer identification number 47-1570910

| Part I Identification of Disregarded Entities. Comple | te if the organization answered "Yes | s" on Form 990, Part IV, line 3 | 3. | | | | | |
|---|--|---|-------------------------------|--------------------------------|---------------------|---------------------------------|-------|------------------------------------|
| (a) Name, address, and EIN (if applicable) of disregarded entity | (b) Primary activity | (c) Legal domicile (state of foreign country) | (d) or Total inc | ome End-of | (e) -year assets | ts Direct cont | |) |
| | | | | | | | | |
| | - | | | | | | | |
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| Part II Identification of Related Tax-Exempt Organizations during the tax year. | ations. Complete if the organization | answered "Yes" on Form 990 | 0, Part IV, line 34, | because it had | l one or more | e related tax-exe | empt | |
| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public char status (if sec | tion | (f) ct controlling entity | contr | g) 512(b)(13) rolled ity? |
| | | | | 501(c)(3) |) | | Yes | No |
| LEICHTAG FOUNDATION - 33-0466189 441 SAXONY RD | CONTRIBUTE TO CHARITIES THAT INSPIRE VIBRANT | | | | | | | |
| ENCINITAS, CA 92024 | JEWISH LIFE | CALIFORNIA | 501(C)(3) | PF | N/A | | | Х |
| | | | | | | | | |
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For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2020

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

| | thereing daming the ta | x your. | | | | | | | | | |
|--|------------------------|---|---------------------------|--|--|----------|--|------------------------|--------------------------------|----------|-------|
| (a) | (b) | (c) | (d) | (e) | (f) | (g) | (I | h) | (i) | (j | |
| Name, address, and EIN of related organization | Primary activity | Legal domicile (state or foreign | Direct controlling entity | Predominant income (related, unrelated, excluded from tax under sections 512-514) | ominant income Share of total sted, unrelated, income assets Share of end-of-year assets Share of total bisproportionate amount in box 20 of Schedul | | Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | Gener mana partn | Percentage ownership er? | | |
| | | country) | | sections 512-514) | | 4,000,00 | Yes | No | K-1 (Form 1065) | Yes | No or |
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership | Sect 512(b contri enti | tion b)(13) rolled :ity? |
|--|--------------------------------|--------------------------------------|-------------------------------|---|---------------------------------|--|--------------------------------|---------------------------------|-----------------------------------|
| | country) | | | or tracty | | 400010 | | Yes | No |
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Page 2

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Yes No

| Part V | Transactions With Related Organizations. Complete if the organization answered | l "Yes' | on Forn | n 990, Pa | art IV, line 34 | , 35b, c | or 36. |
|--------|--|---------|---------|-----------|-----------------|----------|--------|
|--------|--|---------|---------|-----------|-----------------|----------|--------|

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

| а | Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity | | | | 1a | | Λ |
|---------------|---|------------------------|-----------------------------|---|------------|-------|------|
| b | Gift, grant, or capital contribution to related organization(s) | | | | 1b | | Х |
| С | Gift, grant, or capital contribution from related organization(s) | | | | 1c | Х | |
| d | Loans or loan guarantees to or for related organization(s) | | | | 1d | | X |
| е | Loans or loan guarantees by related organization(s) | | | | 1e | | X |
| | | | | | | | |
| f | Dividends from related organization(s) | | | | 1f | | X |
| g | Sale of assets to related organization(s) | | | | 1g | | X |
| h | Purchase of assets from related organization(s) | | | | 1h | | X |
| i | Exchange of assets with related organization(s) | | | | 1i | | X |
| j | Lease of facilities, equipment, or other assets to related organization(s) | | | | 1j | | X |
| | | | | | | | |
| k | Lease of facilities, equipment, or other assets from related organization(s) | | | | 1k | Х | |
| I | Performance of services or membership or fundraising solicitations for related organize | | | | 11 | | X |
| | n Performance of services or membership or fundraising solicitations by related organize | | | | 1m | | X |
| | Sharing of facilities, equipment, mailing lists, or other assets with related organization | n(s) | | | 1n | | X |
| 0 | Sharing of paid employees with related organization(s) | | | | 10 | | X |
| | | | | | | | |
| | Reimbursement paid to related organization(s) for expenses | | | | 1 p | Х | |
| q | Reimbursement paid by related organization(s) for expenses | | | | 1q | | Х |
| | | | | | | | 37 |
| | Other transfer of cash or property to related organization(s) | | | | 1r | | X |
| | Other transfer of cash or property from related organization(s) | | | | 1s | | X |
| 2 | If the answer to any of the above is "Yes," see the instructions for information on who | o must complete tl | nis line, including covered | relationships and transaction thresholds. | | | |
| | (a) | _ (b) | (c) | (d) | | | |
| | Name of related organization | Transaction type (a-s) | Amount involved | Method of determining amount inv | olved | | |
| | | type (a o) | | | | | |
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| 3216 | 3 10-28-20 | 50 | | Schedule | R (Fori | n 990 | 2020 |
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Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

| (a) | (b) | (c) | (d) | (e Are |) | (f) | (g) | (1 | h) | (i) | (| j) | (k) |
|------------------------|------------------|-------------------|--|-------------------|--------------|----------|-------------|----------|---------|--|------|-----------------|---------------------------------------|
| Name, address, and EIN | Primary activity | Legal domicile | Predominant income (related, unrelated, excluded from tax under sections 512-514) | partner | rs sec. | Share of | Share of | Disp | ropor- | Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | Gene | ral or | Percentage |
| of entity | | (state or foreign | excluded from tax under | partner 501 (c | c)(3) s.? | total | end-of-year | alloca | ations? | l of Schedule K-1 | part | ner? | ownership |
| | | country) | sections 512-514) | Yes | | | assets | Yes | No | (Form 1065) | Yes | NO | |
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Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic

| | nis form, visit www.irs.gov/e-file-providers/e-file-for-char | | , | details of | ti le electioi | iic | |
|---|---|-------------------------------|---|--------------|-----------------|--------------------|--|
| Autom | atic 6-Month Extension of Time. Only subm | nit origin | al (no copies needed). | | | | |
| All corpo | rations required to file an income tax return other than F Form 7004 to request an extension of time to file incom | orm 990-T | (including 1120-C filers), partnership | os, REMIC | Ss, and trust | s | |
| Type or | Name of exempt organization or other filer, see instru | uctions. | | Taxpaye | ridentification | on number (TIN) | |
| print | COASTAL ROOTS FARM | | | | 70910 | | |
| File by the due date for filing your return. See | ue date for ing your street, and room or suite no. If a P.O. box, see instructions. 441 SAXONY RD | | | | | | |
| instructions | ENCINITAS, CA 92024 | | | | | 10.14.1 | |
| | Return Code for the return that this application is for (file | le a separa | | | | 0 1 | |
| Applicat | ion | Return | 1 '' | | | Return | |
| Is For | | Code | Is For | | | Code | |
| | 0 or Form 990-EZ | 01 | Form 990-T (corporation) | | | 07 | |
| Form 990 | | 02 | Form 1041-A | | | 08 | |
| Form 990 | 20 (individual) | 03 | Form 4720 (other than individual) Form 5227 | | | 10 | |
| | | 05 | Form 6069 | | | 11 | |
| Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 Form 990-T (trust other than above) 06 Form 8870 | | | | | | 12 | |
| Telepl If the | cooks are in the care of \blacktriangleright 441 SAXONY ROAL mone No. \blacktriangleright 760-452-8617 organization does not have an office or place of busines is for a Group Return, enter the organization's four digit . If it is for part of the group, check this box \blacktriangleright | s in the Ur Group Exe | Fax No. ▶ | f this is fo | r the whole | | |
| the | equest an automatic 6-month extension of time until corganization named above. The extension is for the orginal calendar year or X tax year beginning OCT 1, 2020 The tax year entered in line 1 is for less than 12 months, of Change in accounting period | AUGU; ganization': , an | ST 15, 2022 , to file s return for: | the exen | npt organiza | ition return for | |
| | 3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. 3a \$ | | | | | | |
| | his application is for Forms 990-PF, 990-T, 4720, or 6069 | 9, enter an | y refundable credits and | | | | |
| est | imated tax payments made. Include any prior year overp | payment a | llowed as a credit. | 3b | \$ | 0. | |
| c Ba | lance due. Subtract line 3b from line 3a. Include your pa | ayment wit | th this form, if required, by | | | | |
| usi | ng EFTPS (Electronic Federal Tax Payment System). Se | e instruction | ons. | 3с | \$ | 0. | |
| Caution: | If you are going to make an electronic funds withdrawalons. | l (direct de | bit) with this Form 8868, see Form 8 | 453-EO a | nd Form 887 | 79-EO for payment | |
| LHA F | or Privacy Act and Paperwork Reduction Act Notice, | , see instr | uctions. | | Form | 8868 (Rev. 1-2020) | |

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