

2019

990

PUBLIC

DISCLOSURE

Form **990**
(Rev. January 2020)
Department of the Treasury
Internal Revenue Service

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

2019

Open to Public Inspection

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2019 calendar year, or tax year beginning **OCT 1, 2019** and ending **SEP 30, 2020**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization COASTAL ROOTS FARM Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 441 SAXONY RD City or town, state or province, country, and ZIP or foreign postal code ENCINITAS, CA 92024 F Name and address of principal officer: JAVIER GUERRERO SAME AS C ABOVE	D Employer identification number 47-1570910 E Telephone number 760.479.6505 G Gross receipts \$ 1,843,343. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ HTTPS://COASTALROOTSFARM.ORG/		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 2014 M State of legal domicile: CA

Part I Summary

1	Briefly describe the organization's mission or most significant activities: CULTIVATES HEALTHY COMMUNITIES INTEGRATING AGRICULTURE, FOOD JUSTICE, AND ANCIENT JEWISH WISDOM.		
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
3	Number of voting members of the governing body (Part VI, line 1a)	3	4
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	1
5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	26
6	Total number of volunteers (estimate if necessary)	6	1004
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b	Net unrelated business taxable income from Form 990-T, line 39	7b	0.
8	Contributions and grants (Part VIII, line 1h)	Prior Year 1,378,831.	Current Year 1,540,644.
9	Program service revenue (Part VIII, line 2g)	202,777.	299,478.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	-6,365.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,581,608.	1,833,757.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	43,907.	79,979.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,105,565.	1,357,043.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 124,996.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	361,149.	334,041.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,510,621.	1,771,063.
19	Revenue less expenses. Subtract line 18 from line 12	70,987.	62,694.
20	Total assets (Part X, line 16)	Beginning of Current Year 324,875.	End of Year 569,026.
21	Total liabilities (Part X, line 26)	123,265.	304,722.
22	Net assets or fund balances. Subtract line 21 from line 20	201,610.	264,304.

Part II Signature Block

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

Sign Here	Signature of officer JAVIER GUERRERO, PRESIDENT AND CEO Type or print name and title	Date _____
Paid Preparer Use Only	Print/Type preparer's name Preparer's signature Date 06/03/21 Check if self-employed <input type="checkbox"/> PTIN	Firm's name ▶ ALDRICH CPAS AND ADVISORS, LLP Firm's address ▶ 7676 HAZARD CENTER DRIVE, STE 1300 SAN DIEGO, CA 92108 Firm's EIN ▶ _____ Phone no. (619) 810-4940

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

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? [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [X] No

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 \$ 802,927. including grants of \$ 79,979.) (Revenue \$ 197,562.) 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. (ADDITIONAL DESCRIPTIONS IN SCHEDULE O)

4b (Code:) (Expenses \$ 257,148. including grants of \$) (Revenue \$ 67,027.) 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. (ADDITIONAL DESCRIPTIONS IN SCHEDULE O)

4c (Code:) (Expenses \$ 265,247. including grants of \$) (Revenue \$ 34,889.) 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. (ADDITIONAL DESCRIPTIONS IN SCHEDULE O)

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 1,325,322.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and reporting.

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? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a 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? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current 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 "Yes," complete Schedule L, Part II</i>		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 entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
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):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		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? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
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? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 16 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included on line 1a, above, who are independent; 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?; 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?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 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?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 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.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b 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; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 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?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?; 16b 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 exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed CA
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)s only) available for public inspection. Indicate how you made these available. Check all that apply.
[X] Own website [] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records DENISE NAYLOR - 760-448-2255
441 SAXONY ROAD, ENCINITAS, CA 92024

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d	770,900.				
	e Government grants (contributions)	1e	10,077.				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	759,667.				
	g Noncash contributions included in lines 1a-1f	1g	\$				
	h Total. Add lines 1a-1f			1,540,644.			
	Program Service Revenue	2 a FARM STAND INCOME	Business Code	110000	197,562.	197,562.	
b FARM CAMPS			611620	47,573.	47,573.		
c COMMUNITY FARM EVENTS			900099	27,689.	27,689.		
d SCHOOL VISITS/TOURS			900099	19,454.	19,454.		
e COMPOSTING			900099	7,200.	7,200.		
f All other program service revenue							
g Total. Add lines 2a-2f				299,478.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			21.		21.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities				
			(ii) Other		3,200.		
	b Less: cost or other basis and sales expenses	7b		9,586.			
	c Gain or (loss)	7c		-6,386.			
d Net gain or (loss)			-6,386.		-6,386.		
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a	Business Code					
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions			1,833,757.	299,478.	0.	-6,365.	

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 response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	79,979.	79,979.		
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, trustees, and key employees	199,931.	119,958.	49,983.	29,990.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	824,611.	629,809.	155,227.	39,575.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	106,410.	77,872.	21,313.	7,225.
9 Other employee benefits	143,238.	104,822.	28,690.	9,726.
10 Payroll taxes	82,853.	60,632.	16,595.	5,626.
11 Fees for services (nonemployees):				
a Management				
b Legal	248.		248.	
c Accounting	18,660.		18,660.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	67,353.	33,742.	8,556.	25,055.
12 Advertising and promotion	17,053.	15,043.		2,010.
13 Office expenses	2,102.	1,957.	145.	
14 Information technology	7,257.	3,484.	3,773.	
15 Royalties				
16 Occupancy	16,496.	16,496.		
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	4,092.	3,126.	753.	213.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	41,896.	39,307.	2,589.	
23 Insurance	20,247.	11,920.	6,659.	1,668.
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 O.)				
a FARM SUPPLIES	72,569.	69,972.	2,554.	43.
b MISCELLANEOUS	37,608.	30,912.	3,180.	3,516.
c REPAIRS/MAINTENANCE	22,279.	22,279.	0.	0.
d MEALS	3,663.	1,812.	1,532.	319.
e All other expenses	2,518.	2,200.	288.	30.
25 Total functional expenses. Add lines 1 through 24e	1,771,063.	1,325,322.	320,745.	124,996.
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X 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
Assets	1 Cash - non-interest-bearing	103,808.	1	327,638.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	20,695.	4	77,338.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	10,964.	9	8,600.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 264,670.		
	b Less: accumulated depreciation	10b 109,220.		
	11 Investments - publicly traded securities	189,408.	10c	155,450.
	12 Investments - other securities. See Part IV, line 11		11	
	13 Investments - program-related. See Part IV, line 11		12	
	14 Intangible assets		13	
	15 Other assets. See Part IV, line 11		14	
16 Total assets. Add lines 1 through 15 (must equal line 33)	324,875.	15	569,026.	
17 Accounts payable and accrued expenses	89,553.	16	97,395.	
18 Grants payable		17		
19 Deferred revenue	33,712.	18	0.	
20 Tax-exempt bond liabilities		19		
21 Escrow or custodial account liability. Complete Part IV of Schedule D		20		
22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		21		
23 Secured mortgages and notes payable to unrelated third parties		22		
24 Unsecured notes and loans payable to unrelated third parties		23		
25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	0.	24	207,327.	
26 Total liabilities. Add lines 17 through 25	123,265.	25	304,722.	
27 Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.		26		
27 Net assets without donor restrictions	160,676.	27	53,819.	
28 Net assets with donor restrictions	40,934.	28	210,485.	
29 Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
29 Capital stock or trust principal, or current funds		29		
30 Paid-in or capital surplus, or land, building, or equipment fund		30		
31 Retained earnings, endowment, accumulated income, or other funds		31		
32 Total net assets or fund balances	201,610.	32	264,304.	
33 Total liabilities and net assets/fund balances	324,875.	33	569,026.	

Part 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	1,833,757.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,771,063.
3	Revenue less expenses. Subtract line 2 from line 1	3	62,694.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	201,610.
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	264,304.

Part 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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____		

Form 990 (2019)

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	903,212.	948,664.	1079666.	1378831.	1540644.	5851017.
2 Tax revenues levied for the organization'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						
4 Total. Add lines 1 through 3	903,212.	948,664.	1079666.	1378831.	1540644.	5851017.
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)						3765084.
6 Public support. Subtract line 5 from line 4.						2085933.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4	903,212.	948,664.	1079666.	1378831.	1540644.	5851017.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources					21.	21.
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.)						
11 Total support. Add lines 7 through 10						5851038.
12 Gross receipts from related activities, etc. (see instructions)					12	857,768.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	35.65 %
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2019. 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		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2018. 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 qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 performed, 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 business under section 513						
4 Tax revenues levied for the organization'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						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) 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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported 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 the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	Yes	No
b Did the activities described in (a) 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 VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.		
b Did the 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.		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section 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	

Section 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):		
a	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	
e	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 1-1/2% 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 .035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

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, 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.)

Multiple horizontal lines for supplemental information.

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

2019

Name of the organization

COASTAL ROOTS FARM

Employer identification number

47-1570910

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

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, 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).

Name of organization COASTAL ROOTS FARM	Employer identification number 47-1570910
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	_____ _____ _____	\$ 45,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____ _____ _____	\$ 770,900.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____ _____ _____	\$ 43,750.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	_____ _____ _____	\$ 90,052.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	_____ _____ _____	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization COASTAL ROOTS FARM	Employer identification number 47-1570910
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____

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

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

2019

Open to Public Inspection

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

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 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 funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance 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 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance 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 treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

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

Schedule D (Form 990) 2019

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment _____ %
 - c Term endowment _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|--------|----|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		232,080.	94,103.	137,977.
e Other		32,590.	15,117.	17,473.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				155,450.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(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" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) PPP LOAN	207,327.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	207,327.

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...

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	1,996,243.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b	242,465.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	242,465.
3	Subtract line 2e from line 1		3	1,753,778.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	79,979.	
c	Add lines 4a and 4b		4c	79,979.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	1,833,757.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	1,933,549.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	242,465.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	242,465.
3	Subtract line 2e from line 1		3	1,691,084.
4	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	4a		
b	Other (Describe in Part XIII.)	4b	79,979.	
c	Add lines 4a and 4b		4c	79,979.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	1,771,063.

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 POSITION AS PART OF THE STATEMENT OF ACTIVITIES, WHEN APPLICABLE. MANAGEMENT HAS DETERMINED THAT THE FARM HAS NO UNCERTAIN TAX POSITIONS AT SEPTEMBER 30, 2020 AND THEREFORE NO AMOUNTS HAVE BEEN ACCRUED.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

FARM STAND DISCOUNTS NETTED WITH REVENUE 79,979.

Part XIII Supplemental Information *(continued)*

PART XII, LINE 4B - OTHER ADJUSTMENTS:

FARM STAND DISCOUNTS NETTED WITH REVENUE 79,979.

Multiple horizontal lines for supplemental information.

**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

2019

**Open to Public
Inspection**

Name of the organization

COASTAL ROOTS FARM

Employer identification number

47-1570910

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

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

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶

3 Enter total number of other organizations listed in the line 1 table ▶

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

Schedule I (Form 990) (2019)

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(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
PAY WAHT YOU CAN FARM STAND FRESH PRODUCE	11568	0.	79,979.	FAIR MARKET VALUE	FARM STAND SEASONAL FRESH PRODUCE, EGGS AND PLANTS

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2019

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

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

Part I Questions Regarding Compensation

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.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> 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? **2**

3 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.

- | | |
|---|---|
| <input type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 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:

- a** Receive a severance payment or change-of-control payment? **4a**
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? **4b**
- c** Participate in, or receive payment from, an equity-based compensation arrangement? **4c**
- 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:

- a** The organization? **5a**
- b** Any related organization? **5b**
- 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:

- a** The organization? **6a**
- 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 **7**

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 **8**

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? **9**

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2019

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-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) JAMES S. FARLEY VICE CHAIR & TREASURER	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	486,492.	0.	0.	39,465.	1,909.	527,866.	0.
(2) CHARLENE SEIDLE CHAIRPERSON	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	299,577.	0.	0.	39,708.	7,524.	346,809.	0.
(3) LEILANI RASMUSSEN SECRETARY	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	202,069.	0.	0.	26,849.	2,619.	231,537.	0.
(4) SHARYN GOODSON ASSISTANT SECRETARY	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	194,606.	0.	0.	29,684.	16,710.	241,000.	0.
(5) JAVIER GUERRERO PRESIDENT & CEO	(i)	166,402.	0.	0.	22,377.	546.	189,325.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(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.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.

OMB No. 1545-0047

2019

Open to Public
Inspection

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 NEARLY 250,000 POUNDS OF ORGANIC FRUITS, VEGETABLES, HERBS, AND EGGS, BUILT A BIODIVERSE ECOSYSTEM (87 SPECIES OF BIRDS HAVE BEEN OBSERVED IN THE FOOD FOREST), AND DIVERTED NEARLY 4.5 MILLION POUNDS OF WASTE FROM THE LANDFILL THROUGH EXTENSIVE COMPOSTING OPERATIONS, AND OFFSET CO2 EMISSIONS BY AN ESTIMATED 2.5 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 50,000 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) (2019)

932211 09-06-19

Name of the organization COASTAL ROOTS FARM	Employer identification number 47-1570910
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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. THE FARM'S SERVICES HAVE BEEN MORE CRITICAL THAN EVER FOR VULNERABLE COMMUNITY MEMBERS STRUGGLING WITH FOOD INSECURITY.

PRIOR TO THE PANDEMIC, 1 IN 7 SAN DIEGANS WERE HUNGRY; NOW IT IS 1 IN 3

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

SINCE OUR INCEPTION IN 2014 THROUGH DECEMBER 2020, THE FARM DISTRIBUTED

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MORE THAN 243,500 POUNDS OF FRESH, NUTRIENT-DENSE, ORGANIC PRODUCE AND EGGS TO MORE THAN 180,000 INDIVIDUALS. THIS AMOUNT INCLUDES NEARLY 162,000 POUNDS DONATED AT NO-COST TO APPROXIMATELY 150,000 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 THROUGH NATURE-BASED PLAY AND LEARNING. YOUTH BECOME ENVIRONMENTAL SCIENTISTS FOR THE DAY,

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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 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

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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 IS OFFERING ITS ENVIRONMENTAL STEM EDUCATIONAL PROGRAMS FOR SCHOOLS AND GROUP VISITS VIA VIRTUAL PLATFORMS OVER THE 2021 ACADEMIC YEAR, WITH THE GOAL TO RELAUNCH ON-SITE VISITS IN THE 2022 ACADEMIC YEAR. OUR VIRTUAL OUTDOOR CLASSROOM EXPERIENCES PROVIDE TEACHERS WITH EASILY ACCESSIBLE AND ENGAGING MATERIAL TO COMPLEMENT THEIR SCIENCE CURRICULUM. TO MEET THE INCREASED NEED FOR OUTDOOR LEARNING THAT BALANCES "SCREEN TIME WITH GREEN TIME" AS WELL AS DEMAND FOR AFFORDABLE CHILDCARE, THE FARM IS OFFERING 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 2020, THE FARM ENGAGED APPROXIMATELY 30,000 ADULTS AND YOUTH THROUGH EDUCATIONAL OPPORTUNITIES, INCLUDING MORE THAN 7,000 STUDENTS THROUGH SCHOOL AND GROUP VISITS AND FARM CAMPS, OF WHOM NEARLY 5,000 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 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

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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 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 FAMILIES. WE INVITE COMMUNITY MEMBERS OF ALL BACKGROUNDS TO SHARE IN MAJOR AGRICULTURAL FESTIVALS LIKE SUKKOT (A

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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:

FORM 990 TO BE REVIEWED BY THE PRESIDENT AND CEO. FINAL REVIEW TO BE PERFORMED BY BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 12C:

EMPLOYEES AND BOARD ARE REQUIRED TO DISCLOSE ANY POTENTIAL CONFLICTS OF INTEREST. SERVICES AND/OR PRODUCTS FROM BUSINESS/FAMILY REQUIRE TWO OTHER

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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 PRESIDENT/CEO COMPENSATION WITH BOARD APPROVAL. THE REMAINING BOARD MEMBERS ARE COMPENSATED BY LEICHTAG FOUNDATION A RELATED ORGANIZATION THAT HAS APPROPRIATE COMPENSATION POLICIES IN PLACE.

FORM 990, PART VI, SECTION C, LINE 19:

GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE BY AN ELECTRONIC COPY VIA EMAIL OR HARDCOPY BY MAIL IS MADE TO ANYONE WHO REQUEST A COPY WITHOUT CHARGE. THE AUDITED FINANCIAL STATEMENTS ARE AVAILABLE ON OUR WEBSITE.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

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.**

OMB No. 1545-0047

2019
Open to Public Inspection

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

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
LEICHTAG FOUNDATION - 33-0466189 441 SAXONY RD ENCINITAS, CA 92024	CONTRIBUTE TO CHARITIES THAT INSPIRE VIBRANT JEWISH LIFE	CALIFORNIA	501(C)(3)	PF	N/A		X
IMPACT CUBED - 83-2215503 441 SAXONY RD ENCINITAS, CA 92024	ENHANCING, BUILDING, & NURTURING JEWISH COMMUNITIES	CALIFORNIA	501(C)(3)	LINE 7	N/A		X

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

Schedule R (Form 990) 2019

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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

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?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)	X	
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)	X	
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses	X	
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Lined area for supplemental information.

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

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

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 filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions. COASTAL ROOTS FARM	Taxpayer identification number (TIN) 47-1570910
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 441 SAXONY RD	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. ENCINITAS, CA 92024	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

DENISE NAYLOR

- The books are in the care of ▶ **441 SAXONY ROAD - ENCINITAS, CA 92024**
Telephone No. ▶ **760-448-2255** Fax No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **AUGUST 16, 2021**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year _____ or
 ▶ tax year beginning **OCT 1, 2019**, and ending **SEP 30, 2020**.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

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	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.