2022

990

PUBLIC

DISCLOSURE

| | _ | ~~ | ** PUBLIC DISCLOSURE COPY ** | e Tax | OMB No. 1545-0047 |
|---------------|---------------------------|--------------------|---|---------------------|----------------------------|
| For | " 9 | 90 | Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private | | 2022 |
| Depa | rtment | of the Treasury | Do not enter social security numbers on this form as it may be made publ | | Open to Public |
| Interi | nal Reve | enue Service | Go to www.irs.gov/Form990 for instructions and the latest information. | | Inspection |
| | | | ar year, or tax year beginning $\operatorname{OCT} 1$, 2022 and ending $\operatorname{SEP} 30$, | | |
| Ba | Check if opplicab | le: | f organization D Emplo | yer identificat | ion number |
| | Addre chang Name | | TAL ROOTS FARM | -1570910 | 1 |
| | chang Initial | | | | <u> </u> |
| | returr Final returr | 441 | | 0-479-65 | |
| | termin ated Amer | City or to | own, state or province, country, and ZIP or foreign postal code | | 2,843,281. |
| | returr Appli | | | s a group retur | |
| | tion pendi | | | ubordinates? | |
| | | | | subordinates includ | |
| | | | | | . See instructions |
| | Nebsi | | | p exemption n | |
| | orm o art l | Summary | X Corporation Trust Association Other L Year of formation: | 2014 MS | tate of legal domicile: CA |
| | 1 | | | | |
| ė | 1 | | be the organization's mission or most significant activities: | | UNITIES |
| Governance | | | TING AGRICULTURE, FOOD JUSTICE, AND JEWISH WISI | | |
| ern | 2 | Check this bo | | I | _ |
| Š | 3 | | ting members of the governing body (Part VI, line 1a) | | 7 |
| | 4 | | lependent voting members of the governing body (Part VI, line 1b) | | 6 |
| es | 5 | | of individuals employed in calendar year 2022 (Part V, line 2a) | | 63 |
| <u>viti</u> | 6 | Total number | of volunteers (estimate if necessary) | | 818 |
| Activities & | | | d business revenue from Part VIII, column (C), line 12 | | 0. |
| _ | b | Net unrelated | business taxable income from Form 990-T, Part I, line 11 | | 0. |
| | | | Prior Y | | Current Year |
| Ð | 8 | Contributions | | 4,495. | 2,105,745. |
| nue | 9 | Program servi | | 3,581. | 720,911. |
| Revenue | 10 | Investment inc | come (Part VIII, column (A), lines 3, 4, and 7d) | ,622.> | 9,317. |
| ш | 11 | Other revenue | e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 0. | 5,318. |
| | 12 | Total revenue | | 2,454. | 2,841,291. |
| | 13 | Grants and sir | nilar amounts paid (Part IX, column (A), lines 1-3) 145 | 5,345. | 162,856. |
| | 14 | Benefits paid | to or for members (Part IX, column (A), line 4) | 0. | 0. |
| ŝ | 15 | | | 3,064. | 2,165,473. |
| nse | 16a | Professional fu | undraising fees (Part IX, column (A), line 11e) | 0. | 0. |
| Expenses | b | Total fundraisi | ing expenses (Part IX, column (D), line 25) 220, 125. | | |
| ш | 17 | Other expense | |),141. | 509,784. |
| | 18 | Total expense | | 3,550. | 2,838,113. |
| | 19 | Revenue less | | 3,904. | 3,178. |
| Jo Sol | | | Beginning of Cu | | End of Year |
| Net Assets or | 20 | Total assets (F | | 9,732. | 959,105. |
| ASS | 21 | Total liabilities | | 9,776. | 215,971. |
| Ret | 22 | | | 9,956. | 743,134. |
| Pa | art II | Signature | e Block | | |
| Und | er pen | alties of perjury, | I declare that I have examined this return, including accompanying schedules and statements, and to the | ne best of my kn | owledge and belief, it is |
| true | , corre | ct, and complete. | . Declaration of preparer (other than officer) is based on all information of which preparer has any know | vledge. | |
| | | | | | |

| Sign | Signature of officer | | | Date | | | |
|------------|--|----------------------|-------|--------|---------------------|-------|-------|
| Here | JAVIER GUERRERO, PRESIDEN | F AND CEO | | | | | |
| | Type or print name and title | | | | | | |
| | Print/Type preparer's name | Preparer's signature | Date | | Check | PTIN | |
| Paid | | | 02/05 | /24 | ii self-employed | | |
| Preparer | Firm's name ALDRICH CPAS AND | | | Firm's | EIN | | |
| Use Only | Firm's address 1903 WRIGHT PLACE | , #180 | | | | | |
| | CARLSBAD, CA 9200 | 8 | | Phone | no.(760) |) 431 | -8440 |
| May the IF | RS discuss this return with the preparer shown abo | ve? See instructions | | | | X Yes | s No |
| | | | | | | _ | |

232001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions.

| | 990 (2022) COASTAL ROOTS FARM | 47-1570910 | Pa | | | |
|-------|--|---------------|------------------|--|--|--|
| Par | t III Statement of Program Service Accomplishments | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part III | <u></u> | | | | |
| 1 | Briefly describe the organization's mission: | | | | | |
| | COASTAL ROOTS FARM IS A NONPROFIT JEWISH COMMUNITY FARM | AND EDUCATIO | ON | | | |
| | CENTER. WE CULTIVATE HEALTHY, CONNECTED COMMUNITIES BY | | | | | |
| | SUSTAINABLE AGRICULTURE, FOOD JUSTICE, AND ANCIENT JEWI | | | | | |
| | SUSTRINABLE AGRICOLIURE, FOOD OUSTICE, AND ANCIENT DEWI | SII WISDOM. | | | | |
| | . | | | | | |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the | | | | | |
| | prior Form 990 or 990-EZ? | Yes | sΧ | | | |
| | If "Yes," describe these new services on Schedule O. | | | | | |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program services | ? Yes | s X | | | |
| | If "Yes," describe these changes on Schedule O. | | | | | |
| 4 | Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. | | | | | |
| | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to oth | | | | | |
| | revenue, if any, for each program service reported. | | arro | | | |
| 4- | 1 000 540 150 055 | venue \$ 255 | 13 | | | |
| 4a | | | , 4 J | | | |
| | INCREASING ACCESS TO FRESH ORGANIC PRODUCE THROUGH SUST | | | | | |
| | AGRICULTURE: COASTAL ROOTS FARM SEEKS TO CARE FOR ITS | | LЬĔ | | | |
| | ALSO BEING GOOD STEWARDS OF ITS LAND AND SOIL. THE FARM | | | | | |
| | ACRES OF FARMLAND, CONSISTING OF 2.5 ACRES OF VEGETABLE | | | | | |
| | FIELDS, AN EDUCATION FARM & GARDEN, A LARGE-SCALE COMPO | ST OPERATION, | , | | | |
| | TWO CHICKEN FLOCKS OF AROUND 150 BIRDS, AND AN 8.5-ACRE | AGROFORESTRY | ζ | | | |
| | "FOOD FOREST." THE FARM IS ON THE FOREFRONT OF SUSTAINA | BLE, | | | | |
| | REGENERATIVE FARMING PRACTICES THAT BUILD HEALTHY SOIL, | | | | | |
| | CARBON, CONSERVE WATER, AND HELP REDUCE THE IMPACTS OF | | 1F | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| 4b | (Code:) (Expenses \$1, 156, 706. including grants of \$) (Rev | venue \$ 352 | ,13 | | | |
| | INCREASING ACCESS TO HANDS-ON FARM-BASED ENVIRONMENTAL | EDUCATION | | | | |
| | EXPERIENCES WE PROVIDE YOUTH AND ADULTS WITH UNIQUE, D | IVERSE, AND | | | | |
| | INCLUSIVE FARM-BASED EDUCATIONAL OPPORTUNITIES THAT CON | - | | | | |
| | | RM PROVIDES A | 7 | | | |
| | UNIQUE PLATFORM FOR FARM-BASED ENVIRONMENTAL EDUCATION | | - | | | |
| | COMMUNITY HEALTH AND INCREASE AWARENESS, INVOLVEMENT, A | | | | | |
| | · · · · · | | | | | |
| | NATURE, ENVIRONMENTAL STEWARDSHIP, AND FOOD SYSTEMS. WE | | | | | |
| | HANDS-ON VOLUNTEER OPPORTUNITIES, EDUCATIONAL WORKSHOPS | | , | | | |
| | FARM CAMPS, AND SCHOOL AND GROUP VISITS BASED ON STEM-A | LIGNED | | | | |
| | CURRICULUM FOR STUDENTS IN PRE-K THROUGH 12TH GRADE. | | | | | |
| | | | | | | |
| | | | | | | |
| 4c | (Code:) (Expenses \$132, 132. including grants of \$) (Rev | venue \$ 113 | ,34 | | | |
| | CULTIVATING INCLUSIVE JEWISH LIFE OPPORTUNITIES: COASTA | L ROOTS FARM | IS | | | |
| | A JEWISH COMMUNITY FARM THAT INTEGRATES FARMING, GARDEN | ING, AND FOOI |) A | | | |
| | A WAY TO TEACH ABOUT JEWISH TRADITION AND HERITAGE, BUI | | | | | |
| | IDENTITY AND COMMUNITY, AND MAKE THE WORLD A MORE JUST | | RT.E | | | |
| | PLACE. WE ARE A LIVING JEWISH FARM, MAKING PRACTICES TH | | | | | |
| | | | | | | |
| | OF YEARS OLD RELEVANT LESSONS FOR TODAY. THESE PRACTICE | | | | | |
| | GROW PRODUCE, SHARE BELONGINGS, TREAT NEIGHBORS, OBSERV | | | | | |
| | TIME, CELEBRATE AND IMPROVE, CARE FOR PLANTS AND ANIMAL | | | | | |
| | VIBRANT, WELCOMING COMMUNITY. ALL OF THIS MAKES COASTAL | ROOTS FARM A | 7 | | | |
| | JEWISH FARM FOR EVERYONE. | | | | | |
| | | | | | | |
| | | | | | | |
| 4d | Other program services (Describe on Schedule O.) | | | | | |
| | (Expenses \$ including grants of \$) (Revenue \$ |) | | | | |
| 4e | Total program service expenses2,321,478. | | • • • | | | |
| | | Form | 990 | | | |
| 32002 | 2 12-13-22 SEE SCHEDULE O FOR CONTINUATION (| (5) | | | | |
| | — | стари | 16 | | | |
| , U Z | 05 163675 16357.005 2022.05040 COASTAL ROOTS |) FARM | 16 | | | |
| | | | | | | |

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47-1570910 Page **2**

| COASTAL | ROOTS | FARM |
|--------------|-------|------|
| <u> </u> | | |

| Form | 990 | (2022) |
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 Form 990 (2022)
 COASTAL
 ROOTS
 FARM

 Part IV
 Checklist of Required Schedules
 Constant
 Constan

| | | | Yes | No |
|--------|--|------|------------|----------|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? | | | |
| | If "Yes," complete Schedule A | 1 | Х | L |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? See instructions | 2 | Х | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for | | | |
| | public office? If "Yes," complete Schedule C, Part I | 3 | | <u> </u> |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect | | | |
| | during the tax year? If "Yes," complete Schedule C, Part II | 4 | | _X_ |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or | | | |
| | similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III | 5 | | <u> </u> |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to | | | 77 |
| _ | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | <u> </u> |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | _ | | v |
| • | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | <u> </u> |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete | | | v |
| • | Schedule D, Part III | 8 | | <u> </u> |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for | | | |
| | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? | | | х |
| 10 | If "Yes," complete Schedule D, Part IV | 9 | | |
| 10 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments | 10 | | х |
| 44 | or in quasi endowments? If "Yes," complete Schedule D, Part V | 10 | | |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable. | | | |
| ~ | as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes." complete Schedule D. | | | |
| d | | 11a | х | |
| h | Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total | 11a | | |
| D | | 11b | | х |
| c | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total | | | |
| U | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | х |
| Ь | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in | | | |
| u | Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | х |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | | X |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | | |
| - | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | х | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | | |
| | Schedule D, Parts XI and XII | 12a | х | |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? | | | |
| | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | х |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | Х |
| 14a | | 14a | | Х |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, | | | |
| | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 | | | |
| | or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | X |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any | | | |
| | foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | X |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to | | | |
| | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | X |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | | | |
| | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions | 17 | | X |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | | | |
| | 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | X |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," | | | |
| | complete Schedule G, Part III | 19 | | <u> </u> |
| | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | <u> </u> |
| | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | | 37 |
| | domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II | 21 | 000 | X |
| 232003 | 3 12-13-22 | Form | 990 | (2022) |

232003 12-13-22

3 2022.05040 COASTAL ROOTS FARM

| Form | 990 | (2022) |
|------|-----|--------|
| | 000 | |

 Form 990 (2022)
 COASTAL
 ROOTS
 FARM

 Part IV
 Checklist of Required Schedules (continued)

| | | | Yes | No |
|-----|--|---------|-------------|----|
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | | | |
| | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | Х | |
| 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? If "Yes," complete | | | |
| | Schedule J | 23 | Х | |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the | | | |
| | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete | | | |
| | Schedule K. If "No," go to line 25a | 24a | | X |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| С | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease | | | |
| | any tax-exempt bonds? | 24c | | |
| | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 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? If "Yes," complete Schedule L, Part I | 25a | | X |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and | | | |
| | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete | | | |
| | Schedule L, Part I | 25b | | 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% | | | v |
| 07 | controlled entity or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part II</i> | 26 | | X |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, | | | |
| | creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled | 27 | | x |
| 28 | entity (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i> | 21 | | |
| 20 | Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| а | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If | | | |
| u | "Yes," complete Schedule L, Part IV | 28a | | x |
| b | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28b | | X |
| | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i> | | | |
| - | "Yes," complete Schedule L, Part IV | 28c | | x |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | X |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | | | |
| | contributions? If "Yes," complete Schedule M | 30 | | x |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | X |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete | | | |
| | Schedule N, Part II | 32 | | X |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | | |
| | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | X |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and | 1 | | |
| | Part V, line 1 | 34 | | X |
| | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | 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)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? | | | |
| | If "Yes," complete Schedule R, Part V, line 2 | 36 | | X |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | 1 | | |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | X |
| 38 | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? | | v | |
| Pa | Note: All Form 990 filers are required to complete Schedule O Tt V Statements Regarding Other IRS Filings and Tax Compliance | 38 | Х | |
| 1 a | Check if Schedule O contains a response or note to any line in this Part V | | | |
| | | <u></u> | V- - | Na |
| 10 | Enter the number reported in box 3 of Form 1096. Enter Ω , if not applicable 13 | | Yes | No |

| 232004 | 12-13-22 | | | Form | 990 | (2022) |
|--------|---|--------|------------|------|-----|--------|
| | (gambling) winnings to prize winners? | | | 1c | | |
| с | Did the organization comply with backup withholding rules for reportable payments to vendors and re | portat | ole gaming | | | |
| b | Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable | 1b | 0 | | | |
| 1a | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable | 1a | <u>_</u> | | | |

232004 12-13-22

4 2022.05040 COASTAL ROOTS FARM

| | 990 (2022) COASTAL ROOTS FARM 47-1570 | 910 | P | age 5 |
|------------|---|------------------|-----|----------------|
| Par | V Statements Regarding Other IRS Filings and Tax Compliance (continued) | | | |
| | | | Yes | No |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 6 3 | | | |
| | | 0 | х | |
| | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | ^ | x |
| | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a 2b | | <u> </u> |
| | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O | 3b | | |
| 48 | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a | 4- | | х |
| L | financial account in a foreign country (such as a bank account, securities account, or other financial account)? | <u>4a</u> | | <u></u> |
| D | If "Yes," enter the name of the foreign country | | | |
| Fo | | 50 | | х |
| | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5a 5b | | X |
| | | 50 50 | | |
| | If "Yes" to line 5a or 5b, did the organization file Form 8886-1? | 50 | | |
| 0a | | 60 | | х |
| h | any contributions that were not tax deductible as charitable contributions? | <u>6a</u> | | <u></u> |
| D | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | Ch | | 1 |
| 7 | | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | 70 | | х |
| | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7 <u>a</u> 7b | | <u></u> |
| | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 70 | | х |
| ا م | | 7c | | |
| | If "Yes," indicate the number of Forms 8282 filed during the year 7d | 7- | | х |
| | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | X |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | <u></u> |
| g k | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g 7b | | |
| - | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the | | | |
| 0 | sponsoring organization have excess business holdings at any time during the year? | 8 | | |
| | Sponsoring organizations maintaining donor advised funds. | 0- | | |
| | Did the sponsoring organization make any taxable distributions under section 4966? | 9a 0h | | |
| | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | |
| 10 | | | | |
| | Initiation fees and capital contributions included on Part VIII, line 12 10a 10a 10b 10b10b 10b 10b 10b 10b 10b 10b 10b 10b 10b 10b | | | |
| | | | | |
| 11 | Section 501(c)(12) organizations. Enter: Gross income from members or shareholders 11a | | | |
| d h | Gross income from members or shareholders 11a Gross income from other sources. (Do not net amounts due or paid to other sources against 1 | | | |
| b | | | | |
| 120 | amounts due or received from them.) [11b] Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 120 | | |
| | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12a | | |
| | | | | |
| | Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? | 13a | | |
| а | Note: See the instructions for additional information the organization must report on Schedule O. | 154 | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the | | | |
| b | organization is licensed to issue qualified health plans | | | |
| с | Enter the amount of reserves on hand | | | |
| | | 14a | | х |
| | Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? <i>If</i> "No," <i>provide an explanation on Schedule O</i> | 14b | | |
| | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or | | | |
| 15 | excess parachute payment(s) during the year? | 15 | | х |
| | If "Yes," see the instructions and file Form 4720, Schedule N. | | | |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? | 16 | | х |
| 10 | If "Yes," complete Form 4720, Schedule O. | | | |
| 17 | Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities | | | |
| | that would result in the imposition of an excise tax under section 4951, 4952 or 4953? | 17 | | 1 |
| | If "Yes," complete Form 6069. | | | |
| 232005 | 12-13-22 | Form | 990 | (2022) |
| _,,,,, | 5 | | | , _ <u>-</u> , |

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| 2022. | 05040 | COASTAL | ROOT |

| Form | 990 | (2022) |
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COASTAL ROOTS FARM

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 | |
|---|--|
| Check II Schedule O contains a response of hote to any line in this Part VI | |
| | |

X

| Sec | tion A. Governing Body and Management | | | | | V | |
|----------|---|-----------|-----------------------|--------------|------------|--------|--------|
| 10 | Enter the number of veting members of the governing body at the and of the tax year | 10 | 1 | 7 | | Yes | No |
| Ia | Enter the number of voting members of the governing body at the end of the tax year | <u>1a</u> | | 4 | | | |
| | body delegated broad authority to an executive committee or similar committee, explain on Schedule 0. | | | | | | |
| b | Enter the number of voting members included on line 1a, above, who are independent | 1b | | 6 | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship | | anv other | - | | | |
| | officer, director, trustee, or key employee? | | | - E | 2 | х | |
| 3 | Did the organization delegate control over management duties customarily performed by or under the | | | | | | |
| | of officers, directors, trustees, or key employees to a management company or other person? | | | | 3 | | Х |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 9 | | | | 4 | | Х |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's ass | ets? | | . C | 5 | | Х |
| 6 | Did the organization have members or stockholders? | | | | 6 | | Х |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or ap | point | one or | | | | |
| | more members of the governing body? | | | Ŀ | 7a | | Х |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, st | ockho | lders, or | | | | |
| | persons other than the governing body? | | | Ŀ | 7b | | Х |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year | r by th | e following: | | | | |
| а | The governing body? | | | 4 | 8a | Х | |
| b | Each committee with authority to act on behalf of the governing body? | | | | 8b | | Х |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read | ched a | it the | | | | |
| _ | organization's mailing address? If "Yes," provide the names and addresses on Schedule O | | | | 9 | | Х |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Re | venue | Code.) | | | | |
| | | | | _ | | Yes | No |
| | Did the organization have local chapters, branches, or affiliates? | | | _ 1 | l0a | | Х |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such ch | apters | , affiliates, | | | | |
| | | | | · – | 0b | | |
| | Has the organization provided a complete copy of this Form 990 to all members of its governing body | / befoi | re filing the form? | | 1a | X | |
| | Describe on Schedule O the process, if any, used by the organization to review this Form 990. | | | | | 37 | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | | | | l2a | X | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise | | | · [1 | 2b | X | |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y | , | | | | x | |
| 40 | on Schedule O how this was done | | | | 12c | X | |
| 13 | Did the organization have a written whistleblower policy? | | | | 13 14 | X | |
| 14 15 | Did the organization have a written document retention and destruction policy? | | | | 14 | | |
| 15 | persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | i by iii | dependent | | | | |
| - | The organization's CEO, Executive Director, or top management official | | | 1 | 150 | x | |
| h | Other officers or key employees of the organization | | | | 15a 15b | | Х |
| | If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. | | | E. | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen | nent w | rith a | | | | |
| | taxable entity during the year? | | | 1 | l6a | | х |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat | | | | | | |
| | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ | | | | | | |
| | exempt status with respect to such arrangements? | | | 1 | 6b | | |
| Sec | tion C. Disclosure | | | | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed | | | | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, an | nd 990 | -T (section 501(c)(| 3)s oi | nly) a | vailat | ble |
| | 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 So | chedule O) | | | | |
| 19 | Describe on Schedule O whether (and if so, how) the organization made its governing documents, co | nflict o | of interest policy, a | nd fi | nanci | ial | |
| | 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 boo DENISE NAYLOR - $760-452-8617$ | ks an | d records | | | | |
| | 441 SAXONY ROAD, ENCINITAS, CA 92024 | | | | | | |
| 232006 | 12-13-22 | | | I | Form | 990 | (2022) |
| | 6 | | | | | | |

2022.05040 COASTAL ROOTS FARM

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

| (A) Name and title | (B) Average hours per | | not c | Pos heck | more | l than c s both | | (D) Reportable compensation | (E) Reportable compensation | (F) Estimated amount of |
|--|--|------------------|-----------------------|-------------|------|-------------------------|---|---|---|---|
| | week (list any hours for related organizations below line) | stee or director | Institutional trustee | | | Highest compensated Ly. | | from the organization (W-2/1099-MISC/ 1099-NEC) | from related organizations (W-2/1099-MISC/ 1099-NEC) | other compensation from the organization and related organizations |
| (1) JAVIER GUERRERO PRESIDENT & CEO | 40.00 | | | x | | | | 205,195. | 0. | 26,191. |
| (2) KESHA SPOOR | 40.00 | | | | | | | | | |
| DIRECTOR OF PHILANTHROPY | | | | | | x | | 106,459. | 0. | 24,413. |
| (3) CHARLENE SEIDLE | 1.00 | | | | | | | | | |
| CHAIRPERSON | | х | | x | | | | 0. | 0. | 0. |
| (4) TODD FRANK | 1.00 | | | | | | | | | |
| VICE-CHAIR | | х | | x | | | | 0. | 0. | 0. |
| (5) MICHAEL BERLIN | 1.00 | | | | | | | | | |
| TREASURER | | х | | x | | | | 0. | 0. | 0. |
| (6) ELAINE BECERRA | 1.00 | | | | | | | | | |
| SECRETARY | | х | | x | | | | 0. | 0. | 0. |
| (7) LAURA KREISS | 1.00 | | | | | | | | | |
| ASSISTANT SECRETARY | | Х | | X | | | | 0. | 0. | 0. |
| (8) JAMES S. FARLEY, ESQ. | 1.00 | | | | | | | | | |
| BOARD MEMBER | | Х | | | | | | 0. | 0. | 0. |
| | | | | | | | | | | |
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232007 12-13-22

| | 990 (2022) COASTAL P | | | | | | | | | 47-157 | 0910 Page 8 |
|----------|---|--|--------------------------------|-----------------------|---------|--------------------------------|----------------------------------|--------|---|--|--|
| Par | t VII Section A. Officers, Directors, Trus | | oloy | ees, | | | ghes | t C | | , , | |
| | (A) Name and title | (B) Average hours per week | box | not c , unles | ss per | ition more rson i |) than o s both pr/trus | an | (D) Reportable compensation from | (E) Reportable compensation from related | (F) Estimated amount of other |
| | | (list any hours for related organizations below line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | the organization (W-2/1099-MISC/ 1099-NEC) | organizations (W-2/1099-MISC/ 1099-NEC) | compensation from the organization and related organizations |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| 1b | Subtotal | | | | | | | | 311,654. | 0 | . 50,604. |
| с | Total from continuation sheets to Part VI Total (add lines 1b and 1c) | I, Section A | | | | | | | 0. 311,654. | 0 | . 0. |
| 2 | Total number of individuals (including but n compensation from the organization | ot limited to the | ose | liste | d ab | ove |) wh | o re | eceived more than \$100, | 000 of reportable | 2 |
| 3 | Did the organization list any former officer, | - | | • | • | - | | Ŭ | • • | | Yes No 3 X |
| 4 | line 1a? <i>If</i> "Yes," <i>complete Schedule J</i> for s For any individual listed on line 1a, is the su and related organizations greater than \$150 | im of reportable | e co | mpe | ensa | tion | and | oth | ner compensation from t | he organization | |
| 5 | Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes." <i>com</i> | accrue compen | sati | on fr | om | any | unre | elate | ed organization or individ | dual for services | 5 X |
| Sec 1 | tion B. Independent Contractors Complete this table for your five highest co | • | • | | | | | | | · · | sation from |
| | the organization. Report compensation for t (A) Name and business | | | ONE | | | | | (B) Description of s | | (C) Compensation |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | - | | | |
| 2 | Total number of independent contractors (ii | • | ot lin | nitec | l to i | thos (| | ted | above) who received me | ore than | |
| | \$100,000 of compensation from the organiz | | | | | | , | | | | Form 990 (2022) |

232008 12-13-22

| | | | Check if Schedule O c | onta | ins a respon | ise | or note to any lin | e in this Part VIII | | | |
|---|-----|---|-------------------------------------|-------------------|-------------------|-----------|--------------------|---------------------|-------------------|------------------|------------------------------------|
| | | | | | | | 2 | (A) | (B) | (C) | (D) |
| | | | | | | | | Total revenue | Related or exempt | Unrelated | Revenue excluded from tax under |
| | | | | | | | | | function revenue | business revenue | sections 512 - 514 |
| (0, (0 | 4 | - | Foderated compaigns | | 1a | | | | | | |
| ints | 1 | | Federated campaigns | | | | | - | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | | | Membership dues | | | | | - | | | |
| Βr. | | | Fundraising events | | | | | - | | | |
| Gifi Iar | | d | Related organizations | | | | | - | | | |
| ini, | | е | Government grants (contri | butio | ons) 1e | | 62,750. | | | | |
| r S | | f | All other contributions, gifts, | grant | | | | | | | |
| but | | | similar amounts not included | abov | e 1f | 2, | 042,995. | | | | |
| i ciri | | g | Noncash contributions included in I | ines 1 | a-1f 1g \$ | | 11,811. | | | | |
| Cor | | h | Total. Add lines 1a-1f | | | | | 2,105,745. | | | |
| | | | | | | | Business Code | | | | |
| đ | 2 | а | FARM CAMPS | | | | 611620 | 307,064. | 307,064. | | |
| vice | - | h | FARM STAND IN | CON | ИF: | _ | 110000 | 255,436. | 255,436. | | |
| Ser | | | COMMUNITY FAR | | | _ | 900099 | 109,140. | 109,140. | | |
| ven Ven | | | SCHOOL VISITS | | | _ | 900099 | 45,071. | 45,071. | | |
| Program Service Revenue | | | COMPOSTING | / 10 | JOKS | _ | 900099 | 4,200. | 4,200. | | |
| roç | | | | | | _ | | 4,200. | 4,200. | | |
| д. | | | All other program service | | | | | | | | |
| | | | Total. Add lines 2a-2f | | | | | 720,911. | | | |
| | 3 | | Investment income (includ | ling c | dividends, in | tere | st, and | | | | |
| | | | | | | | | 11,307. | | | 11,307. |
| | 4 | | Income from investment o | f tax | -exempt bon | d p | roceeds | | | | |
| | 5 | | Royalties | . <u></u> | | | | | | | |
| | | | | | (i) Real | | (ii) Personal | | | | |
| | 6 | а | Gross rents | 6a | | | | | | | |
| | | | Less: rental expenses | 6b | | | | | | | |
| | | | Rental income or (loss) | 6c | | | | | | | |
| | | | Net rental income or (loss) | · · · · | | | | | | | |
| | 7 | | Gross amount from sales of | ····· | (i) Securitie | | (ii) Other | | | | |
| | · ' | а | | _ | | | | - | | | |
| | | | assets other than inventory | 7a | | | | - | | | |
| | | b | Less: cost or other basis | | | | 1 0 0 0 | | | | |
| anu | | | and sales expenses | 7b | | | 1,990. | - | | | |
| vel | | | () | 7c | | | <1,990.> | | | | 1 |
| her Revenue | | d | Net gain or (loss) | | | | | <1,990.> | | | <1,990.> |
| her | 8 | а | Gross income from fundraisin | ng eve | ents (not | | | | | | |
| ot | | | including \$ | | of | | | | | | |
| | | | contributions reported on | line ⁻ | 1c). See | | | | | | |
| | | | Part IV, line 18 | | | 8a | | | | | |
| | | b | Less: direct expenses | | | 8b | | | | | |
| | | | Net income or (loss) from t | | | s | | | | | |
| | 9 | | Gross income from gamin | | 1 | - | | | | | |
| | Ū | - | Part IV, line 19 | | | 9a | | | | | |
| | | h | Less: direct expenses | | | <u>9b</u> | | | | | |
| | | | Net income or (loss) from (| | | | 1 | | | | |
| | | | | • | Ŭ I | | | | | | |
| | 10 | а | Gross sales of inventory, le | | | | E 210 | | | | |
| | | | and allowances | | | | 5,318. | | | | |
| | | b | Less: cost of goods sold | | l | 10b | 0. | | | | |
| | | С | Net income or (loss) from s | sales | of inventory | / | | 5,318. | | | 5,318. |
| S | | | | | | | Business Code | | | | |
| in a | 11 | а | | | | _ | | | | | |
| ane | | b | | | | _ | | | | | |
| ella | | с | | | | | | | | | |
| Miscellaneous Revenue | | d | All other revenue | | | _ | | | | | |
| Σ | | | Total. Add lines 11a-11d | | | | | | | | |
| | 12 | | Total revenue. See instructio | | | | | 2,841,291. | 720,911. | 0. | 14,635. |
| 23200 | | | | | | | | | • | · | Form 990 (2022) |

232009 12-13-22

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COASTAL ROOTS FARM

Form 990 (2022) COASTAL
Part VIII Statement of Revenue

COASTAL ROOTS FARM 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 respons not include amounts reported on lines 6b, 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 | | oxperiees | general experiese | oxperioee |
| • | and domestic governments. See Part IV, line 21 | | | | |
| 2 | Grants and other assistance to domestic | | | | |
| - | individuals. See Part IV, line 22 | 162,856. | 162,856. | | |
| 3 | Grants and other assistance to foreign | , | | | |
| Ū | 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, | | | | |
| Ŭ | trustees, and key employees | 248,705. | 149,223. | 62,176. | 37,306. |
| 6 | Compensation not included above to disqualified | | | | ., |
| Ŭ | persons (as defined under section 4958(f)(1)) and | | | | |
| | persons described in section 4958(c)(3)(B) | | | | |
| 7 | Other salaries and wages | 1,511,283. | 1,282,448. | 106,109. | 122,726. |
| 8 | Pension plan accruals and contributions (include | 1/011/2000 | 1,202,1100 | | 100,700 |
| 0 | section 401(k) and 403(b) employer contributions) | 137,944. | 111,497. | 13,984. | 12 463 |
| 9 | Other employee benefits | 139,431. | 112,699. | 14,135. | 12,463. 12,597. 11,575. |
| | | 128,110. | 103,548. | 12,987. | 11 575 |
| 10 11 | Payroll taxes | 120,110. | 103,310. | 12, 507 • | |
| 11 | Fees for services (nonemployees): | | | | |
| | Management | | | | |
| | | 21,900. | | 21,900. | |
| | Accounting | 21,500. | | 21,500. | |
| | Lobbying | | | | |
| | Professional fundraising services. See Part IV, line 17 | | | | |
| f | Investment management fees | | | | |
| g | Other. (If line 11g amount exceeds 10% of line 25, | 77,316. | 55,270. | 19,456. | 2,590. |
| 40 | column (A), amount, list line 11g expenses on Sch 0.) | 25,248. | 24,724. | 19,450. | 524 |
| 12 | Advertising and promotion | 3,649. | 3,447. | 184. | 18. |
| 13 | Office expenses | 8,622. | 4,117. | 4,030. | 475. |
| 14 | Information technology | 0,022. | 4,11/• | 4,030. | 4/J. |
| 15 | Royalties | 18,429. | 16,178. | 2,251. | |
| 16 | | 10,429. | 10,170. | <u> </u> | |
| 17 | Travel | | | | |
| 18 | Payments of travel or entertainment expenses | | | | |
| | for any federal, state, or local public officials | 12,483. | 951. | | 11,532. |
| 19 | Conferences, conventions, and meetings | 12,403. | 951. | | 11,002. |
| 20 | | | | | |
| 21 | Payments to affiliates | 17 060 | 16 101 | 885. | |
| 22 | Depreciation, depletion, and amortization | 47,069. 36,541. | 46,184. 22,621. | 11,204. | 2,716. |
| 23 | Insurance | 30,341. | 22,021. | 11,204. | 2,/10. |
| 24 | Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If | | | | |
| | line 24e amount exceeds 10% of line 25, column (A), | | | | |
| | amount, list line 24e expenses on Schedule 0.) | 0.2 0.00 | 00.001 | 0 | E 4 17 |
| а | SUPPLIES | 92,908. | 92,361. | 0. | 547. |
| | MISCELLANEOUS | 86,031. | 68,115. | 17,462. | 454. |
| С | REPAIRS/MAINTENENCE | 58,688. | 57,735. | 930. | 23. |
| | | 13,332. | 4,247. | 8,817. | 268. |
| | All other expenses | 7,568. | 3,257. | | 4,311. |
| 25 | Total functional expenses. Add lines 1 through 24e | 2,838,113. | 2,321,478. | 296,510. | 220,125. |
| 26 | Joint costs. Complete this line only if the organization | | | | |
| | reported in column (B) joint costs from a combined | | | | |
| | educational campaign and fundraising solicitation. | | | | |
| | Check here if following SOP 98-2 (ASC 958-720) | | | | |

COASTAL ROOTS FARM Part X Balance Sheet

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

Form 990 (2022)

| | | Check in Schedule O contains a response of hot | <u> </u> | | (A) Beginning of year | | (B) End of year |
|-----------------------------|-----|--|-------------|----------|---------------------------------|---------|---------------------------|
| | 1 | Cash - non-interest-bearing | | | 703,258. | 1 | 621,908. |
| | 2 | Savings and temporary cash investments | | | - | 2 | |
| | 3 | Pledges and grants receivable, net | | 3 | | | |
| | 4 | Accounts receivable, net | | 34,434. | 4 | 99,997. | |
| | 5 | Loans and other receivables from any current or | | | | | |
| | | trustee, key employee, creator or founder, subst | | | | | |
| | | controlled entity or family member of any of thes | | | 5 | | |
| | 6 | Loans and other receivables from other disqualif | | | | | |
| | | under section 4958(f)(1)), and persons described | | | | 6 | |
| s | 7 | Notes and loans receivable, net | | | | 7 | |
| Assets | 8 | Inventories for sale or use | | | | 8 | |
| As | 9 | – | 5,554. | 9 | 4,108. | | |
| | 10a | Land, buildings, and equipment: cost or other | | ····· | | | |
| | | basis. Complete Part VI of Schedule D | 10a | 445,925. | | | |
| | b | Less: accumulated depreciation | 10b | 212,833. | 196,486. | 10c | 233,092. |
| | 11 | Investments - publicly traded securities | | | - | 11 | |
| | 12 | Investments - other securities. See Part IV, line 1 | | | | 12 | |
| | 13 | Investments - program-related. See Part IV, line | | 13 | | | |
| | 14 | Intangible assets | | | | 14 | |
| | 15 | Other assets. See Part IV, line 11 | | 15 | | | |
| | 16 | Total assets. Add lines 1 through 15 (must equa | | | 939,732. | 16 | 959,105. |
| | 17 | Accounts payable and accrued expenses | 199,776. | 17 | 215,971. | | |
| | 18 | Grants payable | I | - | 18 | | |
| | 19 | Deferred revenue | | | 19 | | |
| | 20 | Tax-exempt bond liabilities | | | | 20 | |
| | 21 | Escrow or custodial account liability. Complete F | | 21 | | | |
| ß | 22 | Loans and other payables to any current or form | | | | | |
| itie | | trustee, key employee, creator or founder, subst | | | | | |
| Liabilities | | controlled entity or family member of any of thes | | | | 22 | |
| Ľ | 23 | Secured mortgages and notes payable to unrela | | Γ | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated | | | | 24 | |
| | 25 | Other liabilities (including federal income tax, pa | yables to i | Γ | | | |
| | | parties, and other liabilities not included on lines | - | | | | |
| | | of Schedule D | - | | | 25 | |
| | 26 | Total liabilities. Add lines 17 through 25 | | | 199,776. | 26 | 215,971. |
| | | Organizations that follow FASB ASC 958, che | | X | | | |
| sec | | and complete lines 27, 28, 32, and 33. | | | | | |
| anc | 27 | Net assets without donor restrictions | | | 592,502. | 27 | 626,341. |
| Bal | 28 | Net assets with donor restrictions | | | 147,454. | 28 | 116,793. |
| pd | | Organizations that do not follow FASB ASC 9 | | | | | |
| Ľ. | | and complete lines 29 through 33. | | | | | |
| s or | 29 | Capital stock or trust principal, or current funds | | | | 29 | |
| set | 30 | Paid-in or capital surplus, or land, building, or eq | | | | 30 | |
| As | 31 | Retained earnings, endowment, accumulated in | | | | 31 | |
| Net Assets or Fund Balances | 32 | Total net assets or fund balances | | | 739,956. | 32 | 743,134. |
| _ | 33 | Total liabilities and net assets/fund balances | | | 939,732. | 33 | 959,105. |

16357.01

Form 990 (2022)

15390205 163675 16357.005

| Form 990 (2 | | COASTAL | |
|-------------|----------------|-------------|----|
| Part XI | Reconciliation | of Net Asse | ts |

COASTAL ROOTS FARM

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

| al revenue (must equal Part VIII, column (A), line 12) | 1 | 2,841,291. |
|---|---|---|
| al expenses (must equal Part IX, column (A), line 25) | 2 | 2,838,113. |
| enue less expenses. Subtract line 2 from line 1 | 3 | 3,178. |
| | 4 | 739,956. |
| unrealized gains (losses) on investments | 5 | |
| nated services and use of facilities | 6 | |
| estment expenses | 7 | |
| | 8 | |
| er changes in net assets or fund balances (explain on Schedule O) | 9 | 0. |
| | | |
| | 10 | 743,134. |
| | al expenses (must equal Part IX, column (A), line 25) venue less expenses. Subtract line 2 from line 1 t assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) t unrealized gains (losses) on investments nated services and use of facilities estment expenses or period adjustments ner changes in net assets or fund balances (explain on Schedule O) t assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, umn (B)) | al expenses (must equal Part IX, column (A), line 25) 2 venue less expenses. Subtract line 2 from line 1 3 t assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 t unrealized gains (losses) on investments 5 nated services and use of facilities 6 estment expenses 7 or period adjustments 8 ner changes in net assets or fund balances (explain on Schedule O) 9 t assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, umn (B)) 10 |

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 A | Accounting method used to prepare the Form 990: Cash X Accrual Other | | | |
| lf | If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. | | | |
| 2 a V | Were the organization's financial statements compiled or reviewed by an independent accountant? | 2a | | Х |
| lf | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a | | | |
| S | separate basis, consolidated basis, or both: | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | |
| b V | Were the organization's financial statements audited by an independent accountant? | 2b | X | |
| lf | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, | | | |
| С | consolidated basis, or both: | | | |
| [| X Separate basis Consolidated basis Both consolidated and separate basis | | | |
| c If | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, | | | |
| re | review, or compilation of its financial statements and selection of an independent accountant? | 2c | X | |
| lf | If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. | | | |
| 3a A | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the | | | |
| U | Uniform Guidance, 2 C.F.R. Part 200, Subpart F? | 3a | | Х |
| b lf | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit | | | |
| 0 | or audits, explain why on Schedule O and describe any steps taken to undergo such audits | 3b | | |

Form 990 (2022)

232012 12-13-22

(Form 990)

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

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

| OMB No. 1545-0047 |
|-------------------|
| 2022 |
| Open to Public |

| Department of the Treasury Internal Revenue Service | | | | | ttach to Form 990 or Fo Form990 for instruction | | | ormation. | | Open to Public Inspection |
|--|---------|--|-----------------------|-------------------------|---|-------------------------------------|----------------------------------|------------------|---------------|------------------------------|
| Nan | ne of t | he organizati | on | | | | | | Employer | identification number |
| | | | | TAL ROOTS | | | | | | 7-1570910 |
| Pa | irt I | Reason | for Public (| Charity Status. | (All organizations must o | complete th | nis part.) S | ee instruction | IS. | |
| The | organi | zation is not a | a private found | ation because it is: (F | For lines 1 through 12, c | heck only o | one box.) | | | |
| 1 | | A church, co | nvention of ch | urches, or associatio | n of churches described | l in sectio | n 170(b)(1 | I)(A)(i). | | |
| 2 | | A school des | cribed in sect | ion 170(b)(1)(A)(ii). (| Attach Schedule E (Forn | n 990).) | | | | |
| 3 | | A hospital or | a cooperative | hospital service orga | anization described in se | ection 170 | (b)(1)(A)(ii | i). | | |
| 4 | | | - | ation operated in cor | njunction with a hospital | described | in sectio | n 170(b)(1)(A |)(iii). Enter | the hospital's name, |
| | | city, and stat | | | | | | | | |
| 5 | | - | - | | lege or university owned | l or operate | ed by a go | vernmental u | nit describe | ed in |
| | | section 170 | (b)(1)(A)(iv). (C | Complete Part II.) | | | | | | |
| 6 | | | - | - | nental unit described in | | | | | |
| 7 | X | An organizat | ion that norma | Ily receives a substa | ntial part of its support fr | rom a gove | ernmental | unit or from th | ne general p | public described in |
| | | - | | omplete Part II.) | | | | | | |
| 8 | | | | | (1)(A)(vi). (Complete Par | , | | | | |
| 9 | | - | | • | in section 170(b)(1)(A)(| | - | | - | - |
| | | | or a non-land-g | grant college of agric | ulture (see instructions). | Enter the I | name, city | , and state of | the college | or |
| | | university: | | | | | | | | |
| 10 | | - | | • • • • | than 33 1/3% of its supp | | | | - | |
| | | | | · · · | t to certain exceptions; a | () | | | • • | 0 |
| | | | | | (less section 511 tax) fro | om busines | ses acqui | red by the org | janization a | fter June 30, 1975. |
| | | | | mplete Part III.) | | (at.) 0 a a | | O(-)(A) | | |
| 11 | | - | - | - | vely to test for public sat | • | | | | |
| 12 | | - | - | - | vely for the benefit of, to | | | | • | |
| | | | | - | d in section 509(a)(1) o | | | | | neck the box on |
| _ | | | - | • • | f supporting organization | | | | - | nii iin n |
| а | | | | | upervised, or controlled | • • • • | - | | | |
| | | | • | | gularly appoint or elect a | i majority o | of the aired | tors or truste | es of the su | ipporting |
| L | | - | | complete Part IV, Se | | tion with it. | | d organizatio | n(a) by bay | ina |
| b | | | | - | or controlled in connect | | | - | | - |
| | | | - | | anization vested in the sa | ame perso | ns that co | ILTOI OF ITIATIA | ye me supp | Joned |
| | | 0 | | t complete Part IV, | | in connoct | ion with | and functional | lly integrate | d with |
| С | | | - | | g organization operated). You must complete I | | | | iy integrate | a with, |
| d | I | | e | ()() | orting organization oper | , | | | tod organiz | ration(s) |
| u | | | - | | ation generally must sat | | | | - | |
| | | | - | с с | c | | | • | anatonin | 01035 |
| е | ł | requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III | | | | | | | | |
| Ŭ | | | • | | nally integrated supporti | | | iype i, iype | n, rype n | |
| f | Ente | • | of supported of | ranizationa | | 0 0 | | | | |
| | | | | n about the supporte | | | | | | |
| | (i | i) Name of supp | orted | (ii) EIN | (iii) Type of organization | (iv) Is the orga in your governi | anization listed ng document? | (v) Amount o | f monetary | (vi) Amount of other |
| | | organization | ı | | (described on lines 1-10 above (see instructions)) | Yes | No | support (see ir | nstructions) | support (see instructions) |
| | | | | | | | | | | |
| | | | | | | | | | | |
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| | | | | | | | | | | |

COASTAL ROOTS FARM

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.)

| 2 Tar evenues levid for the organization with the radii to respended 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 5 The portion of total contributions by such person (after than a governmental unit to publicly supported organization) included on line 1 three events 2% of the amount shown on line 11, column (f) 3 The value of services or facilities for the event set of the amount shown on line 11, column (f) 4 Total. Add person (after than a governmental unit to publicly supported organization) included on line 1 three events 2% of the amount shown on line 11, column (f) 5 Public support. Celefand yrei (or fice) yrei beginning in) (a) 2018 7 Amounts from line 4 8 Gross income from interes. 9 Net income from interes. 10 Other income. Do not include gain or long and gain and income from interes. 11 Total support. Add lines 7 through 10 12 2,420,591. 13 Test steps. 14 15 15 12 16 Other income. Do not include gain or loss for the organization's first, second, third, furth, or fifth tax year as a section 501(c)(1) 16< | Sec | ction A. Public Support | | | | | | |
|--|------|---|---------------|-----------------|-------------|----------|----------|-----------|
| membership fees received. (Do not include any 'unusual grants') 1378831.1540644.1892579.1874495.2105745.8792294. 2 Tax revewes level for the organization's benefit and ether part to or expended on its behalt 1378831.1540644.1892579.1874495.2105745.8792294. 3 The value of services or facilities turnished by agovermental unit to the organization without charge 1378831.1540644.1892579.1874495.2105745.8792294. 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on lise 1 thexeeds 2/80 the amount shown on line 11, column (f) 1378831.1540644.1892579.1874495.2105745.8792294. 6 Public support. Search tes hom line 4 1378831.1540644.1892579.1874495.2105745.8792294. 6 Oross income from interest, dividends, payments readwald on securities loans, rents, regulary and income from interest, dividends, payments readwald on securities loans, rents, regulary and income from interest, dividends, payments readwald on securities loans, rents, regulary and income from interest, dividends, payments readwald on securities loans, rents, regulary and income from interest, dividends, payment readwald on securities loans, rents, regulary and its of the stale of capital assets (Epsilan in Part V) 11.307.11,505. 11 Total support. Add lines 7 through 10 21 Gross receivation of Publics Support Percentage 21.71.106.11,307.11,505. 51 Fabi support. Add lines 7 through 10 21 Gross receivation of Publics Support Percentage from 2021 Schedule A, Part II, Ine 14. 14 52 Add So Support Percentage from 2021 Schedule A, Part II, Ine 14. 15 | Cale | ndar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
| include any "unusual grants.") 1378831. 1540644. 1892579. 1874495. 2105745. 8792294. 2 Tax revenues levied on its behalf 3 1378831. 1540644. 1892579. 1874495. 2105745. 8792294. 3 The value of services or facilities furnished by a governmental unit to the organization without charge. 1378831. 1540644. 1892579. 1874495. 2105745. 8792294. 4 Total. Add lines 1 through 3 governmental unit or publicly supported organization included on line 1 that exceeds 2% of the amount shown on line 11. 1378831. 1540644. 1892579. 1874495. 2105745. 8792294. 6 Grass income from interest. (a) 2016 (b) 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total 7 Amounts from line 4. 1378831. 1540644. 1892579. 1874495. 2105745. 8792294. 6 Gross income from linerest. (a) 2016 (b) 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total 1 Total support. (a) 2016 (b) 2019 (c) 2020 (d) 2021 (f) Total 9 Net income from interest. 1378831. 1540644. 1892579. 1874495. 2105745. 8792294 | 1 | Gifts, grants, contributions, and | | | | | | |
| 2 Tar revenues levid for the organization is behalf Image: constraint of the organization is behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge Image: constraint or though the organization without charge 4 Total. Add lines 1 through 3 Image: constraint organization without charge Image: constraint organization without charge 5 The portion of total contributions by each person (ofter than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Image: constraint organization includes generating the exceeds 2% of the amount shown on line 11, column (f) Image: constraint organization includes generating the exceeds 2% of the amount shown on line 11, column (f) Image: constraint organization includes generating the exceeds 2% of the amount shown on line 11, column (f) Image: constraint organization includes generating the exceeds 2% of the amount shown on line 11, column (f) Image: constraint organization includes generating the exceeds 2% of the amount shown on line 11, so the organization include generating the exceeds 2% of the amount shown on line 11, so the organization include generating the exceeds 2% of the amount shown on line 11, column (f) Image: constraint include generating the exceed 2% of the amount shown on line 11, so the organization include generating the exceeds 2% of the amount shown on line 11, so the organization include generating the exceeds 2% of the amount shown on line 11, so the organization include generating the exceeds 2% of the amount shown on line 11, so the organization include generating there the total con | | membership fees received. (Do not | | | | | | |
| iteration's benefit and either paid to or expended on its behalf iteration's benefit and iteratinand iteratinand iteration's benefit and iteration's ben | | include any "unusual grants.") | 1378831. | 1540644. | 1892579. | 1874495. | 2105745. | 8792294. |
| ar expended on its behalf arrow allow of services or facilities trunsined by a governmental unit to the organization without charge 1378831.1540644.1892579.1874495.2105745.8792294. b Total. Add lines 1 through 3 arrow 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. arrow 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. arrow of total contributions by each person (other than a governmental unit or publicly support. Show of the store | 2 | Tax revenues levied for the organ- | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge to total contributors by each person (other than a governmental unit or public) supported organization included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 1378831. 1540644. 1892579. 1874495. 2105745. 8792294. 5 The portion of total contributors by each person (other than a governmental unit or public) supported organization included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 3945750. 6 Public support. Collastine 5 ten line.1 (a) 2018 (b) 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total Support Calindar year (or fisel year beginning in) 1378831. 1540644. 1892579. 1874495. 2105745. 8792294. 8 Gross income from interest, dividends, payments received on securities loss, rents, royatles, and income from similar sources 21. 71. 106. 11., 307. 11., 505. 9 Nat income from similar sources 21. 71. 106. 11., 307. 11., 505. 10 Other income. Do not include gain or loss from the sale of capital sasses (Explain in Part VI). 8803799. 12 2, 420, 591. 13 12 Computation of Public Support Percentage 12 2, 420, 591. 14 15 51.32.5 15 15 15 15 15 15 <td></td> <td>ization's benefit and either paid to</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> | | ization's benefit and either paid to | | | | | | |
| furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 1378831.1540644.1892579.1874495.2105745.8792294. 5 The portion of total contributions by each preson (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 25% of the amount shown on line 11, column (f) 1378831.1540644.1892579.1874495.2105745.8792294. 6 Public support. Subtract line 5 tem line 4. 4846544. Section B. Total Support Collendar year (or fisel) year beginning in 7 Amounts from line 4. (a) 2018 (b) 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total 1378831.1540644.1892579.1874495.2105745.8792294. 8 Gross income from intracest, dividends, payments received on securities loans, rents, royatiles, and income from similar sources collecting year togularly carried on to loss from the said or capital assets (Explain in Part VI) 11, 307.11, 505. 9 Net income from intracest, dividends, payments received on securities from related business activities, whether or not the business is regularly carried on the said or capital assets (Explain in Part VI) 12 2, 420, 591. 11 Total support. Add lines 7 through 10 14 55.05 5 Section C. Computation of Public Support Percentage 14 15 51.32.2 5 9 Hobitos prop procentage for 2022 Enclude. A, Part I, line 14 15 5 5 5 5 5 5 5 5 | | or expended on its behalf | | | | | | |
| 4 Total. Add lines 1 through 3 1378831. 1540644. 1892579. 1874495. 2105745. 8792294. 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) 3945750. 6 Public Support. Subtext ine 5 tom ine 4. 1378831. 1540644. 1892579. 1874495. 2105745. 8792294. 7 Amounts from line 4. 3945750. 6 Public Support. Subtext ine 5 tom ine 4. 1378831. 1540644. 1892579. 18774495. 2105745. 8792294. 7 Amounts from line 4. 1378831. 1540644. 1892579. 18774495. 2105745. 8792294. 8 Gross income from initerest, divide subiness and income from similar sources and income from sing and income from sing and income from sing and income from simila | 3 | | | | | | | |
| 4 Total. Add lines 1 through 3 1378831. 1540644. 1892579. 1874495. 2105745. 8792294. 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) 3945750. 6 Public support. Subset line 5 em line 4 4846544. Section B. Total Support 6) 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total 7 Amounts from line 4 1378831. 1540644. 1892579. 1874495. 2105745. 8792294. 8 Gross income from interest, dividends, payments received on securities loans, rents, royatiles, and income from similar sources. 21. 71. 106. 11,307. 11,505. 9 Net income from networks averaged activities, whether or not the business is regularly carried on or lock the source organization in (f), divided by line 11, column (f) 12 2,420,591. 11 Total support. Addi lines 7 through 10 14 55.05.5 15 2 Coss incocy procentage for 2023 Checked A, Part II, line 14 15 13.32. 12 Coss incocy procentage for 2023 Checked A, Part II, line 14 14 55.05.5 5 | | | | | | | | |
| 5 The portion of total contributions by each person (ofter than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 3945750.1 6 Public gupport, Subtex time 5 from line 4 1 3945750.1 7 Amounts from ine 4 1 1 8 Oross income from interest, dividends, payments received on securities leans, rents, royatiles, and income from similar sources 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). 12 2,420,591. 11 Total support. Add lines 7 through 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI). 12 2,420,591. 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501c()8) organization, check this box and stop here. 14 15 51.05 - stop 15 9 Velic support tecrentage from 2022. Chedue A, Part II, line 14 14 51.05 - stop 15 51.05 - stop 15 16 S3 1/3% support tet - 2022. If the organization did not check the box on line 13, and line 14 is 31.73% or more, check this box and stop here. The organization qualifies as a publicy supported organization meets the facts and circumstances test, deck this box and stop here. 14 15 51.05 - stop 15 16 33 1/3% support test - 2022. If the organization did not check a box on line 13, and line 14 is 31.73% or more, check this box | | | 1050001 | 1 = 1 0 6 1 1 | 4000550 | 1054405 | | |
| 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) 3945750. Section B. Total Support Event the 5 them te is a specific between the section B. Total Support Event the 5 them te is a specific between the section B. Total Support Event the 5 them te is a specific between the section B. Total Support Event the 5 them te is a specific between the section B. Total Support Event te 5 them te is a specific between the section B. Total Support Event te 5 them te is a specific between the section B. Total Support Event te 5 them te is a specific between the section B. Total Support Support Event te 5 the organization of the theory of the specific between the section B. Total Support Support Event te 5 the specific between the section B. Total Support Support Event te 5 the specific between the section B. Total Support Support Event te 5 the specific between the section B. Total Support Support Event te 5 the specific between the section B. Total Support Support Event te 5 the specific between the section B. Total Support Support Event te 5 the specific between the section B. Total Support Support Event te 5 the specific between the specific between the section Support Event te 5 the specific between terms and the specific between the specific between the specific between the specific between terms and the specific between the specific between terms and the specific between the specific between terms and the terms and the spec | | 0 | 1378831. | 1540644. | 1892579. | 1874495. | 2105745. | 8792294. |
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| Schedule A (Form 990) 2022 | | <u> </u> | | | . , | | | |

COASTAL ROOTS FARM

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.)

| Sec | ction A. Public Support | | | | 1 | | |
|----------|--|--------------|-----------------|--------------------|----------|----------|------------------------|
| Cale | ndar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | 2. (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | | | | | | |
| 2 | Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 | Gross receipts from activities that are not an unrelated trade or bus- | | | | | | |
| | iness under section 513 | | | | _ | | |
| 4 | Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 | The value of services or facilities furnished by a governmental unit to | | | | | | |
| _ | the organization without charge | | | | | | |
| | 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 Sec | Public support. (Subtract line 7c from line 6.) | | | | | | |
| | ndar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | ? (f) Total |
| | Amounts from line 6 | | (-, | (-, | (., | | () |
| | 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 | | | | | | |
| с | Add lines 10a and 10b | | | | | | |
| | Net income from unrelated business activities not included on 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.) | | | | | | |
| | Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |
| 14 | First 5 years. If the Form 990 is for the | • | | | | | · |
| 800 | check this box and stop here | o Support Do | oontaca | | | | |
| | ction C. Computation of Public | | | | | 40 | |
| | Public support percentage for 2022 (| | | .,, | | 15 | <u> </u> |
| | Public support percentage from 2021 ction D. Computation of Invest | | | | | 16 | % |
| | | | | ing 12 aglumn (f)) | | 17 | 0/ |
| 18 | Investment income percentage for 20 Investment income percentage from | | | | | 17 | <u> </u> |
| | 33 1/3% support tests - 2022. If the | | | on line 14 and lin | | | |
| .56 | more than 33 1/3%, check this box a | - | | | | | |
| h | 33 1/3% support tests - 2021. If the | - | • | | | | |
| | line 18 is not more than 33 1/3%, che | | | | | | |
| 20 | Private foundation. If the organization | | | | | | |
| | 23 12-09-22 | | | , e, encont | | | lule A (Form 990) 2022 |
| _ 2202 | | | 15 | 5 | | 50.00 | |

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3c

4a

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5c

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9a

9b

9c

10a

10b

Schedule A (Form 990) 2022

Yes No

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

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| Part IV | Supporting Orga | anizations (contin | nued) | |
|------------|-----------------|--------------------|-------|---|
| Schedule A | (Form 990) 2022 | COASTAL | ROOTS | F |

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Yes No

| | | | Yes | No |
|-----|--|-----|-----|----|
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| а | A person who directly or indirectly controls, either alone or together with persons described on lines 11b and | | | |
| | 11c below, the governing body of a supported organization? | 11a | | |
| b | A family member of a person described on line 11a above? | 11b | | |
| с | A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide | | | |
| | detail in Part VI. | 11c | | |
| Sec | tion B. Type I Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No " describe in Part VI how the supported organization() | | | |

'ARM

| | directors, or trustees at an times during the tax years if NO, describe in Fart VI now 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 officers, 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 |

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

| 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) | 1 |

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? | 1 | | |
| 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). | 2 | | |
| 3 | By reason of the relationship described on line 2, above, 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? <i>If</i> "Yes," <i>describe in</i> Part VI <i>the role the organization</i> 's | | | |
| | supported organizations played in this regard. | 3 | | |

Section E. Type III Functionally Integrated Supporting Organizations

| 1 Che | ck the box next to the method tha | t the organization used to | satisfy the Integral Part Te | est during the year (see instruct | ions). |
|-------|-----------------------------------|----------------------------|------------------------------|-----------------------------------|--------|
|-------|-----------------------------------|----------------------------|------------------------------|-----------------------------------|--------|

a The organization satisfied the Activities Test. Complete line 2 below.

| b | The organization is the parent of each of its supported organ | nizations. Complete line 3 below. |
|---|---|-----------------------------------|
|---|---|-----------------------------------|

| с | The organization supported a governmental entity. Describe in Part | t VI how you supported a governmental entity (see instruction <u>s).</u> |
|---|--|---|
|---|--|---|

17

- 2 Activities Test. Answer lines 2a and 2b 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.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part 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 lines 3a and 3b 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? *If* "Yes" or "No" 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.*

3b | | Schedule A (Form 990) 2022

2a

2b

3a

232025 12-09-22

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Yes No

| Secti | on 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 | | |
| | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | | |
| | on B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Aggregate fair market value of all non-exempt-use assets (see | | | |
| | instructions for short tax year or assets held for part of year): | | | |
| а | Average monthly value of securities | 1a | | |
| b | Average monthly cash balances | 1b | | |
| с | Fair market value of other non-exempt-use assets | 1c | | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | | |
| е | Discount claimed for blockage or other factors | | | |
| | (explain in detail in Part VI): | | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| 3 | Subtract line 2 from line 1d. | 3 | | |
| 4 | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, | | | |
| | see instructions). | 4 | | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| 6 | Multiply line 5 by 0.035. | 6 | | |
| 7 | Recoveries of prior-year distributions | 7 | | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| Secti | on C - Distributable Amount | | | Current Year |
| 1 | Adjusted net income for prior year (from Section A, line 8, column A) | 1 | | |
| 2 | Enter 0.85 of line 1. | 2 | | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, column A) | 3 | | |
| 4 | Enter greater of line 2 or line 3. | 4 | | |
| 5 | Income tax imposed in prior year | 5 | | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to | | | |
| | emergency temporary reduction (see instructions). | 6 | | |
| 7 | Check here if the current year is the organization's first as a non-functiona | Ilv integrate | ed Type III supporting orga | anization (see |

Schedule A (Form 990) 2022 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

COASTAL ROOTS FARM

47-1570910 Page 6

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.

instructions).

Schedule A (Form 990) 2022

e Excess from 2022

| _7 | Total annual distributions. Add lines 1 through 6. | | | 7 | |
|------|--|------------------------------|---------------------------------------|----|---|
| 8 | Distributions to attentive supported organizations to which th | e organization is responsive | | | |
| | (provide details in Part VI). See instructions. | 8 | | | |
| 9 | Distributable amount for 2022 from Section C, line 6 | | | 9 | |
| 10 | Line 8 amount divided by line 9 amount | | | 10 | |
| Sect | ion E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistribution Pre-2022 | IS | (iii) Distributable Amount for 2022 |
| 1 | Distributable amount for 2022 from Section C, line 6 | | | | |
| 2 | Underdistributions, if any, for years prior to 2022 (reason- | | | | |
| | able cause required - explain in Part VI). See instructions. | | | | |
| 3 | Excess distributions carryover, if any, to 2022 | | | | |
| а | From 2017 | | | | |
| b | From 2018 | | | | |
| с | From 2019 | | | | |
| d | From 2020 | | | | |
| е | From 2021 | | | | |
| f | Total of lines 3a through 3e | | | | |
| g | Applied to underdistributions of prior years | | | | |
| h | Applied to 2022 distributable amount | | | | |
| i | Carryover from 2017 not applied (see instructions) | | | | |
| j | Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | | |
| 4 | Distributions for 2022 from Section D, | | | | |
| | line 7: \$ | | | | |
| a | Applied to underdistributions of prior years | | | | |
| b | Applied to 2022 distributable amount | | | | |
| C | Remainder. Subtract lines 4a and 4b from line 4. | | | | |
| 5 | Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h | | | | |
| | and 4b from line 1. For result greater than zero, explain in | | | | |
| | Part VI. See instructions. | | | | |
| 7 | Excess distributions carryover to 2023. Add lines 3j | | | | |
| | and 4c. | | | | |
| 8 | Breakdown of line 7: | | | | |
| a | Excess from 2018 | | | | |
| b | Excess from 2019 | | | | |
| C | Excess from 2020 | | | | |
| d | Excess from 2021 | | | | |

COASTAL ROOTS FARM

1 Amounts paid to supported organizations to accomplish exempt purposes

organizations, in excess of income from activity

Other distributions (describe in Part VI). See instructions.

4 Amounts paid to acquire exempt-use assets

2 Amounts paid to perform activity that directly furthers exempt purposes of supported

5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)

Administrative expenses paid to accomplish exempt purposes of supported organizations

Schedule A (Form 990) 2022

Section D - Distributions

3

6

1

2

3 4

5 6 **Current Year**

| Schedule A | (Form 990) 2022 | COASTAL | ROOTS | FARM | 47-1570910 Page 8 |
|----------------|--|---|----------------------------------|---|---|
| Part VI | Supplemental Infor Part IV, Section A, lines 1 line 1; Part IV, Section D, | , 2, 3b, 3c, 4b, 4 lines 2 and 3; Pa | .c, 5a, 6, 9a, art IV, Sectio | nations required by Part II, line 10; Part II, 9b, 9c, 11a, 11b, and 11c; Part IV, Sectio n E, lines 1c, 2a, 2b, 3a, and 3b; Part V, lin ss 2, 5, and 6. Also complete this part for a | line 17a or 17b; Part III, line 12; n B, lines 1 and 2; Part IV, Section C, ne 1; Part V, Section B, line 1e; Part V, |
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| 232028 12-09-2 | 2 | | | | Schedule A (Form 990) 2022 |
| | | | | 20 | |

15390205 163675 16357.005

 \mathbf{X} 501(c)(3) (enter number) organization

527 political organization

COASTAL ROOTS FARM

Section:

4947(a)(1) nonexempt charitable trust treated as a private foundation

4947(a)(1) nonexempt charitable trust not treated as a private foundation

501(c)(3) taxable private foundation

501(c)(3) exempt 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

X 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), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set in the set in the set in the set is organization because it received *nonexclusively* set is the set in the set is organization because it received *nonexclusively* set is the set in the set is organization because it received *nonexclusively* set is the se

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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).

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

Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information.

2022

OMB No. 1545-0047

Employer identification number

Schedule B (Form 990) (2022)

47-1570910



Department of the Treasury

Filers of:

Form 990-PF

Internal Revenue Service

Form 990 or 990-EZ

Name of the organization

Organization type (check one):

Schedule B (Form 990) (2022)

Name of organization

Part I

(a)

No.

(a)

No.

2

1

Employer identification number

COASTAL ROOTS FARM

47-1570910 **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution X Person Payroll 836,516. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution х Person

| | | \$ <u>150,000.</u> | Payroll Noncash (Complete Part II for noncash contributions.) |
|------------|-----------------------------------|----------------------------|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 3 | | \$ <u>125,000.</u> | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 4_ | | \$ <u>100,000.</u> | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 5 | | \$67,250. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 6_ | | \$ <u>50,000.</u> | Person X Payroll Noncash (Complete Part II for noncash contributions.) |

Schedule B (Form 990) (2022)

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22 2022.05040 COASTAL ROOTS FARM

Schedule B (Form 990) (2022)

Name of organization

Employer identification number

47-1570910

COASTAL ROOTS FARM

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) (b) (c) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 7 X Person Payroll 49,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

223452 11-15-22

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

COASTAL ROOTS FARM

(a)

No.

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(b)

Schedule B (Form 990) (2022) Name of organization Page 3

Employer identification number

(d)

47-1570910

(c)

- + - >

223453 11-15-22

Schedule B (Form 990) (2022)

| Schedule I | B (Form 990) (2022) | | Page 4 | | | | | |
|---------------------------|---|---|---|--|--|--|--|--|
| Name of o | organization | | Employer identification number | | | | | |
| COAST | AL ROOTS FARM | | 47-1570910 | | | | | |
| Part III | | through (e) and the following line entri- charitable, etc., contributions of \$1,000 or le | ction 501(c)(7), (8), or (10) that total more than \$1,000 for the year | | | | | |
| (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, a | nd ZIP + 4 | Relationship of transferor to transferee | | | | | |
| (a) No. | | | | | | | | |
| (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, a | nd 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 | I | | | | | |
| - | Transferee's name, address, a | nd ZIP + 4 | Relationship of transferor to transferee | | | | | |
| | | | | | | | | |
| | | | | | | | | |

Schedule B (Form 990) (2022)

25 2022.05040 COASTAL ROOTS FARM

| SCHEDULE D (Form 990) Department of the Treasury | | | | | OMB No. 1545-0047 | | | | | |
|--|-----------------------|--|-------------------------|---------|-------------------|------------|------------|---------------|---------------|--------|
| | al Revenue Service | Go to www.irs.gov/Form99 | 0 for instructions ar | nd th | e latest informa | ation. | | | nspection | |
| Nam | e of the organizati | | | | | | Emple | | ification nu | |
| Pa | rt I Organiza | COASTAL ROOTS FARM ations Maintaining Donor Advise | d Funds or Othe | or S | imilar Funds | or Ac | count | | 570910 | |
| Iu | | on answered "Yes" on Form 990, Part IV, lin | | . 0 | | | oount | S. Comp | | |
| | 5 | , , , | (a) Donor ac | lvise | d funds | (| b) Funds | s and othe | r accounts | |
| 1 | Total number at er | nd of year | (-, | | | | | | | |
| 2 | | of contributions to (during year) | | | | | | | | |
| 3 | | of grants from (during year) | | | | | | | | |
| 4 | | t end of year | | | | | | | | |
| 5 | | on inform all donors and donor advisors in v | | s he | ld in donor advis | ed fund | s | | | |
| | - | on's property, subject to the organization's | - | | | | | | Yes | No |
| 6 | | on inform all grantees, donors, and donor a | | | | | | | | |
| | for charitable purp | boses and not for the benefit of the donor o | r donor advisor, or fo | or an | y other purpose | conferri | ng | | | |
| | impermissible priv | | | | | | | | Yes | No |
| Pa | rt II Conserv | ation Easements. Complete if the org | ganization answered | "Yes | s" on Form 990, | Part IV, | line 7. | | | |
| 1 | Purpose(s) of cons | servation easements held by the organization | on (check all that app | oly). | _ | | | | | |
| | Preservatior | n of land for public use (for example, recrea | tion or education) | | Preservation o | f a histo | rically in | nportant la | ind area | |
| | Protection o | of natural habitat | | | Preservation o | f a certif | ied histo | oric structu | ure | |
| | | n of open space | | | | | | | | |
| 2 | | through 2d if the organization held a qualif | ied conservation cor | ntribu | ution in the form | of a cor | | | | |
| | day of the tax year | | | | | | | ield at the E | End of the Ta | x Year |
| а | | | | | | | 2a | | | |
| b | - | | | | | | 2b | | | |
| C. | | vation easements on a certified historic stru | | | | | 2c | | | |
| d | | vation easements included in (c) acquired a | • | | | | | | | |
| ~ | | | | | | | 2d | | | |
| 3 | | vation easements modified, transferred, rele | eased, extinguisned, | , or te | erminated by the | e organiz | ation di | uring the ta | ax | |
| 4 | year | where property subject to conservation eas | omont is located | | | | | | | |
| 5 | | tion have a written policy regarding the per | | | ion bandling of | | | | | |
| 5 | | forcement of the conservation easements it | | | ion, nanding of | | | | Yes | No |
| 6 | | er hours devoted to monitoring, inspecting, | | | | | | ····· | | |
| Ŭ | | | nanding of violation | 0, un | a chiefoling con | Sorvation | louoon | | g the your | |
| 7 | Amount of expens | ses incurred in monitoring, inspecting, hand | ling of violations, and | d ent | forcing conserva | tion eas | ements | during the | e year | |
| | | | | | | | | | | |
| 8 | Does each conser | vation easement reported on line 2(d) abov | e satisfy the requirer | nent | s of section 170 | (h)(4)(B)(| i) | | | |
| | and section 170(h) |)(4)(B)(ii)? | | | | | | | Yes | No |
| 9 | In Part XIII, descrit | be how the organization reports conservation | on easements in its r | even | ue and expense | stateme | ent and | | | |
| | balance sheet, and | d include, if applicable, the text of the footn | ote to the organizati | on's | financial statem | ents tha | t descri | bes the | | |
| D - | | counting for conservation easements. | | - | | | | | | |
| Ра | | ations Maintaining Collections of | - | Irea | asures, or O | iner Si | milar | Assets. | | |
| | | f the organization answered "Yes" on Form | | | | | | | | |
| 1a | | elected, as permitted under FASB ASC 95 | | | | | | | | |
| | | easures, or other similar assets held for pub | | | | | ce of pu | DIIC | | |
| | | Part XIII the text of the footnote to its finar | | | | | ala 1 | aulus - S | | |
| b | - | elected, as permitted under FASB ASC 95 | | | | | | | | |
| | | sures, or other similar assets held for public | exhibition, educatio | n, or | research in furti | ierance | ot publi | c service, | | |
| | | ing amounts relating to these items: | | | | | ¢ | | | |
| | | Ided on Form 990, Part VIII, line 1 | | | | | | | | |
| 2 | ., | ed in Form 990, Part X received or held works of art, historical trea | sures or other simil | | | | | | | |
| 2 | - | unts required to be reported under FASB A | | | | u yanı, p | ovide | | | |
| • | - | on Form 990, Part VIII, line 1 | - | | | | ¢ | | | |
| a h | Assets included in | | | | | | ΨΨ ¢ | | | |

| LHA | For Paperwork Reduction A | ct Notice, see the Instructions for Fo | rm 990. |
|--------|---------------------------|--|---------|
| 232051 | 09-01-22 | | 26 |
| | | | 20 |

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2022.05040 COASTAL ROOTS FARM

| Partial Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (contrued) 3 Using the organization accession, and other records, check any of the following that make significant use of its collection terms (check all that apply): Control terms (check all that apply): Scholarly research Conting the year, did the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 Dring the year, did the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 6 Other Other No. 7 Provide accession of the organization's collection? Yes No. 8 The organization and Custofial Arrangements. Complete if the organization's collection? Yes No. 9 If the organization and out of norm 990, Part X, line 21. The control of norm 90, Part X, line 21. Amount 1a Is the organization include an amount on Form 990, Part X, line 21. Yes No. 9 Provise, exclain the arrangement in Part XIII. Check here If the explanation has been provided on Part XIII. Provide the Amount 1a Is the organization ancount on Form 990, Part X, line 21. Yes No. Yes | Sche | | ROOTS FAR | | | | | | | |) Page 2 |
|--|------|---|------------------------|-----------------|-----------------------|----------------|------------|--------------|------------|-----------|-----------------|
| collection terms (check all that apply): a Public exhibition d Loan or exchange program b Scholarly research e Other Collection term 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. Subing the year. did the organization's collection? Yes No Part/I Escrow and Cutstocial Arrangements. Complete if the organization's collection? Yes No 1a Is the organization of norm 900, Part X, line 21. Te set that a physication answered 'Yes' on Form 900, Part X, line 21. Yes No b If "Yes," explain the arrangement in Part XIII and complete the following table: Yes No b If "Yes," explain the arrangement in Part XIII. Check here If the organization answered 'Yes' on Form 990, Part X in 21. Yes No b If "Yes," explain the arrangement in Part XIII. Check here If the organization answered 'Yes' on Porm 990, Part X in 21. Yes No b If 'Yes," explain the arrangement in Part XIII. Check here If the organization include an anount on Form 990, Part X in 21. Yes No b Distributions Integration include an anount on Form 990, Part X in 21. Yes No b Contributions | Par | t III Organizations Maintaining C | ollections of Ar | t, Histo | orical Tre | easures, o | r Othe | r Simila | r Assets | (contin | ued) |
| a Public exhibition b Scholary research c Preservation for future generations c Preservation for future generations d C During the year, did the organization's collection's | 3 | | on, and other record | s, check | any of the f | following that | t make si | ignificant ι | use of its | | |
| b Scholarly research e Other | а | · · · · · · | c | I 🗆 L | oan or exc | hange progra | am | | | | |
| Preservation for future generations Provide a description of the organization is collections and explain how they further the organization's exempt purpose in Part XII. During the year, did the organization solic 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 answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization and part, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X2, line 21. Is the organization and part, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X2, line 21. Is the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Ves No If 'Ves,' explain the arrangement in Part XIII. Oteck here if the explanation has been provided on Part XIII Buthout organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Ves No If 'Ves,' explain the arrangement in Part XIII. Oteck here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization networe or custodial account liability? Ves No If organize or facilities and programs (a) Current year (b) Prior year (c) Two years back (d) Four years back (e) four years back for hore solon | b | Scholarly research | e | | | | | | | | |
| Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be add to raise funds rather than to be maintained as part of the organization's collection? Yes No Part W 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. Is the organization an agent, trustee, custodian or other intermedialy for contributions or other assets not included on Form 990, Part X, line 21. Is the organization angent, trustee, custodian or other intermedialy for contributions or other assets not included on Form 990, Part X, line 21. Is the organization in agent, trustee, custodian or other intermedialy for contributions or other assets not included on Form 990, Part X, line 21. Is diditions during the year Is deginning of year balance Is deginning of year balance Is down and the organization includes and amount on Form 990, Part X, line 21, for escrow or custodial account liability? Is down and the organization includes and the organization for the organization that are | с | , | | | | | | | | | |
| 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 mantalined as part of the organization is collection? Yes No Part V Escrow and Outstodial Arrangements. Complete if the organization asswered "Yes" on Form 390, Part IV, line 9, or reported an amount on Form 390, Part X, line 21. The organization angent, fustake, substain ar other intermediary for contributions or other assets not included on Form 390, Part XP, trustee, custodian or other intermediary for contributions or other assets not included on Form 390, Part XP, trustee, custodian or other intermediary for contributions or other assets not included on Form 390, Part XP, see solal the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Amount 10 Id Id <t< th=""><td>4</td><td>•</td><td>ollections and explair</td><td>n how the</td><td>ey further th</td><td>ne organizatio</td><td>on's exer</td><td>npt purpo</td><td>se in Part</td><td>XIII.</td><td></td></t<> | 4 | • | ollections and explair | n how the | ey further th | ne organizatio | on's exer | npt purpo | se in Part | XIII. | |
| 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 (IIII). Yes No b If "Yes," explain the arrangement in Part XIII and complete the following table: Image: Complete intermediary for contributions or other assets not included on Form 990, Part X, line 21, for escrow or custolial account fiability? No b If "Yes," explain the arrangement in Part XII. Check here if the explanation tansbeen provided on Part XIII Image: Complete intermediary in the explanation tansbeen provided on Part XIII c Beginning balance Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Image: Complete Image: Complete | 5 | | - | | • | - | | | | | |
| 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 (IIII). Yes No b If "Yes," explain the arrangement in Part XIII and complete the following table: Image: Complete intermediary for contributions or other assets not included on Form 990, Part X, line 21, for escrow or custolial account fiability? No b If "Yes," explain the arrangement in Part XII. Check here if the explanation tansbeen provided on Part XIII Image: Complete intermediary in the explanation tansbeen provided on Part XIII c Beginning balance Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Image: Complete Image: Complete | | to be sold to raise funds rather than to be ma | aintained as part of t | he organi | zation's co | llection? | | | | Yes | No |
| 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 930, Part X? Yes No b If 'Yes,' explain the arrangement in Part XIII and complete the following table: Amount 1d c Beginning balance 1d 1d 1d d Additions during the year 1d 1d 1d 2 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 expanization has been provided on Part X, line 2. (a) Current year (b) Prior year (c) Three years back (e) Four years back for other years back in the organization answered 'Yes' on Form 990, Part IV, line 10. Beatric Statistice as and programs 1 1 1 1 c Not investment earnings, gains, and losses 1 1 1 1 g End of year balance 1 | Par | | | | | | | | | ine 9, or | |
| on Form \$90, Part X? Yes No b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance 1d Id d Additions during the year 1d Id e Distributions during the year 1d Id a Distributions during the year 1d Id Id 2a Distributions during the year 1d Id Id Id 2a Distributions during the year (f) It Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. (e) Four years back (e) Four years back (e) Four years back (e) Four years back if a Beginning of year balance (e) Ourrent year (e) Prior year (c) Two years back if (e) Three years back if (e) Four years back if a drinking tables, gains, and losses (a) Id Id c No Sa Sa Id Id Id Id c Ontributions Sa Sa Id Id Id <td< th=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<> | | | | | | | | | | | |
| b If "Yes," explain the arrangement in Part XIII and complete the following table: | 1a | Is the organization an agent, trustee, custodi | an or other intermed | iary for c | ontribution | s or other ass | sets not | included | | | |
| b If "Yes," explain the arrangement in Part XIII and complete the following table: | | on Form 990, Part X? | | | | | | | | Yes | No |
| c Beginning balance 1c 1d d Additions during the year 1d 1d f Ending balance 1f 1d 2a Distributions during the year 1f 1f 1d 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If 'ves', verylain the arrangement in Part XIII. Check here if the explanation has been provided on Part XII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back b Contributions (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back a Grants or scholarships (b) Prior year (c) Two years back (d) Three years back (e) Four years back a Grants or scholarships (b) Prior year (c) Two years back (e) Four years back c Administrative expenses (b) Current year ond balance (c) Two years back (e) Four year g End of year balance (f) Adminis | b | | | | | | | | | | |
| d Additions during the year 1d e Distributions during the year 1e 1 1 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No Dif 'Yes' explain the arrangement in Part XIII Check here if the explanation has been provided on Part XIII (e) Four years back (e) Four years back (e) Four years back (e) Four years back 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Turee years back (e) Four years back 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Four years back (e) Four years back 1a Grants or scholarships (a) Current year (b) Prior year (c) Two years back (d) Turee years back (e) Four years back 1a drainistrative expenditures for facilities (a) Current year (b) Prior year (c) Two years back (d) Turee years back (e) Four years back 2 Provide the estimated percentage of the current year end balance (line 1g, column (a) held as: a back designated or quasi-endowment % 2 Provide the estimated percentage of the current year end balance (line 1g, column (a) held as: a back designated or quasi-endowment % < | | | | | | | | | | Amount | |
| e Distributions during the year 1e f Ending balance 1f 1 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 Yes No 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 (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (e) Four years back 1a Grants or scholarships (a) Current year end balance (ine 1g, column (a) held as: (a) Grant year balance (a) Grant year balance (b) Permanent endowment (c) Term endowment (f) The percentages on lines 2a, 2b, and 2c should equal 100%. 3a A the three endowment funds n | С | Beginning balance | | | | | | . 1c | | | |
| f Ending balance | d | Additions during the year | | | | | | . 1d | | | |
| 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Ves No b If 'Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Ves No Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. Image: Complete if the organization answered 'Yes' on Form 990, Part X, line 21, for escrow or custodial account liability? Image: Complete if the organization answered 'Yes' on Form 990, Part X, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Contributions (c) Two years back (d) Three years back (e) Four years back 1d Control type, rependitures for facilities (a) Control year (a) Control year (b) Prior year 2 Chord organization % % % % % % 3 Four old de setimated percentage of the current year end balance (line 1g, column (ai) held as: a Board designated or quasi-endowment % % % % | е | Distributions during the year | | | | | | . 1e | | | |
| 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. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (e) Four years back b Contributions (a) Current year (b) Prior year (c) Two years back (e) Four years back c Net investment earnings, gains, and losses (c) Two years back (c) Two years back (e) Four years back d Grants or scholarships (c) Two years back | | | | | | | | | | _ | |
| Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance (b) Prior year (c) Two years back (d) Three years back (e) Four years back b Contributions (c) Two years back (d) Three years back (e) Four years back c Net investment earnings, gains, and losses (c) Two years back (d) Three years back d Grants or scholarships (c) Two years back (d) Three years back e Other expenditures for facilities (c) Two years back (d) Three years back and programs (c) Two systems (c) Two years (c) Two years f Administrative expenses (c) Two years (c) Two years (c) Two years g End of year balance (c) Two years (c) Two years (c) Two years (c) Two years g End of year balance (c) Two years | | | | | | | | ity? | L | Yes | No |
| (a) Current year (b) Prior year (c) Two years back (e) Four years back 1a Beginning of year balance (b) Prior year (c) Two years back (e) Four years back b Contributions (c) Two years back (e) Four years back (e) Four years back b Contributions (c) Two years back (c) Two years back (e) Four years back b Contributions (c) Two years back (e) Four years back (e) Four years back c Contributions (c) Two years back (c) Two years back (e) Four years back c Contributions (c) Two years back (c) Two years back (e) Four years back c Contributions (c) Two years back (c) Two years back (c) Two years back c Contributions (c) Two years back (c) Two years back (c) Two years back c Contributions (c) Contro of the contributions (c) Two years back (c) Two yea | | | | | | | | | | | |
| 1a Beginning of year balance | Par | Endowment Funds. Complete i | | | | | | | | (-) [| |
| b Contributions | | | (a) Current year | (b) Pi | flor year | (c) Two yea | rs dack | (a) Three y | ears dack | (e) Four | years back |
| c Net investment earnings, gains, and losses | | | | | | | | | | | |
| d Grants or scholarships | b | | | | | | | | | | |
| e Other expenditures for facilities and programs | | | | | | | | | | | |
| and programs | | | | | | | | | | | |
| f Administrative expenses | е | | | | | | | | | | |
| 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: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (iii) Related organizations (iii) Related organizations listed as required on Schedule R? (i) Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. 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 (other) basis (investment) basis (other) basis (other) c) Accumulated depreciation d Equipment 400, 671. 185, 626. 215, 045. e Other 45, 254. 27, 207. 18, 047. | | | | | | | | | | | |
| 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: (i) Unrelated organizations | | | L | | | | | | | | |
| 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: | | 1 0 | , | . 0 | , column (a |)) Helu as. | | | | | |
| 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: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (ii) Related organizations (ii) Related organizations (iii) Related organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (a) Cost or other basis (other) (b) Cost or other depreciation (c) Accumulated depreciation (d) Book value basis (other) (d) Book value basis (other) (i) Related depreciation (i) Related depreciation | - | - | | | | | | | | | |
| 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: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (iiii) Related organizations (iiii) Related organizations (iii) Related organization answered "Yes" on Schedule R? (iii) Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (c) Accumulated depreciation (d) Book value (d) Equipment (d) Equipment | | | | | | | | | | | |
| 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) 3 | U | | • | | | | | | | | |
| organization by: Yes No (i) Unrelated organizations 3a(i) | 3a | 1 0 , , | • | ation that | are held ar | nd administer | red for th | ne - | | | |
| (i) Unrelated organizations 3a(i) (ii) Related organizations 3a(i) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XII 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 (other) b Buildings c Leasehold improvements d Equipment e 0ther 4 0ther | | • | | | are nora ar | | | | | Г | Yes No |
| (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. 3b Part VI Land, Buildings, and Equipment. 3b Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (d) Book value Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation b Buildings 5 5 5 c Leasehold improvements 400,671. 185,626. 215,045. e Other 45,254. 27,207. 18,047. | | 0 1 | | | | | | | | | |
| 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 1a Land | | | | | | | | | | | |
| 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 1a Land | b | If "Yes" on line 3a(ii), are the related organiza | tions listed as requir | ed on Sc | hedule R? | | | | | | |
| 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 | | | | | | | | | | | • |
| Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land | Par | t VI Land, Buildings, and Equipm | ient. | | | | | | | | |
| basis (investment) basis (other) depreciation 1a Land | | Complete if the organization answere | d "Yes" on Form 990 |), Part IV, | line 11a. S | ee Form 990 | , Part X, | line 10. | | | |
| b Buildings | | Description of property | | | | | | | ed | (d) Bool | value |
| b Buildings | 1a | Land | | | | | | | | | |
| c Leasehold improvements 400,671. 185,626. 215,045. e Other 45,254. 27,207. 18,047. | | | | | | | | | | | |
| d Equipment 400,671. 185,626. 215,045. e Other 45,254. 27,207. 18,047. | | | | | | | | | | | |
| e Other | | | | | | - | | | | | |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) | е | | | | 4 | 5,254. | | 27,2 | 07. | | |
| | Tota | . Add lines 1a through 1e. (Column (d) must e | qual Form 990, Part | X, colum | n (<u>B). line 1</u> | 0c.) | <u></u> | | | 233 | 8,092. |

Schedule D (Form 990) 2022

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| Complete if the organization answered "Yes" of (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end | d-of-year market value |
|--|----------------------------|---|------------------------|
|) Financial derivatives | | | |
| Closely held equity interests | | | |
| 3) Other | | | |
| (A) | | | |
| (B) | | | |
| (C) | | | |
| (D) | | | |
| (E) | | | |
| (F) | | | |
| (G) | | | |
| (C) (H) | | | |
| tal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) | | | |
| Part VIII Investments - Program Related. | | | |
| Complete if the organization answered "Yes" of | 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 | d of voar market value |
| | | (c) Method of Valdation. Cost of end | -or-year market value |
| (1) | | | |
| (2) | | | |
| (3) | | | |
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| (5) | | | |
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| (7) | | | |
| (8) | | | |
| (9) | | | |
| otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) | | | |
| Part IX Other Assets. | | | |
| Complete if the organization answered "Yes" of | 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) | | | |
| otal. (Column (b) must equal Form 990, Part X, col. (B) line | 15) | | |
| (Column (b) must equal Form 390, Fart A, Col. (b) line | 1J.) | | I |
| Part X Other Liabilities. | | | |
| | on Form 990 Part IV line | 11e or 11f See Form 990 Part X line 25 | |
| Complete if the organization answered "Yes" of | on Form 990, Part IV, line | 11e or 11f. See Form 990, Part X, line 25 | |
| Complete if the organization answered "Yes" of (a) Description of liability | on Form 990, Part IV, line | 11e or 11f. See Form 990, Part X, line 25 | . (b) Book value |
| Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes | on Form 990, Part IV, line | 11e or 11f. See Form 990, Part X, line 25 | |
| Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) | on Form 990, Part IV, line | 11e or 11f. See Form 990, Part X, line 25 | |
| Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) | on Form 990, Part IV, line | 11e or 11f. See Form 990, Part X, line 25 | |
| Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4) | on Form 990, Part IV, line | 11e or 11f. See Form 990, Part X, line 25 | |
| Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) | on Form 990, Part IV, line | 11e or 11f. See Form 990, Part X, line 25 | |
| Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4) | on Form 990, Part IV, line | 11e or 11f. See Form 990, Part X, line 25 | |
| Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) | on Form 990, Part IV, line | 11e or 11f. See Form 990, Part X, line 25 | |
| Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) | on Form 990, Part IV, line | 11e or 11f. See Form 990, Part X, line 25 | |
| Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) | on Form 990, Part IV, line | 11e or 11f. See Form 990, Part X, line 25 | |

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

Schedule D (Form 990) 2022

232053 09-01-22

X

| Sche | dule D (Form 990) 2022 COASTAL ROOTS FARM | | | 47-2 | 1570910 Page 4 |
|------|---|------------|----------------|--------|----------------|
| Pa | t XI Reconciliation of Revenue per Audited Financial Stateme | ents With | | | |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a | a. | | | |
| 1 | Total revenue, gains, and other support per audited financial statements | | | 1 | 3,246,808. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | | |
| а | Net unrealized gains (losses) on investments | . 2a | 568,373. | | |
| b | Donated services and use of facilities | 2b | | | |
| с | Recoveries of prior year grants | 2c | | | |
| d | Other (Describe in Part XIII.) | 2d | | | |
| е | Add lines 2a through 2d | | | 2e | 568,373. |
| 3 | Subtract line 2e from line 1 | | | 3 | 2,678,435. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | |
| b | Other (Describe in Part XIII.) | 4b | 162,856. | | |
| с | Add lines 4a and 4b | | | 4c | 162,856. |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | | | 5 | 2,841,291. |
| Ра | rt XII Reconciliation of Expenses per Audited Financial Statem | | Expenses per F | leturr | ٦. |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a | a. | | | |
| 1 | Total expenses and losses per audited financial statements | | | 1 | 3,243,630. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | | |
| а | Donated services and use of facilities | | 568,373. | - | |
| b | Prior year adjustments | 2 b | | - | |
| С | Other losses | 2 c | | - | |
| d | Other (Describe in Part XIII.) | 2d | | | |
| е | Add lines 2a through 2d | | | 2e | 568,373. |
| 3 | Subtract line 2e from line 1 | | | 3 | 2,675,257. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | | | | |
| b | Other (Describe in Part XIII.) | 4b | 162,856. | | |
| с | Add lines 4a and 4b | | | 4c | 162,856. |
| | | | | | |
| 5 | Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18.</i>) | | | 5 | 2,838,113. |

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

PART X, LINE 2:

| THE FARM FOLLOWS ACCOUNTING STANDARDS GENERALLY ACCEPTED IN THE UNITED |
|--|
| STATES OF AMERICA RELATED TO THE RECOGNITION OF UNCERTAIN TAX POSITIONS. |
| THE FARM RECOGNIZES ACCRUED INTEREST AND PENALTIES ASSOCIATED WITH |
| UNCERTAIN TAX POSITIONS AS PART OF THE STATEMENT OF ACTIVITIES, WHEN |
| APPLICABLE. MANAGEMENT HAS DETERMINED THAT THE FARM HAS NO UNCERTAIN TAX |
| POSITIONS AT SEPTEMBER 30, 2023 AND 2022 AND THEREFORE NO AMOUNTS HAVE |
| BEEN ACCRUED. |
| |
| |

PART XI, LINE 4B - OTHER ADJUSTMENTS:

FARM STAND DISCOUNTS NETTED WITH REVENUE

162,856.

232054 09-01-22

| Schedule D (Form 990) 2022 | COASTAL | | FARM |
|-----------------------------|----------------------------|------|------|
| Part XIII Supplemental Info | rmation _{(contin} | ued) | |

PART XII, LINE 4B - OTHER ADJUSTMENTS:

FARM STAND DISCOUNTS NETTED WITH REVENUE

162,856.

Schedule D (Form 990) 2022

15390205 163675 16357.005

232055 09-01-22

| SCHEDULE I | | G | ants and Oth | er Assistan | ce to Organ | izations, | | c | MB No. 1 | 545-0047 |
|----------------------------|---|----------------|------------------------------------|--------------------------|--|---|---------------------------------------|--------------------|----------------------|----------|
| (Form 990) | ^{m 990)} Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. | | | | | | | | 202 | 22 |
| Department of the Treasury | | | | | | | | | | |
| Internal Revenue Service | | | Go to www.irs | .gov/Form990 for | | ation. | | | pen to Inspeo | |
| Name of the organization | on | | | | | | | Employer iden | ificatio | n number |
| - | COASTAL R | OOTS FARM | | | | | | 47 | -157 | 70910 |
| Part I General In | formation on Grants a | nd Assistance | | | | | | | | |
| 0 | ation maintain records t ward the grants or assis | | 0 | , | o o , | r for the grants or assis | , | | Yes | X No |
| 2 Describe in Part | IV the organization's pro | | | | | | | | | |
| | d Other Assistance to I nat received more than \$ | - | | | | anization answered "Y | es" on Form 990, Part | IV, line 21, for a | ny | |
| | dress of organization vernment | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purp or as | ose of g sistance | |
| | | | | | | | | | | |
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| | | | | | | | | | | |

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) 2022

COASTAL ROOTS FARM

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 |
|---|--------------------------|--------------------------|---------------------------------------|--|---------------------------------------|
| | | | | | |
| | | | | | FARM STAND SEASONAL FRESH |
| PAY WHAT YOU CAN FARM STAND FRESH PRODUCE | 23583 | 0. | 162,856. | FAIR MARKET VALUE | PRODUCE, EGGS AND PLANTS |
| | | | | | |
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| | | | | | <u> </u> |

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

| SC | HEDULE J | Compensation Information | 1 | OMB No. 1 | 545-004 | 47 |
|------|------------------------|--|-------------|-------------|----------------|------------|
| (Fo | rm 990) | For certain Officers, Directors, Trustees, Key Employees, and Highest | | 20 | 99 | |
| | | Compensated Employees | | 20 | 22 | - |
| Dena | tment of the Treasury | Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990. | | Open to | | ic |
| | al Revenue Service | Go to www.irs.gov/Form990 for instructions and the latest information. | | Inspe | | |
| Nam | e of the organization | | Employer in | | | nber |
| | | COASTAL ROOTS FARM | 47-1 | 57091 | 0 | |
| Ра | rt I Question | s Regarding Compensation | | | | . <u> </u> |
| | o | | | | Yes | No |
| 1a | | ate box(es) if the organization provided any of the following to or for a person listed on Form | 990, | | | |
| | | line 1a. Complete Part III to provide any relevant information regarding these items. | | | | |
| | First-class or c | i i i i i i i i i i i i i i i i i i i | | | | |
| | Travel for com | · · · · · · · · · · · · · · · · · · · | | | | |
| | | ation and gross-up payments Health or social club dues or initiation fee | | | | |
| | | spending account Personal services (such as maid, chauffer | ir, chei) | | | |
| h | If any of the bayes | on line to are checked, did the graphization follow a written policy regarding payment or | | | | |
| D | • | on line 1a are checked, did the organization follow a written policy regarding payment or provision of all of the expenses described above? If "No," complete Part III to explain | | 1b | | |
| 2 | | | | | | |
| 2 | | n require substantiation prior to reimbursing or allowing expenses incurred by all directors, rs, including the CEO/Executive Director, regarding the items checked on line 1a? | | 2 | | |
| | indsiees, and onice | | | | | |
| 3 | Indicate which if ar | ny, of the following the organization used to establish the compensation of the organization's | : | | | |
| • | | ector. Check all that apply. Do not check any boxes for methods used by a related organization | | | | |
| | | ation of the CEO/Executive Director, but explain in Part III. | 511 10 | | | |
| | Compensation | | | | | |
| | · | compensation consultant X Compensation survey or study | | | | |
| | X Form 990 of o | | ommittee | | | |
| | | | ommittee | | | |
| 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 re | | | | | |
| а | • | e payment or change-of-control payment? | | 4a | | X |
| b | | eive payment from a supplemental nonqualified retirement plan? | | | | X |
| с | Participate in or rec | eive payment from an equity-based compensation arrangement? | | 4c | | X |
| | If "Yes" to any of lir | nes 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 of | on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio | n | | | |
| | contingent on the r | evenues of: | | | | |
| а | The organization? | | | <u>5</u> a | | X |
| | | ation? | | | | X |
| | | or 5b, describe in Part III. | | | | |
| 6 | | on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation | n | | | |
| | contingent on the n | | | | | |
| а | The organization? | | | <u>6a</u> | | X |
| | Any related organiz | ation? | | | | X |
| | | or 6b, describe in Part III. | | | | |
| 7 | | on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments | | | | |
| | | nes 5 and 6? If "Yes," describe in Part III | | 7 | | X |
| 8 | | reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the | ıe | | | |
| | | | | 8 | | X |
| 9 | | id the organization also follow the rebuttable presumption procedure described in | | | | |
| | Regulations section | | | | | |
| LHA | For Paperwork R | eduction Act Notice, see the Instructions for Form 990. | Sched | ule J (Forn | n 990) | 2022 |

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Schedule J (Form 990) 2022

47-1570910

Page 2

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.

| | | (B) Breakdown of W | (B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation | | | (C) Retirement and (D) Nontaxable other deferred benefits | | (F) Compensation in column (B) |
|---------------------|------|---------------------------|--|---|--------------|---|----------|---|
| (A) Name and Title | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | compensation | | | reported as deferred on prior Form 990 |
| (1) JAVIER GUERRERO | (i) | 205,195. | 0. | 0. | 25,232. | 959. | 231,386. | 0. |
| PRESIDENT & CEO | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
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| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |

Schedule J (Form 990) 2022

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.

Schedule J (Form 990) 2022

SCHEDULE O (Form 990)

Name of the organization

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 Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



47-1570910

COASTAL ROOTS FARM

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 AROUND 480,000 POUNDS OF ORGANIC

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

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

OVER 6 MILLION POUNDS OF WASTE FROM THE LANDFILL THROUGH EXTENSIVE

AND OFFSET CO2 EMISSIONS BY OVER 3 THOUSAND COMPOSTING OPERATIONS,

METRIC TONS.

GUIDED BY ANCIENT JEWISH AGRICULTURAL TRADITIONS AND VALUES, COASTAL

ROOTS FARM CARES FOR AND PROTECTS THE ENVIRONMENT WHILE CARING FOR THE

MARGINALIZED AND FOOD-INSECURE MEMBERS OF OUR MOST VULNERABLE,

COMMUNITY. THROUGH THE FARM'S ORGANIC FOOD DISTRIBUTION PROGRAM, WE

DISTRIBUTE OVER 80,000 POUNDS OF CERTIFIED-ORGANIC, NUTRIENT-DENSE

AND EGGS ANNUALLY TO FEED AROUND 45,000 VEGETABLES, HERBS, FRUITS,

PEOPLE. THIS PROGRAM IS DESIGNED TO ADDRESS AND REDUCE FOOD INSECURITY

AND ENSURE LOW-INCOME, AT-RISK COMMUNITIES HAVE EQUAL AND DIGNIFIED

FRESH, ORGANIC FOOD REGARDLESS OF ABILITY TO ACCESS TO LOCALLY GROWN,

FOOD DISTRIBUTIONS TAKE PLACE ON AND OFF-SITE THE FARM, INCLUDING

"PAY-WHAT-YOU-CAN" FARM STAND LOCATED AT THROUGH A 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. 232211 10-28-22 36

Schedule O (Form 990) 2022

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| Schedule O (Form 990) 2022 Name of the organization COASTAL ROOTS FARM | Page 2 Employer identification number 47-1570910 |
|---|--|
| OUR ORGANIC FOOD DISTRIBUTIONS FOR FOOD INSECURE COMMUNITI | ES INCLUDE: |
| (1) A BI-WEEKLY ON-SITE PAY-WHAT-YOU-CAN FARM STAND THAT A | ACCEPTS CAL |
| FRESH EBT (FOOD STAMPS) AND OFFERS A PRIVATE AND DIGNIFIED | CHECKOUT |
| PROCESS; (2) A MONTHLY, NO-COST MOBILE FARM STAND IN PARTN | IERSHIP WITH |
| HELPING HAND WORLDWIDE AND OTHER COMMUNITY ORGANIZATIONS S | SERVING |
| MILITARY FAMILIES AND VETERANS AND WHO PROVIDE BENEFICIARI | ES |
| NON-PERISHABLE FOODS, DIAPERS, CLOTHES, AND MORE; (3) A MC | ONTHLY, |
| NO-COST MOBILE FARM STAND AT VISTA COMMUNITY CLINIC, A COM | IPREHENSIVE |
| HEALTH CARE SERVICES CLINIC SERVING PREDOMINATELY LOW-INCO | DME , |
| IMMIGRANT, AND UNINSURED FAMILIES, AND IMPLEMENTED IN PART | NERSHIP WITH |
| FEEDING SAN DIEGO WHO OFFERS BENEFICIARIES NON-PERISHABLE | FOODS; (4) |
| MONTHLY NO-COST DELIVERIES TO ELDERLY INDIGENOUS/NATIVE AM | IERICAN |
| FAMILIES LIVING THROUGHOUT SAN DIEGO COUNTY IN PARTNERSHIP | WITH SAN |
| DIEGO AMERICAN INDIAN HEALTH CENTER AS WELL AS NO-COST DEI | IVERIES TO |
| ELDERLY INDIGENOUS/KUMEYAAY FAMILIES OF THE IIPAY NATION I | IVING AT THE |
| SANTA YSABEL RESERVATION AS WELL AS NEIGHBORING RESERVATIO | ONS INCLUDING |
| LOS COYOTES INDIAN RESERVATION AND MESA GRANDE RESERVATION | I; (5) WEEKLY, |
| NO-COST HOME DELIVERIES TO SURVIVORS OF THE HOLOCAUST, MAN | IY OF WHOM ARE |
| HOMEBOUND AND LIVING IN POVERTY, AND IMPLEMENTED IN PARTNE | RSHIP WITH |
| JEWISH FAMILY SERVICES WHO PROVIDES GERIATRIC CARE SERVICE | S; (6) WEEKLY |
| DONATIONS TO MERCY HOUSING'S CANTEBRIA SENIOR HOMES, A LOW | I-INCOME |
| HOUSING COMPLEX FOR SENIORS; AND (7) WEEKLY DONATIONS TO I | OCAL SOCIAL |
| SERVICE AGENCIES AND FOOD PANTRIES, INCLUDING COMMUNITY RE | SOURCE |
| CENTER, ST. ANDREW'S EPISCOPAL CHURCH, JEWISH FAMILY SERVI | CES, KITCHENS |
| FOR GOOD, AND MORE. | |
| THE FARM'S SERVICES HAVE BEEN MORE CRITICAL THAN EVER FOR | VULNERABLE |
| COMMUNITY MEMBERS STRUGGLING WITH FOOD INSECURITY. PRIOR 1 | O THE |
| PANDEMIC, 1 IN 7 SAN DIEGANS WERE HUNGRY; NOW IT IS 1 IN 4 232212 10-28-22 | HOUSEHOLDS Schedule O (Form 990) 2022 |
| | |

2022.05040 COASTAL ROOTS FARM 16357.01

| Schedule O (Form 990) 2022 Name of the organization | Employer identification number |
|---|--------------------------------|
| COASTAL ROOTS FARM | 47-1570910 |
| (SAN DIEGO HUNGER COALITION). MANY OF THE POPULATIONS WE | SERVE ARE |
| UNEMPLOYED, FINANCIALLY UNCERTAIN, STRUGGLING TO MEET BAS | SIC NEEDS, AND |
| HAVING TO CHOOSE BETWEEN PAYING FOR FOOD, MEDICINE, AND H | HOUSING. FOR |
| SENIORS UNABLE TO LEAVE THEIR HOMES, THE FARM'S HOME DELI | IVERIES HAVE |
| BECOME CRUCIAL FOR THEM TO SAFELY MEET THEIR DAILY NUTRIT | FIONAL NEEDS |
| AND REDUCE SOCIAL ISOLATION. | |
| TOO OFTEN, LOW-INCOME, AT-RISK FAMILIES RELY ON CHEAP, LE | ESS NUTRITIOUS |
| FOOD TO REDUCE DAILY HUNGER. WHILE THIS MAY HELP THEM GET | T 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 RE | ELY ON |
| DONATIONS OF LESS-HEALTHY OPTIONS, INCLUDING CANNED, PACE | KAGED, AND |
| HIGHLY PROCESSED FOOD PRODUCTS THAT CAN EXACERBATE UNEQUA | AL ACCESS TO |
| QUALITY FOOD FOR POOR, MARGINALIZED COMMUNITIES. LACK OF | PHYSICAL |
| INFRASTRUCTURE, SUCH AS REFRIGERATION, CAN ALSO MAKE IT I | DIFFICULT FOR |
| FOOD PANTRIES TO DISTRIBUTE FRESH FRUITS AND VEGETABLES. | |
| THE FARM'S INNOVATIVE ORGANIC FOOD DISTRIBUTION PROGRAM O | GOES WELL |
| BEYOND JUST MEETING BASIC NEEDS AND REDUCING FOOD INSECU | RITY THROUGH |
| CALORIES ALONE. WE PROVIDE ACCESS TO THE HIGH-QUALITY FRE | ESH FOOD NEEDED |
| FOR GOOD HEALTH AND THE ONE-ON-ONE EDUCATION AND RESOURCE | ES NEEDED TO |
| UNDERSTAND WHAT IT IS, HOW TO STORE IT, HOW TO PREPARE IT | F, AND WHY FOOD |
| PLAYS A CRITICAL ROLE IN OUR HEALTH AND LIVES. FURTHER, H | BECAUSE THE |
| FARM'S DISTRIBUTIONS PROVIDE A TOUCHPOINT FOR OFTEN-ISOLA | ATED FAMILIES, |
| WE ARE HELPING NOT ONLY SUPPORT THE PHYSICAL HEALTH AND V | VELL-BEING OF |
| THOSE WE SERVE, BUT ARE ALSO BRING A SENSE OF NORMALCY, S | JOY, AND |
| CONNECTION DURING THESE ISOLATING TIMES. | |
| SINCE OUR INCEPTION IN 2014 THROUGH SEPTEMBER 2023, THE E | FARM |
| DISTRIBUTED AROUND 480,000 POUNDS OF FRESH, NUTRIENT-DENS | SE, ORGANIC |
| 232212 10-28-22 38 | Schedule O (Form 990) 2022 |

| COASTAL ROOTS FA | ARM | Employer identification number 47-1570910 |
|--------------------------------|-------------------------|--|
| PRODUCE AND EGGS TO OVER 295,0 | 000 INDIVIDUALS. THIS A | MOUNT INCLUDES |
| AROUND 75% DONATED AT NO-COST | TO PEOPLE IN THE COMMU | NITY WHO LACK |
| ACCESS TO FRESH, HEALTHY FOOD. | | |
| | | |
| FORM 990, PART III, LINE 4B, P | ROGRAM SERVICE ACCOMPL | ISHMENTS: |
| COASTAL ROOTS FARM'S ENVIRONME | NTAL STEM EDUCATION PR | OGRAMS, INCLUDING |
| SCHOOL AND GROUP VISITS AND AF | TER-SCHOOL AND SEASONA | L FARM CAMPS, |
| PROVIDE STUDENTS (PRE-K-12TH G | RADE) WITH THE TOOLS A | ND SKILLS NEEDED |
| FOR ACADEMIC SUCCESS, PREPARE | THE NEXT GENERATION FO | R CAREERS IN |
| STEM-RELATED FIELDS, AND INSPI | RE FUTURE GENERATIONS | OF ENVIRONMENTAL |
| LEADERS. UTILIZING OUR 17-ACRE | E OUTDOOR "CLASSROOM," | THE FARM OFFERS |
| ACCESSIBLE, HANDS-ON, FARM-BAS | ED STEM EDUCATION PROG | RAMS THAT ENHANCE |
| SCIENCE CURRICULUM IN WAYS THA | AT INSPIRE AWE AND WOND | ER FOR NATURE, |
| ENCOURAGE MEANINGFUL DISCOVERI | ES, MOTIVATE DEEPER AP | PRECIATION FOR AND |
| AWARENESS OF NATURE, AND EXEMP | LIFY INNOVATIVE WAYS T | O TEACH STUDENTS |
| ABOUT WELLBEING AND ENVIRONMEN | TAL ISSUES. | |
| FARM PROGRAMS ARE DESIGNED TO | FOSTER CURIOSITY AND B | RING STEM CONCEPTS |
| TO LIFE, CONNECT STUDENTS WITH | I THE ORIGINS OF THEIR | FOOD, ENCOURAGE |
| HEALTHY DECISION-MAKING, AND I | NSPIRE FUTURE GENERATI | ONS OF |
| ENVIRONMENTAL LEADERS. DEVELOP | PED BY AN EXPERIENCED T | EAM OF EDUCATORS, |
| THE FARM'S PROGRAMS ALIGN WITH | NEXT GENERATION SCIEN | CE STANDARDS (NGSS) |
| AND COMMON CORE CURRICULUM. UT | LILIZING OUR 17-ACRE OU | TDOOR "CLASSROOM" |
| AND A "HANDS-ON, MINDS-ON," IN | NOVATIVE, YOUTHFUL, AN | D FORWARD-THINKING |
| APPROACH TO LEARNING DRIVEN BY | SCIENTIFIC AND HUMANI | STIC METHODOLOGIES, |
| THE FARM FOSTERS CURIOSITY AND | PROVIDES YOUTH UNIQUE | OPPORTUNITIES TO |
| GAIN DEEP, REAL-WORLD UNDERSTA | NDING OF IMPORTANT SCI | ENTIFIC TOPICS |
| THROUGH NATURE-BASED PLAY AND | LEARNING. YOUTH BECOM | E ENVIRONMENTAL |
| SCIENTISTS FOR THE DAY, INTERA | ACTING WITH SOILS, PLAN | TS, ANIMALS, Schedule O (Form 990) 2022 |

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|--|---|
| Name of the organization COASTAL ROOTS FARM | Employer identification number 47-1570910 |
| INSECTS, TREES AND MORE, AND ENGAGE ALL THEIR SENSES TO BE | TTER |
| UNDERSTAND THE NATURAL WORLD. STUDENTS HARVEST, PREPARE, A | ND TASTE |
| FRESH, ORGANICALLY GROWN PRODUCE, WITNESSING FIRST-HAND TH | E TRULY |
| UNIQUE EXPERIENCE OF "SOIL TO FORK," WHICH CAN FOSTER A LI | FE-LONG |
| INTEREST IN FOOD AND HEALTHY HABITS. | |
| GETTING YOUTH OUTDOORS MATTERS BUT DOING SO CAN BE A CHALL | ENGE AND |
| NATURE-BASED EDUCATIONAL OPPORTUNITIES ARE NOT EQUALLY AVA | ILABLE TO |
| ALL. THIS INEQUALITY HAS FAR REACHING IMPLICATIONS ON PHYS | ICAL, |
| 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, S | TANDARDIZED |
| TEST SCORES, ATTITUDE ABOUT SCHOOL, IN-SCHOOL BEHAVIOR, AN | D ATTENDANCE. |
| FARM-BASED STEM EDUCATION EMPLOYS A GREATER RANGE OF A CHI | LD'S |
| INTELLIGENCE BY ENGAGING ALL OF THE SENSES, FROM DISCOVERI | ES WHILE |
| PLANTING IN THE SOIL TO TASTING FRESHLY HARVESTED FRUITS A | ND |
| VEGETABLES. COASTAL ROOTS FARM PROVIDES THESE TYPES OF HIG | H-QUALITY |
| EDUCATIONAL EXPERIENCES FOR YOUTH THAT ENCOURAGE CREATIVIT | Y, CRITICAL |
| THINKING, AND SELF-SUFFICIENCY. | |
| ACCORDING TO NGSS, CALIFORNIA ELEMENTARY AND MIDDLE SCHOOL | I 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, OU | TDOOR STEM |
| PROGRAMMING ACCESSIBLE TO ALL STUDENTS. | |
| THE FARM STRIVES TO MAKE OUTDOOR STEM LEARNING OPPORTUNITI | ES AVAILABLE |
| TO ALL, ESPECIALLY THOSE WHO HAVE BEEN HISTORICALLY UNDERS | ERVED, BY |
| ENSURING STUDENTS HAVE EQUAL ACCESS TO QUALITY OUTDOOR EDU | CATIONAL |
| PROGRAMS REGARDLESS OF FINANCIAL ABILITY. IN ORDER TO REAC | CH YOUTH FROM Schedule O (Form 990) 2022 |
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|--|---|
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| AT-RISK AND MARGINALIZED COMMUNITIES, THE FARM ACTIVELY RE | ECRUITS |
| PARTICIPANTS FROM TITLE-I, TITLE-V, AND OTHER LOW-INCOME S | SCHOOLS AND |
| GROUPS. THE FARM BUILDS STRATEGIC PARTNERSHIPS WITH SCHOOL | IS AND |
| DISTRICTS MOST IN NEED OF OUTDOOR STEM LEARNING OPPORTUNIT | TIES AND |
| OFFERS ITS PROGRAMMING AT NO-COST, INCLUDING COVERING THE | COST OF BUS |
| TRANSPORTATION TO AND FROM THE FARM. | |
| THOUSANDS OF YOUTH AND FAMILY MEMBERS ARE ENGAGED AT THE F | FARM THROUGH |
| PROGRAMMING AND EVENTS EACH YEAR. FROM INCEPTION IN 2014 T | THROUGH |
| SEPTEMBER 2023, THE FARM ENGAGED OVER 30,000 ADULTS AND YC | OUTH WITH |
| HANDS-ON EDUCATIONAL OPPORTUNITIES, INCLUDING OVER 10,000 | STUDENTS |
| THROUGH SCHOOL AND GROUP VISITS AND FARM CAMPS, OF WHOM OV | /ER 50% WERE |
| PROVIDED SCHOLARSHIPS TO VISIT THE FARM AT NO OR REDUCED C | COST. |
| | |
| FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMEN | NTS: |
| WE ARE INSPIRED BY ANCIENT JEWISH TRADITIONS THAT CONNECT | PEOPLE TO |
| COMMUNITY, FOOD, THE LAND, AND SOCIAL JUSTICE: BA'AL TASCH | IIT: ETHICAL |
| CONSUMPTION; SHMITA: HONORING NATURAL CYCLES OF THE EARTH; | PE'AH: |
| LINING THE CORNERS OF ONE'S FIELD WITH FOOD FOR THE STRANG | GER AND POOR; |
| KAYAMUT: ECOLOGICAL SUSTAINABILITY; MA'ASER: RESERVING AT | LEAST |
| ONE-TENTH OF ONE'S AGRICULTURE PRODUCE FOR THE POOR; K'VOL | BRIUT: THE |
| DIGNITY OF ALL CREATIONS; HACHNASAT ORCHIM: WELCOMING GUES | STS; HAGANAT |
| OVDIM: FAIR TREATMENT OF THOSE WHO WORK THE FIELDS; TSA'AF | R BA'ALEI |
| CHAIM: KIND, HUMANE TREATMENT OF ANIMALS; TIKKUN OLAM: HEA | ALING THE |
| WORLD. | |
| WE ARE INSPIRED BY ANCIENT JEWISH TRADITIONS AND VALUES TH | IAT ARE AS |
| MEANINGFUL AND RELEVANT TODAY AS THEY HAVE BEEN OVER THOUS | SANDS 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, |
| 232212 10-28-22 41 | Schedule O (Form 990) 2022 |
| 90205 163675 16357.005 2022.05040 COASTAL ROOT | S FARM 16357 |

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| Name of the organization COASTAL ROOTS FARM | Employer identification number 47-1570910 |
|--|---|
| INCLUDING ACCESS TO FRESH, HEALTHY, AFFORDABLE, AND CULTUR | RALLY |
| APPROPRIATE FOOD FOR ALL; FAIR TREATMENT OF WORKERS; RESPO | ONSIBLE LAND |
| STEWARDSHIP; AND COMPASSIONATE TREATMENT OF ANIMALS. THESE | E 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 | R THAN 10% OF |
| JEWS IN THE REGION ARE AFFILIATED WITH A JEWISH INSTITUTIO | ON. AROUND |
| 100,000 JEWS ARE PROJECTED TO BE LIVING IN THE REGION. MAN | NY ARE SEEKING |
| INNOVATIVE AND MEANINGFUL WAYS OUTSIDE THE WALLS OF A SYNA | AGOGUE OR |
| TRADITIONAL INSTITUTION TO BUILD COMMUNITY AND JEWISH LIFE | E. HIGH RATES |
| OF DISAFFILIATION AND INTERMARRIAGE ARE CONSISTENT WITH NA | ATIONAL TRENDS |
| MAKING NORTH SAN DIEGO COUNTY AN INTERESTING CASE STUDY FO | OR 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 | E CELEBRATIONS |
| FOR JEWISH HOLIDAYS THROUGHOUT THE YEAR. THE FARM IS ESPEC | CIALLY |
| INTERESTED IN HIGHLIGHTING THE MAJOR AGRICULTURALLY FOCUSE | ED JEWISH |
| HOLIDAYS THAT ARE NOT AS WIDELY OBSERVED IN SYNAGOGUES AND | D HOMES, |
| PARTICULARLY IN LESSER AFFILIATED AREAS SUCH AS NORTH COUN | NTY, AND |
| MAKING THEM MORE VIBRANT, CREATIVE, AND RELEVANT FOR INDIV | VIDUALS AND |
| FAMILIES. WE INVITE COMMUNITY MEMBERS OF ALL BACKGROUNDS | TO SHARE IN |
| MAJOR AGRICULTURAL FESTIVALS LIKE SUKKOT (A FESTIVAL CELE | BRATING THE |
| FINAL HARVEST OF THE GROWING SEASON); TU B'SHVAT (THE JEW) | ISH NEW YEAR |
| OF THE TREES); PESACH (A CELEBRATION OF SPRING AND THE FIF | RST HARVEST); |
| AND SHAVUOT (A CELEBRATION OF THE SUMMER HARVEST). SINCE] | INCEPTION IN |
| 2014, THE FARM HAS ENGAGED THOUSANDS OF COMMUNITY MEMBERS | THROUGH |
| JEWISH AGRICULTURAL FESTIVALS AND PROGRAMS. IN THE LAST FI | ISCAL YEAR, |
| THE FARM WELCOMED OVER 3,000 PEOPLE TO PARTICIPATE IN 20 E | EVENTS AND Schedule O (Form 990) 2022 |
| 42 20215 163675 16357 005 2022 05040 CONSTRAL ROOM | |

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

PROGRAMS.

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:

CHARLENE SEIDLE AND JAMES FARLEY HAVE A BUSINESS RELATIONSHIP, AS THEY ARE

BOTH OFFICERS OF AND EMPLOYED BY 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 AND BOARD OF DIRECTORS

CHAIR. FINAL REVIEW AND APPROVAL BY THE FARM'S AUDIT COMMITTEE AND THEN

BOARD OF DIRECTORS TO BE PERFORMED BY BOARD OF DIRECTORS.

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

EMPLOYEES AND BOARD ARE REQUIRED TO DISCLOSE ANY POTENTIAL CONFLICTS OF

INTEREST. SERVICES AND/OR PRODUCTS FROM BUSINESS/FAMILY REQUIRE TWO OTHER

BIDS PRIOR TO MANAGEMENT OBJECTIVELY DETERMINING FISCALLY RESPONSIBLE

SELECTION.

FORM 990, PART VI, SECTION B, LINE 15A:

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| Name of the organization COASTAL ROOTS FARM | Employer identification number 47-1570910 |
|--|---|
| COMPENSATION SURVEY AND STUDIES ARE USED FOR THE EXECUTIVE | DIRECTOR |
| COMPENSATION WITH BOARD APPROVAL. | |
| | |
| FORM 990, PART VI, SECTION C, LINE 19: | |
| AN ELECTRONIC COPY VIA EMAIL OR HARDCOPY BY MAIL IS MADE T | O ANYONE WHO |
| REQUESTS A COPY (WITHOUT CHARGE). REPORTS ARE ADDED TO COA | STAL ROOTS FARM |
| WEBSITE. AUDITED FINANCIAL STATEMENTS AND 990'S ARE AVAILA | BLE ONLINE AT |
| WWW.COASTALROOTSFARM.ORG | |

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