

Redwood Coast Montessori Board of Directors
1611 Peninsula Drive, Arcata, CA 95521 (Building A)

Zoom Meeting Link:

(https://us06web.zoom.us/j/83949283639?pwd=KecqjBr0hF75piX1N8kmqjlurBjFw.1)

REGULAR MEETING

May 14, 2025 6:30 p.m.

AGENDA

A. CALL TO ORDER OF OPEN SESSION

B. OPEN SESSION: 6:30 P.M. LOCATION: REDWOOD COAST MONTESSORI, 1611 Peninsula Drive, Arcata, CA 95521

C. PUBLIC COMMENT

The public is invited to make announcements or comment on information to the Board that is relevant to the scope of authority of Redwood Coast Montessori. The Board may uniformly impose a time limit of 3 minutes to individual presentations to assure every subject is heard. By public law, the Board cannot take action on items not on the agenda.

D. GENERAL FUNCTION-CONSENT ITEMS– Approval w/ Single Motion:

Items listed under the Consent Agenda are considered to be routine and are acted on by the Board in one motion. There is no discussion of these items before the Board vote unless a member of the Board, staff, or public requests specific items be discussed and/or removed from the Consent Agenda. It is understood that the Administration recommends approval on all Consent Items.

1. Approval of Draft Minutes of April 9, 2025 Regular Meeting

E. BUSINESS AND FINANCE - ITEMS FOR REPORT, DISCUSSION, AND POSSIBLE ACTION

1. 2023 RCM Tax Returns
2. Stipends (MMUN, Camping and other trips)

F. SCHOOL FUNCTIONS - ITEMS FOR REPORT, DISCUSSION, AND POSSIBLE ACTION

1. School Director Selection Ad Hoc Committee Update
2. WASC Mid-Cycle Report
3. Draft 2025-26 LCAP
4. Community Norms and Expectations Policy

G. STAFF AND DIRECTORS REPORTS - ITEMS FOR REPORT, DISCUSSION

1. Staff Report
2. Director Reports

H. FUTURE AGENDA ITEMS

I. PUBLIC COMMENT ON CLOSED SESSION ITEMS

The Governing Board welcomes public comment related to any closed session items. Comments are limited to three (3) minutes.

J. CLOSED SESSION: 7:15 p.m. LOCATION – REDWOOD COAST MONTESSORI (1611 Peninsula Drive, Arcata)

Pursuant to Education Code 48918c, the Board will meet in Closed Session concerning confidential matters.

1. Administration Selection Committee

K. OPEN SESSION: 8:00 p.m. LOCATION - REDWOOD COAST MONTESSORI (1611 Peninsula Drive, Arcata)

L. ANNOUNCEMENT OF ANY REPORTABLE ACTION TAKEN IN CLOSED SESSION

M. ADJOURNMENT OF OPEN SESSION

NOTICE: Any writing, not exempt from public disclosure under Government Code Section 6253.5, 6254, 6254.3, 6254. 7, 6254.15, 6254.16, OR 6254.22, which is distributed to all or a majority of the members of the governing board by any person in connection with a matter subject to discussion or consideration at an open meeting of the board is available for public inspection at the Redwood Coast Montessori School 1611 Peninsula Drive, Arcata, CA 95521. In compliance with Government Code section 54954.2(a) Redwood Coast Montessori will, on request make agendas available in appropriate alternative formats to persons with a disability, as required by Section 202 of the Americans with Disabilities Act of 1990 (42 U.S.C. Sec. 12132), and the federal rules and regulations adopted in implementation thereof. Individuals who need this agenda in an alternative format or who need a disability-related modification or accommodation in order to participate in the meeting should contact Redwood Coast Montessori at 707-832-4194.

Redwood Coast Montessori Board of Directors

Regular Meeting

Zoom (<https://us06web.zoom.us/j/83073560631?pwd=d2xMRHN2bFRHY2w3Wng0NG5kdExNUT09>)

REGULAR MEETING

April 9, 2025 6:30 p.m.

MINUTES

A. CALL TO ORDER OF OPEN SESSION by Kim Bonine at 6:35 p.m.

- a. Present: Kim Bonine, Susann Goodman, James Braggs, Michelle Ellis

B. PUBLIC COMMENT – No public comments.

C. GENERAL FUNCTION

1. Approval of general consent items: M/S by Goodman/Ellis to approve the General Function-Consent Items. Board: ayes 4, noes 0. Motion carried.

D. BUSINESS AND FINANCE

1. No actions taken.

E. SCHOOL FUNCTIONS

1. School Director Selection Ad Hoc Committee Update: Kim reported on the recent actions of the hiring committee. The committee has looked at all applicants. Notices were sent to five applicants to set up an initial interview. Interviews will begin next week.
2. WASC mid-cycle report: The final mid-cycle WASC report was presented to the Board and an updated regarding the April 21st visit was presented. No action was taken.
3. Draft Community Safety Policy: A draft community safety policy was presented to the board. No action was taken.
4. Homeless Policy Renewal: M/S by Goodman/Braggs to approve the Homeless Policy. Board: ayes 4, noes 0. Motion carried.

F. STAFF AND DIRECTOR REPORTS

1. Staff: Michelle and Bryan presented information about recent events that have been taking place at both campuses.
2. Directors: None

G. FUTURE AGENDA ITEMS

1. Draft LCAP

H. ADJOURNMENT OF OPEN SESSION

1. M/S by Goodman/Braggs to close the regular April meeting at 7:48 p.m. Board: ayes 4, noes 0. Motion carried.

RCM School Board



Agenda Item: E1
Certification of 2023 Tax Returns

Department/Program:
Business and Finance

Background Information:
As an exempt 501 (c) (3) organization, RCM is required to submit a tax report to the IRS on an annual basis. Due to delays in receiving reconciled financial information from the County Office of Ed. RCM's tax returns are typically delayed by a full calendar year.

Recommendation:
Positive certification of 2023 Exempt Tax Returns

Fiscal Implications:
None

Contact Person:
Bryan Little

2023 TAX RETURN

CLIENT COPY

Client: 5781

Prepared for: REDWOOD COAST MONTESSORI
PO BOX 6103
EUREKA, CA 95501
707-832-4194

Prepared by: VANESSA ANDERSON
ANDERSON,LUCAS,SOMERVILLE, & BORGES
1338 MAIN STREET
FORTUNA, CA 95540
(707)-725-4442

Date: MAY 8, 2025

Comments:

DO NOT MAIL

Route to: _____

2023 Exempt Org. Return
prepared for:

REDWOOD COAST MONTESSORI
PO BOX 6103
EUREKA, CA 95501

DO NOT MAIL

Anderson, Lucas, Somerville, & Borges
1338 Main Street
Fortuna, CA 95540

ANDERSON,LUCAS,SOMERVILLE, & BORGES
1338 MAIN STREET
FORTUNA, CA 95540
(707)-725-4442

May 8, 2025

REDWOOD COAST MONTESSORI
PO BOX 6103
EUREKA, CA 95501

Dear Client:

Your 2023 Federal Return of Organization Exempt from Income Tax will be electronically filed with the Internal Revenue Service upon receipt of a signed Form 8879-TE - IRS e-file Signature Authorization. No tax is payable with the filing of this return.

Your 2023 California Exempt Organization Annual Information Return will be electronically filed with the Franchise Tax Board upon receipt of a signed Form 8453-EO. No tax is payable with the filing of this return.

Please be sure to call us if you have any questions.

Sincerely,

Vanessa Anderson

DO NOT MAIL

ANDERSON,LUCAS,SOMERVILLE, & BORGES
1338 MAIN STREET
FORTUNA, CA 95540
(707)-725-4442

Client 5781
May 8, 2025

REDWOOD COAST MONTESSORI
PO BOX 6103
EUREKA, CA 95501
707-832-4194

FEDERAL FORMS

Form 990	2023 Return of Organization Exempt from Income Tax
Schedule A	Organization Exempt Under Section 501(c)(3)
Schedule B	Schedule of Contributors
Schedule D	Schedule D
Schedule E	Schools
Schedule O	Supplemental Information
Schedule R	Related Organizations and Unrelated Partnerships
Form 8868	Application for Extension
	Depreciation Schedules
Form 8879-TE	IRS e-file Signature Authorization

CALIFORNIA FORMS

Form 199	2023 California Exempt Organization Return
Schedule B	Schedule of Contributors
Form 3885 (199)	Depreciation and Amortization - Corp.
Form 8453-EO (199)	California e-file Return Authorization for Exempt
	California Depreciation Schedules

FEE SUMMARY

Preparation Fee

REDWOOD COAST MONTESSORI

45-4258908

	2023	2022	DIFF
REVENUE			
CONTRIBUTIONS AND GRANTS.....	605,242	784,046	-178,804
PROGRAM SERVICE REVENUE.....	2,334,563	2,111,258	223,305
INVESTMENT INCOME.....	14,639	7,801	6,838
OTHER REVENUE.....	318,212	320,242	-2,030
TOTAL REVENUE.....	3,272,656	3,223,347	49,309
EXPENSES			
SALARIES, OTHER COMPEN., EMP. BENEFITS..	2,465,075	2,329,488	135,587
OTHER EXPENSES.....	819,247	791,946	27,301
TOTAL EXPENSES.....	3,284,322	3,121,434	162,888
NET ASSETS OR FUND BALANCES			
REVENUE LESS EXPENSES.....	-11,666	101,913	-113,579
TOTAL ASSETS AT END OF YEAR.....	1,004,056	1,048,597	-44,541
TOTAL LIABILITIES AT END OF YEAR.....	162,647	195,420	-32,773
NET ASSETS/FUND BALANCES AT END OF YEAR.	841,409	853,177	-11,768

DO NOT MAIL

2023

CALIFORNIA 199 TAX SUMMARY

PAGE 1

REDWOOD COAST MONTESSORI

45-4258908

	2023	2022	DIFF
RECEIPTS AND REVENUES			
GROSS SALES OR RECEIPTS.....	2,670,505	2,439,611	230,894
GROSS CONTRIBUTIONS, GIFTS, & GRANTS.....	605,242	784,046	-178,804
TOTAL GROSS RECEIPTS.....	3,275,747	3,223,657	52,090
TOTAL COSTS.....	0	0	0
TOTAL GROSS INCOME.....	3,275,747	3,223,657	52,090
EXPENSES			
TOTAL EXPENSES.....	3,287,413	3,121,744	165,669
EXCESS RECEIPTS OVER EXPENSES.....	-11,666	101,913	-113,579
FILING FEE			
FILING FEE.....	0	0	0
BALANCE DUE.....	0	0	0

DO NOT MAIL

2023

GENERAL INFORMATION

PAGE 1

REDWOOD COAST MONTESSORI

45-4258908

FORMS NEEDED FOR THIS RETURN

FEDERAL: 990, SCH A, SCH B, SCH D, SCH E, SCH O, SCH R, 8868
CALIFORNIA: 199, SCH B, 3885, 8453-EO (199), E-FILE INSTRUCTIONS

CARRYOVERS TO 2024

NONE

DO NOT MAIL

THE ORGANIZATION'S FEDERAL TAX RETURN IS NOT FINISHED UNTIL YOU COMPLETE THE FOLLOWING INSTRUCTIONS.

PRIOR TO TRANSMISSION OF THE RETURN

FORM 990

THE ORGANIZATION SHOULD REVIEW THEIR FEDERAL RETURN ALONG WITH ANY ACCOMPANYING SCHEDULES AND STATEMENTS.

PAPERLESS E-FILE

THE ORGANIZATION SHOULD READ, SIGN AND DATE THE FORM 8879-TE, IRS E-FILE SIGNATURE AUTHORIZATION.

EVEN RETURN

NO PAYMENT IS REQUIRED.

AFTER TRANSMISSION OF THE RETURN

RECEIVE ACKNOWLEDGEMENT OF YOUR E-FILE TRANSMISSION STATUS.

WITHIN SEVERAL HOURS, ACCESS THE PROGRAM AND GET YOUR FIRST ACKNOWLEDGEMENT (ACK) THAT THE PROGRAM HAS RECEIVED YOUR TRANSMISSION FILE.

ACCESS THE PROGRAM AGAIN AFTER 24 AND THEN 48 HOURS TO RECEIVE YOUR FEDERAL ACKS.

KEEP A SIGNED COPY OF FORM 8879-TE, IRS E-FILE SIGNATURE AUTHORIZATION IN YOUR FILES FOR 3 YEARS.

DO NOT MAIL:

FORM 8879-TE IRS E-FILE SIGNATURE AUTHORIZATION

THE ORGANIZATION'S FEDERAL TAX RETURN IS NOT FINISHED UNTIL YOU COMPLETE THE FOLLOWING INSTRUCTIONS.

PRIOR TO TRANSMISSION OF THE RETURN

FORM 8868

NO SIGNATURE IS REQUIRED WITH FORM 8868.

EVEN RETURN

NO PAYMENT IS REQUIRED.

AFTER TRANSMISSION OF THE RETURN

RECEIVE ACKNOWLEDGEMENT OF YOUR E-FILE TRANSMISSION STATUS.

WITHIN SEVERAL HOURS, ACCESS THE PROGRAM AND GET YOUR FIRST ACKNOWLEDGEMENT (ACK) THAT THE PROGRAM HAS RECEIVED YOUR TRANSMISSION FILE.

ACCESS THE PROGRAM AGAIN AFTER 24 AND THEN 48 HOURS TO RECEIVE YOUR FEDERAL ACKS.

DO NOT MAIL

THE ENTITY'S 2023 CALIFORNIA TAX RETURN IS NOT FINISHED UNTIL YOU COMPLETE THE FOLLOWING INSTRUCTIONS.

PRIOR TO TRANSMISSION OF THE RETURN

FORM 199

THE ENTITY SHOULD REVIEW THEIR 2023 CALIFORNIA EXEMPT INCOME TAX RETURN ALONG WITH ANY ACCOMPANYING SCHEDULES AND STATEMENTS.

FORM 8453-EO

THE ENTITY SHOULD REVIEW, SIGN AND DATE FORM 8453-EO PRIOR TO E-FILING THE RETURN.

EVEN RETURN

NO PAYMENT IS REQUIRED.

AFTER TRANSMISSION OF THE RETURN

RECEIVE ACKNOWLEDGEMENT OF YOUR E-FILE TRANSMISSION STATUS.

WITHIN SEVERAL HOURS, CONNECT WITH LACERTE AND GET YOUR FIRST ACKNOWLEDGEMENT (ACK) THAT LACERTE HAS RECEIVED YOUR TRANSMISSION FILE.

CONNECT WITH LACERTE AGAIN AFTER 24 AND THEN 48 HOURS TO RECEIVE YOUR CALIFORNIA ACKNOWLEDGEMENTS.

KEEP A SIGNED COPY OF FORM 8453-EO IN YOUR FILES FOR 4 YEARS.

DO NOT MAIL:

FORM 8453-EO

FRANCHISE TAX BOARD, PO BOX 942857, SACRAMENTO CA 94257-0531

**FORM 990, PART III, LINE 4E
PROGRAM SERVICES TOTALS**

	PROGRAM SERVICES TOTAL	FORM 990	SOURCE
TOTAL EXPENSES	3,179,119.	3,179,119.	PART IX, LINE 25, COL. B
GRANTS	0.	0.	PART IX, LINES 1-3, COL. B
REVENUE	2,334,563.	2,334,563.	PART VIII, LINE 2, COL. A

**FORM 990, PART IX, LINE 24E
OTHER EXPENSES**

	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUNDRAISING
ATHLETIC FEES	2,020.	2,020.		
BANK FEES	601.		601.	
COMMUNITY BUILDING EXPENSE	1,768.	1,768.		
FIELD TRIPS	30,425.	30,425.		
OTHER OUTGO FROM COUNTY	2,049.	2,049.		
POSTAGE AND SHIPPING	308.	154.	154.	
PROFESSIONAL MEMBERSHIPS	540.	270.	270.	
PROFESSIONAL TRAINING	425.	213.	212.	
PROGRAM FOOD & SNACKS	33,350.	33,350.		
REPAIRS/MAINTENANCE	5.		5.	
SITE DEVELOPMENT	1,148.	1,148.		
STUDENT ACTIVITIES EXPENSES	1,601.	1,601.		
SUPPLIES	11,677.	11,677.		
TAXES & LICENSES	4,338.	2,169.	2,169.	
TELEPHONE	12,155.	6,077.	6,078.	
WORKERS COMPENSATION INSURANCE	49,897.	49,897.		
TOTAL	\$ 152,307.	\$ 142,818.	\$ 9,489.	\$ 0.

2023

SUPPORTING DETAIL

PAGE 1

REDWOOD COAST MONTESSORI

45-4258908

**CONTRIBUTIONS, GIFTS, AND GRANTS
OTHER CONTRIBUTIONS, GIFTS, GRANTS, ETC.**

CONTRIBUTIONS FROM VARIOUS INDIVIDUALS AND COMPANIES.....	\$	26,512.
FRIENDS OF REDWOOD COAST MONTESSORI.....		17,746.
MCKINLEYVILLE COMMUNITY COLLABORATIVE.....		3,000.
TOTAL	\$	<u>47,258.</u>

**BALANCE SHEET
PREPAID EXPENSES AND DEFERRED CHARGES**

CONSTRUCTION IN PROGRESS.....	\$	91,252.
PREPAID EXPENSES.....		33,495.
TOTAL	\$	<u>124,747.</u>

DO NOT MAIL

6/30/24

2023 FEDERAL BOOK DEPRECIATION SCHEDULE

PAGE 1

REDWOOD COAST MONTESSORI

45-4258908

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
FORM 990/990-PF																
IMPROVEMENTS																
3	PLAYGROUND STRUCTURES & E	8/06/18		85,842							85,842	25,354	150DB HY	20	.05285	4,537
	TOTAL IMPROVEMENTS			85,842		0	0	0	0	0	85,842	25,354				4,537
MACHINERY AND EQUIPMENT																
1	SECURITY SYSTEM	6/26/14		7,636							7,636	4,644	S/L MQ	15	.06670	509
2	COPIER	9/16/13		8,958							8,958	8,958	S/L MQ	5		0
4	METAL SIGN FOR ARCATA	1/21/21		1,213							1,213	864	200DB HY	5	.11520	140
5	DISHWASHER & INSTALLATION	4/20/23		7,027							7,027	1,405	200DB HY	5	.32000	2,249
	TOTAL MACHINERY AND EQUIPME			24,834		0	0	0	0	0	24,834	15,871				2,898
	TOTAL DEPRECIATION			110,676		0	0	0	0	0	110,676	41,225				7,435
	GRAND TOTAL DEPRECIATION			110,676		0	0	0	0	0	110,676	41,225				7,435

DO NOT MAIL

6/30/24

2023 CALIFORNIA BOOK DEPRECIATION SCHEDULE

PAGE 1

REDWOOD COAST MONTESSORI

45-4258908

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
FORM 199																
IMPROVEMENTS																
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1	SECURITY SYSTEM	6/26/14		7,636							7,636	4,644	S/L MQ	15	.06670	509
2	COPIER	9/16/13		8,958							8,958	8,958	S/L MQ	5		0
4	METAL SIGN FOR ARCATA	1/21/21		1,213							1,213	864	200DB HY	5	.11520	140
5	DISHWASHER & INSTALLATION	4/20/23		7,027							7,027	1,405	200DB HY	5	.32000	2,249
	TOTAL MACHINERY AND EQUIPME			24,834		0	0	0	0	0	24,834	15,871				2,898
	TOTAL DEPRECIATION			110,676		0	0	0	0	0	110,676	41,225				7,435
	GRAND TOTAL DEPRECIATION			110,676		0	0	0	0	0	110,676	41,225				7,435

DO NOT MAIL

Form **8879-TE****IRS E-file Signature Authorization
for a Tax Exempt Entity**

OMB No. 1545-0047

For calendar year 2023, or fiscal year beginning 7/01, 2023, and ending 6/30, 202024**2023**Department of the Treasury
Internal Revenue Service**Do not send to the IRS. Keep for your records.**
Go to www.irs.gov/Form8879TE for the latest information.

Name of filer

REDWOOD COAST MONTESSORI

EIN or SSN

45-4258908

Name and title of officer or person subject to tax

BRYAN LITTLE SCHOOL DIRECTOR**Part I Type of Return and Return Information**

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a Form 990 check here.	<input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b <u>3,272,656.</u>
2a Form 990-EZ check here. . .	<input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here. . .	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b _____
5a Form 8868 check here.	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b _____
6a Form 990-T check here.	<input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b _____
7a Form 4720 check here.	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b _____
8a Form 5227 check here.	<input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b _____
9a Form 5330 check here.	<input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b _____
10a Form 8038-CP check here. .	<input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b _____

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that ☒ I am an officer of the above entity or ☐ I am a person subject to tax with respect to (name of entity) _____, (EIN) _____, and that I have examined a copy of the 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

☒ I authorize ANDERSON, LUCAS, SOMERVILLE, & BORGES to enter my PIN 05781 as my signature

ERO firm name

Enter five numbers, but
do not enter all zeros

on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Date

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

68695512355

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature

VANESSA ANDERSON

Date

ERO Must Retain This Form — See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

Application for Extension of Time To File an Exempt Organization
Return or Excise Taxes Related to Employee Benefit Plans

OMB No. 1545-0047

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

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

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

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

Part I – Identification

Type or Print File by the due date for filing your return. See instructions.	Name of exempt organization, employer, or other filer, see instructions.	Taxpayer identification number (TIN)
	REDWOOD COAST MONTESSORI	45-4258908
	Number, street, and room or suite number. If a P.O. box, see instructions.	
	PO BOX 6103	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	EUREKA, CA 95501	

Enter the Return Code for the return that this application is for (file a separate application for each return) **01**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (section 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08		

- After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

- If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name _____
Plan Number _____
Plan Year Ending (MM/DD/YYYY) _____

Part II – Automatic Extension of Time To File for Exempt Organizations (see instructions)

The books are in the care of AMANDA STELLY P O BOX 6103 EUREKA CA 95501

Telephone No. 707-599-5173 Fax No. _____

- If the organization does not have an office or place of business in the United States, check this box. ☐
- If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and TINs of all members the extension is for.

- 1 I request an automatic 6-month extension of time until 5/15, 20 25, to file the **exempt organization return** for the organization named above. The extension is for the organization's return for:

☐ calendar year 20 ____ or
☒ tax year beginning 7/01, 20 23, and ending 6/30, 20 24.

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

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

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

2023

Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

A For the 2023 calendar year, or tax year beginning 7/01, 2023, and ending 6/30, 2024	
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C REDWOOD COAST MONTESSORI PO BOX 6103 EUREKA, CA 95501
D Employer identification number 45-4258908	E Telephone number 707-832-4194
G Gross receipts \$ 3,275,747.	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions.
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	F Name and address of principal officer: SAME AS C ABOVE
J Website: WWW.REDWOODCOASTMONTESSORI.ORG	H(c) Group exemption number
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other	L Year of formation: 2011 M State of legal domicile: CA

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: THE MISSION OF REDWOOD COAST MONTESSORI IS TO SERVE A DIVERSE POPULATION OF STUDENTS (TK-12) IN THE HUMBOLDT COUNTY AREA BY PROVIDING STUDENTS WITH A HIGH QUALITY EDUCATIONAL OPTION BASED ON THE MONTESSORI METHOD.		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	5
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	5
	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	0
	6	Total number of volunteers (estimate if necessary)	6	100
Revenue	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.
	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	784,046.	605,242.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,111,258.	2,334,563.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	7,801.	14,639.
	12	Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)	320,242.	318,212.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	3,223,347.	3,272,656.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,329,488.
16a		Professional fundraising fees (Part IX, column (A), line 11e)		
b		Total fundraising expenses (Part IX, column (D), line 25)		
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	791,946.	819,247.
18		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,121,434.	3,284,322.
19		Revenue less expenses. Subtract line 18 from line 12	101,913.	-11,666.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	1,048,597.	1,004,056.
	22	Net assets or fund balances. Subtract line 21 from line 20	195,420.	162,647.
			853,177.	841,409.

Part II Signature Block

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

Sign Here	Signature of officer BRYAN LITTLE		Date SCHOOL DIRECTOR	
	Type or print name and title			
Paid Preparer Use Only	Print/Type preparer's name VANESSA ANDERSON	Preparer's signature VANESSA ANDERSON	Date	Check <input type="checkbox"/> if self-employed PTIN P00620527
	Firm's name ANDERSON, LUCAS, SOMERVILLE, & BORGES			Firm's EIN 94-1167235
	Firm's address 1338 MAIN STREET FORTUNA, CA 95540			Phone no. (707) -725-4442
	May the IRS discuss this return with the preparer shown above? See instructions. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III. ☐**1** Briefly describe the organization's mission:

THE MISSION OF REDWOOD COAST MONTESSORI IS TO SERVE A DIVERSE POPULATION OF STUDENTS
(TK-12) IN THE HUMBOLDT COUNTY AREA BY PROVIDING STUDENTS WITH A HIGH QUALITY
EDUCATIONAL OPTION BASED ON THE MONTESSORI METHOD.

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 ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 3,179,119. including grants of \$) (Revenue \$ 2,334,563.)
WE ARE A TK-12 PUBLIC CHARTER SCHOOL AUTHORIZED BY THE ARCATA SCHOOL DISTRICT. BASED
ON THE MONTESSORI METHOD, STUDENTS ARE OFFERED A RICH CURRICULUM THAT VALUES THE
INDIVIDUAL AND NATURAL DEVELOPMENT OF THE WHOLE CHILD. OUR EMPHASIS IS ON CREATING A
POSITIVE ATTITUDE TOWARD LEARNING, BUILDING A COHESIVE SCHOOL COMMUNITY, AND VALUING
OUR ENVIRONMENT AND OUR PLACE IN THE GLOBAL COMMUNITY.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 3,179,119.

Part IV Checklist of Required Schedules

	Yes	No	
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
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		X
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 Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	X	
b Did the organization report an amount for investments — other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
c Did the organization report an amount for investments — program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
e 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	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		X
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		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	X	
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any 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		X
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b 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 domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i>	22	X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	23	X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d 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? <i>If "Yes," complete Schedule L, Part I.</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? <i>If "Yes," complete Schedule L, Part I.</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% controlled entity or family member of any of these persons? <i>If "Yes," 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 entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III.</i>	27	X
28 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).		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV.</i>	28a	X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV.</i>	28b	X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV.</i>	28c	X
29 Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M.</i>	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>	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? <i>If "Yes," complete Schedule R, Part I.</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>	34	X
35a 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)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i>	37	X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	38	X

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V. ☐

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable.	1a	0
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable.	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	

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

	Yes	No
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 2a 0		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a		X
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O. 3b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a		X
b If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b		X
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b		
7 Organizations that may receive deductible contributions under section 170(c).		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a		X
b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c		X
d If "Yes," indicate the number of Forms 8282 filed during the year. 7d		
e 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		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8		
9 Sponsoring organizations maintaining donor advised funds.		
a Did the sponsoring organization make any taxable distributions under section 4966? 9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b		
10 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on Part VIII, line 12. 10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. 10b		
11 Section 501(c)(12) organizations. Enter:		
a Gross income from members or shareholders. 11a		
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		
a Is the organization licensed to issue qualified health plans in more than one state? 13a		
Note: See the instructions for additional information the organization must report on Schedule O.		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans. 13b		
c Enter the amount of reserves on hand. 13c		
14a Did the organization receive any payments for indoor tanning services during the tax year? 14a		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O. 14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15		X
If "Yes," see 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		X
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		
If "Yes," complete Form 6069.		

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

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

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year 1a 5		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
b Enter the number of voting members included on line 1a, above, who are independent. 1b 5		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? 3		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5		X
6 Did the organization have members or stockholders? 6		X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a		X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b	X	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body? 8a		X
b Each committee with authority to act on behalf of the governing body? 8b		X
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O. 9		X

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

	Yes	No
10a Did the organization have local chapters, branches, or affiliates? 10a		X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a	X	
b Describe on Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a	X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b	X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done. SEE SCHEDULE O 12c	X	
13 Did the organization have a written whistleblower policy? 13		X
14 Did the organization have a written document retention and destruction policy? 14		X
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official SEE SCHEDULE O 15a	X	
b Other officers or key employees of the organization SEE SCHEDULE O 15b	X	
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a		X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed NONE

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. SEE SCHEDULE O

20 State the name, address, and telephone number of the person who possesses the organization's books and records.

AMANDA STELLY P O BOX 6103 EUREKA CA 95501 707-599-5173

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck 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 week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) BRYAN LITTLE PRINCIPAL	40 0				X			61,557.	0.	0.
(2) SUSANN GOODMAN SECRETARY	2 0	X						0.	0.	0.
(3) GABRIEL FERREIRA TREASURER	2 0	X						0.	0.	0.
(4) KIM BONINE VICE PRESIDENT	2 0	X						0.	0.	0.
(5) LIBBI MILLER PRESIDENT	2 0	X						0.	0.	0.
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) _____	_____									
(16) _____	_____									
(17) _____	_____									
(18) _____	_____									
(19) _____	_____									
(20) _____	_____									
(21) _____	_____									
(22) _____	_____									
(23) _____	_____									
(24) _____	_____									
(25) _____	_____									

1b Subtotal 61,557. 0. 0.

c Total from continuation sheets to Part VII, Section A 0. 0. 0.

d Total (add lines 1b and 1c) 61,557. 0. 0.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 0

3 Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual.

	Yes	No
3		X

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual.

4		X
----------	--	---

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person.

5		X
----------	--	---

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants, and Other Similar Amounts	1a	Federated campaigns	1a			
	b	Membership dues	1b			
	c	Fundraising events	1c			
	d	Related organizations	1d			
	e	Government grants (contributions)	1e	557,984.		
	f	All other contributions, gifts, grants, and similar amounts not included above.	1f	47,258.		
	g	Noncash contributions included in lines 1a-1f	1g			
	h Total. Add lines 1a-1f			605,242.		
Program Service Revenue	Business Code					
	2a	CHARTER SCHOOL INCOME	611600	2,121,380.	2,121,380.	
	b	LUNCH PROGRAM	611600	167,963.	167,963.	
	c	AFTER SCHOOL CARE INCOME	611600	40,873.	40,873.	
	d	STUDENT ACTIVITY INCOME	611600	2,386.	2,386.	
	e	MICRO ECONOMY INCOME	611600	1,961.	1,961.	
	f	All other program service revenue				
	g Total. Add lines 2a-2f			2,334,563.		
Other Revenue	3		Investment income (including dividends, interest, and other similar amounts)		14,639.	14,639.
	4		Income from investment of tax-exempt bond proceeds			
	5		Royalties			
	6a	Gross rents	(i) Real	(ii) Personal		
			6a			
			6b			
	b		Less: rental expenses			
	c		Rental income or (loss)			
	d		Net rental income or (loss)			
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other		
			7a			
			7b			
	b		Less: cost or other basis and sales expenses			
	c		Gain or (loss)			
	d		Net gain or (loss)			
8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18					
		8a	7,689.			
		8b	3,091.			
b		Less: direct expenses				
c		Net income or (loss) from fundraising events		4,598.		
9a	Gross income from gaming activities. See Part IV, line 19					
		9a				
		9b				
b		Less: direct expenses				
c		Net income or (loss) from gaming activities				
10a	Gross sales of inventory, less returns and allowances					
		10a				
		10b				
b		Less: cost of goods sold				
c		Net income or (loss) from sales of inventory				
Miscellaneous Revenue	Business Code					
	11a	LOCAL REVENUE	611600	313,614.	313,614.	
	b				
	c				
	d	All other revenue				
	e Total. Add lines 11a-11d			313,614.		
12 Total revenue. See instructions			3,272,656.	2,662,816.	0.	0.

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX. ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.				
2 Grants and other assistance to domestic individuals. See Part IV, line 22.				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	61,557.	0.	61,557.	0.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0.	0.	0.	0.
7 Other salaries and wages.	1,601,683.	1,601,683.		
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	413,484.	413,484.		
9 Other employee benefits.	335,085.	335,085.		
10 Payroll taxes.	53,266.	53,266.		
11 Fees for services (nonemployees):				
a Management.				
b Legal.	1,945.	972.	973.	
c Accounting.				
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	1,260.	1,260.		
12 Advertising and promotion.	276.		276.	
13 Office expenses.				
14 Information technology.				
15 Royalties.				
16 Occupancy.				
17 Travel.	4,780.	2,390.	2,390.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	10,913.	5,457.	5,456.	
20 Interest.				
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	7,435.	7,435.		
23 Insurance.	50,125.	25,063.	25,062.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a RENTS/PARKING/UTILITIES	239,263.	239,263.		
b CONTRACT SERVICES	148,138.	148,138.		
c INTER-LEA CONTRACTS	137,519.	137,519.		
d BOOKS & SUPPLIES	65,286.	65,286.		
e All other expenses.	152,307.	142,818.	9,489.	
25 Total functional expenses. Add lines 1 through 24e.	3,284,322.	3,179,119.	105,203.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X. ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash — non-interest-bearing	835,822.	1	676,671.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	143,321.	4	140,620.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	124,747.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 110,676.		
	b Less: accumulated depreciation	10b 48,660.	69,451.	10c 62,016.
	11 Investments — publicly traded securities		11	
	12 Investments — other securities. See Part IV, line 11		12	
	13 Investments — program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	3.	15	2.
16 Total assets. Add lines 1 through 15 (must equal line 33)	1,048,597.	16	1,004,056.	
Liabilities	17 Accounts payable and accrued expenses	134,288.	17	109,557.
	18 Grants payable		18	
	19 Deferred revenue	61,132.	19	53,090.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	195,420.	26	162,647.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/>			
	and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	683,389.	27	379,778.
	28 Net assets with donor restrictions	169,788.	28	461,631.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/>			
	and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	853,177.	32	841,409.	
33 Total liabilities and net assets/fund balances	1,048,597.	33	1,004,056.	

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12).	1	3,272,656.
2	Total expenses (must equal Part IX, column (A), line 25).	2	3,284,322.
3	Revenue less expenses. Subtract line 2 from line 1.	3	-11,666.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)).	4	853,177.
5	Net unrealized gains (losses) on investments.	5	
6	Donated services and use of facilities.	6	
7	Investment expenses.	7	
8	Prior period adjustments.	8	
9	Other changes in net assets or fund balances (explain on Schedule O) SEE SCHEDULE O	9	-102.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)).	10	841,409.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____		
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both. <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
b Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both. <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

BAA

TEEA0112L 08/23/23

Form 990 (2023)

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Name of the organization

REDWOOD COAST MONTESSORI

Employer identification number

45-4258908

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☒ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 ☐ An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations: _____
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
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)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))	14	%
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	%
16a 33-1/3% support test—2023. If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33-1/3% support test—2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.						
3 Gross receipts from activities that are not an unrelated trade or business under section 513.						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
5 The value of services or facilities furnished by a governmental unit to the organization without charge.						
6 Total. Add lines 1 through 5.						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons.						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b.						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included 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.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**. ☐**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)).	15	%
16 Public support percentage from 2022 Schedule A, Part III, line 15.	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)).	17	%
18 Investment income percentage from 2022 Schedule A, Part III, line 17.	18	%

19a 33-1/3% support tests—2023. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization. ☐**b 33-1/3% support tests—2022.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization. ☐**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. ☐

Part IV Supporting Organizations

(Complete only if you checked a box 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

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

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described on line 11a above?		
c 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 .		

Section 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(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, supervised, or controlled the supporting organization.		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.		Yes	No
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.	2a		
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.	2b		
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 .	3a		
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		

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

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

Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 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	

Section 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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

BAA

Schedule A (Form 990) 2023

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)**Section D – Distributions**

		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required – <i>provide details in Part VI</i>)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2023 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E – Distribution Allocations (see instructions)

	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2023 (reasonable cause required – <i>explain in Part VI</i>). See instructions.		
3	Excess distributions carryover, if any, to 2023		
a	From 2018.....		
b	From 2019.....		
c	From 2020.....		
d	From 2021.....		
e	From 2022.....		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2023 distributable amount		
i	Carryover from 2018 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2023 from Section D, line 7:		
a	Applied to underdistributions of prior years		
b	Applied to 2023 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.		
6	Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.		
7	Excess distributions carryover to 2024. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2019.....		
b	Excess from 2020.....		
c	Excess from 2021.....		
d	Excess from 2022.....		
e	Excess from 2023.....		

BAA

Schedule A (Form 990) 2023

Part VI

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

PART I ADDITIONAL SUPPLEMENTAL INFORMATION

REDWOOD COAST MONTESSORI IS A CHARTER SCHOOL

DO NOT MAIL

**Schedule B
(Form 990)**

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2023

Name of the organization

REDWOOD COAST MONTESSORI

Employer identification number

45-4258908

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)(3) (enter number) organization

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

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

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

☐ 501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year. \$ _____

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

Employer identification number	
--------------------------------	--

45-4258908

Part I

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	FRIENDS OF REDWOOD COAST MONTESSORI P.O. BOX 6103 EUREKA, CA 95502	\$ 17,746.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

REDWOOD COAST MONTESSORI

45-4258908

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

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

Name of organization

REDWOOD COAST MONTESSORI

Employer identification number

45-4258908

Part III **Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.** Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) \$ **N/A**
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	N/A		
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

**SCHEDULE D
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Employer identification number

REDWOOD COAST MONTESSORI

45-4258908

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year.		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year.		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Part II Conservation Easements

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

	Held at the End of the Tax Year
a Total number of conservation easements.	2a
b Total acreage restricted by conservation easements.	2b
c Number of conservation easements on a certified historic structure included on line 2a.	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register.	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

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

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(i) Revenue included on Form 990, Part VIII, line 1. \$ _____

(ii) Assets included in Form 990, Part X. \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items.

a Revenue included on Form 990, Part VIII, line 1. \$ _____

b Assets included in Form 990, Part X. \$ _____

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

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

Part IV Escrow and Custodial Arrangements

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

- 1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No
- b If "Yes," explain the arrangement in Part XIII and complete the following table.
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in 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 | | | | | |
| b Contributions | | | | | |
| c Net investment earnings, gains, and losses | | | | | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | | | | | |
- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____ %
- b Permanent endowment _____ %
- c Term endowment _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|--------|----|
| (i) Unrelated organizations? | 3a(i) | |
| (ii) Related organizations? | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		85,842.	29,891.	55,951.
d Equipment		24,834.	18,769.	6,065.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)).				62,016.

Part VII Investments – Other Securities

N/A

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) _____		
(B) _____		
(C) _____		
(D) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		
(I) _____		
Total. (Column (b) must equal Form 990, Part X, line 12, column (B))		

Part VIII Investments – Program Related

N/A

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, line 13, column (B))		

Part IX Other Assets

N/A

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, line 15, column (B))	

Part X Other Liabilities

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, line 25, column (B))	

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. **SEE PART XIII** ☒

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

N/A

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

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

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

N/A

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

1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b.	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	

Part XIII Supplemental Information

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

PART X - FASB ASC 740 FOOTNOTE

REDWOOD COAST MONTESSORI IS INCLUDED IN THE AUDIT OF ARCATA SCHOOL DISTRICT.

SCHEDULE E
(Form 990)

Department of the Treasury
Internal Revenue Service

Schools

Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or
Form 990-EZ, Part VI, line 48.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Name of the organization

REDWOOD COAST MONTESSORI

Employer identification number

45-4258908

Part I

	YES	NO
1 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	X	
2 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	X	
3 Has the organization publicized its racially nondiscriminatory policy on its primary publicly accessible Internet homepage at all times during its tax year in a manner reasonably expected to be noticed by visitors to the homepage, or through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Part II. <u>NOTICE OF NONDISCRIMINATORY POLICY IS IN ALL ADVERTISING AND ON OUR</u> <u>ENROLLMENT APPLICATION.</u>	X	
4 Does the organization maintain the following?		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	X	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		X
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	X	
d Copies of all material used by the organization or on its behalf to solicit contributions?	X	
If you answered "No" to any of the above, please explain. If you need more space, use Part II.		
5 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges?		X
b Admissions policies?		X
c Employment of faculty or administrative staff?		X
d Scholarships or other financial assistance?		X
e Educational policies?		X
f Use of facilities?		X
g Athletic programs?		X
h Other extracurricular activities?		X
If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.		
6a Does the organization receive any financial aid or assistance from a governmental agency?	X	
b Has the organization's right to such aid ever been revoked or suspended?		X
If you answered "Yes" on either line 6a or line 6b, explain on Part II.		
7 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, as modified by Rev. Proc. 2019-22, 2019-22 I.R.B. 1260, covering racial nondiscrimination? If "No," explain on Part II.	X	

Part II **Supplemental Information.** Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also provide any other additional information. See instructions.

DO NOT MAIL

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

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.

OMB No. 1545-0047

2023

**Open to Public
Inspection**

REDWOOD COAST MONTESSORI

Employer identification number

45-4258908

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

FORM 990 IS PREPARED BY AN ACCOUNTANT, THEN REVIEWED AND APPROVED BY THE EXECUTIVE DIRECTOR. THESE ACTIONS ARE REPORTED TO THE GOVERNING BODY BY THE EXECUTIVE DIRECTOR.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

ANNUAL DISCLOSURE STATEMENTS ARE REQUIRED TO BE SUBMITTED BY ALL MEMBERS OF THE GOVERNING BODY.

FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO & TOP MANAGEMENT

THE DIRECTOR'S COMPENSATION IS REVIEWED AND APPROVED BY THE BOARD ANNUALLY. THE BOARD APPROVES ALL SALARIES, INCLUDING THE EXECUTIVE DIRECTOR'S UPON ADOPTING THE ANNUAL BUDGET.

FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS - OFFICERS & KEY EMPLOYEES

THE BOARD OF DIRECTORS MEET TO DISCUSS AND DETERMINE COMPENSATION FOR ALL EMPLOYEES OF THE SCHOOL.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

DOCUMENTS ARE AVAILABLE UPON REQUEST.

**FORM 990, PART XI, LINE 9
OTHER CHANGES IN NET ASSETS OR FUND BALANCES**

PRIOR PERIOD ADJUSTMENT.....	\$	-102.
TOTAL	\$	-102.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

REDWOOD COAST MONTESSORI

Related Organizations and Unrelated Partnerships

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

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

OMB No. 1545-0047

2023

Open to Public
Inspection

Employer identification number

45-4258908

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Sec 512(b)(13) controlled entity?	
						Yes	No
(1) _____ ***** _____	EDUCATION SUPPORT	CA	GOVERNMENT	GOVERNMENT	CALIFORNIA DEPARTMENT OF EDUCATION		X
(2) _____ ***** _____	ORGANIZATION FOR REDWOOD COAST M	CA	501 (C) 3	12A TYPE I	N/A		X
(3) _____ _____ _____							
(4) _____ _____ _____							

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) _____ _____ _____												
(2) _____ _____ _____												
(3) _____ _____ _____												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Sec 512(b)(13) controlled entity?	
								Yes	No
(1) _____ _____ _____									
(2) _____ _____ _____									
(3) _____ _____ _____									

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1 a	X
b Gift, grant, or capital contribution to related organization(s)	1 b	X
c Gift, grant, or capital contribution from related organization(s)	1 c	X
d Loans or loan guarantees to or for related organization(s)	1 d	X
e Loans or loan guarantees by related organization(s)	1 e	X
f Dividends from related organization(s)	1 f	X
g Sale of assets to related organization(s)	1 g	X
h Purchase of assets from related organization(s)	1 h	X
i Exchange of assets with related organization(s)	1 i	X
j Lease of facilities, equipment, or other assets to related organization(s)	1 j	X
k Lease of facilities, equipment, or other assets from related organization(s)	1 k	X
l Performance of services or membership or fundraising solicitations for related organization(s)	1 l	X
m Performance of services or membership or fundraising solicitations by related organization(s)	1 m	X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1 n	X
o Sharing of paid employees with related organization(s)	1 o	X
p Reimbursement paid to related organization(s) for expenses	1 p	X
q Reimbursement paid by related organization(s) for expenses	1 q	X
r Other transfer of cash or property to related organization(s)	1 r	X
s Other transfer of cash or property from related organization(s)	1 s	X

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

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

Part VI **Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unre- lated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1) ----- ----- -----													
(2) ----- ----- -----													
(3) ----- ----- -----													
(4) ----- ----- -----													
(5) ----- ----- -----													
(6) ----- ----- -----													
(7) ----- ----- -----													
(8) ----- ----- -----													

DO NOT MAIL

Part VII **Supplemental Information**

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

DO NOT MAIL

2023

California Exempt Organization
Annual Information Return

199

Calendar Year 2023 or fiscal year beginning (mm/dd/yyyy) 7/01/2023, and ending (mm/dd/yyyy) 6/30/2024.

Corporation/Organization name REDWOOD COAST MONTESSORI		California corporation number 3422736
Additional information. See instructions.		FEIN 45-4258908
Street address (suite or room) PO BOX 6103		PMB no.
City EUREKA	State CA	ZIP code 95501
Foreign country name	Foreign province/state/county	Foreign postal code

A First return. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	I Did the organization have any changes to its guidelines not reported to the FTB? See instructions. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
B Amended return. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	J If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
C IRC Section 4947(a)(1) trust. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	K Is the organization exempt under R&TC Section 23701g? If "Yes," enter the gross receipts from nonmember sources. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No \$
D Final information return? <input type="checkbox"/> Dissolved <input type="checkbox"/> Surrendered (Withdrawn) <input type="checkbox"/> Merged/Reorganized	L Is the organization a limited liability company? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Enter date: (mm/dd/yyyy) <input type="checkbox"/>	M Did the organization file Form 100 or Form 109 to report taxable income? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
E Check accounting method: 1 <input type="checkbox"/> Cash 2 <input checked="" type="checkbox"/> Accrual 3 <input type="checkbox"/> Other	N Is the organization under audit by the IRS or has the IRS audited in a prior year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
F Federal return filed? 1 <input type="checkbox"/> 990T 2 <input type="checkbox"/> 990-PF 3 <input type="checkbox"/> Sch H (990) 4 <input type="checkbox"/> Other 990 series	O Is federal Form 1023/1024 pending? <input type="checkbox"/> Yes <input type="checkbox"/> No Date filed with IRS
G Is this a group filing? See instructions. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
H Is this organization in a group exemption. If "Yes," what is the parent's name? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

Receipts and Revenues	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	2,670,505.
	2	Gross dues and assessments from members and affiliates.	2	
	3	Gross contributions, gifts, grants, and similar amounts received. SEE SCH. B	3	605,242.
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Information B...	4	3,275,747.
	5	Cost of goods sold	5	
	6	Cost or other basis, and sales expenses of assets sold.	6	
	7	Total costs. Add line 5 and line 6	7	
	8	Total gross income. Subtract line 7 from line 4	8	3,275,747.
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	3,287,413.
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	-11,666.
Payments	11	Total payments	11	
	12	Use tax. See General Information K.	12	
	13	Payments balance. If line 11 is more than line 12, subtract line 12 from line 11	13	
	14	Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12	14	
	15	Penalties and interest. See General Information J	15	
	16	Balance due. Add line 12 and line 15. Then subtract line 11 from the result	16	0.

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
	Signature of officer SCHOOL DIRECTOR	Date		
Paid Preparer's Use Only	Preparer's signature VANESSA ANDERSON	Date	Check if self-employed <input type="checkbox"/>	Telephone 707-832-4194
	Firm's name (or yours, if self-employed) and address ANDERSON, LUCAS, SOMERVILLE, & BORGES 1338 MAIN STREET FORTUNA, CA 95540			PTIN P00620527
				Firm's FEIN 94-1167235
				Telephone (707)-725-4442
May the FTB discuss this return with the preparer shown above? See instructions. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				

CAC1112L 01/02/24

Part II Organizations with gross receipts of more than \$50,000 and private foundations
regardless of amount of gross receipts— complete Part II or furnish substitute information.

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions.....	●	1	
	2	Interest.....	●	2	
	3	Dividends.....	●	3	
	4	Gross rents.....	●	4	
	5	Gross royalties.....	●	5	
	6	Gross amount received from sale of assets (See instructions).....	●	6	
	7	Other income. Attach schedule..... SEE STATEMENT 1	●	7	2,670,505.
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1.....	●	8	2,670,505.
	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule.....	●	9	
Expenses and Disbursements	10	Disbursements to or for members.....	●	10	
	11	Compensation of officers, directors, and trustees. Attach schedule..... SEE STMT 2	●	11	61,557.
	12	Other salaries and wages.....	●	12	1,601,683.
	13	Interest.....	●	13	
	14	Taxes.....	●	14	53,266.
	15	Rents.....	●	15	
	16	Depreciation and depletion (See instructions).....	●	16	7,435.
	17	Other expenses and disbursements. Attach schedule..... SEE STATEMENT 3	●	17	1,563,472.
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9.....	●	18	3,287,413.

Schedule L Balance Sheet		Beginning of taxable year		End of taxable year	
		(a)	(b)	(c)	(d)
Assets					
1	Cash.....		835,822.	●	676,671.
2	Net accounts receivable.....		143,321.	●	140,620.
3	Net notes receivable.....			●	
4	Inventories.....			●	
5	Federal and state government obligations.....			●	
6	Investments in other bonds.....			●	
7	Investments in stock.....			●	
8	Mortgage loans.....			●	
9	Other investments. Attach schedule.....			●	
10 a	Depreciable assets.....	110,676.		110,676.	
b	Less accumulated depreciation.....	41,225.	69,451.	48,660.	62,016.
11	Land.....			●	
12	Other assets. Attach schedule..... STM 4		3.	●	124,749.
13	Total assets		1,048,597.		1,004,056.
Liabilities and net worth					
14	Accounts payable.....		134,288.	●	109,557.
15	Contributions, gifts, or grants payable.....			●	
16	Bonds and notes payable.....			●	
17	Mortgages payable.....			●	
18	Other liabilities. Attach schedule..... STM 5		61,132.		53,090.
19	Capital stock or principal fund.....		853,177.	●	841,409.
20	Paid-in or capital surplus. Attach reconciliation.....			●	
21	Retained earnings or income fund.....			●	
22	Total liabilities and net worth		1,048,597.		1,004,056.

Schedule M-1 Reconciliation of income per books with income per return

Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.

1	Net income per books.....	●	-11,666.	7	Income recorded on books this year not included in this return. Attach schedule.....	●	
2	Federal income tax.....	●		8	Deductions in this return not charged against book income this year. Attach schedule.....	●	
3	Excess of capital losses over capital gains.....	●		9	Total. Add line 7 and line 8.....		
4	Income not recorded on books this year. Attach schedule.....	●		10	Net income per return. Subtract line 9 from line 6.....		-11,666.
5	Expenses recorded on books this year not deducted in this return. Attach schedule.....	●					
6	Total. Add line 1 through line 5.....		-11,666.				

**Schedule B
(Form 990)**

Department of the Treasury
Internal Revenue Service

CALIFORNIA COPY
Schedule of Contributors

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

OMB No. 1545-0047

2023

Name of the organization

REDWOOD COAST MONTESSORI

Employer identification number

45-4258908

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)(3) (enter number) organization

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

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

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

☐ 501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year. \$ _____

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

Name of organization

REDWOOD COAST MONTESSORI

Employer identification number

45-4258908

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	FRIENDS OF REDWOOD COAST MONTESSORI P.O. BOX 6103 EUREKA, CA 95502	\$ 17,746.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

Name of organization

REDWOOD COAST MONTESSORI

Employer identification number

45-4258908

Part III **Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.** Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) \$ N/A
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	N/A		
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

2023**Corporation Depreciation and Amortization****3885**

Attach to Form 100 or Form 100W. FORM 199

Corporation name

California corporation number

REDWOOD COAST MONTESSORI

3422736

Part I Election To Expense Certain Property Under IRC Section 179

1	Maximum deduction under IRC Section 179 for California	1	\$25,000
2	Total cost of IRC Section 179 property placed in service	2	
3	Threshold cost of IRC Section 179 property before reduction in limitation	3	\$200,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property (elected IRC Section 179 cost)	7	
8	Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from prior taxable years	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2024. Add line 9 and line 10, less line 12	13	

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

14	(a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation
	SECURITY SYSTEM	6/26/2014	7,636.	4,644.	S/L	15	509.	
	COPIER	9/16/2013	8,958.	8,958.	S/L	5		
	PLAYGROUND STRU	8/06/2018	85,842.	25,354.	150DB	20	4,537.	
	METAL SIGN FOR	1/21/2021	1,213.	864.	200DB	5	140.	
	DISHWASHER & IN	4/20/2023	7,027.	1,405.	200DB	5	2,249.	
15	Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h)						15	7,435.

Part III Summary

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

Part IV Amortization

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

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

INCOME FROM SPECIAL EVENTS.....	\$	7,689.
LOCAL REVENUE.....		313,614.
OTHER INVESTMENT INCOME.....		14,639.
PROGRAM SERVICE REVENUE.....		2,334,563.
TOTAL	\$	<u>2,670,505.</u>

STATEMENT 2
FORM 199, PART II, LINE 11
COMPENSATION OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

CURRENT OFFICERS:

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	TOTAL COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
SUSANN GOODMAN 1611 PENINSULA DRIVE ARCATA, CA 95521	SECRETARY 2.00	\$ 0.	\$ 0.	\$ 0.
GABRIEL FERREIRA 1611 PENINSULA DRIVE ARCATA, CA 95521	TREASURER 2.00	0.	0.	0.
KIM BONINE 1611 PENINSULA DRIVE ARCATA, CA 95521	VICE PRESIDENT 2.00	0.	0.	0.
LIBBI MILLER 1611 PENINSULA DRIVE ARCATA, CA 95521	PRESIDENT 2.00	0.	0.	0.
TOTAL		\$ 0.	\$ 0.	\$ 0.

KEY EMPLOYEES:

NAME	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
BRYAN LITTLE 1435 HARTMAN LANE ARCATA, CA 95503	PRINCIPAL 40	61,557.	0.	0.
TOTAL		\$ 61,557.	\$ 0.	\$ 0.

STATEMENT 3
FORM 199, PART II, LINE 17
OTHER EXPENSES

ADVERTISING AND PROMOTION.....	\$	1,260.
ATHLETIC FEES.....		2,020.
BANK FEES.....		601.
BOOKS & SUPPLIES.....		65,286.

STATEMENT 3 (CONTINUED)
FORM 199, PART II, LINE 17
OTHER EXPENSES

COMMUNITY BUILDING EXPENSE.....	\$ 1,768.
CONFERENCES, CONVENTIONS, AND MEETINGS.....	10,913.
CONTRACT SERVICES.....	148,138.
FIELD TRIPS.....	30,425.
INSURANCE.....	50,125.
INTER-LEA CONTRACTS.....	137,519.
LEGAL FEES.....	1,945.
OFFICE EXPENSES.....	276.
OTHER EMPLOYEE BENEFIT.....	335,085.
OTHER OUTGO FROM COUNTY.....	2,049.
PENSION PLAN CONTRIBUTIONS.....	413,484.
POSTAGE AND SHIPPING.....	308.
PROFESSIONAL MEMBERSHIPS.....	540.
PROFESSIONAL TRAINING.....	425.
PROGRAM FOOD & SNACKS.....	33,350.
RENTS/PARKING/UTILITIES.....	239,263.
REPAIRS/MAINTENANCE.....	5.
SITE DEVELOPMENT.....	1,148.
SPECIAL EVENT EXPENSES.....	3,091.
STUDENT ACTIVITIES EXPENSES.....	1,601.
SUPPLIES.....	11,677.
TAXES & LICENSES.....	4,338.
TELEPHONE.....	12,155.
TRAVEL.....	4,780.
WORKERS COMPENSATION INSURANCE.....	49,897.
TOTAL	<u>\$ 1,563,472.</u>

STATEMENT 4
FORM 199, SCHEDULE L, LINE 12
OTHER ASSETS

PREPAID EXPENSES AND DEFERRED CHARGES.....	124,747.
ROUNDING.....	2.
TOTAL	<u>\$ 124,749.</u>

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

DEFERRED REVENUE.....	53,090.
TOTAL	<u>\$ 53,090.</u>

Date Accepted _____

DO NOT MAIL THIS FORM TO THE FTB

TAXABLE YEAR

**California e-file Return Authorization for
Exempt Organizations**

FORM

2023**8453-EO**

Exempt Organization name

Identifying number

REDWOOD COAST MONTESSORI

45-4258908

Part I Electronic Return Information (whole dollars only)

1	Total gross receipts or unrelated business taxable income (Form 199, line 4 or Form 109, line 5).....	1	3,275,747.
2	Total gross income or total tax (Form 199, line 8 or Form 109, line 14).....	2	3,275,747.
3	Total expenses and disbursements (Form 199, line 9).....	3	3,287,413.
4	Tax due (Form 109, line 23).....	4	
5	Overpayment (Form 109, line 24).....	5	

Part II Settle Your Account Electronically for Taxable Year 2023

- 6 ☐ Direct Deposit of refund (Form 109 only.)
- 7 ☐ Electronic funds withdrawal 7a Amount _____ 7b Withdrawal date (mm/dd/yyyy) _____

Part III Schedule of Estimated Tax Payments for Taxable Year 2024 (These are NOT installment payments for the current amount the exempt organization owes.)

	First Payment	Second Payment	Third Payment	Fourth Payment
8 Amount				
9 Withdrawal Date				

Part IV Banking Information (Have you verified the exempt organization's banking information?)

- 10 Routing number _____
- 11 Account number _____ 12 Type of account: ☐ Checking ☐ Savings

Part V Declaration of Officer

I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, box 6, I declare that the bank account specified in Part IV for the direct deposit refund agrees with the authorization stated on my return. If I check Part II, box 7, I authorize an electronic funds withdrawal for the amount listed on line 7a and any estimated payment amounts listed on Part III, line 8 from the bank account specified in Part IV.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2023 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's tax liability, the exempt organization will remain liable for the tax liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay or the date when the refund was sent.

**Sign
Here**

Signature of officer

Date

SCHOOL DIRECTOR

Title

Part VI Declaration of Electronic Return Originator (ERO) and Paid Preparer. See instructions.

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB. I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2023 Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or **four** years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

**ERO
Must
Sign**

ERO's signature ▶ VANESSA ANDERSON

Date

Check if
also paid
preparer ☒Check if
self-employed ☐

ERO's PTIN

P00620527

Firm's name (or yours
if self-employed)
and address

ANDERSON, LUCAS, SOMERVILLE, & BORGES
1338 MAIN STREET
FORTUNA CA

Firm's FEIN

94-1167235

ZIP code 95540

**Paid
Preparer
Must
Sign**Paid
preparer's
signature ▶

Date

Check if
self-employed ☐

Paid preparer's PTIN

Firm's name
(or yours if self-
employed) and
address

Firm's FEIN

ZIP code

FTB 8453-EO 2023

RCM School Board



Agenda Item: E2
RCM Staff Stipend Policy

Department/Program:
Business and Finance

Background Information:
During the November 2024 regular meeting, the board approved new stipend rates based on a three-tier system. The three-tier system did not address extra curricular activities such as MMUN and overnight trips.

Recommendation:
Hold discussion about stipend rates for extra curricular activities such as MMUN and overnight trips.

Fiscal Implications:
Increase in expenditures, which will come from base LCFF funding.

Contact Person:
Bryan Little

RCM School Board



Agenda Item: F1

School Director Selection Ad Hoc Committee Update

Department/Program:

School wide

Background Information:

RCM is in the process of advertising and selecting a new school director. During the January meeting a selection ad hoc committee was selected. The ad hoc committee is made up of Directors Kim Bonine and James Braggs.

Recommendation:

Receive update report from ad hoc committee

Fiscal Implications:

None

Contact Person:

Bryan Little

RCM School Board



Agenda Item: F2
WASC Visit Report

Department/Program:
School wide

Background Information:

Redwood Coast Montessori is accredited through Accrediting Commission for Schools, Western Association of Schools and Colleges. In order to maintain our accreditation, a committee of WASC members schedule visits to schools to assure they are maintaining their high standards of education. During the 2024-25 school year a virtual mid-cycle “visit” took place on April 21, 2025.

Recommendation:
Receive mid-cycle visit report from WASC.

Fiscal Implications:
None

Contact Person:
Bryan Little

Mid-cycle Visiting Committee Summary Report

**ACCREDITING COMMISSION FOR SCHOOLS
WESTERN ASSOCIATION OF SCHOOLS AND COLLEGES**

FOR

REDWOOD COAST MONTESSORI

**1611 Peninsula Drive
Arcata, CA 95521**

April 21, 2025

Visiting Committee Members

Dr. Wendy Parcel, Chairperson
Director, Private, Religious & Affiliate, Accrediting Commission for Schools WASC

SUMMARY (3 page maximum)

Include:

- **Brief summary about the school/program**
- **An updated summary of student academic progress and social-emotional well-being with implications of the data and identified student learner needs**
- **Significant changes and/or developments and the impact on the school, students, and staff**
- **School's follow-up process and process used to prepare the mid-cycle report**
- **Summary of progress on action plan that addresses student and school needs and growth areas for continuous improvement with the impact on student learning.**

Redwood Coast Montessori (RCM) is a TK-12 independent charter school that began in 2005 as a single Montessori classroom on a traditional public school campus and has grown to serve 217 students across two campuses.

RCM is the first and only public Montessori school in Humboldt County and is one of four charter schools authorized by the Arcata School District. RCM has a significant special education population, with approximately 27% of elementary students and 30% of secondary students receiving special education or 504 services.

RCM has strong English Language Arts performance (23.4 points above standard in 2023-24), though math scores remain below standard. About 90% of RCM graduates enroll in 2-year or 4-year college programs.

Significant changes include increased special education enrollment and student needs, as well as the strengthening of vertical alignment.

Increased Special Education Enrollment and Needs: RCM has seen a significant increase in both the number of students requiring special education services and the intensity of support needed. This is likely attributed to the long-term effects of the COVID-19 pandemic, which caused learning disruptions and mental health challenges. **Impact:** RCM hired a school psychologist, invested in staff training, and contracted for additional behavioral support to address these increased needs.

Curriculum Alignment and Assessment Improvements: The leadership committee has worked to strengthen vertical alignment of K-12 curriculum. They've been developing meaningful assessment tools that align with Montessori principles while providing authentic insights into student growth. **Impact:** This has created a more cohesive learning experience and better integration of key concepts and skills across grade levels.

For the follow-up process to prepare the report, RCM formed three overlapping committees (School Advisory Committee, Leadership Committee, and Equity, Diversity and Inclusion Committee) that engaged teachers, parents, and students in open discussions to provide guidance and feedback on monitoring the schoolwide action plan.

Progress Summary

1. RCM's leadership team worked with classroom teachers to identify essential learning targets based on California content standards for all grade levels TK-12. They've developed assessment tools combining Montessori materials, teacher-generated tools, rubrics, and interim assessments to track student progress and mastery of key skills. The leadership team has also created rubrics

to evaluate student progress toward schoolwide learner outcomes, though additional work is needed to finalize the complete assessment plan.

2. RCM hired a school psychologist for the 2024-25 school year who has cleared a backlog of student assessments and now provides direct counseling, crisis intervention, and staff professional development. The school is also training a Montessori teacher to become a resource specialist who will lead special education services at the Manila campus beginning in 2025-26.
3. RCM hired a CTE instructor who developed a popular two-year woodworking pathway class with high enrollment that helps students meet graduation requirements while gaining technical and life skills for potential careers. The school is also developing an art pathway planned for the 2025-2026 school year to further diversify educational offerings and prepare students for both higher education and employment opportunities.
4. RCM established an active Student Leadership Council (SLC) that has grown to fifteen members with weekly meetings run by a five-member student board. The school hired a new American Government teacher who redesigned the course to be more interactive, allowing students to engage directly with local politics including presenting at a county supervisors' meeting. These initiatives provide students with real-world governance experience and opportunities to develop leadership skills beyond classroom theory. The SLC actively works on solving school issues, including proactively noticing issues before they grow, as well as being deeply involved in creating and running student and community events.

Schoolwide Strengths

1. Commitment to continuous improvement through involvement of all educational partners. The VC was especially impressed with the students from the SLC who expressed that the school values student voice and the input provided by all students.
2. Development of essential learning targets and assessment tools aligned with Montessori principles.
3. Development of comprehensive rubrics to measure student progress toward schoolwide learner outcomes.
4. Comprehensive student support services, including a school psychologist and additional behavioral support.
5. Curriculum alignment initiatives across TK-12 to ensure seamless learning experiences. Students also expressed that the school gave them great freedom to learn in the way they learn best and was looking to support them in their initiatives and learning.

Growth Areas for Continuous Improvement

The visiting committee concurs with the school's identified areas for growth as identified in the schoolwide action plan/SPSA/LCAP/CIP/CAEP:

1. **Art Pathway (Action 1.2):** RCM is establishing an Art pathway to expand creative learning opportunities and provide students with a structured approach to exploring various artistic disciplines. This pathway will allow students to develop their creative talents while gaining practical, real-world skills that extend beyond their secondary education. Through hands-on experiences in visual arts, digital media, and other creative fields, students will cultivate critical thinking, problem-solving, and collaboration skills that are valuable in both artistic and non-artistic careers. By fostering artistic expression and innovation, the Art pathway not only

enriches the educational experience but also prepares students for future opportunities in higher education, creative industries, and entrepreneurial endeavors.

2. **Student Support Services (Action 2.4)** Redwood Coast Montessori is planning to develop a Tier II learning space at the Manila campus to provide a supportive environment for students who need a quiet place to de-escalate, reflect, or connect with a trusted adult. This space will serve as a valuable resource for students experiencing emotional, social, or behavioral challenges, ensuring they have a safe and structured area to self-regulate. In addition to individual support, the Tier II learning space will be utilized for student support groups, such as friendship groups and affinity groups, fostering peer connections and social-emotional growth. By creating this dedicated space, Redwood Coast Montessori aims to further its commitment to student well-being, inclusivity, and the development of a positive school climate.
3. **School Board Self-Review (Action 3.7)** RCM will implement a school Board self-review process as part of its commitment to continuous improvement in governance. This structured evaluation will allow the Board to assess its effectiveness, identify areas for growth, and ensure alignment with the school's mission and values. The self-review process will provide valuable insights into the Board's performance, fostering greater accountability, transparency, and responsiveness to the needs of the school community.

RCM School Board



Agenda Item: F3
Draft 2025-26 LCAP

Department/Program:
School functions

Background Information:

The Local Control Funding Formula (LCFF) utilized base, supplemental, and concentration grants to fund Local Education Agencies (LEAs). As part of the LCFF, schools are required to develop, adopt, and annually update a three-year Local Control Accountability Plan (LCAP). The Parent Advisory Committee (PAC) and the RCM staff leadership committee provide valuable input into setting the goals and actions for the annual LCAP update.

Recommendation:

Receive and discuss the draft LCAP document.

Fiscal Implications:

The LCAP includes most of the school budget and ties school expenditures to actions and services associated with the eight state priorities.

Contact Person:

Bryan Little



Local Control and Accountability Plan

The instructions for completing the Local Control and Accountability Plan (LCAP) follow the template.

Local Educational Agency (LEA) Name	Contact Name and Title	Email and Phone
Redwood Coast Montessori	Bryan Little Director	info@redwoodmontessori.org 707-630-5018

Plan Summary [2025-26]

General Information

A description of the LEA, its schools, and its students in grades transitional kindergarten–12, as applicable to the LEA. LEAs may also provide information about their strategic plan, vision, etc.

Redwood Coast Montessori began as an independent charter school during the fall of 2013 with sixty students in grades K--7th. Throughout the evolution of RCM, one consistent characteristic, which has triggered growth in capacity and services, is the support of parents and students for the dedicated teachers and for the traditional Montessori method used at RCM. Based on the Montessori method in conjunction with Project Based Learning, students at RCM are offered a rich curriculum that truly values the child and the natural development of the whole child. Redwood Coast Montessori classrooms are designed based on the Montessori approach of a carefully “prepared environment” that is filled with beautiful, long lasting materials that are engaging, age appropriate and pedagogically designed as self--correcting learning tools. Students spend long uninterrupted academic time following their own passions as they work to build their focus and commitment to doing work that matters. The curriculum is integrated throughout all grade levels and all subject matter in such a way that it allows for mastery of concepts at an individual pace that is appropriate for each student. Redwood Coast Montessori students thrive within this traditional Montessori environment as they are guided by dedicated and highly qualified teachers who value the individual needs of each student and emphasize the responsibility each student has to self, community, and environment.

With the continued success of Redwood Coast Montessori, and increased demand for expanding grade and enrollment opportunities, the RCM community has grown to include grades TK - 12th. With the inclusion of high school grades and expansion of the adolescent program, RCM has expanded and refined its inclusion of Project Based Learning as an integral part of our traditional Montessori curriculum. Redwood Coast Montessori constantly strives to meet the individual needs of each student using traditional Montessori pedagogy and 21st Century resources.

Reflections: Annual Performance

A reflection on annual performance based on a review of the California School Dashboard (Dashboard) and local data.

Based on a review of LCAP goals, stakeholder input, and self-assessment tools, there are several areas of success for Redwood Coast Montessori. Some of the areas of greatest accomplishment is with hiring of highly qualified teachers and staff. In part due to the outstanding reputation of RCM and the use of Montessori pedagogy, many highly qualified individuals seek employment with RCM. The new RCM employees along with our existing teachers and staff make up an outstanding community of dedicated and highly qualified educators. RCM will work to retain RCM staff through a series of support and professional development strategies outlined in our 2024 LCAP.

Reflections: Technical Assistance

As applicable, a summary of the work underway as part of technical assistance.

Redwood Coast Montessori is not a school needing technical assistance.

Comprehensive Support and Improvement

An LEA with a school or schools eligible for comprehensive support and improvement must respond to the following prompts.

Schools Identified

A list of the schools in the LEA that are eligible for comprehensive support and improvement.

Redwood Coast Montessori is not a school needing comprehensive support and improvement (CSI).

Support for Identified Schools

A description of how the LEA has or will support its eligible schools in developing comprehensive support and improvement plans.

Redwood Coast Montessori is not a school needing comprehensive support and improvement (CSI).

Monitoring and Evaluating Effectiveness

A description of how the LEA will monitor and evaluate the plan to support student and school improvement.

Redwood Coast Montessori is not a school needing comprehensive support and improvement (CSI).

Engaging Educational Partners

A summary of the process used to engage educational partners in the development of the LCAP.

School districts and county offices of education must, at a minimum, consult with teachers, principals, administrators, other school personnel, local bargaining units, parents, and students in the development of the LCAP.

Charter schools must, at a minimum, consult with teachers, principals, administrators, other school personnel, parents, and students in the development of the LCAP.

An LEA receiving Equity Multiplier funds must also consult with educational partners at schools generating Equity Multiplier funds in the development of the LCAP, specifically, in the development of the required focus goal for each applicable school.

Educational Partner(s)	Process for Engagement
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A description of how the adopted LCAP was influenced by the feedback provided by educational partners.

Monthly staff meetings to review and update school priorities from September through June.

Weekly teacher meetings to review and update academic and community priorities from September though June.

Three School Advisory Meetings were held during the 2024-25 school year. In addition, the Staff Leadership Committee met multiple times as a group and as sub-committees.

Student, parent/guardian, and staff CalSCHLS surveys were conducted for all staff, parent/guardian members of our community, and students in grades 3-12.

RCM's Equity and Diversity Committee met on a quarterly basis to update and review information relevant to the LCAP process.

Goals and Actions

Goal

Goal #	Description	Type of Goal
1	Student Learner Outcomes: Improve student success and support of diverse learners through a focus on PBL/Montessori pedagogy.	Broad Goal

State Priorities addressed by this goal.

Priority 1: Basic (Conditions of Learning)
 Priority 2: State Standards (Conditions of Learning)
 Priority 4: Pupil Achievement (Pupil Outcomes)
 Priority 5: Pupil Engagement (Engagement)
 Priority 6: School Climate (Engagement)
 Priority 7: Course Access (Conditions of Learning)
 Priority 8: Other Pupil Outcomes (Pupil Outcomes)

An explanation of why the LEA has developed this goal.

RCM developed this goal as a means to acknowledge the importance of student engagement and to support of diverse learners through a focus on PBL/Montessori pedagogy.

Identified Needs:

1. Increase student engagement in their own learning
2. Provide additional supports for at-risk students
3. Decrease chronic absenteeism
4. Increase student participation in governance of school

Measuring and Reporting Results

Metric #	Metric	Baseline	Year 1 Outcome	Year 2 Outcome	Target for Year 3 Outcome	Current Difference from Baseline
1.1	Achieve and maintain an average daily attendance (ADA) rate >96%	97% (as of P2 4/17/24)	95% (as of P2 4/20/25)		98% ADA	
1.2	Maintain a cohort graduation rate >95%	100% for 2022-23 school year	100% for 2023-24		>95% graduation rate	

Metric #	Metric	Baseline	Year 1 Outcome	Year 2 Outcome	Target for Year 3 Outcome	Current Difference from Baseline
	with all student population subgroups moving to “Blue” as measured on the California School Dashboard.					
1.3	Achieve and maintain low suspension rate <1%	1% for 2022-23 school year	1% for 2023-24		< 1% suspension rate	
1.4	Number of students participating in school oversight committees (school board, SAC, FoRCM, Ad hoc committees, etc.)	2 students during 2023-24	3 students during 2024-25		4 students	
1.5	CHKS Student Survey (A6.7): Percentage of students indicating the things they do in school "pretty much" or "very much" makes a difference (P6)	Elementary (N.D.); Adolescents (47%); High School (58%) [2023-24]			75% or higher	
1.6	CHKS Student Survey (A6.9): Percentage of students indicating they "pretty much" or "very much" work hard to understand things when doing schoolwork (P6)	Elementary (N.D.); Adolescents (54%); High School (64%) [2023-24]			75% or higher	
1.7	CHKS Student Survey (A6.8): Percentage of students indicating they "agree" or "strongly agree" that they feel close to people at/from school. (P6)	Adolescents (70%); High School (82%) [2023-24]			75% or higher	

Metric #	Metric	Baseline	Year 1 Outcome	Year 2 Outcome	Target for Year 3 Outcome	Current Difference from Baseline
1.8	Provide robust after school care and enrichment activity options	Opportunities for before and after care at both campuses from 7:45 a.m. to 5:30 p.m. Increased high school level after school opportunities. Other programs continuing as with prior year.	Opportunities for before and after care at both campuses from 7:45 a.m. to 5:30 p.m. Increased high school level after school opportunities. Other programs continuing as with prior year.		After school program at Manila campus and a minimum of four after school enrichment classes at each campus. Minimum of two athletic teams for both adolescent age students and high school students.	
1.9	Student support services	Secure social worker interns and other support staff to target chronic absenteeism and support whole child SEL.	No social worker interns were available to support students during the 24-25 school year.		1-2 social worker interns will support RCM students at both campuses.	
1.10	Achieve and maintain chronic student absenteeism rate <2.0%	11.1% for 2022-23	16.4% for 2023-24		< 2% chronic absenteeism rate	

Goal Analysis [2024-25]

An analysis of how this goal was carried out in the previous year.

A description of overall implementation, including any substantive differences in planned actions and actual implementation of these actions, and any relevant challenges and successes experienced with implementation.

For the most part the Goal 1 action items were carried out as planned. Action 1.6 was fully accomplished during SY 24-25. Three new actions were added. Action 1.9 was added to outline extended learning opportunities that will be provided with the garden program for TK-12 students. Actions 1.11 and 1.12 were added with the goal of better supporting students that are struggling with consistent attendance. Action 2.10 was moved from goal #1.

An explanation of material differences between Budgeted Expenditures and Estimated Actual Expenditures and/or Planned Percentages of Improved Services and Estimated Actual Percentages of Improved Services.

There were no substantive differences between budgeted expenditures and the estimated actual expenditures. There was no improved services provided for action 2.10 during the 24-25 school year. RCM was not successful in securing social worker interns, however, there is a developed plan in place to have one or two social worker interns for the 25-26 school year. Correspondingly, no progress was made towards reducing the percentage of students that are chronically absent from school.

A description of the effectiveness or ineffectiveness of the specific actions to date in making progress toward the goal.

While most of the actions were effective in making progress towards the overall goal, a few changes were made to increase the impact of the actions. Action 1.2 was defined in more narrow terms to focus on developing an art pathway for high school students.

A description of any changes made to the planned goal, metrics, target outcomes, or actions for the coming year that resulted from reflections on prior practice.

Three additional goals were added to support student engagement and to positively address chronic absenteeism. The goal of hiring a school psychologist was achieved, so this action will be focused more on maintaining this position.

A report of the Total Estimated Actual Expenditures for last year's actions may be found in the Annual Update Table. A report of the Estimated Actual Percentages of Improved Services for last year's actions may be found in the Contributing Actions Annual Update Table.

Actions

Action #	Title	Description	Total Funds	Contributing
1.1	Student Engagement	Support expansion of after school program to include enrichment classes and activities.		No
1.2	Graduation Rate	Create CTE pathway for art program		No
1.3	Instructional Assistants	Provide instructional assistants to support all students particularly low income students and SWD.		Yes
1.4	Professional Development	Support Montessori and PBL training for new teachers		No

Action #	Title	Description	Total Funds	Contributing
1.5	Student participation with governance	Sustain opportunities for student leadership at each school site (e.g. student leadership committee, friendship group, student-led community meetings, etc.)		No
1.6	School Psychologist	Hire 0.25 FTE school psychologist		No
1.7	General Education Staff	RCM will employ the following educators to support the school's base educational program, the goals, actions and services outlined in this LCAP. <ul style="list-style-type: none"> • 21 teachers • 7 classroom assistants • 1 site supervisor • 1 director 		No
1.8	COVID related learning loss	Provide expanded learning opportunities by increasing the number of days providing service by 27 (plus 3 in-service training days) and extended all instructional days to 9 hrs.		No
1.9	Extended Learning	Provide a garden education program to TK-12 students to extend science and environmental literacy learning opportunities.		No
1.10	Student support services	Secure social worker interns and other support staff to target chronic absenteeism and support whole child SEL.		
1.11	System Management	Implement systems to effectively and systematically monitor student attendance		No
1.12	Case Management	An Attendance Support Team, for each campus, will establish a system of support to work with teachers, school staff and family liaison to identify all		No

Action #	Title	Description	Total Funds	Contributing
		students at risk for chronic absenteeism and utilize a case management system involving regular two-way communication with the student and their family.		

Goals and Actions

Goal

Goal #	Description	Type of Goal
2	Student Academic Achievement	Broad Goal

State Priorities addressed by this goal.

- Priority 2: State Standards (Conditions of Learning)
- Priority 4: Pupil Achievement (Pupil Outcomes)
- Priority 5: Pupil Engagement (Engagement)

An explanation of why the LEA has developed this goal.

RCM developed this goal to help guarantee the ongoing improvement of academic achievement for all students.

Needs:

1. Highly quality instruction in all parts of program
2. Increase ELA & math assessment scores
2. Develop portfolio system for tracking student progress
3. Improve evidence-based services for the identified low performing pupils to accelerate increases in academic achievement

Measuring and Reporting Results

Metric #	Metric	Baseline	Year 1 Outcome	Year 2 Outcome	Target for Year 3 Outcome	Current Difference from Baseline
2.1	Highly Qualified Teachers	2023-24 All teachers have acquired preliminary credential	2024-25 96% of teachers have preliminary credential		100% of teaching staff will have CA teaching credential in their area of instruction.	
2.2	CAASPP ELA Scores: Percentage of Students Meeting or Exceeding the Standard in ELA (P4)	58% for 2022-23	66% for 2023-24		70% or higher	
2.3	CAASPP Math Scores: Percentage of Students Meeting or Exceeding	49% for 2022-23	42% for 2023-24		60% or higher	

Metric #	Metric	Baseline	Year 1 Outcome	Year 2 Outcome	Target for Year 3 Outcome	Current Difference from Baseline
	the Standard in Math (P4)					
2.4	California Science Test (CAST): Percentage of Students Meeting or Exceeding the Standard (P4)	45% for 2022-23	41.51% for 2023-24		60% or higher	
2.5	CAASPP Participation ELA (P4)	96% for 2022-23	99% for 2023-24		95% or higher	
2.6	CAASPP Participation Math (P4)	97% for 2022-23	97% for 2023-24		95% or higher	
2.7	CAST Participation (P4)	100% for 2022-23	96% for 2023-24		95% or higher	
2.8	Reading Intervention: Percentage of students graduating the program on an annual basis. (P4)	30% for 2022-23	No data available		30% or higher	
2.9	Percentage of Special Education goals met by RCM students with IEPs (P4)	60% for 2022-23	No data available		75% or higher	
2.10	CAASPP Participation ELA: Students w/ Disabilities (P4)	87% for 2022-23	96% for 2023-24		95% or higher	
2.11	CAASPP Participation Math: Students w/ Disabilities (P4)	90% for 2022-23	89% for 2023-24		95% or higher	
2.12	Identification of essential learning targets for all grade levels and core courses	New metric. No data	Essential learning targets developed for all grade levels and courses		Essential learning targets developed for all grade levels and courses	
2.13	Provide Interim Assessment training for all teachers	New metric, no data	No data available		Four training opportunities per year	
2.14	Define how specific assessment tools will be	New metric. No data	~45% complete		Identification of assessment tools	

Metric #	Metric	Baseline	Year 1 Outcome	Year 2 Outcome	Target for Year 3 Outcome	Current Difference from Baseline
	used and frequency for all essential learning targets				to use for all essential learning targets	
2.15	Curriculum inventory: Percent of students who have access to sufficient materials relative to the instructional program described in the school's charter	100% of students	100% of students		100% of students	
2.16	Induction programs: Percent of RCM teacher and administrators with preliminary credential enrolled in TSA or CASC program.	New metric. No data	New metric. No data			

Goal Analysis [2024-25]

An analysis of how this goal was carried out in the previous year.

A description of overall implementation, including any substantive differences in planned actions and actual implementation of these actions, and any relevant challenges and successes experienced with implementation.

The goal 2 actions were implemented during the 24-25 school year. A few actions were moved between goals to create a more uniform set of actions that are aligned with the listed metrics. Actions 2.4, 2.5 and 2.6 were moved from goal #1 to goal #2. All of these actions had significant progress towards the listed year 3 outcome. Two actions were added. Action 2.4 was added to address the increasing need to tier 2 supports for all students. Action 2.11 was added to reflect the support RCM provides for newly credentialed teachers and administrative staff.

An explanation of material differences between Budgeted Expenditures and Estimated Actual Expenditures and/or Planned Percentages of Improved Services and Estimated Actual Percentages of Improved Services.

There were no substantive differences between budgeted expenditures and the estimated actual expenditures. Minimal progress was made with Actions 2.8 and 2.9. While some progress was made with generating a portfolio template for all students grades TK-12, more work needs to be done to provide a useful tracking system. For action 2.9, regular monthly math teacher meetings were not consistently held during the 24-25 school year.

A description of the effectiveness or ineffectiveness of the specific actions to date in making progress toward the goal.

All actions were effective in making progress towards the overall goal with the partial exceptions of actions 2.8 and 2.9 as indicated in the previous response.

A description of any changes made to the planned goal, metrics, target outcomes, or actions for the coming year that resulted from reflections on prior practice.

Two actions were added. Action 2.4 was added to address the increasing need to tier 2 supports for all students. Action 2.11 was added to reflect the support RCM provides for newly credentialed teachers and administrative staff.

A report of the Total Estimated Actual Expenditures for last year's actions may be found in the Annual Update Table. A report of the Estimated Actual Percentages of Improved Services for last year's actions may be found in the Contributing Actions Annual Update Table.

Actions

Action #	Title	Description	Total Funds	Contributing
2.1	Highly qualified teaching staff	100% of teaching staff will have CA teaching credential in their area of instruction.		No
2.2	Reading intervention	Support reading intervention - including EL (English Learners), Foster and Homeless youth, Students with Disabilities, Socioeconomically Disadvantaged students (identify and purchase K-2 literacy screening tool)	\$55,482.00	Yes
2.3	Special Education Staff	RCM will employ the following special education staff to support SWD, actions and services outlined in this LCAP. <ul style="list-style-type: none"> • 2 RST (1.0 FTE) • 1 speech therapist (0.5 FTE) • 1 school psychologist (0.25 FTE) 	\$147,129.00	No
2.4	Student support services	Develop a dedicated Tier 2 learning classroom for the Manila campus		No
2.5	Learning Targets	Establish scope and sequence of essential learning targets based on CA Common Core Standards for all grade levels		No

Action #	Title	Description	Total Funds	Contributing
2.6	Assessment Tools	Define assessment tools and methods to be used to measure academic progress with essential learning targets for all grade levels.		No
2.7	SLO Assessment Tool	Develop assessment tool to be used to gauge student progress towards Schoolwide Learner Outcomes (SLO)		No
2.8	Student Performance	Generate portfolio template for all students grades TK-12 that can be used to track student progress		No
2.9	Math Support	Establish regular monthly math teacher meetings	\$55,000.00	No
2.10	Basic Services	Provide all needed resources to assure that all students who have access to sufficient materials relative to the instructional program described in the school's charter		No
2.11	Induction (TSA & CASC)	Providing support for RCM teachers and administrators to clear their credential		No

Goals and Actions

Goal

Goal #	Description	Type of Goal
3	School Culture and Climate	Broad Goal

State Priorities addressed by this goal.

Priority 1: Basic (Conditions of Learning)
 Priority 3: Parental Involvement (Engagement)
 Priority 5: Pupil Engagement (Engagement)
 Priority 6: School Climate (Engagement)
 Priority 7: Course Access (Conditions of Learning)
 Priority 8: Other Pupil Outcomes (Pupil Outcomes)

An explanation of why the LEA has developed this goal.

RCM developed this goal to help strengthen the culture and climate of Redwood Coast Montessori and to help ensure the active participation of all partners including students, parents/guardians, and community members.

Needs:

1. Increase parent/guardian understanding of and participation with authentic Montessori and PBL pedagogical practices
2. Increase/improve student support services
3. Continue to improve site cleanliness and maintenance

Measuring and Reporting Results

Metric #	Metric	Baseline	Year 1 Outcome	Year 2 Outcome	Target for Year 3 Outcome	Current Difference from Baseline
3.1	CHKS Student Survey (A7.4): Percentage of students describing school experience as "satisfied" or "very satisfied." (P6)	Elementary (N.D.); Adolescents (63%); High School (62%) [2023-24]	No data available		75% or higher for all age groups	
3.2	CHKS Parent Survey (A6.1): Percentage of parents/guardians that	98% (2023-24)	No data available		95% or higher	

Metric #	Metric	Baseline	Year 1 Outcome	Year 2 Outcome	Target for Year 3 Outcome	Current Difference from Baseline
	"agree" or "strongly agree" that they feel welcome to participate at this school. (P3)					
3.3	CHKS Parent Survey (A6.1): Percentage of parents that parents/guardians that "agree" or "strongly agree" that their school encourages me to be an active partner with educating my child. (P3)	89% (2023-24)	No data available		90% or higher	
3.4	CHKS Parent Participation: Number of parents completing the CHKS Parent Survey. (P3)	39 (2023-24)	No data available		100 or more	
3.5	CHKS Student Survey (A6.5): Percentage of students identified as "pretty much" or "very much" having caring adults at school. (P6)	Elementary (N.D.); Adolescents (82%); High School (69%) [2023-24]	No data available		90% or higher	
3.6	Support Manila Community Resource Center and First 5 Playgroup	Resource center and First 5 Playgroup are supported with grant funding, but not at a level that is fully sustainable	Continued support of resource center and First 5 playgroup.		Maintain grant requirements to support programs and work towards creating a full time director position	
3.7	CHKS Staff Survey (A6.9): Percentage of staff that "agree" or "strongly agree" that the district has clean and	93% (2023-24)	No data available		90% or higher	

Metric #	Metric	Baseline	Year 1 Outcome	Year 2 Outcome	Target for Year 3 Outcome	Current Difference from Baseline
	well-maintained facilities and property. (P1)					
3.8	CHKS Student Survey (A8.1): Percentage of students indicating they feel safe at school. (P6)	Elementary (N.D.); Adolescents (75%); High School (100%) [2023-24]	No data available		90% or higher	
3.9	CHKS Staff Survey (A5.4): Percentage of staff that "agree" or "strongly agree" that school is a safe place for staff. (P6)	94% (2023-24)	No data available		95% or higher	
3.10	CHKS Parent Survey (A7.1): Percentage of parents/guardians that "agree" or "strongly agree" that school is a safe place for their child. (P6)	92% (2023-24)	No data available		95% or higher	
3.11	Increase percentage of students eating school meals each day.	Lunch 52%, breakfast 10%	Lunch 48%, breakfast 11%		20% or higher for breakfast; 60% or higher for lunch	
3.12	Promote parent/guardian support for and understanding of Montessori and PBL pedagogy	Four parent information meetings; three PBL exhibitions, musical performance; talent show; history day; two theatrical performances (2023-24)	Four parent information meetings; three PBL exhibitions, musical performance; talent show; history day; two theatrical performances (2024-25)		Three annual events at each campus designed to highlight student work and a better understanding of Montessori and PBL pedagogy.	
3.13	CHKS Parent Survey (A7.1): Percentage of parents/guardians that	79% (2023-24)	No data available		90% or higher	

Metric #	Metric	Baseline	Year 1 Outcome	Year 2 Outcome	Target for Year 3 Outcome	Current Difference from Baseline
	"agree" or "strongly agree" that their school provides instructional materials that "reflect my child's culture, ethnicity, and identity." (P6)					
3.14	Quarterly Equity, Diversity & Inclusion Committee Meetings	Quarterly meetings taking place during 2023-24	Quarterly meetings taking place during 2024-25		Quarterly Equity, Diversity & Inclusion Committee Meetings	
3.15	Conduct annual school Board retreat for strategic plan development	Board retreat held during September of 2022 to review goals and objectives.	Board retreat held in September 2024		one annual retreat each year	
3.16	Parents participating directly in the decision making process: School Board, SAC, FoRCM, EIC. (P3)	13 (2023-24)	15 (2024-25)		15 or more	
3.17	RCM Board Self-Assessment	No data, new metric.	No data, new metric.		Annual use of school board self-assessment tool.	

Goal Analysis [2024-25]

An analysis of how this goal was carried out in the previous year.

A description of overall implementation, including any substantive differences in planned actions and actual implementation of these actions, and any relevant challenges and successes experienced with implementation.

All goal 3 actions were implemented as planned during the 24-25 school year.

An explanation of material differences between Budgeted Expenditures and Estimated Actual Expenditures and/or Planned Percentages of Improved Services and Estimated Actual Percentages of Improved Services.

There were no substantive differences between budgeted expenditures and the estimated actual expenditures. There were not significant differences with the estimated percentages of improved services and the actual percentage of improved services.

A description of the effectiveness or ineffectiveness of the specific actions to date in making progress toward the goal.

The goal 3 actions were highly effective in supporting progress towards goal 3.

A description of any changes made to the planned goal, metrics, target outcomes, or actions for the coming year that resulted from reflections on prior practice.

One additional action was added to goal 3. Action 3.7 was added to provide a means for the governing board to better monitor their effectiveness and progress towards goals on an annual basis.

A report of the Total Estimated Actual Expenditures for last year's actions may be found in the Annual Update Table. A report of the Estimated Actual Percentages of Improved Services for last year's actions may be found in the Contributing Actions Annual Update Table.

Actions

Action #	Title	Description	Total Funds	Contributing
3.1	School Climate Survey	Continue to implement CHKS on an annual basis.		No
3.2	Manila Community Resource Center and First 5 Playgroup	Submit application, fiscal documents, and required progress reports in order to maintain active participation with County and local agencies to connected these valuable resources.		No
3.3	Parent/guardian support and understanding of Montessori and PBL	Host a minimum of 6 parent/guardian events designed to educate families and community members about the value of Montessori and PBL education.		No
3.4	Safe/Clean Facilities	Maintain all facilities to be safe, clean, and good repair.		No
3.5	Nutritional Services	Provide access to a universal breakfast and lunch program (all students receive free meals, regardless of traditional eligibility requirements).		No

Action #	Title	Description	Total Funds	Contributing
3.6	Diversity, Equity & Inclusion Committee	The RCM Diversity, Equity & Inclusion Committee working to ensure that the committee is focused on students' needs.		No
3.7	Board Self-Reflection	Develop a self-reflection tool to be used by the school board and chief administrators on an annual basis.		No

Increased or Improved Services for Foster Youth, English Learners, and Low-Income Students [2025-26]

Total Projected LCFF Supplemental and/or Concentration Grants	Projected Additional 15 percent LCFF Concentration Grant
\$186,470	\$0

Required Percentage to Increase or Improve Services for the LCAP Year

Projected Percentage to Increase or Improve Services for the Coming School Year	LCFF Carryover — Percentage	LCFF Carryover — Dollar	Total Percentage to Increase or Improve Services for the Coming School Year
8.096%	0.215%	\$5,033.00	8.311%

The Budgeted Expenditures for Actions identified as Contributing may be found in the Contributing Actions Table.

Required Descriptions

LEA-wide and Schoolwide Actions

For each action being provided to an entire LEA or school, provide an explanation of (1) the unique identified need(s) of the unduplicated student group(s) for whom the action is principally directed, (2) how the action is designed to address the identified need(s) and why it is being provided on an LEA or schoolwide basis, and (3) the metric(s) used to measure the effectiveness of the action in improving outcomes for the unduplicated student group(s).

Goal and Action #	Identified Need(s)	How the Action(s) Address Need(s) and Why it is Provided on an LEA-wide or Schoolwide Basis	Metric(s) to Monitor Effectiveness
1.3	<p>Action: Instructional Assistants</p> <p>Need: Additional support for unduplicated student groups</p> <p>Scope: Schoolwide</p>	Additional support will benefit unduplicated student groups	Lower chronic absenteeism, lower suspension rates

Goal and Action #	Identified Need(s)	How the Action(s) Address Need(s) and Why it is Provided on an LEA-wide or Schoolwide Basis	Metric(s) to Monitor Effectiveness
2.2	Action: Reading intervention Need: All students reading at grade level Scope: Schoolwide	Reading specialist will provide general ed. support for students needing assistance	Percentage of students graduating program

Limited Actions

For each action being solely provided to one or more unduplicated student group(s), provide an explanation of (1) the unique identified need(s) of the unduplicated student group(s) being served, (2) how the action is designed to address the identified need(s), and (3) how the effectiveness of the action in improving outcomes for the unduplicated student group(s) will be measured.

Goal and Action #	Identified Need(s)	How the Action(s) are Designed to Address Need(s)	Metric(s) to Monitor Effectiveness
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For any limited action contributing to meeting the increased or improved services requirement that is associated with a Planned Percentage of Improved Services in the Contributing Summary Table rather than an expenditure of LCFF funds, describe the methodology that was used to determine the contribution of the action towards the proportional percentage, as applicable.

Additional Concentration Grant Funding

A description of the plan for how the additional concentration grant add-on funding identified above will be used to increase the number of staff providing direct services to students at schools that have a high concentration (above 55 percent) of foster youth, English learners, and low-income students, as applicable.

Staff-to-student ratios by type of school and concentration of unduplicated students	Schools with a student concentration of 55 percent or less	Schools with a student concentration of greater than 55 percent
Staff-to-student ratio of classified staff providing direct services to students		
Staff-to-student ratio of certificated staff providing direct services to students		

2025-26 Total Expenditures Table

LCAP Year	1. Projected LCFF Base Grant (Input Dollar Amount)	2. Projected LCFF Supplemental and/or Concentration Grants (Input Dollar Amount)	3. Projected Percentage to Increase or Improve Services for the Coming School Year (2 divided by 1)	LCFF Carryover — Percentage (Input Percentage from Prior Year)	Total Percentage to Increase or Improve Services for the Coming School Year (3 + Carryover %)
Totals	\$2,303,355	186,470	8.096%	0.215%	8.311%

Totals	LCFF Funds	Other State Funds	Local Funds	Federal Funds	Total Funds	Total Personnel	Total Non-personnel
Totals	\$45,741.00	\$184,129.00	\$0.00	\$27,741.00	\$257,611.00	\$202,611.00	\$55,000.00

Goal #	Action #	Action Title	Student Group(s)	Contributing to Increased or Improved Services?	Scope	Unduplicated Student Group(s)	Location	Time Span	Total Personnel	Total Non-personnel	LCFF Funds	Other State Funds	Local Funds	Federal Funds	Total Funds	Planned Percentage of Improved Services
1	1.1	Student Engagement	All	No			All Schools	2024-25								
1	1.2	Graduation Rate	All	No			Specific Schools: Arcata Campus	2024-25								
1	1.3	Instructional Assistants	English Learners Foster Youth Low Income	Yes	School wide	English Learners Foster Youth Low Income	Specific Schools: Manila Campus TK - 8th	2024-25								
1	1.4	Professional Development	All	No			All Schools	2024-25								
1	1.5	Student participation with governance	All	No			All Schools	2024-25								
1	1.6	School Psychologist	Students with Disabilities	No			All Schools									
1	1.7	General Education Staff	All	No			All Schools	2024-25								
1	1.8	COVID related learning loss	All	No			Specific Schools: Manila campus	2024-25								
1	1.9	Extended Learning	All	No			All Schools	2024-25								
1	1.10	Student support services														
1	1.11	System Management	All	No			All Schools	2025-26								

Goal #	Action #	Action Title	Student Group(s)	Contributing to Increased or Improved Services?	Scope	Unduplicated Student Group(s)	Location	Time Span	Total Personnel	Total Non-personnel	LCFF Funds	Other State Funds	Local Funds	Federal Funds	Total Funds	Planned Percentage of Improved Services
1	1.12	Case Management	All	No			All Schools	2024-25								
2	2.1	Highly qualified teaching staff	All	No			All Schools	2025-26								
2	2.2	Reading intervention	English Learners Foster Youth Low Income	Yes	School wide	English Learners Foster Youth Low Income	Specific Schools: Manila campus TK-8	20225-26	\$55,482.00	\$0.00	\$27,741.00			\$27,741.00	\$55,482.00	
2	2.3	Special Education Staff	All	No			All Schools	2025-26	\$147,129.00	\$0.00		\$147,129.00			\$147,129.00	
2	2.4	Student support services	All	No			Specific Schools: Manila campus TK-8th									
2	2.5	Learning Targets	All	No			All Schools	2025-26								
2	2.6	Assessment Tools	All	No			All Schools	2025-26								
2	2.7	SLO Assessment Tool	All	No			All Schools	2024-25								
2	2.8	Student Performance	All	No			All Schools	2024-25								
2	2.9	Math Support	All	No			All Schools	2025-26	\$0.00	\$55,000.00	\$18,000.00	\$37,000.00			\$55,000.00	
2	2.10	Basic Services	All	No			All Schools									
2	2.11	Induction (TSA & CASC)	All	No			All Schools									
3	3.1	School Climate Survey	All	No			All Schools	ongoing								
3	3.2	Manila Community Resource Center and First 5 Playgroup	All	No			All Schools	Ongoing								
3	3.3	Parent/guardian support and understanding of Montessori and PBL	All	No			All Schools	Ongoing								
3	3.4	Safe/Clean Facilities	All	No			All Schools	Ongoing								

Goal #	Action #	Action Title	Student Group(s)	Contributing to Increased or Improved Services?	Scope	Unduplicated Student Group(s)	Location	Time Span	Total Personnel	Total Non-personnel	LCFF Funds	Other State Funds	Local Funds	Federal Funds	Total Funds	Planned Percentage of Improved Services
3	3.5	Nutritional Services	All	No			All Schools	Ongoing								
3	3.6	Diversity, Equity & Inclusion Committee	All	No			All Schools	Ongoing								
3	3.7	Board Self-Reflection	All	No			All Schools	2025-26								

2025-26 Contributing Actions Table

1. Projected LCFF Base Grant	2. Projected LCFF Supplemental and/or Concentration Grants	3. Projected Percentage to Increase or Improve Services for the Coming School Year (2 divided by 1)	LCFF Carryover — Percentage (Percentage from Prior Year)	Total Percentage to Increase or Improve Services for the Coming School Year (3 + Carryover %)	4. Total Planned Contributing Expenditures (LCFF Funds)	5. Total Planned Percentage of Improved Services (%)	Planned Percentage to Increase or Improve Services for the Coming School Year (4 divided by 1, plus 5)	Totals by Type	Total LCFF Funds
\$2,303,355	186,470	8.096%	0.215%	8.311%	\$27,741.00	0.000%	1.204 %	Total:	\$27,741.00
								LEA-wide Total:	\$0.00
								Limited Total:	\$0.00
								Schoolwide Total:	\$27,741.00

Goal	Action #	Action Title	Contributing to Increased or Improved Services?	Scope	Unduplicated Student Group(s)	Location	Planned Expenditures for Contributing Actions (LCFF Funds)	Planned Percentage of Improved Services (%)
1	1.3	Instructional Assistants	Yes	Schoolwide	English Learners Foster Youth Low Income	Specific Schools: Manila Campus TK - 8th		
2	2.2	Reading intervention	Yes	Schoolwide	English Learners Foster Youth Low Income	Specific Schools: Manila campus TK-8	\$27,741.00	

2024-25 Annual Update Table

Totals	Last Year's Total Planned Expenditures (Total Funds)	Total Estimated Expenditures (Total Funds)
Totals	\$2,829,601.60	\$2,906,336.00

Last Year's Goal #	Last Year's Action #	Prior Action/Service Title	Contributed to Increased or Improved Services?	Last Year's Planned Expenditures (Total Funds)	Estimated Actual Expenditures (Input Total Funds)
1	1.1	Student Engagement	No	\$5,097.00	\$5,092
1	1.2	Graduation Rate	No	\$1,061.00	0
1	1.3	Instructional Assistants	Yes	\$188,849	\$120,931
1	1.4	Professional Development	No	\$16,534.00	\$14,838
1	1.5	Student participation with governance	No	0.00	
1	1.6	School Psychologist	No	\$29,754.00	\$29,680
1	1.7	Learning Targets	No	3,000.00	0
1	1.8	Assessment Tools	No	0.00	0
1	1.9	Student support services	Yes	5,000.00	\$68,526
1	1.10	Educational Staff	No	\$1,858,094.00	\$1,851,269
1	1.11	COVID related learning loss	No	\$73,738	\$59,192

Last Year's Goal #	Last Year's Action #	Prior Action/Service Title	Contributed to Increased or Improved Services?	Last Year's Planned Expenditures (Total Funds)	Estimated Actual Expenditures (Input Total Funds)
2	2.1	Highly qualified teaching staff	No	7,500.00	0
2	2.2	Reading intervention	Yes	\$55,482.00	\$50,433
2	2.3	Special Educaiton	No	\$147,129.00	\$225,481
2	2.5	Student performance	No	0.00	0
2	2.6	SLO assessment tool	No	0.00	0
2	2.7	Math Support	No	0.00	0
2	2.8	Interim Assessments	No	0.00	0
2	2.9	Basic Services	No	\$55,000.00	\$95,355
3	3.1	School Climate Survey	No	515.60	0
3	3.2	Manila Community Resource Center and First 5 Playgroup	No	\$103,360.00	\$112,823
3	3.3	Parent/guardian support and understanding of Montessori and PBL	No	0.00	0
3	3.4	Special education	No	\$93,680.00	\$86,102
3	3.5	Safe/Clean Facilities	No	\$79,030.00	\$78,882

Last Year's Goal #	Last Year's Action #	Prior Action/Service Title	Contributed to Increased or Improved Services?	Last Year's Planned Expenditures (Total Funds)	Estimated Actual Expenditures (Input Total Funds)
3	3.6	Nutrition services	No	\$106,778.00	\$107,732
3	3.7	Equity, Diversity & Inclusion Committee	No	0.00	0

2024-25 Contributing Actions Annual Update Table

6. Estimated LCFF Supplemental and/or Concentration Grants (Input Dollar Amount)	4. Total Planned Contributing Expenditures (LCFF Funds)	7. Total Estimated Expenditures for Contributing Actions (LCFF Funds)	Difference Between Planned and Estimated Expenditures for Contributing Actions (Subtract 7 from 4)	5. Total Planned Percentage of Improved Services (%)	8. Total Estimated Percentage of Improved Services (%)	Difference Between Planned and Estimated Percentage of Improved Services (Subtract 5 from 8)
\$202,625	\$185,770.00	\$197,592.00	(\$11,822.00)	0.000%	0.000%	0.000%

Last Year's Goal #	Last Year's Action #	Prior Action/Service Title	Contributing to Increased or Improved Services?	Last Year's Planned Expenditures for Contributing Actions (LCFF Funds)	Estimated Actual Expenditures for Contributing Actions (Input LCFF Funds)	Planned Percentage of Improved Services	Estimated Actual Percentage of Improved Services (Input Percentage)
1	1.3	Instructional Assistants	Yes	\$95,413.00	\$115,716		
1	1.9	Student support services	Yes	\$62,616.00	\$68,526		
2	2.2	Reading intervention	Yes	\$27,741.00	\$13,350		

2024-25 LCFF Carryover Table

9. Estimated Actual LCFF Base Grant (Input Dollar Amount)	6. Estimated Actual LCFF Supplemental and/or Concentration Grants	LCFF Carryover — Percentage (Percentage from Prior Year)	10. Total Percentage to Increase or Improve Services for the Current School Year (6 divided by 9 + Carryover %)	7. Total Estimated Actual Expenditures for Contributing Actions (LCFF Funds)	8. Total Estimated Actual Percentage of Improved Services (%)	11. Estimated Actual Percentage of Increased or Improved Services (7 divided by 9, plus 8)	12. LCFF Carryover — Dollar Amount (Subtract 11 from 10 and multiply by 9)	13. LCFF Carryover — Percentage (12 divided by 9)
\$2,342,896	\$202,625	0	8.648%	\$197,592.00	0.000%	8.434%	\$5,033.00	0.215%

RCM School Board



Agenda Item: F4
Draft Community Norms &
Expectations

Department/Program:
School wide

Background Information:

There are 5 components of Redwood Coast Montessori's approach to fostering an intentionally connected and collaborative community. This policy focuses on explicitly defining how we treat ourselves and each other and how that treatment relates to belonging to an innovative, culturally safe, and healthy space. The framework for this policy has been adapted from The Center at McKinleyville, with permission, and the components have been thoughtfully aligned with our existing School-Wide Learner Outcomes or SLOs.

Recommendation:
Discuss Draft Community Safety Policy

Fiscal Implications:
None

Contact Person:
Michelle Leonard/Tess Yinger



Community Norms & Expectations

Purpose

There are 5 components of Redwood Coast Montessori's approach to fostering an intentionally connected and collaborative community. This policy focuses on explicitly defining how we treat ourselves and each other and how that treatment relates to belonging to an innovative, culturally safe, and healthy space. The framework for this policy has been adapted from The Center at McKinleyville, with permission, and the components have been thoughtfully aligned with our existing School-Wide Learner Outcomes or SLOs.

Table of Contents

Cultural Safety—Page 2

- People feel safe when they can freely and confidently express their identities.
- We work to honor all cultural value systems, and to elevate and uplift historically excluded voices.
- We acknowledge and make space for the ways that different cultures communicate.

Giving and Receiving Feedback—Page 3

- We can give each other feedback, building on each other's strengths.
- We are open to receiving feedback, so we can grow and learn.

Learning Community—Page 4

- Innovation requires an active learning environment, where mistakes are allowed.
- Leadership is an action, and everyone in our community leads when needed.
- Leaders share power and open doors for others.

Health and Wellbeing—Page 5

- Employees take care with themselves, understanding and honoring their physical and emotional capacities so they can best serve the community.
- A community is healthier and more connected when its members honor each other's limits.

Code of Conduct—Page 6

- Everyone who is a part of our community is expected to adhere to these community norms and behavior expectations.

If harm is caused to a person, they are fully supported in reporting that harm to the appropriate people. Addressing and reporting harm caused is not a violation of this code of conduct.

Cultural Safety

(SLO alignment: ☐Peaceful ☐Educated ☐Active ☐Communicative ☐Engaged)

Purpose

For an environment to be safe for all, it needs to be spiritually, socially, and emotionally safe. Community members are supported in being themselves fully and expressing their identities without fear. No one should have to hide, protect, or deny their identity. Cultural safety is the outcome for all groups when staff are aware of and actively countering implicit bias. An environment that promotes cultural safety is one that recognizes that dominant cultural values are not “best” just because they are dominant.

Strategies to Promote Cultural Safety

Self-Reflection

- Reflect on one’s own culture, attitudes and beliefs about “others”
- Understand how implicit bias forms our world view

Direct Communication

- We practice communicating clearly, openly, respectfully, and free of judgement.
- We work to develop trust with each other.
- We practice receiving feedback without defensiveness or invalidating critique.
- We practice recognizing and avoiding stereotypes.
- We value marginalized voices and take action based on feedback from the most vulnerable in our community.
- We respect the different communication styles embedded within different cultures.
- We understand patterns played out when we uphold dominant cultural values (for example, white supremacy) and reflect on how to dismantle those systems in ourselves and in our shared spaces.

Centering Historically Excluded Groups

- Practice Cultural Humility:
 - We are committed to listening, learning, and creating space for individuals and communities to speak for themselves. Staff will work to elevate and honor historically excluded communities and voices.
- Recognize Indigenous Voices:
 - We recognize that both of our campuses are located on the unceded land of the Wiyot people.
 - Indigenous voices must be a part of our conversations and practices.
- Address Language Barriers:
 - Language barriers often keep the most vulnerable from being able to access education.
 - Bilingual staff and students are supported and valued for the additional work they do to bridge language barriers, and opportunities to remove language barriers should be sought out where possible.

Giving and Receiving Feedback

(SLO alignment: ☐Peaceful ☐Educated ☐Active ☐Communicative ☐Engaged)

Purpose

Naming and acknowledging strength is foundational to growth. Naming and acknowledging areas where we can grow is also vital. We are committed to supporting each other and promoting growth, through transparent communication and relationship development, drawing on the strength and knowledge of our coworkers.

Strategies for Communication

Giving Feedback

- Communicate when someone has done a task well, or when you see a skill in them that you appreciate.
- Communicate when there is an area of growth that needs to be addressed:
 - Be direct and clear about what has happened and why it needs to change.
 - Offer support to facilitate that change.
 - Listen and hold space for understanding.
- Communicate feedback as soon as possible after an event occurs:
 - Find a private space, unless it's absolutely necessary to address immediately.
 - Take time to process, breathe and find a calm head space.
- Feedback is given regardless of power differentials.
- Supervisors and administrators are always available to advise on feedback or facilitate intervention and should be present if the code of conduct has been violated.

Receiving Feedback

- Possible Responses to Feedback:
 - Say, "Thank you" and know that you can choose what to do with the feedback you receive.
 - If feedback is positive, accept the compliment! Let it sink in.
 - All feedback is a gift, and it's important to acknowledge emotional labor involved.
 - It is normal to need time to process feedback before responding and if this is the case, acknowledge it and plan a time to follow-up.
 - Say, "I am sorry", if appropriate. Avoid non-apologies such as, "I am sorry you were offended," or, "I am sorry you feel that way."
- Practice active listening:
 - Summarize what has been said to make sure everyone is on the same page.
 - Interpret and unpack what was said. Go deeper.
 - Focus on impact: most of us have good intentions, but what matters is the impact of our words. If you caused harm unintentionally, focus on the harm, not your good intentions.

Strategies for Avoiding Third Party Conversations

- If there is conflict between two individuals, it is important that it is addressed directly between those two individuals.

- Hold each other accountable. If Employee A talks to me about Employee B, you could ask “When are you going to address this with Employee B?” and facilitate the conversation if necessary.

Pathway to Repairing Harm

- First try to discuss the harm caused with the person directly.
- If this does not resolve the issue, request a restorative meeting or peace talk with a neutral facilitator (staff member, administrator, or board member).
- If the restorative meeting does not help resolve the issue, consider completing the [RCM Incident Reporting/Complaint Form](#). This will document the incident and alert administrators to the issue.
- If the issue still is not resolved, you can contact a board member to make a plan for resolution (this could include adding the issue to the board agenda if necessary).
- If the issue is not resolved with all of the above interventions, you have the right to follow the [California Uniform Complaint Procedure](#) based on the specific situation.

If harm is caused to a person, they are fully supported in reporting that harm to the appropriate people. Addressing and reporting harm caused is not a violation of this code of conduct.

Learning Community

(SLO alignment: ☐Peaceful ☐Educated ☐Active ☐Communicative ☐Engaged)

Purpose

We believe that health and safety depend on the ability of a community to learn, grow and adapt. By committing to continued learning, we hold space for innovation and collective leadership. As a Montessori school, we understand the benefits of valuing collaboration, communication, and transparency with each other and the wider community.

Strategies

Strategies for Innovation

- Take Productive Risks:
 - Innovation happens when it's okay to take risks.
- Allow for and Celebrate Mistakes:
 - Mistakes happen and are expected.
 - When learning is a part of the plan, there is room for new ideas.
- Be cautious not to dwell in the problem, and work to focus on and seek productive solutions.

Strategies for Leadership

- Make Space for All Voices:
 - All voices are important; we might miss valuable input if we don't listen.
- Lead by Doing:
 - Leadership is an action, not a position.
 - Everyone in our community leads when needed.
 - Leaders share power and open the door for others.

Strategies for Collaboration

- Workgroups based around shared leadership activities, like “fundraising” or “policy” help staff learn from each other and develop strategies around better support for the community.
- Collaboration helps streamline our support for students so that they receive the help they need consistently across different learning environments.
- Through frequent, honest, and open communication, collaboration efforts will be smooth, seamless, and support the most people.

Health and Wellbeing

(SLO alignment: ☐Peaceful ☐Educated ☐Active ☐Communicative ☐Engaged)

Purpose

It is essential to the work of Redwood Coast Montessori that staff be healthy and feel supported. When we are not caring for ourselves, we can hurt other people. We share the responsibility for creating a safe and healthy environment (Community Care), with greater responsibility falling on those with more power. Though we recognize that individual self care is not enough to overcome systemic problems, each of us is responsible for caring for ourselves (Self Care).

Strategies for Community Care

Leaders Set the Tone

- Model self care, support staff to do the same
- Normalize and value the work of caring for yourself
- Model receiving and accepting feedback
- Value time to come together one on one and in small groups

Community Practices that Build Relationships

- Community Check-In *definition below
- Acknowledgements *definition below
- Low Impact Disclosure *definition below
- Giving and receiving feedback
- Self-reflection

Staff Have Access to these Formal Supports:

- All-staff meetings, which show that we value time together building relationships, and growing as professionals
- Supervision, coaching, and guidance
- Affinity groups (to be started in the 2025-26 school year)
- Collaboration time (teacher collaboration, work groups, committees, etc.)

Strategies for Self Care

- Take breaks, take time off
- Care for your physical body: eat, drink water, go outside
- Notice how you are feeling
- Notice how others are feeling
- Practice gratitude, give acknowledgments
- Know your capacity (this is fluid)
- Build relationships
- Seek support using Low Impact Disclosure *definition below

Definitions

Acknowledgements

We do this at the end of each meeting/gathering as a way to close our time together. The purpose is to both offer gratitude and receive it. It is short, 3-4 minutes, and not everyone has to go. The idea is we offer gratitude to a person in the group and the whole group experiences that gratitude. When you offer gratitude, say “I acknowledge ____” and speak directly to the person. When accepting acknowledgement say “thank you” or say nothing.

Community Check In

Takes place at the beginning of each meeting. Ideally check-in is not “catch up.” The purpose of check-in is to get everyone in the room and to take the “temperature” of the group. It allows people to practice vulnerability (i.e. I had a hard time waking up this morning and missed my breakfast etc.). A check-in question provides a way for people to get to know each other and it helps manage time.

Harmful Behavior

Behavior that involves violent language and/or action. In our context, harmful behavior can manifest as bullying, harassment, discrimination, oppression, and trauma which disproportionately affect certain groups in society. These behaviors can exacerbate existing inequalities especially among people who are part of historically marginalized and excluded groups.

Addressing these harmful behaviors requires a comprehensive approach that includes education, engagement, and harm reparation to promote fairness, equality, and equity across contexts. ***If harm is caused to a person, they are fully supported in reporting that harm to the appropriate people. Addressing and reporting harm caused is not a violation of this code of conduct.***

Examples of Harmful Behavior:

Language	Actions
<ul style="list-style-type: none">• Racial slurs• Defamatory language about appearance, gender, identity, sexual orientation, religion, ethnicity, or any other protected status• Microaggressions and macroaggressions• Language intended to insult, demean, or otherwise hurt feelings or offend	<ul style="list-style-type: none">• Body contact intended to hurt• Not checking in after body contact• Property destruction/defacing property• Deliberately ignoring a school rule• Bullying (repeated harmful behavior targeting 1 or more specific people)• Harassment (targeted bullying based on 1 or more protected classes such as race, gender, or sexual orientation)• Assault

Low Impact Debriefing

Almost all helpers acknowledge that they have, in the past, knowingly and unknowingly traumatized their colleagues, friends and families with stories that were probably unnecessarily graphic. Using Low Impact Debriefing can help with this: it involves four key steps: self-awareness, fair warning, consent and the debrief, also called limited disclosure.

- **Increased Self Awareness:** try to become more aware of the stories you tell and the level of detail you provide when telling a story. Ask yourself: Were all those details really necessary to the storytelling?
- **Fair Warning:** Giving fair warning allows the listener to brace themselves to hear the story. If I know that you are coming to tell me a traumatic story, I will be prepared to hear this information and it will be less traumatic for me to hear.
- **Consent:** Once you have warned the listener, you need to ask for consent. The listener then has a chance to decline, or to qualify what they are able/ready to hear.
- **Limited Disclosure:** Start on the outer circle of the story (i.e. the least traumatic information) and slowly move in towards the core (the very traumatic information) at a gradual pace. You may, in the end, need to tell the graphic details, or you may not, depending on how disturbing the story has been for you.

Code of Conduct Staff Agreement

(SLO alignment: ☐Peaceful ☐Educated ☐Active ☐Communicative ☐Engaged)

Purpose

Redwood Coast Montessori campuses and their surrounding spaces, including parking lot, playground, and garden, are safe, respectful, and inclusive environments for everyone.

This Code of Conduct applies to everyone at Redwood Coast Montessori including guests, staff, administrators, families, students, and volunteers. We reserve the right to remove any person who does not adhere to the Code of Conduct. We do not tolerate harassment of any kind, including:

- Intimidation or threats (see definition on the definitions page above)
- Inappropriate disruption of programs or meetings
- Invasion of another community member's right to privacy
- Hurtful or harmful language (see above definitions page and the [Harmful Student Behavior Action Plan](#))
- Physical assault of any type
- Inappropriate physical contact
- Unwanted sexual attention
- Bullying or stalking
- Bullying or stalking especially in connection to:
 - Race or ethnicity
 - National origin
 - Tribal affiliation or status
 - Gender identity or presentation
 - Sex or sexual orientation
 - Age
 - Disability, medical condition or pregnancy
 - Religion
 - Citizenship status

Strategies for Action

- If you are asked to stop any behavior, STOP immediately.
- If you experience or witness any form of harassment, please contact your immediate supervisor and the school director.
- Community members who have caused harm to another community member will be invited to participate in a restorative meeting to repair harm. If this offer is denied there may be more punitive consequences for the behavior.
- Fill out this [RCM Incident Reporting/Complaint Form](#) to document the incident.

I have read the community safety policy and code of conduct agreement and agree to follow these guidelines in my work at Redwood Coast Montessori.

Employee Signature: _____ Date: _____

Printed Name: _____

Code of Conduct Student Agreement for 4th-12th Grade

(SLO alignment: ☐Peaceful ☐Educated ☐Active ☐Communicative ☐Engaged)

Purpose

Redwood Coast Montessori campuses and their surrounding spaces, including parking lot, playground, and garden, are safe, respectful, and inclusive environments for everyone.

This Code of Conduct applies to everyone at Redwood Coast Montessori including guests, staff, administrators, families, students, and volunteers. We reserve the right to remove any person who does not adhere to the Code of Conduct. We do not tolerate harassment of any kind, including:

- Intimidation or threats (see definition on the definitions page above)
- Inappropriate disruption of programs or meetings
- Invasion of another community member's right to privacy
- Hurtful or harmful language that is intended to demean a person's identity (see above definitions page and the [Harmful Student Behavior Action Plan](#))
- Physical assault of any type
- Inappropriate physical contact
- Unwanted sexual attention
- Bullying or stalking
- Bullying or stalking especially in connection to:
 - Race or ethnicity
 - National origin
 - Tribal affiliation or status
 - Gender identity or presentation
 - Sex or sexual orientation
 - Age
 - Disability, medical condition or pregnancy
 - Religion
 - Citizenship status

Strategies for Action

- If you are asked to stop any behavior, STOP immediately.
- If you experience or witness any form of harassment, please contact the nearest staff member. Staff will assist in addressing the situation.
- Community members who have caused harm to another community member will be invited to participate in a restorative meeting to repair harm. If this offer is denied there may be more punitive consequences for the behavior.
- Fill out this [RCM Incident Reporting/Complaint Form](#) to document the incident. An administrator will follow up with you about it.

I have read this code of conduct agreement and agree to follow these guidelines while at Redwood Coast Montessori school.

Student Signature: _____ Date: _____

Printed Name: _____

Code of Conduct Student Agreement for TK-3

(SLO alignment: ☐Peaceful ☐Educated ☐Active ☐Communicative ☐Engaged)

Why We Have This

We want everyone at Redwood Coast Montessori — in the classroom, on the playground, in the garden, or even in the parking lot — to feel safe, respected, and welcome.

This agreement is for everyone here: students, teachers, parents, guests, and helpers. If someone isn't being kind or safe, we will have a peace talk to make a plan for changing behavior and making sure everyone feels safe and welcome at school.

We do NOT allow:

- Threatening or scaring others (see definition on the definitions page above)
- Yelling or interrupting in a mean way
- Getting into someone's private or personal space without permission
- Using hurtful or mean words
- Hitting, pushing, or hurting someone's body
- Touching someone in a way that makes them uncomfortable
- Making someone feel bad or unsafe on purpose
- Bullying someone for any reason, especially because of:
 - What they look like
 - Where they come from
 - Who they are, including what they wear
 - How they feel inside
 - Their age, body, health, or religion

What to do if someone does not honor the code of conduct:

- If someone asks you to stop — STOP right away.
- If someone is being mean or making you or someone else feel unsafe — tell an adult you trust right away. Adults will help work through the problem. They may have a meeting to help everyone talk it out and make it right.

If you need help later, you can also:

- Put a note in the Suggestion Box in the main hall.
- Fill out this [RCM Incident Reporting/Complaint Form](#) with an adult's help.
- If you feel really unsafe go tell an adult at school immediately.

I understand these rules and agree to be kind, safe, and respectful at Redwood Coast Montessori.

Student Signature: _____ Date: _____

Printed Name: _____