TAXABLE YEAR **2023**

California Exempt Organization Annual Information Return

FORM **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	California corporation number
CAN DO! EDUCATION FOUNDATION (FORMERLY DIXIE CHILDREN'S FUND)	1875563
Additional information. See instructions.	FEIN 68-0298033
Street address (suite or room) P. O. BOX 6182	PMB no.
City SAN RAFAEL / State CA / ZIP code 94903-0182	
Foreign country name / Foreign province/state/county / Foreign postal code	

A First return. . . . ☐ Yes ☒ No
B Amended return . . . ● ☐ Yes ☒ No
C IRC Section 4947(a)(1) trust . . . ☐ Yes ☒ No
D Final information return?
● ☐ Dissolved ☐ Surrendered (Withdrawn) ☐ Merged/Reorganized
Enter date: (mm/dd/yyyy) ●
E Check accounting method:
1 ☒ Cash 2 ☐ Accrual 3 ☐ Other
F Federal return filed? 1 ● ☐ 990T 2 ● ☐ 990-PF 3 ● ☐ Sch H (990)
4 ☒ Other 990 series
G Is this a group filing? See instructions . . . ● ☐ Yes ☒ No
H Is this organization in a group exemption . . . ☐ Yes ☒ No
If "Yes," what is the parent's name?

I Did the organization have any changes to its guidelines not reported to the FTB? See instructions . . . ● ☐ Yes ☒ No
J If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions . . . ● ☐ Yes ☒ No
K Is the organization exempt under R&TC Section 23701g? . . . ● ☐ Yes ☒ No
If "Yes," enter the gross receipts from nonmember sources . . . $
L Is the organization a limited liability company? . . . ● ☐ Yes ☒ No
M Did the organization file Form 100 or Form 109 to report taxable income? . . . ● ☐ Yes ☒ No
N Is the organization under audit by the IRS or has the IRS audited in a prior year? . . . ● ☐ Yes ☒ No
O Is federal Form 1023/1024 pending? . . . ☐ Yes ☒ No
Date filed with IRS

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	54,767.
	2	Gross dues and assessments from members and affiliates . . . ●	2	
	3	Gross contributions, gifts, grants, and similar amounts received . . . SEE SCH. B ●	3	787,775.
	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	842,542.
	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	842,542.
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18 . . . ●	9	860,239.
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8 . . . ●	10	-17,697.
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 ► | Title: CFO | Date | ● Telephone: 415-492-3500

Paid Preparer's Use Only

Preparer's signature ► MARK MUMM | Date | Check if self-employed ► ☒ | ● PTIN: P01765746

Firm's name (or yours, if self-employed) and address ► MARK MUMM, CPA
12655 FIORI LANE
SEBASTOPOL, CA 95472

● Firm's FEIN: 47-4242498
● Telephone: 415-453-3341

May the FTB discuss this return with the preparer shown above? See instructions . . . ● ☒ Yes ☐ No

CACA1112L 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	1,568.
	3	Dividends	3	9,546.
	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	43,653.
	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	54,767.
Expenses and Disbursements	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule SEE STATEMENT 2	9	658,903.
	10	Disbursements to or for members	10	
	11	Compensation of officers, directors, and trustees. Attach schedule SEE STMT 3	11	82,500.
	12	Other salaries and wages	12	28,103.
	13	Interest	13	
	14	Taxes	14	8,935.
	15	Rents	15	
	16	Depreciation and depletion (See instructions)	16	
	17	Other expenses and disbursements. Attach schedule SEE STATEMENT 4	17	81,798.
	18	**Total** expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	18	860,239.

Schedule L **Balance Sheet**

Assets	Beginning of taxable year (a)	(b)	End of taxable year (c)	(d)
1 Cash		93,680.		69,186.
2 Net accounts receivable				
3 Net notes receivable				
4 Inventories				
5 Federal and state government obligations				
6 Investments in other bonds STMT 5		99,143.		99,941.
7 Investments in stock STMT 6		185,648.		198,431.
8 Mortgage loans				
9 Other investments. Attach schedule				
10a Depreciable assets				
b Less accumulated depreciation				
11 Land				
12 Other assets. Attach schedule		4.		
13 **Total assets**		378,475.		367,558.
Liabilities and net worth				
14 Accounts payable				1,998.
15 Contributions, gifts, or grants payable				
16 Bonds and notes payable				
17 Mortgages payable				
18 Other liabilities. Attach schedule STM 7		10,197.		7,500.
19 Capital stock or principal fund		368,278.		358,060.
20 Paid-in or capital surplus. Attach reconciliation				
21 Retained earnings or income fund				
22 **Total liabilities and net worth**		378,475.		367,558.

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	-10,218.	7 Income recorded on books this year not included in this return. Attach schedule SEE ST 8	7,479.
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			
4 Income not recorded on books this year. Attach schedule			
5 Expenses recorded on books this year not deducted in this return. Attach schedule		9 Total. Add line 7 and line 8	7,479.
6 Total. Add line 1 through line 5	-10,218.	10 Net income per return. Subtract line 9 from line 6	-17,697.

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	Employer identification number
CAN DO! EDUCATION FOUNDATION (FORMERLY DIXIE CHILDREN'S FUND)	68-0298033

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	[X] 501(c)(3) (enter number) organization
	[ ] 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	[ ] 527 political organization
Form 990-PF	[ ] 501(c)(3) exempt private foundation
	[ ] 4947(a)(1) nonexempt charitable trust treated as a private foundation
	[ ] 501(c)(3) taxable private foundation

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

[X] 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: CAN DO! EDUCATION FOUNDATION

Employer identification number: 68-0298033

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	SCHOOLSRULE (MCOE) PO BOX 4925 SAN RAFAEL, CA 94913	$ 39,788.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
2	MARIA CID AND EDUARDO VILAR 1204 IDYLBERRY RD SAN RAFAEL, CA 94903	$ 20,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: CAN DO! EDUCATION FOUNDATION

Employer identification number: 68-0298033

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	$	

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

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

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

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

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

Name of organization: CAN DO! EDUCATION FOUNDATION

Employer identification number: 68-0298033

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**

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	**Relationship of transferor to transferee**

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	**Relationship of transferor to transferee**

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	**Relationship of transferor to transferee**

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

INCOME FROM SPECIAL EVENTS	$ 43,653.
TOTAL	$ 43,653.

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

DONEE'S NAME - IND	MILLER CREEK SCHOOL DISTRICT
DONEE'S STREET ADDRESS:	380 NOVA ALBION WAY
DONEE'S CITY	SAN RAFAEL
DONEE'S STATE	CA
DONEE'S ZIP CODE	94903
CASH AND NONCASH AMOUNT:	$ 658,903.
TOTAL	$ 658,903.

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

CURRENT OFFICERS:

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	TOTAL COMPEN-SATION	CONTRI-BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
JENNIFER CUTHBERTSON PO BOX 6182 SAN RAFAEL, CA 94903	PRESIDENT 4.00	$ 0.	$ 0.	$ 0.
JAE LEE PO BOX 6182 SAN RAFAEL, CA 94903	CO VP 1.00	0.	0.	0.
TRACY YENSHAW PO BOX 6182 SAN RAFAEL, CA 94903	CFO/TREASURER 4.00	0.	0.	0.
ALLISON CONN PO BOX 6182 SAN RAFAEL, CA 94903	DIRECTOR 2.00	0.	0.	0.
JENNIFER ISHII-YU PO BOX 6182 SAN RAFAEL, CA 94903	SECRETARY 4.00	0.	0.	0.
KIM DIAMOND PO BOX 6182 SAN RAFAEL, CA 94903	PRINCIPAL 1.00	0.	0.	0.

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

CURRENT OFFICERS:

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	TOTAL COMPEN-SATION	CONTRI-BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
JODI CHABAN PO BOX 6182 SAN RAFAEL, CA 94903	EXECUTIVE DIR. 40.00	$ 82,500.	$ 0.	$ 0.
JENNIFER IMBIMBO PO BOX 6182 SAN RAFAEL, CA 94903	CO VP 2.00	0.	0.	0.
TODD SAPIO PO BOX 6182 SAN RAFAEL, CA 94903	DIRECTOR 1.00	0.	0.	0.
	TOTAL	$ 82,500.	$ 0.	$ 0.

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

ACCOUNTING FEES	$ 3,228.
ADVERTISING AND PROMOTION	120.
FAMILY GIVING CAMPAIGN EXPENSE	30,386.
GARDEN EXPENSES	19,333.
INFORMATION TECHNOLOGY	846.
INSURANCE	3,213.
INVESTMENT MANAGEMENT FEES	135.
OTHER EXPENSE	2,824.
OTHER FEES	3,318.
POSTAGE AND SHIPPING	34.
PRINTING AND PUBLICATIONS	349.
RECOGNITION EXPENSE	2,201.
SPECIAL EVENT EXPENSES	15,811.
TOTAL	$ 81,798.

STATEMENT 5
FORM 199, SCHEDULE L, LINE 6
INVESTMENTS IN OTHER BONDS

WF FIXED INCOME	$ 99,941.
TOTAL	$ 99,941.

STATEMENT 6
FORM 199, SCHEDULE L, LINE 7
INVESTMENTS IN STOCKS

WF MUTUTAL FUNDS	$	198,431.
TOTAL	$	198,431.

STATEMENT 7
FORM 199, SCHEDULE L, LINE 18
OTHER LIABILITIES

DEFERRED REVENUE		7,500.
TOTAL	$	7,500.

STATEMENT 8
FORM 199, SCHEDULE M-1, LINE 7
INCOME RECORDED ON BOOKS NOT ON RETURN

PRIOR PERIOD ADJUSTMENT	$	5,485.
UNREALIZED GAINS AND LOSSES		1,994.
TOTAL	$	7,479.