TAXABLE YEAR **2025**

California Exempt Organization Annual Information Return

FORM **199**

Calendar Year 2025 or fiscal year beginning (mm/dd/yyyy) 7/01/2025 , and ending (mm/dd/yyyy) 6/30/2026 .

Corporation/Organization name: DAMIANS LADDER

Additional information. See instructions.

California corporation number: 5813264

FEIN: 93-2372405

Street address (suite or room): 5610 SCOTTS VALLEY DRIVE #B1005

PMB no.:

City: SCOTTS VALLEY

State: CA

ZIP code: 95066

Foreign country name

Foreign province/state/county

Foreign postal code

DO NOT MAIL
This return has been
Electronically Filed

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● ☐ Dissolved ☐ Surrendered (Withdrawn) ☐ Merged/Reorganized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 _____

CACA1112L 01/23/26

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	13,471.
	2	Gross dues and assessments from members and affiliates . . . . . ●	2	
	3	Gross contributions, gifts, grants, and similar amounts received . . . . . SEE SCH. B ●	3	108,442.
	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	121,913.
	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	121,913.
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18 . . . . . ●	9	90,074.
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8 . . . . . ●	10	31,839.
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: BOARD CHAIR | Date | ● Telephone: (831) 200-1376

COPY

Paid Preparer's Use Only

Preparer's name ● KRYSTAL WEAVER

Preparer's signature ► KRYSTAL WEAVER | Date: 9/03/26 | Check if self-employed ► ☐ | ● PTIN: P01960640

Firm's name (or yours, if self-employed) and address ► WALTERS & KONDRASHEFF, CPA'S
4 CARBONERO WAY SUITE A
SCOTTS VALLEY, CA 95066

● Firm's FEIN: 77-0096938

● Telephone: 831-429-8617

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

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	1,844.
	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	11,627.
	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	13,471.
Expenses and Disbursements	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule	9	
	10	Disbursements to or for members	10	
	11	Compensation of officers, directors, and trustees. Attach schedule SEE STMT 2	11	35,000.
	12	Other salaries and wages	12	
	13	Interest	13	
	14	Taxes	14	
	15	Rents	15	
	16	Depreciation and depletion (See instructions)	16	
	17	Other expenses and disbursements. Attach schedule SEE STATEMENT 3	17	55,074.
	18	**Total** expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	18	90,074.

Schedule L **Balance Sheet**

		Beginning of taxable year		End of taxable year	
		(a)	(b)	(c)	(d)
Assets					
1	Cash		57,713.		88,697.
2	Net accounts receivable				
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				
10a	Depreciable assets				
b	Less accumulated depreciation				
11	Land				
12	Other assets. Attach schedule STM 4				855.
13	**Total assets**		57,713.		89,552.
Liabilities and net worth					
14	Accounts payable				
15	Contributions, gifts, or grants payable				
16	Bonds and notes payable				
17	Mortgages payable				
18	Other liabilities. Attach schedule				
19	Capital stock or principal fund		57,713.		89,552.
20	Paid-in or capital surplus. Attach reconciliation				
21	Retained earnings or income fund				
22	**Total liabilities and net worth**		57,713.		89,552.

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	31,839.	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
5	Expenses recorded on books this year not deducted in this return. Attach schedule			
6	Total. Add line 1 through line 5	31,839.		31,839.

Schedule B (Form 990)
(Rev. December 2024)
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

Name of the organization
DAMIANS LADDER

Employer identification number
93-2372405

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: DAMIANS LADDER

Employer identification number: 93-2372405

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	VICTOR AND BROOKE WANG 1947 ROSSWOOD DRIVE SAN JOSE, CA 95124	$ 5,349.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
2	CFSCC 7807 SOQUEL DRIVE APTOS, CA 95003	$ 40,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
3	MOOSE LODGE 2470 EL RANCHO DRIVE SANTA CRUZ, CA 95060	$ 11,207.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
4	SANTA CRUZ GIVES - VOLUNTEER CENTER 1740 17TH AVE SANTA CRUZ, CA 95062	$ 13,454.	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.)

Name of organization: DAMIANS LADDER

Employer identification number: 93-2372405

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
DAMIANS LADDER

Employer identification number
93-2372405

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

DAMIANS LADDER 93-2372405

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

INCOME FROM SPECIAL EVENTS	$ 11,597.
MISCELLANEOUS	30.
TOTAL	$ 11,627.

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
ANN BENNETT YOUNG 220 HILLSIDE AVE BEN LOMOND, CA 95005	EXECUTIVE DIR. 40.00	$ 35,000.	$ 0.	$ 0.
ROBERT GRAHAM 215 HIGHLAND DRIVE APTOS, CA 95003	DIRECTOR 0	0.	0.	0.
JACKIE FOLEY 552 BEAN CREEK ROAD #25 SCOTTS VALLEY, CA 95066	DIRECTOR 1.00	0.	0.	0.
CHUCK MAFFIA 1085 WHISPERING PINES DRIVE SCOTTS VALLEY, CA 95066	BOARD CHAIR 1.00	0.	0.	0.
	TOTAL	$ 35,000.	$ 0.	$ 0.

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

ACCOUNTING FEES	$ 1,479.
ADVERTISING AND PROMOTION	1,161.
BUSINESS REGISTRATION FEE	50.
CELL PHONE SERVICE	1,087.
CLIENT CASE SUPPORT	22,553.
DONOR APPRECIATION	469.
FUEL AND VEHICLE RENTAL	2,456.
INSURANCE	2,280.
INTERNET AND TV SERVICES	395.
MEALS	1,007.
MEMBERSHIPS AND SUBSCRIPTIONS	885.
MISCELLANEOUS	206.
OFFICE EXPENSES	2,785.
POST BOX RENTAL FEE	336.
POSTAGE AND SHIPPING	639.
PRINTING AND PUBLICATIONS	1,419.
SANTA CRUZ GIVES - VC	3,500.

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

SMALL TOOLS AND EQUIPMEMT	$	1,451.
SOFTWARE AND APPS		6,359.
SPECIAL EVENT EXPENSES		466.
STORAGE RENT		586.
UTILITIES		19.
VOLUNTEER MANAGEMENT		3,486.
TOTAL	$	55,074.

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

PREPAID EXPENSES AND DEFERRED CHARGES		855.
TOTAL	$	855.