DAMIANS LADDER 93-2372405

RECEIPTS AND REVENUES	
GROSS SALES OR RECEIPTS	3,445
GROSS CONTRIBUTIONS, GIFTS, & GRANTS	17,904
TOTAL GROSS RECEIPTS	21,349
TOTAL COSTS	0
TOTAL GROSS INCOME	21,349
EXPENSES	
TOTAL EXPENSES	7,932
EXCESS RECEIPTS OVER EXPENSES	13,417
FILING FEE	
FILING FEE	0
BALANCE DUE	0

FORMS NEEDED FOR THIS RETURN

CALIFORNIA: 199, 8453-EO (199), E-FILE INSTRUCTIONS

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: DAMIANS LADDER

California corporation number: 5813264

Additional information. See instructions.

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 . . . [X] Yes [ ] No

B Amended return . . . [ ] Yes [X] No

C IRC Section 4947(a)(1) trust . . . [ ] Yes [X] No

D Final information return?
[ ] Dissolved [ ] Surrendered (Withdrawn) [ ] Merged/Reorganized
Enter date: (mm/dd/yyyy)

E Check accounting method:
1 [X] 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 [X] No

H Is this organization in a group exemption . . . [ ] Yes [X] 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 [X] No

J If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions . . . [ ] Yes [X] No

K Is the organization exempt under R&TC Section 23701g? . . . [ ] Yes [X] No
If "Yes," enter the gross receipts from nonmember sources . . . $

L Is the organization a limited liability company? . . . [ ] Yes [X] No

M Did the organization file Form 100 or Form 109 to report taxable income? . . . [ ] Yes [X] No

N Is the organization under audit by the IRS or has the IRS audited in a prior year? . . . [ ] Yes [X] 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	3,445.
	2	Gross dues and assessments from members and affiliates	2	
	3	Gross contributions, gifts, grants, and similar amounts received	3	17,904.
	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	21,349.
	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	21,349.
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	7,932.
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	13,417.
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 ► COPY

Title: TREASURER

Date:

Telephone: (831) 200-1376

Paid Preparer's Use Only

Preparer's signature ► KRYSTAL WEAVER

Date: 8/12/25

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 . . . [X] Yes [ ] No

CACA1112L 01/02/24

DAMIANS LADDER 93-2372405

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	3,445.
	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	3,445.
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	0.
	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	7,932.
	18	**Total** expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	18	7,932.

Schedule L Balance Sheet

Assets	Beginning of taxable year (a)	(b)	End of taxable year (c)	(d)
1 Cash				13,417.
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				
10 a Depreciable assets				
b Less accumulated depreciation				
11 Land				
12 Other assets. Attach schedule				
13 **Total assets**				13,417.
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				13,417.
20 Paid-in or capital surplus. Attach reconciliation				
21 Retained earnings or income fund				
22 **Total liabilities and net worth**				13,417.

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		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			
4 Income not recorded on books this year. Attach schedule		9 Total. Add line 7 and line 8	
5 Expenses recorded on books this year not deducted in this return. Attach schedule		10 Net income per return. Subtract line 9 from line 6	
6 Total. Add line 1 through line 5			

DAMIANS LADDER 93-2372405

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

INCOME FROM SPECIAL EVENTS	$ 3,445.
TOTAL	$ 3,445.

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
COLLETTA GRUCZELAK 5610 SCOTTS VALLEY DRIVE B1005 SCOTTS VALLEY, CA 95066	PRESIDENT 0	$ 0.	$ 0.	$ 0.
ANN BENNETT YOUNG 5610 SCOTTS VALLEY DRIVE B1005 SCOTTS VALLEY, CA 95066	SECRETARY 0	0.	0.	0.
DAVID HODGIN 5610 SCOTTS VALLEY DRIVE B1005 SCOTTS VALLEY, CA 95066	TREASURER 0	0.	0.	0.
MELISSA LANCTOT 5610 SCOTTS VALLEY DRIVE B1005 SCOTTS VALLEY, CA 95066	VICE PRESIDENT 0	0.	0.	0.
DARSHANA CROSKREY 5610 SCOTTS VALLEY DRIVE SCOTTS VALLEY, CA 95066	DIRECTOR 0	0.	0.	0.
RICHARD LEMON 5610 SCOTTS VALLEY DRIVE B1005 SCOTTS VALLEY, CA 95066	DIRECTOR 0	0.	0.	0.
	TOTAL	$ 0.	$ 0.	$ 0.

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

OTHER EXPENSES	$ 6,129.
POSTAGE AND SHIPPING	550.
SPECIAL EVENT EXPENSES	1,253.
TOTAL	$ 7,932.