Form **990**

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.

OMB No. 1545-0047
2024
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Α	For the	2024 calendar year, or tax year beginning , and ending					
В	Check if app	olicable: C Name of organization		D Employer	identification n	umber	
	Address cha	ange GABBY'S LADDER, INC.					
司	Name chang	Doing business as			564824		
러		Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone		12	
\blacksquare	Initial return Final return/			734-	242-877	3	
	terminated					450	000
	Amended re	MONROE MI 48162 F Name and address of principal officer:	1	G Gross reco	eipts \$	4/2	,037
一	Application		H(a) Is this a gro	oup return for s	ubordinates?	Yes	X No
	Application	pending KATE LONGENBARGER	11/25 A 11 1			Yes	□ _{No}
			H(b) Are all sub		aea? See instructions	163	☐ INO
			- 11 100,	allacii a iisi. k	see instructions		
<u> </u>	Tax-exemp		4				
J	Website:	GABBYSLADDER.ORG	H(c) Group exer				
_	Form of org		Year of formation: 2	001	M State of lega	l domicile	· MI
	Part I	Summary					
	1 Br	riefly describe the organization's mission or most significant activities:					
e		PROVIDE GUIDANCE AND SUPPORT TO GRIEVING CHILDREN, TEEN					
Governance	٠.	FAMILIES. PROVIDE GRIEF EDUCATION AND SUPPORT SERVICES	TO SCHOOL	LS,			
Ver		CHURCHES AND THE COMMUNITY					
င္ဟ	1	heck this box if the organization discontinued its operations or disposed of more than 25% of	f its net assets.	1 . 1	•		
જ	1	umber of voting members of the governing body (Part VI, line 1a)			8		
ies		umber of independent voting members of the governing body (Part VI, line 1b)			8		
Activities	1	otal number of individuals employed in calendar year 2024 (Part V, line 2a)			9		
Ac		otal number of volunteers (estimate if necessary)			0		
	1	otal unrelated business revenue from Part VIII, column (C), line 12					0
	b Ne	et unrelated business taxable income from Form 990-T, Part I, line 11	Prior Yea		0	- V	0
		ontributions and grants (Part VIII. line 1h)		6,997		nt Year	371
ne		ontributions and grants (Part VIII, line 1h) rogram service revenue (Part VIII, line 2g)		8,059		,,,,	0
Revenue		vestment income (Part VIII, column (A), lines 3, 4, and 7d)		3,784		18	483
æ	11 0	ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,335			523
	1	otal revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,607			377
		and and already and the said (Data IV) and are (A) Proceedings		_,			0
		enofite paid to or for members (Part IV, column (A), line 4)					0
s	1	alaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	17	6,280	2	202.	596
ses	16a Pr	rofessional fundraising fees (Part IX, column (A), line 11e)		-,		,	0
xpense		otal fundraising expenses (Part IX, column (D), line 25) 6,288					
Ä		ther expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	9.	5,256	1	L04,	295
	1	otal expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)		1,536			891
	1	evenue less expenses. Subtract line 18 from line 12		8,929			486
ъg	3		Beginning of Cur			of Year	
Net Assets or	20 To	otal assets (Part X, line 16)		0,550	1,8		102
A A	21 To	otal liabilities (Part X, line 26)		8,900			096
		et assets or fund balances. Subtract line 21 from line 20	1,65	1,650	1,7	790,	006
	Part II	Signature Block					
		alties of perjury, I declare that I have examined this return, including accompanying schedules and statemer			wledge and be	lief, it is	3
τr	ue, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which preparer h	as any knowleage). I			
Siç		Signature of officer		Date			
He			DIRECTOR	l .			
		Type or print name and title	T _	ı			
De:	.	Preparer's name Preparer's signature	Date	Check	if PTIN		
Pai	Ľ	SARAH D. RAFKO	05/15	/25 self-emp		33582	
		Firm's name CALKINS HEHL RAFKO CPA'S PLLC	F	irm's EIN	38-13	3357	62
US	Only	1 SOUTH MONROE			704 64		
		Firm's address MONROE, MI 48161		hone no.	734-24		_
May	y the IRS	discuss this return with the preparer shown above? See instructions				Yes	No

Pa	rt III Stat	ement of P	rogram S	ervice	Accomplishme	ents					
				ins a re	esponse or note	to any	line in this Par	<u>t III</u>			<u>L</u>
1	Briefly describe	•		CIIDD	ODM MO CD	T 1517 Z T NI	C CUITANE	N MEENC	A DIII	. mc 2710	
	FAMILIES				ORT TO GREEDUCATION						
		S AND TH				AND	SOFFORT S	ERVICES	.0 50	пооцо,	
	CHORCHE	3. AND 11.	in Com	101111							
2	Did the organiza	ation undertake	any significar	nt program	m services during th	e vear wh	nich were not listed	on the			
-	prior Form 990	000 F70		-	_	-					Yes X No
	If "Yes," describ									Ш	103 [] 110
3	-				ficant changes in h	ow it cond	lucts, any program				
•	services?		_	_	_						Yes X No
	If "Yes," describ										
4	•	ŭ			ishments for each o	of its three	largest program s	ervices. as measu	red by		
					ons are required to						
				-	gram service reporte		· ·				
	•		-								
4a	(Code:) (Expenses	\$	247,	044 including	grants of	\$) (Re	venue \$)
С	OUNSELIN	G SERVI	CES TO	THE	COMMUNITY	FOR	GRIEVING	CHILDREN	AND	THEIR	
F	AMILIES										
	(0 1	\	•				•	` '5	•		,
	(Code:) (Expenses	\$	רושר	including	grants of	\$) (Re	venue \$)
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4c S S	(Code: UICIDE PUPPORT E) (Expenses PREVENTICES PURPOSES	\$ DN PROV	TIDES	including	grants of	\$ THE COMMU	SUPPORT) (Re	venue \$		

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		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		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,"			x
0	complete Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a	8		Λ
9	· · · · · · · · · · · · · · · · · · ·			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or	9		х
10	debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	-		
10	or in guari andouments? If "Voe." complete Schodule D. Port V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10		
••	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
_	complete Schedule D, Part VI	11a	х	
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		Х
С	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
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		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	445		v
45	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	15		x
16	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	15		A
10	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	10		
• •	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		х
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		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
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

Pa	art IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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? If "Yes," complete Schedule J	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? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?			
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	It "Vas " complete Schedule I Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key	··· <u>-</u> -		
	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			
	parcana? If "Vac " complete Schodule I. Part III	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).			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
u		28a		x
b	"Yes," complete Schedule L, Part IV A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV			X
-	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	200		
С	West 2 accordate Calcadida I. David IV	28c		x
20				X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		_^
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	00		v
04	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		_^
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	00		v
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	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)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			.,
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
_	19? Note: All Form 990 filers are required to complete Schedule O.	38		X
Pa	art V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>		oxdot
	I I <u>-</u>		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prime winners?	1 4 4		

_Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance (continu	ied)			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	9			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2b	X	
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 auth	nority c	ver,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial ac	count)	?	4a		Х
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 Acceptable 114, Report of Financial Acceptable 114, Repor	ounts (FBAR).			
5a				5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	۱?		5b		Х
С	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					
				6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions	or				
_				6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for good	ds				
				7a		
b				7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			70		
٨	required to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year	7d		7c		
d e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contr			7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8		s required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by					
	sponsoring organization have excess business holdings at any time during the year?	-		8		
9	Sponsoring organizations maintaining donor advised funds.					
а	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:					
а	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:		1			
а		11a		4		
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 10	Ι.		12a		
	•	12b		4		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			10-		
а				13a		
h	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	13b				
С	the organization is licensed to issue qualified health plans Enter the amount of reserves on hand	13c		-		
14a	Did the agreement of the property and property for indeed temping agreement the tay year?			14a		х
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			1.2		
-	excess parachute payment(s) during the year?			15		х
	If "Yes," see instructions and file Form 4720, Schedule N.			-		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment inc	ome?		16		х
	If "Yes," complete Form 4720, Schedule O.	-				
17	Section 501(c)(21) organizations. Did the trust, any disqualified or other person, engage in any activities	es				
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?			17		
	If "Yes." complete Form 6069.					

Form 990 (2024) GABBY'S LADDER, INC. 38-3564824 Page 6 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 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 8 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. Enter the number of voting members included on line 1a, above, who are independent 8 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 X any other officer, director, trustee, or key employee? 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? 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members or stockholders? 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? X b Are any governance decisions of the organization reserved to (or subject to approval by) members, X stockholders, or persons other than the governing body? 7b 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? 8a Each committee with authority to act on behalf of the governing body? X b 8b 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 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 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? X Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe on Schedule O the process, if any, used by the organization to review this Form 990. b X Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done 12c Did the organization have a written whistleblower policy? X 13 13 Did the organization have a written document retention and destruction policy? X 14 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? The organization's CEO, Executive Director, or top management official X 15a X Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? X 16a 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? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed NONE 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) 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. State the name, address, and telephone number of the person who possesses the organization's books and records. KATE LONGENBARGER 2262 N MONROE ST

734-242-8773

MI 48162

MONROE

orm	990	(2024)	GABBY	'S	LADDER,	INC.

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Page 7

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See 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			

Officer this box in ficilities the organ		Total	cu o			JII COI	прс	Tisated any current officer, t	inector, or trustee.	
					C) ition					—
(A) Name and title	(B) Average			check	more	than or		(D) Reportable	(E) Reportable	(F) Estimated amount
Name and title	hours					s both or/truste		compensation	compensation	of other
	per week							from the	from related	compensation
	(list any hours for	Individual trustee or director	Institutional	Officer	Key	lighe	Former	organization (W-2/ 1099-MISC/	organizations (W-2/ 1099-MISC/	from the organization and
	related	dual	tion	=	emp	ist c	Θ	1099-NEC)	1099-NEC)	related organizations
	organizations below	T E	<u>a</u>		employee	Ömp				
	dotted line)	stee	trustee			Highest compensated employee				
			0			ē				
(1) KAYE LANI R RAFF		1								
	40.00	٠,						F0 000		
FORMER EXEC DIRECTOR	0.00	X				\vdash		59,200	0	0
(2) KAREN CALENDER	0.00									
DIRECTOR	0.00	х						0	o	0
(3) BENJAMIN CAPAUL	0.00									
(-)	0.00									
DIRECTOR	0.00	X						0	0	0
(4) NICHOLAS CAPAUL										
	0.00									
DIRECTOR	0.00	X						0	0	0
(5) RENEE DARROW										
	0.00									
VICE CHAIR	0.00	X		X				0	0	0
(6) APRIL EGGERT										
	0.00									
SECRETARY	0.00	X		X				0	0	0
(7) CHRISTIAN J HORE										
	0.00									
CHAIRMAN	0.00	X		X				0	0	0
(8) ERIC JOHNSON										
	0.00									
DIRECTOR	0.00	X						0	0	0
(9) LAURIE LOVELAND										
	0.00									
TREASURER	0.00	X		X				0	0	0
(10)										
(11)										

_	_	_		_	-	_	_	•	
~	v	-3	-	6	л	v	٠,	л	

Pa	rt VII Section A. Officers	, Directors, Trus	stee	s, Ke	ey E	mplo	yees	s, aı	nd Highest Compensated	Employees (continued)				
	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	bo	ficer a	Pos check ess pe	rson i	than constant than constant than constant than constant that the constant the constant that the constant that the constant that the consta	an ee)	(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	or	of oth compens from t ganizatio	amount er ation he	5
(12)														
(13)														
(14)														
(15)														
(16)														
(17)														
(18)														
(19)														
1b	Subtotal								59,200					
c	Total from continuation shee								F0 200					
<u>d</u>	Total (add lines 1b and 1c) . Total number of individuals (inc								who received more than \$1	00.000 of				
	reportable compensation from			0										
3	Did the organization list any for	rmer officer dire	ctor	truet	ا مو	(AV 6	mnla	פפער	or highest compensated		ſ		Yes	No
·	employee on line 1a? If "Yes,"	complete Schedu	ıle J	for s	such	indiv	ridual	ı ً				3		X
4	For any individual listed on line organization and related organ	1a, is the sum o	of rep han	ortal \$150	ble c	omp	ensa 'Yes	tion " co	and other compensation from	n the				
	individual								·····			4		X
5	Did any person listed on line 1 for services rendered to the or											5		х
Sect	ion B. Independent Contracto		-, -											
1	Complete this table for your fiv compensation from the organiz													
	·	(A) business address	npen	Salio	11 101	uic	Calc	Tuai		(B) tion of services			(C) mpensati	ion
	reame and	business address							Везспр	ion or services		- 00	препвал	ion
	Total number of independent c	ontractore (includ	ina L	711t ~	ot lin	nitod	to +L	1000	listed above) who					
	received more than \$100,000 c							1058	ilisted above) WIIO	0				

Form 990 (2024) GABBY'S LADDER, 38-3564824 INC. Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (C) Unrelated (B) Related or exempt Revenue excluded function revenue husiness revenue from tax under sections 512-514 1a Federated campaigns 1a **b** Membership dues 1b c Fundraising events 1c **d** Related organizations 1d **e** Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above 1f 360,371 Q Noncash contributions included in 10,000 lines 1a-1f 1g h Total. Add lines 1a-1f. 360,371 Business Code Program Service Revenue f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) 14,243 14,243 Income from investment of tax-exempt bond proceeds Royalties (ii) Personal 6a Gross rents 6a b Less: rental expenses 6b C Rental inc. or (loss) d Net rental income or (loss) 7a Gross amount from (i) Securities (ii) Other sales of assets 69,900 7a other than inventory Revenue b Less: cost or other <u>65, 6</u>60 basis and sales exps. 4,240 c Gain or (loss) 7с 4,240 4,240 d Net gain or (loss) 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 23,613 **b** Less: direct expenses 1,334 c Net income or (loss) from fundraising events 23,613 9a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses 9b c Net income or (loss) from gaming activities . 10a Gross sales of inventory, less returns and allowances 10a **b** Less: cost of goods sold 10b c Net income or (loss) from sales of inventory Business Code 3,910 3,910 OTHER FUNDRAISERS

3,910

8,150

406,377

d All other revenue

e Total. Add lines 11a-11d.

Total revenue. See instructions

Form 990 (2024)

Part IX Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a response			e column (A).	
	not include amounts reported on lines 6b, 7b, Pb, 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	59,260	33,183	26,077	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	107 504	115 764	11 200	270
7	Other salaries and wages	127,524	115,764	11,382	378
8	Pension plan accruals and contributions (include				
•	section 401(k) and 403(b) employer contributions)	350	350		
9	Other employee benefits	15,462	12,567	2,866	29
10	Payroll taxes	15,462	12,567	2,800	
11	Fees for services (nonemployees):				
a					
b		9,630		9,630	
c d	Accounting	3,030		3,030	
e	Lobbying Professional fundraising services. See Part IV, line 17				
f	Investment management fees	3,002	2,753	249	
g		7,552			
9	(A), amount, list line 11g expenses on Schedule O.)	6,477	5,585	670	222
12		1,180	1,121	35	24
13	Office expenses	6,209	5,278	621	310
14	Information technology	, l	,		
15	Royalties				
16	Occupancy	16,853	15,047	1,686	120
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	2,835	2,835		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	32,327	32,327		
23	Insurance	3,434	2,919	343	172
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.)	16 405	16 405		
a	CHILD ADULT FAM PROGRAM	16,405	16,405		F 022
b	EVENT EXPENSES	5,033 910	910		5,033
C	MISCELLANEOUS	310	910		
d	All other expanses				
e 25	All other expenses	306,891	247,044	53,559	6 200
25 26	Total functional expenses. Add lines 1 through 24e	300,631	441,044	55,555	6,288
_•	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				
	·/				

Form 990 (2024) GABBY'S LADDER,
Part X Balance Sheet

				(A) Beginning of year		(B) End of year
1	Cash—non-interest-bearing			247,466	1	269,494
2	Savings and temporary cash investments			·	2	
3	Pledges and grants receivable, net				3	
4	Accounts receivable, net	78,774	4	14,454		
5	Loans and other receivables from any current or former			·		·
	trustee, key employee, creator or founder, substantial of					
	controlled entity or family member of any of these person	ns			5	
6	Loans and other receivables from other disqualified per					
	under section 4958(f)(1)), and persons described in se	ction 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	
10a	Land, buildings, and equipment: cost or other	1				
	basis. Complete Part VI of Schedule D	10a	1,001,992			
b			117,851	959,991	10c	884,141
11	Investments—publicly traded securities			349,843	11	596,815
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			44,476	15	43,198
16	Total assets. Add lines 1 through 15 (must equal line 3			1,680,550	16	1,808,102
17	Accounts payable and accrued expenses			16,423	17	9,561
18	Grants payable		18			
19	Deferred revenue				19	
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 office					
22	trustee, key employee, creator or founder, substantial of	ontributor, o	or 35%			
	controlled entity or family member of any of these person	ons			22	
23	Secured mortgages and notes payable to unrelated thir	d parties			23	
24	Unsecured notes and loans payable to unrelated third p	arties			24	
25	Other liabilities (including federal income tax, payables					
	parties, and other liabilities not included on lines 17-24)	. Complete	Part X			
	of Schedule D			12,477	25	8,535
26	Total liabilities. Add lines 17 through 25			28,900	26	18,096
	Organizations that follow FASB ASC 958, check he	re X				
	and complete lines 27, 28, 32, and 33.					
27 28	Net assets without donor restrictions	1,651,650	27	1,780,599		
28	Net assets with donor restrictions		28	9,407		
	Organizations that do not follow FASB ASC 958, ch					
	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 equipmer	nt fund			30	
31	Retained earnings, endowment, accumulated income, of				31	
29 30 31 32	Total and annuts on fined belongs			1,651,650	32	1,790,006
33	Total liabilities and net assets/fund balances			1,680,550	33	1,808,102

Form **990** (2024)

Check 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 Total expenses (must equal Part IX, column (A), line 25) 2 Revenue less expenses. Subtract line 2 from line 1 3 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 Net unrealized gains (losses) on investments 5	406,377 306,891 99,486 1,651,650 38,870	1 6 0
1Total revenue (must equal Part VIII, column (A), line 12)12Total expenses (must equal Part IX, column (A), line 25)23Revenue less expenses. Subtract line 2 from line 134Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))4	406,377 306,891 99,486 1,651,650	1 6 0
2Total expenses (must equal Part IX, column (A), line 25)23Revenue less expenses. Subtract line 2 from line 134Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))4	99,486 1,651,650	6 0
3 Revenue less expenses. Subtract line 2 from line 1 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4	1,651,650	0
	38,870	<u>0</u>
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) 9		
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line		
32, column (B)) 10	1,790,006	6
Part XII Financial Statements and Reporting		
Check if Schedule O contains a response or note to any line in this Part XII		
	Yes No	,
1 Accounting method used to prepare the Form 990: Cash X Accrual 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?	2a 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.		
X Separate basis Consolidated basis Both consolidated and separate basis		
b Were the organization's financial statements audited by an independent accountant?	2b 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.		
Separate basis Consolidated basis 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?	2c	
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?	3a 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	3b	

Form **990** (2024)

SCHEDULE A

(Form 990)

,

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

2024

Open to Public Inspection

Internal Revenue Service

Name of the organization

Department of the Treasury

GABBY'S LADDER, INC.

Employer identification number 38–3564824

Pa	art I	Rease	on for Public Charity	Status. (All organizations	must co	mplete	this part.) See instruction	is.					
Γhe	orgai	nization is not a	a private foundation because	it is: (For lines 1 through 12, che	ck only or	ne box.)							
1		A church, cor	nvention of churches, or asso	ciation of churches described in	section 1	70(b)(1)(A)(i).						
2		A school desc	cribed in section 170(b)(1)(A	A)(ii). (Attach Schedule E (Form S	990).)								
3		A hospital or	or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).										
4		A medical res	search organization operated	in conjunction with a hospital des	scribed in	section	170(b)(1)(A)(iii). Enter the hosp	ital's name,					
	_	city, and state	9:										
5	Ш	An organization	on operated for the benefit of	a college or university owned or	operated	by a gove	ernmental unit described in						
		section 170	(b)(1)(A)(iv). (Complete Part I	II.)									
6	Ц	A federal, sta	te, or local government or go	vernmental unit described in sec	tion 170	b)(1)(A)(\	<i>ı</i>).						
7	Ш	-	on that normally receives a su section 170(b)(1)(A)(vi). (Co	ubstantial part of its support from implete Part II.)	a govern	mental un	it or from the general public						
8	Ш	A community	trust described in section 1	70(b)(1)(A)(vi). (Complete Part II.	.)								
9	Ш	-		ribed in section 170(b)(1)(A)(ix) agriculture (see instructions). En	•	-							
10	X	An organization receipts from support from	activities related to its exemp gross investment income and	more than 33 1/3% of its support t functions, subject to certain exc I unrelated business taxable inco 1975. See section 509(a)(2). (4)	eptions; a	and (2) no section 5	more than 33 1/3% of its						
11	Ш	An organization	on organized and operated ex	clusively to test for public safety.	. See sec	tion 509((a)(4).						
12		-	• .	clusively for the benefit of, to per									
			, , ,,	ns described in section 509(a)(•	•	,,,	heck					
			<u> </u>	cribes the type of supporting orga			<u> </u>						
	а			rated, supervised, or controlled by		Ū	(/-)						
			• ',' '	er to regularly appoint or elect a remplete Part IV, Sections A and		the direc	tors or trustees of the						
	b	_ `` `	-	ervised or controlled in connection		cunnorta	d organization(s) by having						
	b			ng organization vested in the sar									
			ion(s). You must complete I	• •	ро.сс.		mior or manago are capported						
	С	Type III	functionally integrated. A su	upporting organization operated in ructions). You must complete P									
	d		• ,,,	. A supporting organization opera)					
				organization generally must satis				,					
		requireme	ent (see instructions). You m	ust complete Part IV, Sections	A and D	, and Par	t V.						
	е			ived a written determination from -functionally integrated supporting			Type I, Type II, Type III						
	f		nber of supported organization										
	g	Provide the fo	ollowing information about the	e supported organization(s).	1		Т						
(i		e of supported	(ii) EIN	(iii) Type of organization		organization	(v) Amount of monetary	(vi) Amount of					
	OIQ	ganization		(described on lines 1–10 above (see instructions))		ur governing nent?	support (see instructions)	other support (see instructions)					
				, , , , , , , , , , , , , , , , , , , ,	Yes	No	,	,					
(A)													
` ,													
(B)													
(C)													
(D)													
(ט)													
(E)													
\- <i>,</i>													
Гotа	ı												
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Page 2

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.)

Sec	tion A. Public Support						
Caler	dar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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 5	Total. Add lines 1 through 3 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						
Sec	tion B. Total Support		•				
Caler	dar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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 org	janization's first, se	econd, third, fourth,	or fifth tax year as	a section 501(c)(3)		
	organization, check this box and stop here						
<u>Sec</u>	tion C. Computation of Public Su						
14	Public support percentage for 2024 (line 6,	column (f), divided	by line 11, column	(f))		14	%
15	Public support percentage from 2023 Scheo	lule A, Part II, line	14			15	%
16a	33 1/3% support test — 2024. If the organ	ization did not che	ck the box on line 1	3, and line 14 is 33	3 1/3% or more, ch	eck this	
	box and stop here. The organization qualifi						
b	33 1/3% support test — 2023. If the organithis box and stop here. The organization q			zation		e, check	
17a	10%-facts-and-circumstances test — 20	24. If the organizat	tion did not check a				
	10% or more, and if the organization meets						
	Part VI how the organization meets the fact				•		_
	organization						L
b	10%-facts-and-circumstances test — 20						
	15 is 10% or more, and if the organization						
	in Part VI how the organization meets the f	acts-and-circumsta	nces test. The orga	nization qualifies a	s a publicly suppor	ted	
	organization						L
18	Private foundation. If the organization did instructions						

Schedule A (Form 990) 2024

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.

If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support	quality under the	e tests listed be	elow, piease coi	inpiete Part II.)		
	ndar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1	Gifts, grants, contributions, and membership fees	(1)	(-, -	(-, -	(1)		()
-	received. (Do not include any "unusual grants.")	250,341	303,205	454,832	366, 997	360,371	1,735,746
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	50,234	42,877	23,858	18,059	26,189	161,217
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	300,575	346,082	478,690	385,056	386,560	1,896,963
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b c	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 Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						1 000 000
Sec	tion B. Total Support						1,896,963
	ndar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9	Amounts from line 6	300,575	346,082	478,690	385,056	386,560	1,896,963
10a	Gross income from interest, dividends, payments received on securities loans, rents,		·	,	,		,
	royalties, and income from similar sources	1,266	20,048	32,988	15,769	14,243	84,314
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	1,266	20,048	32,988	15,769	14,243	84,314
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on					334	334
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,		T				
	and 12.)	301,841	366,130	511,678	400,825	401,137	1,981,611
14	First 5 years. If the Form 990 is for the or	_		-			
500	organization, check this box and stop here tion C. Computation of Public Su					<u> </u>	
15	Public support percentage for 2024 (line 8,			f\\		15	95.73 %
16	Public support percentage for 2024 (line o,	dule A Part III line 1	5	''''		16	96.02 %
	tion D. Computation of Investme						JU.UZ /0
17	Investment income percentage for 2024 (lin			olumn (f))		17	4 %
18	Investment income percentage from 2023		P 4-			1 40	4 %
19a	33 1/3% support tests — 2024. If the orga						
b	17 is not more than 33 1/3%, check this bo. 33 1/3% support tests — 2023. If the orga		-				X
	line 18 is not more than 33 1/3%, check this						
20	Private foundation. If the organization did		=				

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 on 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

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

		Yes	No
	1		
	2		
	3a		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
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	7		
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	9a		
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	ule A (Form 990) 2024 GABBI S LADDER, INC. 56-33046	<u> </u>		Page 3
Par	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
	provide detail in Part VI.	11c		
Secti	ion 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.	1		
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.	2		
Secti	ion 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).	1		
Secti	ion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	-		
	organization(s), or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI</i>			
	how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have	_		
Ū	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.	3		
Secti	ion 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	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instruc	tions).		
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			
u	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 each of its supported organizations, and how the organization determined	2a		
_	that these activities constituted substantially all of its activities.			
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If			
	"Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would	04		
	have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations, Angway lines 22 and 26 holess			
а	Parent of Supported Organizations. Answer lines 3a and 3b below.			
-	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			
	bid the digatheation exercise a substantial degree of direction over the policies, programs, and activities of each	1 7		

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Schedule A (Form 990) 2024

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizati	ions					
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 2	0, 197	0 (explain in Part VI). See					
	instructions. All other Type III non-functionally integrated supporting organizations must co	omplete	Sections A through E.					
Sect	on A – Adjusted Net Income	(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						
Sect	Section B – Minimum Asset Amount (A) Prior Year							
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						
е	Discount claimed for blockage or other factors							
	(explain in detail in Part VI):							
2	Acquisition indebtedness applicable to non-exempt-use assets	2						
3_	Subtract line 2 from line 1d.	3						
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,							
	see instructions).	4						
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5						
6	Multiply line 5 by 0.035.	6						
7	Recoveries of prior-year distributions	7						
8	Minimum Asset Amount (add line 7 to line 6)	8						
Sect	on C – Distributable Amount			Current Year				
1	Adjusted net income for prior year (from Section A, line 8, column A)	1						
2	Enter 0.85 of line 1.	2						
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3						
4	Enter greater of line 2 or line 3.	4						
5	Income tax imposed in prior year	5						
6	Distributable Amount. Subtract line 5 from line 4, unless subject to							
	emergency temporary reduction (see instructions).	6						
7	Check here if the current year is the organization's first as a non-functionally integrated Type	e III sı	upporting organization					

Schedule A (Form 990) 2024

(see instructions).

Schedule A (Form 990) 2024 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 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity

Administrative expenses paid to accomplish exempt purposes of supported organizations 3 3 4 Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required—provide details in Part VI) 5 5 6 Other distributions (describe in Part VI). See instructions. 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 Distributable amount for 2024 from Section C, line 6 9

10	Line 8 amount divided by line 9 amount		10	
Secti	on E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
1_	Distributable amount for 2024 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2024 (reasonable cause required– <i>explain in Part VI</i>). See instructions.			
3	Excess distributions carryover, if any, to 2024			
а	From 2019			
b	From 2020			
c	From 2021			
d	From 2022			
	From 2023			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2024 distributable amount			
i	Carryover from 2019 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2024 from			
	Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2024 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2024, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2024. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2025. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2020			
	Excess from 2021			
	Excess from 2022			
	Excess from 2023			
<u> </u>	Excess from 2024			Schodulo A (Form 990) 202

Schedule A (Form 990) 2024

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Part VI	Supplemental III, line 12; Par B, lines 1 and 3a, and 3b; Pa	Information. t IV, Section A 2; Part IV, Sec art V, line 1; Pa	Prov , line tion (art V,	ide the explass 1, 2, 3b, 3d C, line 1; Par Section B, lir	nations c, 4b, 4 t IV, Se ne 1e; F	required by Part II, line 10 c, 5a, 6, 9a, 9b, 9c, 11a, 11 ection D, lines 2 and 3; Part Part V, Section D, lines 5, 6 or any additional information	; Part II, line 17a or b, and 11c; Part IV, IV, Section E, lines , and 8; and Part V,	17b; Part Section
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