

Form **990-EZ****Short Form****Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

2024Department of the Treasury
Internal Revenue Service

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/Form990EZ for instructions and the latest information.**Open to Public
Inspection****A For the 2024 calendar year, or tax year beginning**

, 2024, and ending

, 20

B Check if applicable:

Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization

Stand Up To Trash Inc.

Number and street (or P.O. box if mail is not delivered to street address)

Room/suite

26921 Calle Maria

City or town, state or province, country, and ZIP or foreign postal code

Capo Beach, CA 92624

D Employer identification number

85-2769680

E Telephone number

9494133586

**F Group Exemption
Number****G Accounting Method:** Cash Accrual Other (specify): _____**I Website:** N/A**J Tax-exempt status** (check only one) — 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527**H Check if the organization is not required to attach Schedule B (Form 990).****K Form of organization:** Corporation Trust Association Other: _____**L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets**

(Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ \$ 106,929.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)Check if the organization used Schedule O to respond to any question in this Part I

Revenue	1 Contributions, gifts, grants, and similar amounts received	1 106,929.
	2 Program service revenue including government fees and contracts	2
	3 Membership dues and assessments	3
	4 Investment income	4
	5a Gross amount from sale of assets other than inventory	5a
	b Less: cost or other basis and sales expenses	5b
	c Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)	5c
	6 Gaming and fundraising events:	
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a
	b Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b
	c Less: direct expenses from gaming and fundraising events	6c
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d
	7a Gross sales of inventory, less returns and allowances	7a
	b Less: cost of goods sold	7b
	c Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)	7c
	8 Other revenue (describe in Schedule O)	8
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9 106,929.
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10
	11 Benefits paid to or for members	11
	12 Salaries, other compensation, and employee benefits	12
	13 Professional fees and other payments to independent contractors	13 1,375.
	14 Occupancy, rent, utilities, and maintenance	14 6,756.
	15 Printing, publications, postage, and shipping	15 5,211.
	16 Other expenses (describe in Schedule O)	16 89,172.
	17 Total expenses. Add lines 10 through 16	17 102,514.
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 9)	18 4,415.
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19 10,602.
	20 Other changes in net assets or fund balances (explain in Schedule O)	20
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21 15,017.

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2024)

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	×
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34	×
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	×
b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	×
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	×
37a Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	
b Did the organization file Form 1120-POL for this year?	37b	×
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	×
b If "Yes," complete Schedule L, Part II, and enter the total amount involved	38b	
39 Section 501(c)(7) organizations. Enter:	39a	
a Initiation fees and capital contributions included on line 9	39b	
b Gross receipts, included on line 9, for public use of club facilities		
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:		
section 4911: _____; section 4912: _____; section 4955: _____		
b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	×
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	×
41 List the states with which a copy of this return is filed:		
42a The organization's books are in care of: Vicki Patterson Telephone no. (949) 413-3586		
Located at: 26921 Calle Maria, Capistrano Beach CA ZIP + 4 92624		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country:	42b	×
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country:	42c	×
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here and enter the amount of tax-exempt interest received or accrued during the tax year	43	
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	×
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	×
c Did the organization receive any payments for indoor tanning services during the year?	44c	×
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	×
b 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	45b	×

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

Part VI Section 501(c)(3) Organizations Only

All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

		Yes	No
47	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		
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		
49a	Did the organization make any transfers to an exempt non-charitable related organization?		
b	If "Yes," was the related organization a section 527 organization?		
50	Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."		

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
None				

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
None		

d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A Yes No

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

Sign Here	Signature of officer		Date		
	Vicki Patterson, President		11/17/2025		
	Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Bill Knoke, EA, CFP	Bill Knoke, EA, CFP	11/16/2025		P00420643
	Firm's name	WILLIAM L KNOKE INC		Firm's EIN	33-0548528
Firm's address	31461 RANCHO VIEJO RD STE 102, SAN JUAN CAPO, CA 92675		Phone no.	(949) 661-4357	
May the IRS discuss this return with the preparer shown above? See instructions.					

May the IRS discuss this return with the preparer shown above? See instructions

Stand Up To Trash Inc.

85-2769680

1

Additional Information From Form 990-EZ: Short Form Return of Organization Exempt from Income Tax**Form 990-EZ: Short Form Return of Organization Exempt from Income Tax****Line 16: Other Expenses****Continuation Statement**

Description	Amount
OTHER PROGRAM RELATED EXPENSES	51,214.
PERMITS	340.
INSURANCE	650.
MAINTENANCE	2,500.
STAFF MEETINGS	6,010.
REGISTRATION	75.
SUPPLIES	5,002.
POSTAGE	500.
MECHANDISE	0.
WEBSITE	1,000.
DUES AND SUBSCRIPTIONS	300.
OUTSIDE SERVICES	2,800.
BANK FEES	2,558.
CONTINUING EDUCATION	3,300.
TRAVEL	4,841.
AUTO	4,624.
BOARD MEETING	3,458.
Total	89,172.

Form 990-EZ: Short Form Return of Organization Exempt from Income Tax**Part III: Purpose****Continuation Statement**

Organization's Primary Exempt Purpose
Clean the environment on and around
California public beaches.

**SCHEDULE A
(Form 990)**Department of the Treasury
Internal Revenue Service**Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2024**Open to Public
Inspection**

Name of the organization

Stand Up To Trash Inc.

Employer identification number

85-2769680

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

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

1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.

2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)

3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.

4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:

5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)

6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.

7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)

8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)

9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:

10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)

11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.

12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**

b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**

c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**

d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**

e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations

g Provide the following information about the supported organization(s).

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

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

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

Section A. Public Support**Calendar year (or fiscal year beginning in)**

1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")

2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf

3 The value of services or facilities furnished by a governmental unit to the organization without charge

4 **Total.** Add lines 1 through 3

5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)

6 **Public support.** Subtract line 5 from line 4

	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1						
2						
3						
4						
5						
6						

Section B. Total Support**Calendar year (or fiscal year beginning in)**

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)

13 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7						
8						
9						
10						
11						
12						12
13						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f))

15 Public support percentage from 2023 Schedule A, Part II, line 14

16a **33 $\frac{1}{3}$ % support test—2024.** If the organization did not check the box on line 13, and line 14 is 33 $\frac{1}{3}$ % or more, check this box and **stop here**. The organization qualifies as a publicly supported organization

b **33 $\frac{1}{3}$ % support test—2023.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 $\frac{1}{3}$ % or more, check this box and **stop here**. The organization qualifies as a publicly supported organization

17a **10%-facts-and-circumstances test—2024.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here**. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

b **10%-facts-and-circumstances test—2023.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here**. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 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.")	25,393.	6,077.	35,638.	32,064.		99,172.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . .						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . .						
5 The value of services or facilities furnished by a governmental unit to the organization without charge . . .						
6 Total. Add lines 1 through 5 . . .	25,393.	6,077.	35,638.	32,064.		99,172.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons .						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						99,172.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9 Amounts from line 6	25,393.	6,077.	35,638.	32,064.		99,172.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	25,393.	6,077.	35,638.	32,064.		99,172.
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

15 Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f))	15	100 %
16 Public support percentage from 2023 Schedule A, Part III, line 15	16	100 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f)) . . .	17	0 %
18 Investment income percentage from 2023 Schedule A, Part III, line 17	18	0 %
19a 33 1/3% support tests—2024. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization . . .		<input checked="" type="checkbox"/>
b 33 1/3% support tests—2023. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization . .		<input type="checkbox"/>
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . .		<input type="checkbox"/>

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		

Part IV Supporting Organizations (continued)

11 Has the organization accepted a gift or contribution from any of the following persons?

- 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?
- A family member of a person described on line 11a above?
- 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**.

	Yes	No
11a		
11b		
11c		

Section B. Type I Supporting Organizations

1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in **Part VI** how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.

2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in **Part VI** how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

	Yes	No
1		
2		

Section C. Type II Supporting Organizations

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).

	Yes	No
1		

Section D. All Type III Supporting Organizations

1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?

2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s), or (ii) serving on the governing body of a supported organization? If "No," explain in **Part VI** how the organization maintained a close and continuous working relationship with the supported organization(s).

3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in **Part VI** the role the organization's supported organizations played in this regard.

	Yes	No
1		
2		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).

- The organization satisfied the Activities Test. Complete **line 2** below.
- The organization is the parent of each of its supported organizations. Complete **line 3** below.
- The organization supported a governmental entity. Describe in **Part VI** how you supported a governmental entity (see instructions).

2 Activities Test. Answer lines 2a and 2b below.

- Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI** identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.

3 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**.
- Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard.

	Yes	No
2a		
2b		
3a		
3b		

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

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

Section A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	
Section B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C—Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D—Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required— <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2024 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10
Section E—Distribution Allocations (see instructions)		(i) Excess Distributions
		(ii) Underdistributions Pre-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	
a	From 2019	
b	From 2020	
c	From 2021	
d	From 2022	
e	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)	
j	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, <i>explain in Part VI</i> . See instructions.	
6	Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.	
7	Excess distributions carryover to 2025. Add lines 3j and 4c.	
8	Breakdown of line 7:	
a	Excess from 2020 . . .	
b	Excess from 2021 . . .	
c	Excess from 2022 . . .	
d	Excess from 2023 . . .	
e	Excess from 2024 . . .	

Part VI

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

Form **8868**

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service**Application for Extension of Time To File an Exempt Organization
Return or Excise Taxes Related to Employee Benefit Plans**

OMB No. 1545-0047

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

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

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

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

Part I — Identification

Type or Print	Name of exempt organization, employer, or other filer, see instructions. <u>Stand Up To Trash Inc.</u>	Taxpayer identification number (TIN) 85-2769680
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <u>26921 Calle Maria</u>	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <u>Capo Beach CA 92624</u>

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08	Form 990-T (governmental entities)	15

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

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

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

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

The books are in the care of Vicki Patterson

Telephone No. (949) 413-3586 Fax No. _____

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) _____

If this is for the whole group, check this box

If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for

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

calendar year 20 24 or
 tax year beginning _____, 20 _____, and ending _____, 20 _____.

2 If the tax year entered in line 1 is for less than 12 months, check reason:

Initial return Final return Change in accounting period

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

Part III – Extension of Time To File Form 5330 (see instructions)

1 I request an extension of time until _____, 20_____, to file Form 5330.

You may be approved for up to a 6-month extension to file Form 5330, after the normal due date of Form 5330.

a Enter the Code section(s) imposing the tax.	1a	
b Enter the payment amount attached.	1b	\$
c For excise taxes under section 4980 or 4980F of the Code, enter the reversion/amendment date (MM/DD/YYYY).	1c	

2 State in detail why you need the extension.

Under penalties of perjury, I declare that to the best of my knowledge and belief, the statements made on this form are true, correct, and complete, and that I am authorized to prepare this application.

Signature

Date

Form **8868** (Rev. 1-2025)

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

OMB No. 1545-0047

Department of the Treasury
Internal Revenue ServiceFor calendar year 2024, or fiscal year beginning _____, 2024, and ending _____, 20_____
Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879TE for the latest information.**2024**

Name of filer

Stand Up To Trash Inc.

EIN or SSN

85-2769680

Name and title of officer or person subject to tax

Vicki Patterson, President

Part I Type of Return and Return Information

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

1a	Form 990 check here . . . <input type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	_____
2a	Form 990-EZ check here . . . <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	_____
3a	Form 1120-POL check here . . . <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	_____
4a	Form 990-PF check here . . . <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b	_____
5a	Form 8868 check here . . . <input checked="" type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b	0.
6a	Form 990-T check here . . . <input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b	_____
7a	Form 4720 check here . . . <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b	_____
8a	Form 5227 check here . . . <input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b	_____
9a	Form 5330 check here . . . <input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b	_____
10a	Form 8038-CP check here . . . <input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b	_____

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

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the

2024 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize _____ to enter my PIN as my signature
ERO firm name

--	--	--	--

Enter five numbers, but
do not enter all zeros

on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

11/17/2025

Signature of officer or person subject to tax Vicki Patterson Date 03/31/2025**Part III Certification and Authentication**

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

--	--	--	--	--	--	--

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2024 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature _____

Date 11/16/2025

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

**990-EZ, 990, 990-T and 990-PF
Information Worksheet**

2024

Part I – Identifying Information

Employer Identification Number . 85-2769680

Name Stand Up To Trash Inc.

Doing Business As

Address 26921 Calle Maria Room/Suite .

City. Capo Beach State . . . CA ZIP Code. . . 92624

Province/State Foreign Postal Code. .

Foreign Code Foreign Country

Telephone Number (949) 413-3586 Extension. Foreign Phone No. .

Fax. E-Mail Address . . vickipattersonrealtor@gmail.com

Eligible for hurricane tax relief legislation benefits, check here

File a second return for the same filing year

Part II – Type of Return

IMPORTANT

For tax years beginning on or after July 2, 2019, section 3101 of P.L. 116-25 requires that returns by exempt organizations be filed electronically. The appropriate electronic filing box(es) must be checked in

Part VII - Electronic Filing Information.

Form 990-EZ only
Form 990 only
Form 990-PF only
Form 990-T only

Form 990-EZ and Form 990-T
Form 990 and Form 990-T
Form 990-PF and Form 990-T
Form 990-N (gross receipts \$50,000 or less)

QuickBooks Import Users & 990 to 990-EZ Data Transfer Option: Check if you're filing the EZ & want 990 imported data copied to the EZ **OR** for those not importing from QuickBooks who transferred from prior year 990 and now qualify to file the EZ this year, check this box to transfer 990 data to the EZ.

IMPORTANT

Before transferring data from Form 990 to Form 990-EZ, refer to "How to transfer data from filing Form 990 to 990-EZ" listed above in the Most Common Support Questions or Tax Help for this line.

Part III – Type of Organization

501(c) Corporation/Association
501(c) Trust
4947(a)(1) Trust
408(e) Trust
401(a) Trust
Public College or University
Other _____ (describe)
6417(d)(1)(A) Applicable Entity

____ 3 (subsection number)
____ (subsection number)

220(e) Trust
408A Trust
529(a) Corporation
529(a) Trust
530(a) Trust
527 Organization
501(c) Association

Part IV – Tax Year and Filing Information

Calendar year
Fiscal year – Ending month . . .
Short year – Beginning date . . . Ending date . . .

Change of Accounting Period

Check this box if the organization is enrolled in the Electronic Federal Tax Payment System (EFTPS)

Stand Up To Trash Inc.

85-2769680 Page 2

Part V – 2024 Estimated Taxes Paid

Check this box if the organization is a private foundation

Form 990-T Form 990-PF

Amount of 2023 overpayment credited to 2024 estimated tax

Payment Quarters	Due Date	Form 990-T		Form 990-PF	
		Date Paid	Amount Paid	Date Paid	Amount Paid
1st Quarter Payment	04/15/24				
2nd Quarter Payment	06/17/24				
3rd Quarter Payment	09/16/24				
4th Quarter Payment	12/16/24				
Additional Payment 1					
Additional Payment 2					
Additional Payment 3					
Additional Payment 4					

Part VI - Taxpayer Signature Information

Officer's Name Vicki Patterson
 Officer's SSN 548-83-5814 Officer's Title President
 Officer's Phone number

Part VII – Electronic Filing Information

IMPORTANT: Do **not** use the Miscellaneous Statement **or** Additional Information if filing Form 990 or Form 990-EZ. These statements will **not** be transmitted with the return. Use Schedule O or the applicable Supplemental Information for the appropriate Schedule.

Choose Returns to be Filed Electronically:

Note: Returns represented by gray bars are not supported by ProSeries or Taxing Agency.

Filings To	Original Return	Extension	Amended Return	Estimated Payments			
				1	2	3	4
Federal Filings							
990, 990-EZ, 990-PF, or 990-N . . . ►		X		■■■	■■■	■■■	■■■
990-T ►		■■■		■■■	■■■	■■■	■■■
Form 114 (FBAR) ►				■■■	■■■	■■■	■■■

State Filings

Information Only: Selection of state/city return(s) was made . . . ► X
 California Form 199 ► X
 California Form 109 ►

QuickZoom to the Electronic Filing Information Worksheet ► _____
 QuickZoom to the Form 8868 Electronic Filing Information Worksheet ► _____

Practitioner PIN program:

Sign this return electronically using the Practitioner PIN
 ERO entered PIN

Officer's PIN (enter any 5 numbers) . . . 12345

Date PIN entered 10/30/2025

Responsible Party Information:

Yes No

Is Form 8822-B required to report a change of responsible party?

Electronic Filing Information Worksheet

► Keep for your records

► Keep for your records

2024

Name(s) shown on return <u>Stand Up To Trash Inc.</u>	Identifying number 85-2769680
--	----------------------------------

Part I – State Electronic Filing:

Check this box to force state only filing for all states selected to be filed electronically

Part II – Electronic Return Originator Information

The ERO Information below will automatically calculate based on the preparer code entered on the return.

For returns that are prepared as a "Non-Paid Preparer" (XNP) or "Self-Prepared" (XSP)
enter the EFIN for the ERO that is responsible for this return. ► 332482

For returns that are marked as a "Non-Paid Preparer" (XNP) or "Self-Prepared" (XSP)
enter a PIN for the ERO that is responsible for filing return ►

ERO Name WILLIAM L KNOKE INC	ERO Electronic Filers Identification Number (EFIN) 332482	
ERO Address 31461 RANCHO VIEJO RD STE 102	ERO Employer Identification Number 33-0548528	
City SAN JUAN CAPO	ZIP Code CA 92675	ERO Social Security Number or PTIN
Country		

Part III – Paid Preparer Information

Firm Name <u>WILLIAM L KNOKE INC</u>	Preparer Social Security Number or PTIN <u>P00420643</u>		
Preparer Name <u>Bill Knoke, EA, CFP</u>	Employer Identification Number <u>33-0548528</u>		
Address <u>31461 RANCHO VIEJO RD STE 102</u>	Phone Number <u>(949) 661-4357</u>		
City <u>SAN JUAN CAPO</u>	State <u>CA</u>	ZIP Code <u>92675</u>	Fax Number <u>(949) 661-5818</u>
Country <u></u>	Preparer E-mail Address <u>frontdesk@theknokegroup.com</u>		

Part IV – Selection of Additional Amended Returns

Enter the payment date to withdraw tax payment ► _____
Amount you are paying with the amended return ► _____
 Check this box to file another **federal** amended return electronically
 Check this box to file another **990-T** amended return electronically
 File another Amended Form 114 Report of Foreign Bank and Financial Accounts (FBAR) electronically
 Check this box to file another **state and/or city** amended return electronically
* Select the state and/or city amended return(s) to file electronically.

State/City *

Part V – Name Control

Name Control, enter here to override default STAN

Form 8868 Electronic Filing Information Worksheet**2024**

Name Stand Up To Trash Inc.	Social Security Number 85-2769680
--------------------------------	--------------------------------------

Prepare Form 8868 for Electronic FilingExtension accepted (will be blanked if extension not previously transmitted) **Signature of Officer**

Officer's Name
 Officer's Title
 Signature Date 03/31/25

Electronic Funds Withdrawal - Amount paid with Form 8868**NOTE** - A practitioner PIN or Form 8453 is required for Form 8868 efileEnter the payment date to withdraw tax payment **Practitioner PIN information for Form 8868**Sign Form 8868 electronically using the Practitioner PIN **NOTE** - A practitioner PIN or Form 8453 is required for Form 8868 efile

Please indicate how the Officer PIN is entered into the program.

Officer entered PIN ERO entered Officer's PIN

ERO's Practitioner PIN (EFIN followed by any 5 numbers) EFIN _____ Self-Select PIN _____

ERO Declaration: I certify that the above numeric entry is my PIN, which is my signature to authorize submission of the electronic application for extension and electronic funds withdrawal for the corporation indicated above. I confirm that I am submitting application for extension in accordance with the requirements of the Practitioner PIN method and Publications 4163, *Modernized e-File Information for Authorized IRS e-file Providers*, and 3112, *IRS e-file Application and Participation*.

Perjury Statement: Under penalties of perjury, I declare that I have been authorized by the above taxpayer to make this authorization and that I have examined a copy of the taxpayer's electronic extension (Form 7004) for the tax period indicated above and to the best of my knowledge and belief, it is true, correct, and complete.

Consent to disclosure: I consent to allow my electronic return originator (ERO), transmitter, or intermediate service provider to send the exempt organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund.

Electronic Funds Withdrawal Consent (if applicable): I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the corporation's Federal taxes owed on Form 8868, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institution involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

I certify that I have the authority to execute this consent on behalf of the organization. I am signing this Disclosure Consent by entering my self-selected PIN below.

Date 03/25/2025
 Officer's PIN (enter any 5 numbers) 36389

Stand Up To Trash Inc.

85-2769680

1

Smart Worksheets From 2024 Federal Exempt Tax Return

Form 8868: Application for Extension of Time to File an Exempt Organization Return -- Smart Worksheet

Filing Address Smart Worksheet

Send Form 8868 to: Department of the Treasury
Internal Revenue Service
Ogden, UT 84201-0045

California Exempt Organization Information Worksheet**2024**

► Keep for your records

Part I – Identifying Information

Federal Employer ID Number . 85-2769680 CA Corp No. (See Tax Help) 4633431
 Name of Exempt Organization. STAND UP TO TRASH INC.
 Additional Information
 Address 26921 CALLE MARIA Ste, Unit No.
 PMB No.
 City. CAPO BEACH State . . CA ZIP Code. . . 92624
 Province/State Foreign Postal Code
 Foreign Code Foreign Country
 Telephone Number (949) 413-3586 Extension
 Fax Number E-Mail Address vickipattersonrealtor@gmail.com

Part II – Tax Year and Filing Information

Calendar year
 Fiscal year — Ending month
 Short year — Beginning date Ending date

 Payments are made by Electronic Funds Transfer
 File Form 199, California Exempt Organization Annual Information Return
 File Form 109, California Exempt Organization Business Income Tax Return
QuickZoom to Form 199 ►
QuickZoom to Form 109 ►

Part III – 2024 Estimated Tax Payments (Form 109)

Amount of 2023 overpayment credited to 2024 estimated tax

Payment Quarters	Due Date	Date Paid	Amount Paid
First Quarter Payment	<u>04/15/24</u>		
Second Quarter Payment	<u>06/17/24</u>		
Third Quarter Payment	<u>09/16/24</u>		
Fourth Quarter Payment	<u>12/16/24</u>		
Additional Payment 1			
Additional Payment 2			
Additional Payment 3			
Additional Payment 4			

Part IV – Electronic Filing Information**Electronic Filing**

The state return Form 199 will be filed electronically
 CA Form 109 will be filed electronically

Form 199

Form 109

Date return was electronically filed
 Date return was accepted by the state
 Date voucher was given to client

Signing Officer

Officer's Name . Vicki Patterson
 Title President

Electronic Filing of Amended Form 199

The amended Form 199 will be filed electronically.
 Another amended Form 199 will be filed electronically.

Electronic Filing of Amended Form 109

The amended Form 109 will be filed electronically.
 Another amended Form 109 will be filed electronically.

Part V – Direct Deposit or Electronic Funds Withdrawal Information**Form 199**Yes No

Use electronic funds withdrawal of **Form 199 Return** balance due? (EF Only)?
 Use electronic funds withdrawal of **Form 199 Amended** balance due? (EF Only)?

Form 199 Payment Information (Electronic Filing Only)

Enter the payment date for **Form 199 Return**
 Balance due amount for **Form 199 Return**

Enter the payment date for **Form 199 Amended** return
 Balance due amount for **Form 199 Amended** return

Bank Information for Form 199 Return Payment

Name of financial institution
 Routing number
 Account number
 Account type
 Account ownership type

Checking Savings
 Business Personal

International ACH TransactionsYes No

Is the account for this transaction located outside the US?

Form 109Yes No

Use direct deposit of **Form 109** state tax refund?
 Use electronic funds withdrawal of **Form 109 Return** balance due? (EF Only)
 Use electronic funds withdrawal of **Form 109 Amended** balance due? (EF Only)

Form 109 Payment Information (Electronic Filing Only)

Enter the payment date for **Form 109 Return**
 Balance due amount for **Form 109 Return**

Enter the payment date for **Form 109 Amended** return

Balance due amount for **Form 109 Amended** return

Bank Information for Form 109 Return Payment or Direct Deposit of Refund

Name of financial institution
 Routing number
 Account number
 Account type
 Account ownership type

Checking Savings
 Business Personal

International ACH TransactionsYes No

Is the account for this transaction located outside the US?

Part VI – Extension StatusYes No

Is Form 199 on extension?
 Is Form 109 on extension? (Paper file only)

Extended due date
 Extended due date

2024

**Preparer Electronic Filing Instructions
California**

STAND UP TO TRASH INC.
26921 CALLE MARIA
CAPO BEACH, CA 92624
Accepted Date

85-2769680
Client Phone
(949)413-3586

Return is NOT FINISHED until you complete the following instructions

Prior to transmission of the return

Form 199

The officer should review Form 199 along with any accompanying schedules and statements.

Form 8453-EO

The officer should review, sign and date Form 8453-EO and return to you prior to transmitting the tax return.

No balance due nor a refund due

After transmission of the return

Return has not been transmitted

TAXABLE YEAR

California Exempt Organization Annual Information Return

FORM

2024

199

Calendar Year 2024 or fiscal year beginning (mm/dd/yyyy), and ending (mm/dd/yyyy).

Corporation/Organization name STAND UP TO TRASH INC.

California corporation number

4633431

Additional information. See instructions.

FEIN

85-2769680

Street address (suite or room)

PMB no.

26921 CALLE MARIA

City

ZIP code

CAPO BEACH

92624

Foreign country name

Foreign province/state/county

Foreign postal code

A First return Yes No **I** Did the organization have any changes to its guidelines not reported to the FTB? See instructions. Yes No

B Amended return Yes No **J** If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions. Yes No

C IRC Section 4947(a)(1) trust Yes No **K** Is the organization exempt under R&TC Section 23701g?... Yes No If "Yes," enter the gross receipts from nonmember sources .. \$ _____

D Final information return? Dissolved Surrendered (Withdrawn) Merged/Reorganized **L** Is the organization a limited liability company? Yes No

Enter date: (mm/dd/yyyy) / / **M** Did the organization file Form 100 or Form 109 to report taxable income?.... Yes No

E Check accounting method: (1) Cash (2) Accrual (3) Other **N** Is the organization under audit by the IRS or has the IRS audited in a prior year?.... Yes No

F Federal return filed? (1) 990T (2) 990PF (3) Sch H (990) (4) Other 990 series **O** Is federal Form 1023/1024 pending?.... Yes No

G Is this a group filing? See instructions. Yes No Date filed with IRS _____

H Is this organization in a group exemption Yes No If "Yes," what is the parent's name? _____

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	<input checked="" type="radio"/> 1	00
	2 Gross dues and assessments from members and affiliates	<input checked="" type="radio"/> 2	00
	3 Gross contributions, gifts, grants, and similar amounts received	<input checked="" type="radio"/> 3	106,929 00
	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	<input checked="" type="radio"/> 4	106,929 00
	5 Cost of goods sold	<input checked="" type="radio"/> 5	00
Expenses	6 Cost or other basis, and sales expenses of assets sold	<input checked="" type="radio"/> 6	00
	7 Total costs. Add line 5 and line 6	<input checked="" type="radio"/> 7	00
	8 Total gross income. Subtract line 7 from line 4	<input checked="" type="radio"/> 8	106,929 00
	9 Total expenses and disbursements. From Side 2, Part II, line 18	<input checked="" type="radio"/> 9	102,514 00
Payments	10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	<input checked="" type="radio"/> 10	4,415 00
	11 Total payments	<input checked="" type="radio"/> 11	00
	12 Use tax. See General Information K	<input checked="" type="radio"/> 12	0 00
	13 Payments balance. If line 11 is more than line 12, subtract line 12 from line 11	<input checked="" type="radio"/> 13	00
	14 Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12	<input checked="" type="radio"/> 14	00
	15 Penalties and interest. See General Information J	<input checked="" type="radio"/> 15	00
	16 Balance due. Add line 12 and line 15. Then subtract line 11 from the result	<input checked="" type="radio"/> 16	0 00

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 PRESIDENT	Date Title Date Telephone (949) 413-3586

Paid Preparer's Use Only	Preparer's signature ► BILL KNOKE, EA, CFP	Date 11-16-2025	Check if self-employed ► <input type="checkbox"/>	PTIN P00420643
	Firm's name (or yours, if self-employed) ► WILLIAM L KNOKE INC and address 31461 RANCHO VIEJO RD STE 102 SAN JUAN CAPO CA 92675			Firm's FEIN 33-0548528 Telephone (949) 661-4357
	May the FTB discuss this return with the preparer shown above? See instructions			● <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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	00
	2 Interest	● 2	00
	3 Dividends	● 3	00
	4 Gross rents	● 4	00
	5 Gross royalties	● 5	00
	6 Gross amount received from sale of assets (See instructions)	● 6	00
	7 Other income. Attach schedule	● 7	00
	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	00
	9 Contributions, gifts, grants, and similar amounts paid. Attach schedule	● 9	00
	10 Disbursements to or for members	● 10	00
	11 Compensation of officers, directors, and trustees. Attach schedule	● 11	0 00
	12 Other salaries and wages	● 12	0 00
	13 Interest	● 13	00
	14 Taxes	● 14	00
	15 Rents	● 15	00
	16 Depreciation and depletion (See instructions)	● 16	00
	17 Other expenses and disbursements. Attach schedule	● 17	102,514 00
	18 Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	● 18	102,514 00

Schedule L Balance Sheet

	Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)
Assets				
1 Cash		10,602		● 15,017
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		10,602		15,017
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				●
20 Paid-in or capital surplus. Attach reconciliation	SEE STMT	10,602		15,017
21 Retained earnings or income fund				●
22 Total liabilities and net worth		10,602		15,017

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	●	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.	●		

REV 05/25/25 PRO

**Form 199
Schedule L**

Other Liabilities and Equity

2024

Paid-in or Capital Surplus:	Beginning of tax year	End of tax year
NET ASSETS OR FUND BALANCES	10,602.	15,017.
Totals to Form 199, Schedule L, line 20 ►	10,602.	15,017.

Date Accepted _____

DO NOT MAIL THIS FORM TO THE FTB

TAXABLE YEAR
2024**California e-file Return Authorization for
Exempt Organizations**FORM
8453-EO

Exempt Organization name

STAND UP TO TRASH INC.

Identifying number

85-2769680

Part I Electronic Return Information (whole dollars only)

1 Total gross receipts or unrelated business taxable income (Form 199, line 4 or Form 109, line 5)	1	106,929.
2 Total gross income or total tax (Form 199, line 8 or Form 109, line 14)	2	106,929.
3 Refund (Form 109, line 26)	3	
4 Balance due or Total amount due (Form 199, line 16 or Form 109, line 29)	4	0.

Part II Settle Your Account Electronically for Taxable Year 20245 Direct deposit of refund (Form 109 only.)6 Electronic funds withdrawal

6a Amount _____

6b Withdrawal date (mm/dd/yyyy) _____

Part III Schedule of Estimated Tax Payments for Taxable Year 2025 (These are not installment payments for the current amount the exempt organization owes.)

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

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

9 Routing number _____

10 Account number _____

11 Type of account: Checking Savings**Part V Declaration of Officer**

I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, box 5, I declare that the bank account specified in Part IV for the direct deposit refund agrees with the authorization stated on my return. If I check Part II, box 6, I authorize an electronic funds withdrawal for the amount listed on line 6a and any estimated payment amounts listed on Part III, line 7 from the bank account specified in Part IV.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2024 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's tax liability, the exempt organization will remain liable for the tax liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. **If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay or the date when the refund was sent.**

Sign
Here

Signature of officer



Title

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

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB. I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2024 Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or **four** years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

ERO
Must
SignERO's
signature

Date	<input type="checkbox"/> Check if also paid preparer	<input type="checkbox"/> Check if self- employed	ERO's PTIN
11/16/2025	<input type="checkbox"/>	<input type="checkbox"/>	

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

WILLIAM L KNOKE INC

Firm's FEIN	33-0548528
ZIP code	92675

31461 RANCHO VIEJO RD STE 102, SAN JUAN CAPO, CA

Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

Paid
Preparer
Must
SignPaid
preparer's
signature

Date	<input type="checkbox"/> Check if self- employed	Paid preparer's PTIN
11/16/2025	<input type="checkbox"/>	P00420643

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

WILLIAM L KNOKE INC

Firm's FEIN	33-0548528
ZIP code	92675

31461 RANCHO VIEJO RD STE 102 SAN JUAN CAPO, CA

STAND UP TO TRASH INC.

852-76-9680

1

Smart Worksheets From 2024 California Exempt Organization Business

Form 199: CA Exempt Organization Annual Information -- Smart Worksheet

Use Tax Smart Worksheet

A	Purchases from out-of-state or Internet sellers made without payment of California sales or use tax	_____
B	The applicable sales and use tax rate (see government instructions)	_____
C	Line A multiplied by line B	_____
D	Sales or use tax paid to another state for purchases included on line A.	_____
E	Line C minus line D	0.

STAND UP TO TRASH INC.

852-76-9680

1

Additional Information From 2024 California Exempt Organization Business

Form 199: CA Exempt Organization Annual Information

Part II, Line 11 - Compensation

Continuation Statement

Description	Amount
VICKI PATTERSON	0
KANDI PATTERSON	0
Total	0

Form 199: CA Exempt Organization Annual Information

Part II, Line 17 - Expenses

Continuation Statement

Description	Amount
PROFESSIONAL FEES AND OTHER PAYMENTS TO CONTRACTORS	1,375
OCCUPANCY, RENT, UTILITIES AND MAINTENANCE	6,756
PRINTING, PUBLICATIONS, POSTAGE AND SHIPPING	5,211
OTHER PROGRAM RELATED EXPENSES	51,214
PERMITS	340
INSURANCE	650
MAINTENANCE	2,500
STAFF MEETINGS	6,010
REGISTRATION	75
SUPPLIES	5,002
POSTAGE	500
MECHANDISE	0
WEBSITE	1,000
DUES AND SUBSCRIPTIONS	300
OUTSIDE SERVICES	2,800
BANK FEES	2,558
CONTINUING EDUCATION	3,300
TRAVEL	4,841
AUTO	4,624
BOARD MEETING	3,458
Total	102,514