

Form

990-EZ

Short Form

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/Form990EZ for instructions and the latest information.

OMB No. 1545-0047

2024

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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
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.

H Check ☒ if the organization is not required to attach Schedule B (Form 990).

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 <input checked="" type="checkbox"/>				
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 \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
Expenses	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.
	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	
Net Assets	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) See Line 16. Stmt	16	89,172.
	17	Total expenses. Add lines 10 through 16	17	102,514.
	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)

BAA

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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	X
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	X
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	X
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	X
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	X
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	X
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	X
b If "Yes," complete Schedule L, Part II, and enter the total amount involved	38b	
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9	39a	
b Gross receipts, included on line 9, for public use of club facilities	39b	
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	X
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	X
41 List the states with which a copy of this return is filed:		
42a The organization's books are in care of: <u>Vicki Patterson</u> Telephone no. <u>(949) 413-3586</u> Located at: <u>26921 Calle Maria, Capistrano Beach CA</u> ZIP +4 <u>92624</u>		
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: _____ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	42b	X
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	X
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here <input type="checkbox"/> 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	X
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	X
c Did the organization receive any payments for indoor tanning services during the year?	44c	X
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	X
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	X

		Yes	No
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	46	X

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	47	X
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	X
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a	X
b	If "Yes," was the related organization a section 527 organization?	49b	
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 Vicki Patterson, President		Date 11/17/2025	
	Type or print name and title Vicki Patterson			
Paid Preparer Use Only	Print/Type preparer's name Bill Knoke, EA, CFP	Preparer's signature Bill Knoke, EA, CFP	Date 11/16/2025	Check <input type="checkbox"/> if self-employed
	Firm's name WILLIAM L KNOKE INC		PTIN P00420643	
	Firm's address 31461 RANCHO VIEJO RD STE 102, SAN JUAN CAPO, CA 92675		Firm's EIN 33-0548528	
			Phone no. (949) 661-4357	
May the IRS discuss this return with the preparer shown above? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				

Additional Information From Form 990-EZ: Short Form Return of Organization Exempt from Income Tax

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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.

Name of the organization	Employer identification number
Stand Up To Trash Inc.	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 33¹/₃% 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 33¹/₃% 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)	(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 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						

Section B. Total Support

Calendar 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 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

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f))	14	%
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	%
16a 33⅓% support test—2024. If the organization did not check the box on line 13, and line 14 is 33⅓% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33⅓% support test—2023. If the organization did not check a box on line 13 or 16a, and line 15 is 33⅓% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
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		<input type="checkbox"/>
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		<input type="checkbox"/>
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		<input type="checkbox"/>

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 33¹/₃% 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 33¹/₃% 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 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.		
4a 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?		
6 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.)		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a 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		
c 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		

Section 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		

Section 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		

Section 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? If "No," explain in Part VI 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 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		

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).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> 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.			
a 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.			
2a			
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 have engaged in these activities but for the organization's involvement.			
2b			
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a 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 of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			
3b			

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

- 1** ☐ 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.)

Area for supplemental information with horizontal lines.

SCHEDULE O
(Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ
Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization	Employer identification number
Stand Up To Trash Inc.	85-2769680

Pt I, Line 16:

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

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

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, 2025, 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.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

BAA

REV 09/03/25 PRO 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 Service

For calendar year 2024, or fiscal year beginning _____, 2024, and ending _____, 20_____

20**24**

Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879TE for the latest information.

Name of filer	EIN or SSN
Stand Up To Trash Inc.	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

<input type="checkbox"/> I authorize _____ to enter my PIN	<div><div></div><div></div><div></div><div></div><div></div><div></div></div> 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.	
<input checked="" type="checkbox"/> 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.	

Signature of officer or person subject to tax	<u>Vicki Patterson</u>	Date	<u>11/17/2025</u> <u>03/31/2025</u>
---	------------------------	------	--

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
_____	<u>11/16/2025</u>

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)

Corporation/Association
Or Trust

☐
☐
☐
☐
☐
☐
☐
☐

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)

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

		Form 990-T		Form 990-PF	
Payment Quarters	Due Date	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 . . ▶	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
990-T ▶	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Form 114 (FBAR). ▶	<input type="checkbox"/>		<input type="checkbox"/>				
State Filings							
<i>Information Only: Selection of state/city return(s) was made . . . ▶</i>	<input checked="" type="checkbox"/>		<input type="checkbox"/>				
California Form 199 ▶	<input checked="" type="checkbox"/>		<input type="checkbox"/>				
California Form 109 ▶	<input type="checkbox"/>		<input type="checkbox"/>				

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?

Part VIII – Electronic Funds Withdrawal Information (Form 990-PF and Form 990-T filers only)

Yes

No

☐

☐

Use electronic funds withdrawal of **Form 990-PF Return** balance due (EF Only)?

☐

☐

Use electronic funds withdrawal of **Form 990-PF Extension** Form 8868 balance due (EF Only)?

☐

☐

Use electronic funds withdrawal of **Form 990-PF Amended** balance due (EF Only)?

☐

☐

Use electronic funds withdrawal of **Form 990-T Return** balance due? (EF Only)

☐

☐

Use electronic funds withdrawal of **Form 990-T Extension** Form 8868 balance due? (EF Only)

☐

☐

Use electronic funds withdrawal of **Form 990-T Amended** balance due? (EF Only)

Bank Information

Check to confirm transferred account information (which appears in green) is correct ☐

Name of Financial Institution (optional) _____

Check the appropriate box ☐ Checking ☐ Savings

Routing number _____

Account number. _____

Form 990-PF Payment Information

Enter the Form 990-PF payment date _____

Balance due amount from this Form 990-PF return _____

Enter an amount to withdraw tax payment _____

If partial payment is made, the remaining balance due _____

Enter the Form 990-PF Extension payment date _____

Balance due amount from this 990-PF Extension _____

Payment date for amended Form 990-PF returns _____

Balance due amount for amended Form 990-PF return _____

Form 990-T Payment Information

Enter the Form 990-T payment date _____

Balance due amount from this 990-T return _____

Enter the Form 990-T Extension payment date _____

Balance due amount from this 990-T Extension _____

Enter the amended Form 990-T payment date _____

Balance due amount from Form 990-T amended _____

Date 990-T Exempt Organization Return was EFiled _____

Date 990-T Exempt Organization Return was accepted _____

Date 990-T Exempt Organization Extension was EFiled _____

Date 990-T Exempt Organization Extension was accepted _____

Date 990-T Exempt Organization Amended Return was EFiled _____

Date 990-T Exempt Organization Amended Return was accepted _____

Part IX – Information for Client Letter

	Form 990-EZ or Form 990	Form 990-PF	Form 990-T
Extended Due Date	11/15/25		

Letter Salutation. . _____

Part X – Return Preparer

Enter preparer code from Firm/Preparer Info (See Help) . . . wlk

QuickZoom to Firm/Preparer Info ▶ _____

QuickZoom to Form 990-EZ, Pages 1 through 4 ▶ _____

QuickZoom to Form 990, Page 1 ▶ _____

QuickZoom to Form 990-PF, Page 1 ▶ _____

QuickZoom to Form 990-T, Page 1 ▶ _____

QuickZoom to Form 990-N, e-PostCard ▶ _____

QuickZoom to Client Status ▶ _____

Electronic Filing Information Worksheet ▶ Keep for your records		2024
Name(s) shown on return Stand Up To Trash Inc.		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	State	ZIP Code		ERO Social Security Number or PTIN	
SAN JUAN CAPO	CA	92675			
Country					

Part III – Paid Preparer Information

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

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 *	
<input type="checkbox"/>	California State Exempt
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	

Part V – Name Control

Name Control, enter here to override default STAN

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:	<div>Department of the Treasury</div> <div>Internal Revenue Service</div> <div>Ogden, UT 84201-0045</div>

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

☐

Checking

☐

Savings

Account ownership type

☐

Business

☐

Personal

International ACH Transactions

☐

☐

Is the account for this transaction located outside the US?

Form 109

☐

☐

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

☐

Checking

☐

Savings

Account ownership type

☐

Business

☐

Personal

International ACH Transactions

☐

☐

Is the account for this transaction located outside the US?

Part VI – Extension Status

☐

☒

Is Form 199 on extension?

Extended due date

☐

☒

Is Form 109 on extension? (Paper file only)

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
<p>Prior to transmission of the return</p> <p>Form 199 The officer should review Form 199 along with any accompanying schedules and statements.</p> <p>Form 8453-EO The officer should review, sign and date Form 8453-EO and return to you prior to transmitting the tax return.</p> <p>No balance due nor a refund due</p>
<p>After transmission of the return</p> <p>Return has not been transmitted</p>

TAXABLE YEAR

FORM

2024

California Exempt Organization
Annual Information Return

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) **26921 CALLE MARIA** PMB no. _____

City **CAPO BEACH** State **CA** ZIP code **92624**

Foreign country name _____ Foreign province/state/county _____ Foreign postal code _____

A First return. ☐ Yes ☒ No

B Amended return. ☐ Yes ☒ No

C IRC Section 4947(a)(1) trust. ☐ Yes ☒ No

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

E Check accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other

F Federal return filed? (1) ☐ 990T (2) ☐ 990PF
(3) ☐ Sch H (990) (4) ☒ Other 990 series

G Is this a group filing? See instructions. ☐ Yes ☒ No

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

I Did the organization have any changes to its guidelines not reported to the FTB? See instructions. ☐ Yes ☒ No

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

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

L Is the organization a limited liability company? ☐ Yes ☒ No

M Did the organization file Form 100 or Form 109 to report taxable income? ☐ Yes ☒ No

N Is the organization under audit by the IRS or has the IRS audited in a prior year? ☐ Yes ☒ No

O Is federal Form 1023/1024 pending? ☐ Yes ☒ No
Date filed with IRS _____

Part I Complete Part I unless not required to file this form. See General Information B and C.

Receipts and Revenues	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	1		00
	2	Gross dues and assessments from members and affiliates	2		00
	3	Gross contributions, gifts, grants, and similar amounts received	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.	4	106,929	00
	5	Cost of goods sold	5		00
	6	Cost or other basis, and sales expenses of assets sold	6		00
	7	Total costs. Add line 5 and line 6.	7		00
	8	Total gross income. Subtract line 7 from line 4.	8	106,929	00
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	102,514	00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8.	10	4,415	00
Payments	11	Total payments	11		00
	12	Use tax. See General Information K	12	0	00
	13	Payments balance. If line 11 is more than line 12, subtract line 12 from line 11	13		00
	14	Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12	14		00
	15	Penalties and interest. See General Information J	15		00
	16	Balance due. Add line 12 and line 15. Then subtract line 11 from the result	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	Date	● Telephone	
Paid Preparer's Use Only	Preparer's signature	BILL KNOKE, EA, CFP	Date	11-16-2025	Check if self-employed <input type="checkbox"/>
	Firm's name (or yours, if self-employed) and address	WILLIAM L KNOKE INC 31461 RANCHO VIEJO RD STE 102 SAN JUAN CAPO CA 92675			● PTIN P00420643
					● 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
Expenses and Disbursements	11 Compensation of officers, directors, and trustees. Attach schedule See Stmt	●	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 See Stmt	●	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	
Assets		(a)	(b)	(c)	(d)
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

Name as Shown on Return STAND UP TO TRASH INC.	California Corporation No. 4633431
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Other Liabilities:	Beginning of Tax Year	End of Tax Year
Totals to Form 199, Schedule L, line 18 ▶		

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 2024

5 ☐ 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




PRESIDENT


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 Sign	ERO's signature 	Date 11/16/2025	Check if also paid preparer <input type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's PTIN
	Firm's name (or yours if self-employed) and address WILLIAM L KNOKE INC 31461 RANCHO VIEJO RD STE 102, SAN JUAN CAPO, CA	Firm's FEIN 33-0548528	ZIP code 92675		

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 Sign	Paid preparer's signature 	Date 11/16/2025	Check if self-employed <input type="checkbox"/>	Paid preparer's PTIN
	Firm's name (or yours if self-employed) and address WILLIAM L KNOKE INC 31461 RANCHO VIEJO RD STE 102 SAN JUAN CAPO, CA	Firm's FEIN 33-0548528	ZIP code 92675	

STAND UP TO TRASH INC.

852-76-9680

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.

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