

PUBLIC DISCLOSURE

Form **990-T**

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

OMB No. 1545-0047

2024

Department of the Treasury
Internal Revenue Service

For calendar year 2024 or other tax year beginning _____, 2024, and ending _____, _____

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is an 501(c)(3).

Open to Public Inspection for
501(c)(3) Organizations Only

A ☐ Check box if address changed.	Print or Type Rise Up Industries 5275 Market St San Diego, CA 92114	☐ Check box if name changed and see instructions.)	D Employer identification number 80-0908912
B Exempt under section ☒ 501(c)(3) ☐ 408(e) ☐ 220(e) ☐ 408A ☐ 530(a) ☐ 529(a) ☐ 529A			E Group exemption number (see instructions)
			F ☐ Check box if an amended return.
		C Book value of all assets at end of year. 6,734,829.	
G Check organization type ☒ 501(c) corporation ☐ 501(c) trust ☐ 401(a) trust ☐ Other trust ☐ State college/university ☐ 6417(d)(1)(A) Applicable entity			
H Check if filing only to claim ☐ Credit from Form 8941 ☐ Refund shown on Form 2439 ☐ Elective payment amount from Form 3800			
I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation. ☐			
J Enter the number of attached Schedules A (Form 990-T) 1			
K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ☐ Yes ☒ No If "Yes," enter the name and identifying number of the parent corporation.			
L The books are in care of Jonathan Yackley 5275 Market St San Diego CA 92114 Telephone number 619 457-0790			

Part I Total Unrelated Business Taxable Income

1	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	1	0.
2	Reserved	2	
3	Add lines 1 and 2	3	0.
4	Charitable contributions (see instructions for limitation rules)	4	
5	Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	5	0.
6	Deduction for net operating loss. See instructions	6	
7	Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5	7	0.
8	Specific deduction (generally \$1,000, but see instructions for exceptions)	8	1,000.
9	Trusts. Section 199A deduction. See instructions	9	
10	Total deductions. Add lines 8 and 9	10	1,000.
11	Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	11	0.

Part II Tax Computation

1	Organizations taxable as corporations. Multiply Part I, line 11, by 21% (0.21)	1	0.
2	Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11, from: ☐ Tax rate schedule or ☐ Schedule D (Form 1041)	2	
3	Proxy tax. See instructions	3	
4a	Amount from Form 4255, Part I, line 3, column (q)	4a	
4b	Other tax amounts. See instructions	4b	
5	Alternative minimum tax	5	
6	Tax on noncompliant facility income. See instructions	6	
7	Total. Add lines 3 through 6 to line 1 or 2, whichever applies	7	0.

Part III Tax and Payments

1a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a	
b	Other credits (see instructions)	1b	
c	General business credit. Attach Form 3800 (see instructions)	1c	
d	Credit for prior-year minimum tax (attach Form 8801 or 8827)	1d	
e	Total credits. Add lines 1a through 1d	1e	0.
2	Subtract line 1e from Part II, line 7	2	0.
3a	Amount from Form 4255, Part I, line 3, column (r) (see instructions)	3a	
b	Amount due from Form 8611	3b	
c	Amount due from Form 8697	3c	
d	Amount due from Form 8866	3d	
e	Other amounts due (see instructions)	3e	
f	Total amounts due. Add lines 3a through 3e	3f	0.
4	Total tax. Add lines 2 and 3f (see instructions). ☐ Check if includes tax previously deferred under section 1294. Enter tax amount here	4	0.

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Part III Tax and Payments (continued)

5	Current net 965 tax liability paid from Form 965-A, Part II, column (k).....	5	
6a	Payments: Preceding year's overpayment credited to the current year.....	6a	
b	Current year's estimated tax payments. Check if section 643(g) election applies. ☐	6b	
c	Tax deposited with Form 8868.....	6c	
d	Foreign organizations: Tax paid or withheld at source (see instructions).....	6d	
e	Backup withholding (see instructions).....	6e	
f	Credit for small employer health insurance premiums (attach Form 8941)...	6f	
g	Elective payment election amount from Form 3800.....	6g	
h	Payment from Form 2439.....	6h	
i	Credit from Form 4136.....	6i	
j	Other (see instructions).....	6j	
7	Total payments. Add lines 6a through 6j.....	7	0.
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached. ☐	8	
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed.....	9	
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid.....	10	
11	Enter the amount of line 10 you want: Credited to 2025 estimated tax Refunded	11	

Part IV Statements Regarding Certain Activities and Other Information (see instructions)

1	At any time during the 2024 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here.....	Yes	No
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
3	Enter the amount of tax-exempt interest received or accrued during the tax year..... \$ 0.		X
4	Enter available pre-2018 NOL carryovers here \$ Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.		
5	Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17, for the tax year. See instructions.		
	Business Activity Code	Available post-2017 NOL carryover	
	532000	\$ 86,643.	
		\$	
		\$	
		\$	
		\$	
6a	Reserved for future use.....		
b	Reserved for future use.....		

Part V Supplemental Information

Provide any additional information. See instructions.

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	Date	Executive Director	May the IRS discuss this return with the preparer shown below (see instructions)? ☒ Yes ☐ No
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check ☒ if self-employed PTIN
	Hayley Geier	Hayley Geier		P02489333
	Firm's name	Pinnacle Accounting & Financial Services		Firm's EIN
	12150 Tributary Point Dr, Ste 160	Gold River, CA 95670-4531		87-1603957
			Phone no.	916-273-4808

PUBLIC DISCLOSURE

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

2024Department of the Treasury
Internal Revenue ServiceGo to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for
501(c)(3) Organizations Only

A Name of the organization Rise Up Industries	B Employer identification number 80-0908912
C Unrelated business activity code (see instructions) 532000	D Sequence: 1 of 1

E Describe the unrelated trade or business Rental Income

Part I	Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales 36,002.			
b	Less returns and allowances	1c 36,002.		
2	Cost of goods sold (Part III, line 8)	2 34,843.		
3	Gross profit. Subtract line 2 from line 1c	3 1,159.		1,159.
4a	Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions	4a		
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions	4b		
c	Capital loss deduction for trusts	4c		
5	Income (loss) from a partnership or an S corporation (attach statement)	5		
6	Rent income (Part IV)	6		
7	Unrelated debt-financed income (Part V)	7 55,020.	127,884.	-72,864.
8	Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8		
9	Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	9		
10	Exploited exempt activity income (Part VIII)	10		
11	Advertising income (Part IX)	11		
12	Other income (see instructions; attach statement)	12		
13	Total. Combine lines 3 through 12	13 56,179.	127,884.	-71,705.

Part II	Deductions Not Taken Elsewhere. See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income.		
1	Compensation of officers, directors, and trustees (Part X)	1	
2	Salaries and wages	2	
3	Repairs and maintenance	3	
4	Bad debts	4	
5	Interest (attach statement). See instructions	5	
6	Taxes and licenses	6	
7	Depreciation (attach Form 4562). See instructions	7	
8	Less depreciation claimed in Part III and elsewhere on return	8a	
9	Depletion	9	
10	Contributions to deferred compensation plans	10	
11	Employee benefit programs	11	
12	Excess exempt expenses (Part VIII)	12	
13	Excess readership costs (Part IX)	13	
14	Other deductions (attach statement)	14	
15	Total deductions. Add lines 1 through 14	15	
16	Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	16	-71,705.
17	Deduction for net operating loss. See instructions. See Statement 1	17	
18	Unrelated business taxable income. Subtract line 17 from line 16	18	-71,705.

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Schedule A (Form 990-T) 2024 Rise Up Industries

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Part III Cost of Goods Sold Enter method of inventory valuation Cost

1	Inventory at beginning of year	1	
2	Purchases	2	34,843.
3	Cost of labor	3	
4	Additional section 263A costs (attach statement)	4	
5	Other costs (attach statement)	5	
6	Total. Add lines 1 through 5	6	34,843.
7	Inventory at end of year	7	
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2	8	34,843.
9	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		☐ Yes ☒ No

Part IV Rent Income (From Real Property and Personal Property Leased With Real Property)

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.

A ☐
B ☐
C ☐
D ☐

2 Rent received or accrued

- a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)
- b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)
- c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D.

A	B	C	D

3 Total rents received or accrued. Add line 2c, columns A through D. Enter here and on Part I, line 6, column (A) ...

4 Deductions directly connected with the income in lines 2a and 2b (attach statement)

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5 **Total deductions.** Add line 4, columns A through D. Enter here and on Part I, line 6, column (B)**Part V Unrelated Debt-Financed Income** (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.

A ☐ 5271 Market St, San Diego, CA 92114
B ☐
C ☐
D ☐

2 Gross income from or allocable to debt-financed property

3 Deductions directly connected with or allocable to debt-financed property

- a Straight line depreciation (attach statement)
- b Other deductions (attach statement) **Statement 3**
- c Total deductions (add lines 3a and 3b, columns A through D).

A	B	C	D
55,020.			
127,884.			
127,884.			
100.0000 %	%	%	%
55,020.			

8 **Total gross income** (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) 55,020.

9 Allocable deductions. Multiply line 3c by line 6. ...

127,884.			
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10 **Total allocable deductions.** Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) 127,884.11 **Total dividends - received deductions** included in line 10.

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Schedule A (Form 990-T) 2024 Rise Up Industries

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Part VI Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1 Name of controlled organization	2 Employer identification number	Exempt Controlled Organizations			
		3 Net unrelated income (loss) (see instructions)	4 Total of specified payments made	5 Part of column 4 that is included in the controlling organization's gross income	6 Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7 Taxable income	8 Net unrelated income (loss) (see instructions)	9 Total of specified payments made	10 Part of column 9 that is included in the controlling organization's gross income	11 Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				

Add columns 5 and 10. Enter here and on Part I, line 8, column (A).

Add columns 6 and 11. Enter here and on Part I, line 8, column (B).

Totals

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1 Description of income	2 Amount of income	3 Deductions directly connected (attach statement)	4 Set-asides (attach statement)	5 Total deductions and set-asides (add columns 3 and 4)
(1)				
(2)				
(3)				
(4)				
	Add amounts in column 2. Enter here and on Part I, line 9, column (A).			Add amounts in column 5. Enter here and on Part I, line 9, column (B).

Totals

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1 Description of exploited activity:	
2 Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A).	2
3 Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B).	3
4 Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7.	4
5 Gross income from activity that is not unrelated business income	5
6 Expenses attributable to income entered on line 5.	6
7 Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12.	7

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Schedule A (Form 990-T) 2024

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Schedule A (Form 990-T) 2024 Rise Up Industries

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Part IX Advertising Income

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

A ☐
B ☐
C ☐
D ☐

Enter amounts for each periodical listed above in the corresponding column.

	A	B	C	D
2 Gross advertising income.....				
a Add columns A through D. Enter here and on Part I, line 11, column (A).....				
3 Direct advertising costs by periodical.....				
a Add columns A through D. Enter here and on Part I, line 11, column (B).....				
4 Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter -0- on line 8.....				
5 Readership costs.....				
6 Circulation income.....				
7 Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter -0-.....				
8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7.....				
a Add line 8, columns A through D. Enter the greater of the line 8a, columns total or -0- here and on Part II, line 13.....				

Part X Compensation of Officers, Directors, and Trustees (see instructions)

1 Name	2 Title	3 Percentage of time devoted to business	4 Compensation attributable to unrelated business
		%	
		%	
		%	
		%	
Total. Enter here and on Part II, line 1.....			

Part XI Supplemental Information (see instructions)

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Federal Statements

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Rise Up Industries

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Statement 1
Schedule A, Part II, Line 17
Net Operating Loss Deduction

Loss Year Ending	Original Loss	Loss Previously Used	Loss Available
12/31/22	\$ 15,183.	\$ 0.	\$ 15,183.
12/31/23	71,460.	0.	71,460.
Net Operating Loss Available.....			\$ 86,643.
Taxable Income.....			\$ -71,705.
80% Of Taxable Income.....			\$ -57,364.
Net Operating Loss Deduction (Limited to Taxable Income).....			\$ 0.

Statement 3
Schedule A, Part V, Line 3b
Other Deductions Allocable to Debt-Financed Property

5271 Market St, San Diego, CA 92114

.....	Total	\$ 127,884.
	Total	\$ 127,884.
Percent Allocable		1.0000
	Total	\$ 127,884.

PUBLIC DISCLOSURE

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

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

OMB No. 1545-0047

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.	Taxpayer identification number (TIN)
	Rise Up Industries	80-0908912
	Number, street, and room or suite number. If a P.O. box, see instructions.	
	5275 Market St	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	San Diego, CA 92114	

Enter the Return Code for the return that this application is for (file a separate application for each return) 07

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 (section 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 Jonathan Yackley 5275 Market St San Diego CA 92114

Telephone No. 619 457-0740 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 11/15, 2025, to file the **exempt organization return** for the organization named above. The extension is for the organization's return for:

☒ calendar year 2024 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.