

Return of Organization Exempt From Income Tax
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
 Do not enter social security numbers on this form as it may be made public.
 Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2017 calendar year, or tax year beginning and ending

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization: **MUST** COPY
 Doing business as
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
 P.O. BOX 1540
 City or town, state or province, country, and ZIP or foreign postal code
 TEMPLETON, CA 93465

D Employer identification number: 90-0663200

E Telephone number: 805-237-7367

G Gross receipts \$: 585,903.

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. (see instructions)

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: N/A

K Form of organization: Corporation Trust Association Other

L Year of formation: 2010 **M** State of legal domicile: CA

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: MUST IS A COLLABORATION OF BUSINESS AND COMMUNITY LEADERS DEDICATED TO MAKING A SUSTAINABLE		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	6
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	6
	5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	1
	6 Total number of volunteers (estimate if necessary)	6	54
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	643,164.	565,246.
	9 Program service revenue (Part VIII, line 2g)	0.	0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	300.	2,022.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-33,731.	-20,945.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	609,733.	546,323.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	225,667.	433,744.
Expenses	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	93,031.	93,951.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25)	0.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	90,576.	100,789.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	409,274.	628,484.
	19 Revenue less expenses. Subtract line 18 from line 12	200,459.	-82,161.
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 900,112.	End of Year 817,951.
	21 Total liabilities (Part X, line 26)	0.	0.
	22 Net assets or fund balances. Subtract line 21 from line 20	900,112.	817,951.

Part II Signature Block

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: SKYLAR STUCK, PRESIDENT
 Date: _____

Preparer
 Print/Type preparer's name: JAYME PHILLIPS
 Preparer's signature: _____
 Date: _____
 Check if self-employed: PTIN: P00145584

Use Only
 Firm's name: LONGCRIER & ASSOCIATES CPAS LLP
 Firm's EIN: 81-0718703
 Firm's address: 100 CROSS ST., SUITE 103
 SAN LUIS OBISPO, CA 93401-7570
 Phone no. (805) 541-2500