

EXTENDED TO NOVEMBER 15, 2021

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2020

Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2020 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**
 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**
F Name and address of principal officer: **ANDY NINER**
SAME AS C ABOVE

D Employer identification number: **90-0663200**

E Telephone number: **805-237-7367**

G Gross receipts \$: **1,204,329.**

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: **HTTPS://WWW.MUSTCHARITIES.ORG/**

K Form of organization: Corporation Trust Association Other

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

COPY

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: MUST POOLS DONATIONS AND GIFTS THEM TO LOCAL NON-PROFITS SERVING PEOPLE IN NEED.		
	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 7
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4 7
	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5 2
	6	Total number of volunteers (estimate if necessary)	6 20
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a 0.
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b 0.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	714,341. 857,260.
	9	Program service revenue (Part VIII, line 2g)	0. 0.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	9,891. 16,024.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-17,102. 0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	707,130. 873,284.
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)
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)	99,088. 125,101.
16a		Professional fundraising fees (Part IX, column (A), line 11e)	0. 0.
b		Total fundraising expenses (Part IX, column (D), line 25)	81,621.
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	101,587. 91,226.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	399,943. 796,637.	
19	Revenue less expenses. Subtract line 18 from line 12	307,187. 76,647.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	1,494,031. 1,657,766.
	21	Total liabilities (Part X, line 26)	626. 24,390.
	22	Net assets or fund balances. Subtract line 21 from line 20	1,493,405. 1,633,376.

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: **ANDY NINER, PRESIDENT**
 Date: _____

Paid Preparer Use Only
 Print/Type preparer's name: **MICAL W. BOVEE, CPA** Preparer's signature: _____ Date: _____
 Firm's name: **GLENN BURDETTE, INC.** Firm's EIN: **95-2772601**
 Firm's address: **1150 PALM STREET SAN LUIS OBISPO, CA 93401** Phone no. (805) 544-1441

May the IRS discuss this return with the preparer shown above? See instructions Yes No