

# Return of Organization Exempt From Income Tax

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

2021

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**A** For the 2021 calendar year, or tax year beginning 2021, and ending 2021

**B** Check if applicable:

<input checked="" type="checkbox"/> Address change	<b>C</b> Microenterprise Collaborative of Inland Southern California 14050 Cherry Ave Ste R PMB 1108 Fontana, CA 92337	<b>D</b> Employer identification number 83-3903493
<input type="checkbox"/> Name change		<b>E</b> Telephone number 9095871788
<input type="checkbox"/> Initial return		<b>G</b> Gross receipts \$ 85,347.
<input type="checkbox"/> Final return/terminated		<b>H(a)</b> Is this a group return for subordinates? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<input type="checkbox"/> Amended return		<b>H(b)</b> Are all subordinates included? Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/> Application pending		<b>H(c)</b> Group exemption number ▶

**F** Name and address of principal officer: Pamela Deans  
Same as C Above

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

**J** Website: ▶ [www.microbizinsocal.org](http://www.microbizinsocal.org)

**K** Form of organization:  Corporation  Trust  Association  Other ▶

**L** Year of formation: 2019 **M** State of legal domicile: CA

Part I	Summary		
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>To create and sustain businesses and jobs through micro-business development.</u>		
	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	11
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	11
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	0
	6 Total number of volunteers (estimate if necessary)	6	0
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 721,665.	Current Year 85,300.
	9 Program service revenue (Part VIII, line 2g)		
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	8.	47.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	721,673.	85,347.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	242,078.	39,600.
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25) ▶		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	152,992.	195,913.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	395,070.	235,513.
19 Revenue less expenses. Subtract line 18 from line 12	326,603.	-150,166.	
Net assets or fund balances	20 Total assets (Part X, line 16)	Beginning of Current Year 461,382.	End of Year 311,216.
	21 Total liabilities (Part X, line 26)	0.	0.
	22 Net assets or fund balances. Subtract line 21 from line 20	461,382.	311,216.

**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.

<b>Sign Here</b>		5.10.2022
	Signature of officer	Date
<b>Paid Preparer Use Only</b>	▶ Pamela Deans	Executive Director
	Type or print name and title	
	Print/Type preparer's name	Preparer's signature
	Marjorie McPike	Marjorie McPike
	Firm's name ▶ Marjorie L McPike CPA	Check <input checked="" type="checkbox"/> if self-employed
	Firm's address ▶ 36154 Agape Ln	Firm's EIN ▶ 86-2058985
	Wildomar, CA 92595	Phone no. 844-427-2523