

Form **990**

# Return of Organization Exempt From Income Tax

OMB No 1545-0047

(Rev. January 2020)

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

## 2019

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

**Open to Public Inspection**

**A** For the 2019 calendar year, or tax year beginning 2019, and ending 2020

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

**C** Name of organization A&B FOUNDATION INCORPORATED  
 Doing business as \_\_\_\_\_  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
9115 UNION ST  
 City or town, state or province, country, and ZIP or foreign postal code  
PICO RIVERA, CA 90660

**D** Employer identification number 37-1667186  
**E** Telephone number 562-368-1479  
**G** Cross receipts \$ \_\_\_\_\_

**F** Name and address of principal officer MICHAEL KIM  
9115 UNION ST PICO RIVERA, CA 90660

**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 \_\_\_\_\_ **H(c)** Group exemption number \_\_\_\_\_

**K** Form of organization:  Corporation  Trust  Association  Other \_\_\_\_\_ **L** Year of formation 2011 **M** State of legal domicile CA

11/25/20

### Part I Summary

1 Briefly describe the organization's mission or most significant activities  
SEE PART III 1

Check this box  if the organization discontinued its operations or disposed of more than 25% of its net assets

Number of voting members of the governing body (Part VI, line 4)	<u>3</u>	
Number of independent voting members of the governing body (Part VI, line 5)	<u>4</u>	
Total number of individuals employed in calendar year 2019 (Part V, line 2a)	<u>5</u>	
Total number of volunteers (estimate if necessary)	<u>6</u>	
Total unrelated business revenue from Part VIII, column (C), line 12	<u>7a</u>	
Net unrelated business taxable income from Form 990-T, line 39	<u>7b</u>	

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	<u>7,200</u>	<u>0</u>
9 Program service revenue (Part VIII, line 2g)	<u>274,690</u>	<u>161,362</u>
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>0</u>	<u>0</u>
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u>0</u>	<u>0</u>
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>281,890</u>	<u>161,362</u>
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<u>0</u>	<u>0</u>
14 Benefits paid to or for members (Part IX, column (A), line 4)	<u>36,000</u>	<u>14,000</u>
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<u>164,438</u>	<u>90,846</u>
16a Professional fundraising fees (Part IX, column (A), line 11e)	<u>0</u>	<u>0</u>
16b Total fundraising expenses (Part IX, column (D), line 25)		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<u>118,610</u>	<u>161,362</u>
18 Total expenses—add lines 13-17 (must equal Part IX, column (A), line 25)	<u>319,048</u>	<u>188,458</u>
19 Revenue less expenses—subtract line 18 from line 12	<u>-37,158</u>	<u>-27,095</u>

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	<u>79,266</u>	<u>44,606</u>
21 Total liabilities (Part X, line 26)	<u>6,154</u>	<u>2,500</u>
22 Net assets or fund balances—subtract line 21 from line 20	<u>73,112</u>	<u>42,106</u>

RECEIVED IN CORRES NOV 09 2021 OGDEN, UT

EXPENSES NOV 10 2021 OGDEN, UT

ASSETS NOV 10 2021 OGDEN, UT

PAID PREPARER USE ONLY

### 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: Michael Kim Signature of officer, Date: 10/15/2020  
Michael Kim, CFO Type or print name and title

Paid Preparer Use Only: Preparer's name, signature, date, firm's name, address, phone, and PTIN.

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

mpgs 2-12

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