	Acknowledgement and General Information for Entities That File Returns Electronically		
Name(s) as shown on return		Employer Identification Number	
ANGELS JOY		**-***4835	
Entity address			
РОВож 3721			
Laguna Hills,	CA 92654		
Thank you for pa	rticipating in IRS e-file.		
. x 2022 990N		d electronically.	
The electronic fil	ng services were provided by <u>TalTax</u>	·	
2. x 990 n	income tax return was accepted on 03-15-2023 using a Per	sonal Identification Number (PIN) as	
	nature. The entity entered a PIN or authorized the Electronic Return Originator (ERO) to e	nter or generate a PIN signature.	
The submission	D assigned to this return is 339442202307451naphq	·	
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	JO DO, IT WILL BLEAT THE FROGESSING OF THE R	ETURN.	
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Form **990-N**

ELECTRONIC NOTICE (e-Postcard)

For Tax-Exempt Organizations Not Required to File Form 990 or Form 990-EZ.

2022

Open to Public Inspection

Information about Form 990-N is at www.irs.gov/charities-non-profits/annual-electronic-filing-requirement-for-small-exempt-organizations-form-990-n-e-postcard.

NOTE: This is not an IRS form. This form was created by Drake Software and is intended for information purposes only. **Do NOT mail this form to the IRS.**

A. Tax Period:

Start: 01-01-2022 Ending: 12-31-2022

B. Employer Identification Number (EIN)

45-3634835

C. Legal Name:

ANGELS JOY

D. Mailing Address:

POBox 3721 Laguna Hills, CA 92654

E. Doing Business As:

ANGELS JOY

F. Gross receipts not greater than:

\$50,000

- G. Organization has terminated:
- H. Principal Officer's Name and Address:

Nushin Asgarinik POBox 3721 Laguna Hills, CA 92654

I. Website URL:

angelsjoy.org

TalTax

54 Aspen Creek Lane Laguna Hills, CA 92653 ntalby@gmail.com Phone: (949)636-5444 | Fax:

May 26, 2023

ANGELS JOY POBox 3721 Laguna Hills, CA 92654

ANGELS JOY:

Enclosed is the 2022 federal return for a tax-exempt organization, prepared for ANGELS JOY from the information provided. The return was e-filed with the IRS and was accepted on March 15, 2023.

The federal return reflects neither a refund nor a balance due.

Enclosed is the 2022 California Income Tax return for ANGELS JOY, prepared from the information provided. The return was e-filed with the California taxing authority and was accepted on March 15, 2023.

The organization's California Income Tax return reflects neither a refund nor a balance due.

Thank you for the opportunity to be of service. For further assistance with the organization's tax return needs, contact our office at (949)636-5444.

Sincerely,

Nitza Talby TalTax

CANOTES	Notes about the return	2022 PAGE 1	
Name(s) as shown on return		SSN/FEIN	
ANGELS JOY		45-3634835	

1 CA 199 - Line 4

Except for a private foundation, organizations with gross receipts that are normally less than \$50,000 are not required to file Form 199.

2022 CA199 Filing Instructions ANGELS JOY

Form filed:

CA199 and supplemental forms and schedules

Filing method:

Your return has been e-filed, do not mail your return

Due date:

05-15-2023

Other instructions:

The return reflects neither a refund nor a balance due

TAXABLE YEAR 2022

California Exempt Organization Annual Information Return



199

Calendar Year 2022 or fiscal year beginning (mm/dd/yyyy)				
ANGELS JOY Additional information. See instructions. FEIN 45-3634835 Street address (suite or room) PMB no.				
Additional information. See instructions.				
Street address (suite or room) 45-3634835 PMB no. PMB no.				
Street address (suite or room) PMB no.				
POBOX 3721				
City State Zip code				
LAGUNA HILLS CA 92654				
Foreign country name Foreign province/state/county Foreign postal code				
Total gripotal occurry				
A First return				
B Amended return • Yes No not reported to the FTB? See instructions • Yes	No			
C IRC Section 4947(a)(1) trust · · · · · · · · · · · · · · · · · · ·				
D Final information return? engaged in political activities? See instructions · · · · · · • Yes	No			
Dissolved Surrendered (Withdrawn) Merged/Reorganized K Is the organization exempt under R&TC Section 23701g? • Yes	No			
Enter date: (mm/dd/yyyy) If "Yes," enter the gross receipts from nonmember sources \$\$\$				
	No			
F Federal return filed? (1) • 990T (2) • 990PF (3) • Sch H (990) M Did the organization file Form 100 or Form 109 to report				
(4) Other 990 series taxable income?	No			
G Is this a group filing? See instructions · · · · · · · · • Yes No N Is the organization under audit by the IRS or has the IRS				
H Is this organization in a group exemption · · · · · · · · · · · · · · · · · · ·	No			
If "Yes," what is the parent's name? O Is federal Form 1023/1024 pending?				
Date filed with IRS				
Part I Complete Part I unless not required to file this form. See General Information B and C.				
1 Gross sales or receipts from other sources. From Side 2, Part II, line 8	00			
2 Gross dues and assessments from members and affiliates	00			
Receipts and Gross contributions, gifts, grants, and similar amounts received	00			
and Revenues 4 Total gross receipts for filing requirement test. Add line 1 through line 3.				
This line must be completed. If the result is less than \$50,000, see General Information B	00			
5 Cost of goods sold				
6 Cost or other basis, and sales expenses of assets sold				
7 Total costs. Add line 5 and line 6	00			
8 Total gross income. Subtract line 7 from line 4	00			
9 Total expenses and disbursements. From Side 2, Part II, line 18	00			
10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8 10 (8,686)	00			
11 Total payments	00			
12 Use tax. See General Information K	00			
Filing Fee 13 Payments balance. If line 11 is more than line 12, subtract line 12 from line 11 · · · · · · · · · · · · · · · · · ·	00			
14 Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12	00			
15 Penalties and interest. See General Information J	00			
16 Balance due. Add line 12 and line 15. Then subtract line 11 from the result	00			
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.				
Sign Here Signature Signature Date Telephone				
of officer ►NUSHIN ASGARINIK CEO 949-226-6962				
Preparer's Date Check if self- PTIN				
signature ► 05/26/2023 employed ► □ P01504199	P01504199			
Paid Preparer's Firm's name (or yours, Firm's				
if self-employed)				
and address 54 ASPEN CREEK LANE • Telephone	Telephone			
LAGUNA HILLS, CA 92653 949-636-5444	949-636-5444			
May the FTB discuss this return with the preparer shown above? See instructions				

Part II Organizations with gross receipts of more than \$50,000 and private foundations 45-3634835 regardless of amount of gross receipts - complete Part II or furnish substitute information. 26,026 1 Gross sales or receipts from all business activities. See instructions 2 00 3 00 Receipts 4 00 from Other 5 00 Sources Gross amount received from sale of assets (See instructions) 6 00 7 00 Other income. Attach schedule 26**,**026 00 Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1 34,712 Contributions, gifts, grants, and similar amounts paid. Attach schedule 9 00 10 Disbursements to or for members 10 00 Compensation of officers, directors, and trustees. Attach schedule 11 00 12 Other salaries and wages 00 13 00 13 Expenses and Taxes 14 00 Disburse-15 00 ments 16 00 Other expenses and disbursements. Attach schedule 17 00 34,712 18 Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9 18 00 Schedule L **Balance Sheet** Beginning of taxable year End of taxable year Assets (d) (a) (b) (c) 1 • 2 Net accounts receivable 3 Net notes receivable 4 5 Federal and state government obligations Investments in other bonds 7 • 8 Mortgage loans 9 Other investments. Attach schedule **b** Less accumulated depreciation . 11 12 Other assets. Attach schedule 13 Total assets Liabilities and net worth 14 Accounts payable Contributions, gifts, or grants payable . 16 17 Other liabilities. Attach schedule 18 19 Capital stock or principal fund 20 Paid-in or capital surplus. Attach reconciliation 21 Retained earnings or income fund 22 Total liabilities and net worth Schedule M-1 Reconciliation of income per books with income per return Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000. 1 7 Income recorded on books this year not included in this return. Attach schedule ٠ Excess of capital losses over capital gains 8 Deductions in this return not charged Income not recorded on books this year. against book income this year. Total. Add line 7 and line 8 5 Expenses recorded on books this year not deducted in this return. Attach schedule 10 Net income per return. Subtract line 9 from line 6 6 Total. Add line 1 through line 5

Date	Acce	ntec

TAXABLE YEAR California e-file Return Authorization for Exempt Organizations

FORM

2022	Excilipt	Organizations							8453-EO
Exempt Organizat							ying numbe		
						120		1000	
		mation (whole dollars only)							
Ū	ss receipts (Form 199	,							26,026
•	ss income (Form 199,	,							26,026
3 Total exp	enses and disbursem	ents (Form 199, line 9)						3	34,712
Part II s	ettle Your Account E	lectronically for Taxable Year 2022							
4 Elect	ronic funds withdrawa	I 4a Amount		_ 4b W	ithdrawal date	(mm/dd/y	уууу)		
Part III B	anking Information (Have you verified the exempt organiza	ation's banking i	nformation?)				
5 Routing r	number								
6 Account	-		7	Type of acc	count: C	necking		Savings	
Part IV D	eclaration of Officer								
I authorize the of the amount lister		count to be settled as designated in Part	II. If I check Part II	l, box 4, I autl	norize an electro	nic funds v	withdrawa	l for	
(ERO), transmi organization's 2 the exempt org exempt organiz organization re	tter, or intermediate serve 2022 California electronic anization is filing a balan cation's fee liability, the ex turn and accompanying s the exempt organization	I I am an officer of the above exempt orga- ice provider and the amounts in Part I abo- ce return. To the best of my knowledge and ce due return, I understand that if the Fra- kempt organization will remain liable for the schedules and statements be transmitted on's return or refund is delayed, I autho	ove agree with the I belief, the exemp inchise Tax Board ne fee liability and to the FTB by the	e amounts on of organization (FTB) does r all applicable ERO, transm	the correspondi n's return is true, not receive full ar interest and pen itter, or intermed	ng lines of , correct, a nd timely p nalties. I a diate servid	the exem nd comple ayment o uthorize the ce provide	pt ete. If f the ne exempt er. If the	
Sign	•				► CEO				
Here	Signature of officer		Date		Title				
Part V	Declaration of Electro	onic Return Originator (ERO) and F	Paid Preparer S	See instruction	ons				
knowledge. (If I however, that for transmitting this followed all other years from the tothe FTB upon and accompants	am only an intermediate orm FTB 8453-EO accur s return to the FTB; I have requirements described due date of the return or n request. If I am also the	e exempt organization's return and that the service provider, I understand that I am a lately reflects the data on the return.) I have provided the organization officer with a din FTB Pub. 1345, 2022 Handbook for a four years from the date the exempt organ paid preparer, under penalties of perjuryments, and to the best of my knowledge knowledge.	not responsible for ye obtained the org copy of all forms a Authorized e-file F anization return is y, I declare that I ha	r reviewing th ganization off and informatio Providers. I wi filed, whichevave examine	e exempt organicer's signature on that I will file will keep form FTE ver is later, and I de the above exerting the states of th	ization's re on form FT with the FT 3 8453-EO will make mpt organi	turn. I dec B 8453-E B, and I h on file for a copy av zation's re	clare, CO before lave four railable eturn	
			Date		Check if	Check		ERO's PTIN	I
ERO	ERO's signature				also paid preparer	if self- employe	ed \square	P015	04199
Must					p p		Firm's FE		
Sign	Firm's name (or yours	TALTAX							
o.g	if self-employed) and address	54 ASPEN CREEK L	7\ NI E'					ZIP code	
	and address	LAGUNA HILLS , C.						9265	3
		I have examined the above organization correct, and complete. I make this declar	's return and acco						
,	Paid			Date		Check		Paid prepar	or's PTIN
Paid Proparor	preparer's			Date		if self-	. \Box	, ald prepar	OI O I TIM
Preparer Must	signature					employed	Firm's FE	INI	
	Firm's name (or yours							.114	
Sign	if self-employed)	-						T 710 .	
	and address							ZIP code	