

990EF

EF Transmission Status

2023

(Keep for your records)

Name(s) as shown on return

EIN number

ANGELS JOY

45-3634835

The following will be transmitted to the IRS.

990

990-T

Amended 990

Amended 990-T

8868

4720

FinCEN 114

The following state returns will be transmitted:

CA199

The following returns have been suppressed or are not eligible and will NOT be transmitted.

EF Notes

ELECTRONIC NOTICE (e-Postcard)**For Tax-Exempt Organizations Not Required to File Form 990 or Form 990-EZ.****2023**

▶ 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.

**Open to Public
Inspection**

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: 01-01-2023 **Ending:** 12-31-2023

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:

August 07, 2024

ANGELS JOY
POBox 3721
Laguna Hills, CA 92654

ANGELS JOY:

Enclosed is the 2023 federal return for a tax-exempt organization, prepared for ANGELS JOY from the information provided. The return will be e-filed with the IRS once we receive a signed Form 8879-TE, IRS e-file Signature Authorization for an Exempt Organization.

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

Enclosed is the 2023 California Income Tax return for ANGELS JOY, prepared from the information provided. The return will be e-filed with the California taxing authority.

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

2023 CA199 Filing Instructions
ANGELS JOY

Form filed:

CA199 and supplemental forms and schedules

Filing method:

Your return will be e-filed, do not mail your return

Due date:

05-15-2024

Other instructions:

The return reflects neither a refund nor a balance due

California Exempt Organization Annual Information Return

Calendar Year 2023 or fiscal year beginning (mm/dd/yyyy) and ending (mm/dd/yyyy)

Corporation/Organization name ANGELS JOY California corporation number 3415813

Additional information. See instructions. FEIN 45-3634835

Street address (suite or room) POBOX 3721 PMB no.

City LAGUNA HILLS State CA ZIP code 92654

Foreign country name Foreign province/state/county Foreign postal code

A First return B Amended return C IRC Section 4947(a)(1) trust D Final information return? E Check accounting method: F Federal return filed? G Is this a group filing? H Is this organization in a group exemption? I Did the organization have any changes to its guidelines not reported to the FTB? J If exempt under R&TC Section 23701d, has the organization engaged in political activities? K Is the organization exempt under R&TC Section 23701g? L Is the organization a limited liability company? M Did the organization file Form 100 or Form 109 to report taxable income? N Is the organization under audit by the IRS or has the IRS audited in a prior year? 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.

Table with 3 columns: Description, Amount, and Balance. Rows include Receipts and Revenues (1-8), Expenses (9-10), and Payments (11-16). Total gross receipts: 29,243. Total gross income: 1,053.

Sign Here: Signature of officer NUSHIN, Title CEO, Date 03/14/2024, Telephone 949-226-6962. Paid Preparer's Use Only: Preparer's signature, Date 08/07/2024, Firm's name TALTAX, 54 ASPEN CREEK LANE, LAGUNA HILLS, CA 92653, Telephone 949-636-5444. May the FTB discuss this return with the preparer shown above? No.

Part II Organizations with gross receipts of more than \$50,000 and private foundations
regardless of amount of gross receipts - complete Part II or furnish substitute information.

45-3634835

| | | | | |
|-----------------------------|----|--|----|----|
| Receipts from Other Sources | 1 | Gross sales or receipts from all business activities. See instructions | 1 | 00 |
| | 2 | Interest | 2 | 00 |
| | 3 | Dividends | 3 | 00 |
| | 4 | Gross rents | 4 | 00 |
| | 5 | Gross royalties | 5 | 00 |
| | 6 | Gross amount received from sale of assets (See instructions) | 6 | 00 |
| | 7 | Other income. Attach schedule | 7 | 00 |
| Expenses and Disbursements | 8 | Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1 | 8 | 00 |
| | 9 | Contributions, gifts, grants, and similar amounts paid. Attach schedule | 9 | 00 |
| | 10 | Disbursements to or for members | 10 | 00 |
| | 11 | Compensation of officers, directors, and trustees. Attach schedule | 11 | 00 |
| | 12 | Other salaries and wages | 12 | 00 |
| | 13 | Interest | 13 | 00 |
| | 14 | Taxes | 14 | 00 |
| | 15 | Rents | 15 | 00 |
| | 16 | Depreciation and depletion (See instructions) | 16 | 00 |
| | 17 | Other expenses and disbursements. Attach schedule | 17 | 00 |
| | 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 | |
|----------------------------------|---|---------------------------|-----|---------------------|-----|
| | | (a) | (b) | (c) | (d) |
| Assets | | | | | |
| 1 | Cash | | | | • |
| 2 | Net accounts receivable | | | | • |
| 3 | Net notes receivable | | | | • |
| 4 | Inventories | | | | • |
| 5 | Federal and state government obligations | | | | • |
| 6 | Investments in other bonds | | | | • |
| 7 | Investments in stock | | | | • |
| 8 | Mortgage loans | | | | • |
| 9 | Other investments. Attach schedule | | | | • |
| 10 | a Depreciable assets | | | | |
| | b Less accumulated depreciation | | | | |
| 11 | Land | | | | • |
| 12 | Other assets. Attach schedule | | | | • |
| 13 | Total assets | | | | |
| Liabilities and net worth | | | | | |
| 14 | Accounts payable | | | | • |
| 15 | Contributions, gifts, or grants payable | | | | • |
| 16 | Bonds and notes payable | | | | • |
| 17 | Mortgages payable | | | | • |
| 18 | Other liabilities. Attach schedule | | | | |
| 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 | Net income per books | • | 7 | Income recorded on books this year not included in this return. Attach schedule | • |
| 2 | Federal income tax | • | 8 | Deductions in this return not charged against book income this year. Attach schedule | • |
| 3 | Excess of capital losses over capital gains | • | 9 | Total. Add line 7 and line 8 | |
| 4 | Income not recorded on books this year. Attach schedule | • | 10 | Net income per return. Subtract line 9 from line 6 | |
| 5 | Expenses recorded on books this year not deducted in this return. Attach schedule | • | | | |
| 6 | Total. Add line 1 through line 5 | | | | |

TAXABLE YEAR
2023

California e-file Return Authorization for Exempt Organizations

FORM
8453-EO

Exempt Organization name: ANGELS JOY Identifying number: 45-3634835

Part I Electronic Return Information (whole dollars only)

| | | |
|--|---|--------|
| 1 Total gross receipts or unrelated business taxable income (Form 199, line 4 or Form 109, line 5) | 1 | 29,243 |
| 2 Total gross income or total tax (Form 199, line 8 or Form 109, line 14) | 2 | 1,053 |
| 3 Total expenses and disbursements (Form 199, line 9) | 3 | |
| 4 Tax due (Form 109, line 23) | 4 | |
| 5 Overpayment (Form 109, line 24) | 5 | |

Part II Settle Your Account Electronically for Taxable Year 2023

6 Direct Deposit of refund (Form 109 only.)
7 Electronic funds withdrawal 7a Amount _____ 7b Withdrawal date (mm/dd/yyyy) _____

Part III Schedule of Estimated Tax Payments for Taxable Year 2024 (These are NOT installment payments for the current amount the exempt organization owes.)

| | First Payment | Second Payment | Third Payment | Fourth Payment |
|-------------------|---------------|----------------|---------------|----------------|
| 8 Amount | | | | |
| 9 Withdrawal Date | | | | |

Part IV Banking Information (Have you verified the exempt organization's banking information?)

10 Routing number _____
11 Account number _____ 12 Type of account: Checking Savings

Part V Declaration of Officer

I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, box 6, I declare that the bank account specified in Part IV for the direct deposit refund agrees with the authorization stated on my return. If I check Part II, box 7, I authorize an electronic funds withdrawal for the amount listed on line 7a and any estimated payment amounts listed on Part III, line 8 from the bank account specified in Part IV.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2023 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's tax liability, the exempt organization will remain liable for the tax liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay or the date when the refund was sent.

Sign Here

03-14-2024 CEO
Signature of officer Date Title

Part VI Declaration of Electronic Return Originator (ERO) and Paid Preparer. See instructions.

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB. I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2023 Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or **four** years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

ERO Must Sign

| | | | | |
|---|-------------|---|---|------------------|
| ERO's signature | Date | Check if also paid preparer <input checked="" type="checkbox"/> | Check if self-employed <input type="checkbox"/> | ERO's PTIN |
| <u>TALTAX</u> | | | | <u>P01504199</u> |
| Firm's name (or yours if self-employed) and address | Firm's FEIN | | ZIP code | |
| <u>54 ASPEN CREEK LANE</u> <u>LAGUNA HILLS, CA</u> | | | <u>92653</u> | |

Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

Paid Preparer Must Sign

| | | | |
|---|-------------|---|----------------------|
| Paid preparer's signature | Date | Check if self-employed <input type="checkbox"/> | Paid preparer's PTIN |
| Firm's name (or yours if self-employed) and address | Firm's FEIN | | ZIP code |
| | | | |