

**Electronic Notice (e-Postcard) for
Tax-Exempt Organization Not Required to File
Form 990 or 990-EZ**

Form **990-N**

2016

Electronic Filing Only -- Do Not Mail

For the 2016 calendar year, or tax year beginning 1/01, 2016, ending 12/31, 2016

Check if applicable

Termination

Organization name and address

Angels Joy
POBox 3721
Laguna Hills, CA 92654

Employer identification number

45-3634835

Telephone Number

949-285-8968

Other names the organization uses

Website:>

Check > if the organization's gross receipts are normally not more than \$50,000 (\$5,000 for a 509(a)(3) supporting organization)

| | | |
|-------------------------------|---------|--------------------------------------|
| Principal Officer Information | Name | Nushin Asgari Nik |
| | Address | POBox 3721 Laguna Hills, CA 92654 |

Form 990-N, also known as the e-Postcard, must be filed electronically with the Internal Revenue Service. There will be no paper form accepted by the Internal Revenue Service.

Do Not mail this form to the Internal Revenue Service.

California Exempt Organization Annual Information Return

Calendar Year 2016 or fiscal year beginning (mm/dd/yyyy), and ending (mm/dd/yyyy)

Corporation/Organization name: ANGELS JOY
Additional information: See instructions.
Street address: POBOX 3721
City: LAGUNA HILLS
State: CA
Zip code: 92654

A First Return
B Amended Return
C IRC Section 4947(a)(1) trust
D Final Information Return?
E Check accounting method: 1 X Cash
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 If organization is exempt under R&TC Section 23701d and meets the filing fee exception, check box.
M Is the organization a Limited Liability Company?
N Did the organization file Form 100 or Form 109 to report taxable income?
O Is the organization under audit by the IRS or has the IRS audited in a prior year?
P Is federal Form 1023/1024 pending?

Part I Complete Part I unless not required to file this form. See General Instructions B and C.

Table with 4 columns: Description, Line number, Amount, and Total. Rows include Receipts and Revenues (lines 1-8), Expenses (lines 9-10), and Filing Fee (lines 11-17).

Sign Here: 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.
Paid Preparer's Use Only: Preparer's signature: NITZA TALBY, Firm's name: TAL-TAX, 54 ASPEN CREEK LANE, LAGUNA HILLS, CA 92653

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.

| | | | | | |
|------------------------------------|----|---|---|----|---------|
| Receipts from Other Sources | 1 | Gross sales or receipts from all business activities. See instructions..... | ● | 1 | |
| | 2 | Interest..... | ● | 2 | |
| | 3 | Dividends..... | ● | 3 | |
| | 4 | Gross rents..... | ● | 4 | |
| | 5 | Gross royalties..... | ● | 5 | |
| | 6 | Gross amount received from sale of assets (See instructions)..... | ● | 6 | |
| | 7 | Other income. Attach schedule..... | ● | 7 | |
| | 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 | |
| Expenses and Disbursements | 9 | Contributions, gifts, grants, and similar amounts paid. Attach schedule..... | ● | 9 | 15,376. |
| | 10 | Disbursements to or for members..... | ● | 10 | |
| | 11 | Compensation of officers, directors, and trustees. Attach schedule..... SEE STMT 1 | ● | 11 | 0. |
| | 12 | Other salaries and wages..... | ● | 12 | |
| | 13 | Interest..... | ● | 13 | |
| | 14 | Taxes..... | ● | 14 | |
| | 15 | Rents..... | ● | 15 | |
| | 16 | Depreciation and depletion (See instructions)..... | ● | 16 | |
| | 17 | Other Expenses and Disbursements. Attach schedule..... | ● | 17 | |
| | 18 | Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9..... | | 18 | 15,376. |

| 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..... | | | | |

