

990EF

EF Transmission Status

2020

(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
- 8868
- Amended
- FinCEN 114

The following state returns will be transmitted:

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

CA199						

EF Notes

Federal return has a MESSAGE PAGE.
T already accepted by state.

**Acknowledgement and General Information for
Entities That File Returns Electronically**

2020

Name(s) as shown on return

ANGELS JOY

Employer Identification Number

****-***4835**

Entity address

POBox 3721

Laguna Hills, CA 92654

Thank you for participating in IRS e-file.

1. 2020 990N income tax return for Federal was filed electronically.
The electronic filing services were provided by TalTax.
2. 990N income tax return was accepted on 05-14-2021 using a Personal Identification Number (PIN) as an electronic signature. The entity entered a PIN or authorized the Electronic Return Originator (ERO) to enter or generate a PIN signature.
The submission ID assigned to this return is 3394422021134e4yuxjn.

**PLEASE DO NOT SEND A PAPER COPY OF ENTITY'S RETURN TO THE
IRS. IF YOU DO, IT WILL DELAY THE PROCESSING OF THE RETURN.**

ELECTRONIC NOTICE (e-Postcard)**For Tax-Exempt Organizations Not Required to File Form 990 or Form 990-EZ.****2020**

▶ 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: 01-01-2020 **Ending:** 12-31-2020

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

990

Tax Exempt
Diagnostic Summary

2020

Name
ANGELS JOY

Employer Identification #
45-3634835

Demographics

Mailing Address:
POBox 3721
Laguna Hills, CA 92654

Phone: (949) 226-6962

Resident State: CA

Diagnostics

Preparer: Nitza Talby

Invoice:

Date: 05-18-2021

Return Information

Item on Return	2020 Federal	2019 Federal (If available)
Total Revenue		
Total Expenses		
Net Excess (Deficit)		
Net Assets or Fund Balances		

State/City Information

<u>State/City</u>	<u>Taxable Revenue</u>	<u>Total Expenses</u>	<u>Change Fund Balance</u>	<u>UBIT</u>	<u>Total Tax</u>	<u>Refund/ (Balance Due)</u>
CA		17,859				

2020 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:

04-15-2021

Other instructions:

The return reflects neither a refund nor a balance due

**California Exempt Organization
Annual Information Return**

Calendar Year 2020 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

<p>A First return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>B Amended return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>C IRC Section 4947(a)(1) trust <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>D Final information return? <input type="checkbox"/> Dissolved <input type="checkbox"/> Surrendered (Withdrawn) <input type="checkbox"/> Merged/Reorganized Enter date: (mm/dd/yyyy) _____</p> <p>E Check accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other</p> <p>F Federal return filed? (1) <input type="checkbox"/> 990T (2) <input type="checkbox"/> 990PF (3) <input type="checkbox"/> Sch H (990) (4) <input checked="" type="checkbox"/> Other 990 series</p> <p>G Is this a group filing? See instructions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>H Is this organization in a group exemption <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," what is the parent's name? _____</p>	<p>I Did the organization have any changes to its guidelines not reported to the FTB? See instructions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>J If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>K Is the organization exempt under R&TC Section 23701g? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," enter the gross receipts from nonmember sources \$ _____</p> <p>L Is the organization a limited liability company? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>M Did the organization file Form 100 or Form 109 to report taxable income? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>N Is the organization under audit by the IRS or has the IRS audited in a prior year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>O Is federal Form 1023/1024 pending? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date filed with IRS _____</p>
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Part I Complete Part I unless not required to file this form. See General Information B and C.

Receipts and Revenues	1 Gross sales or receipts from other sources. From Side 2, Part II, line 8	1		00
	2 Gross dues and assessments from members and affiliates	2		00
	3 Gross contributions, gifts, grants, and similar amounts received	3	35,164	00
	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	4	35,164	00
	5 Cost of goods sold	5		00
	6 Cost or other basis, and sales expenses of assets sold	6		00
	7 Total costs. Add line 5 and line 6	7		00
	8 Total gross income. Subtract line 7 from line 4	8	35,164	00
Expenses	9 Total expenses and disbursements. From Side 2, Part II, line 18	9	17,305	00
	10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	17,859	00
Filing Fee	11 Total payments	11		00
	12 Use tax. See General Information K	12		00
	13 Payments balance. If line 11 is more than line 12, subtract line 12 from line 11	13		00
	14 Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12	14		00
	15 Penalties and Interest. See General Information J	15		00
	16 Balance due. Add line 12 and line 15. Then subtract line 11 from the result	16		00

Sign Here	Signature of officer NUSHIN ASGARINIK	Title CEO	Date 03/28/2021	Telephone 949-226-6962
	Preparer's signature	Date 05/18/2021	Check if self-employed <input type="checkbox"/>	PTIN P01504199
Paid Preparer's Use Only	Firm's name (or yours, if self-employed) and address TALTAX 54 ASPEN CREEK LANE LAGUNA HILLS, CA 92653			Firm's FEIN
				Telephone 949-636-5444
May the FTB discuss this return with the preparer shown above? See instructions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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
	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	17,305	00
Expenses and Disbursements	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	17,305	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

2020

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)

Table with 3 rows: 1 Total gross receipts (Form 199, line 4) 35,164; 2 Total gross income (Form 199, line 8) 35,164; 3 Total expenses and disbursements (Form 199, line 9) 17,305

Part II Settle Your Account Electronically for Taxable Year 2020

4 [] Electronic funds withdrawal 4a Amount 4b Withdrawal date (mm/dd/yyyy)

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

5 Routing number 6 Account number 7 Type of account: [] Checking [] Savings

Part IV Declaration of Officer

I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, Box 4, I authorize an electronic funds withdrawal for the amount listed on line 4a.

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 2020 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 fee liability, the exempt organization will remain liable for the fee 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.

Sign Here

Signature of officer

03-28-2021 Date

CEO Title

Part V 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, 2020 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 NITZA TALBY

Date

Check if also paid preparer [x]

Check if self-employed []

ERO's PTIN P01504199

Firm's name (or yours if self-employed) and address TALTAX 54 ASPEN CREEK LANE LAGUNA HILLS, CA

Firm's FEIN

ZIP code 92653

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 []

Paid preparer's PTIN

Firm's name (or yours if self-employed) and address

Firm's FEIN

ZIP code

CAEF_ACK

**Acknowledgement and General Information for
Taxpayers Who File Returns Electronically**

2020

Name(s) as shown on return

ANGELS JOY

Identification Number

** - ***4835

Address

POBox 3721
Laguna Hills, CA 92654

Thank you for participating in IRS e-file.

1. Your 2020 state income tax return for CA199 was filed electronically.
The electronic filing services were provided by Nitza Talby.

2. Your return was accepted on 05-14-2021 using a Personal Identification Number (PIN) as your electronic signature. You entered a PIN or authorized the Electronic Return Originator (ERO) to enter or generate a PIN for you.
The submission ID assigned to this return is 33944220211342mr3dwd.

**PLEASE DO NOT SEND A PAPER COPY OF THE TAX RETURN TO THE
STATE. IF YOU DO, IT WILL DELAY THE PROCESSING OF THE RETURN.**