

ELECTRONIC NOTICE (e-Postcard)**For Tax-Exempt Organizations Not Required to File Form 990 or Form 990-EZ.****2021**

▶ 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: 01-01-2021 **Ending:** 12-31-2021

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 02, 2022

ANGELS JOY
POBox 3721
Laguna Hills, CA 92654

ANGELS JOY:

Enclosed is the 2021 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 14, 2022.

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

Enclosed is the 2021 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 14, 2022.

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

California Exempt Organization Annual Information Return

Calendar Year 2021 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 type="checkbox"/> No</p> <p>B Amended return <input checked="" type="checkbox"/> Yes <input 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 checked="" 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 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 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 type="checkbox"/> No</p> <p>K Is the organization exempt under R&TC Section 23701g? <input type="checkbox"/> Yes <input 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 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 type="checkbox"/> No</p> <p>O Is federal Form 1023/1024 pending? <input type="checkbox"/> Yes <input 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	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	0 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	00
Expenses	9 Total expenses and disbursements. From Side 2, Part II, line 18	9	00
	10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	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	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.		Telephone	
	Signature of officer NUSHIN ASGARI	Title CEO	Date 03/14/2022	949-226-6962
Paid Preparer's Use Only	Preparer's signature	Date 08/02/2022	Check if self-employed <input type="checkbox"/>	PTIN P01504199
	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 checked="" type="checkbox"/> Yes <input 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
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

2021

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, 2 Total gross income, 3 Total expenses and disbursements.

Part II Settle Your Account Electronically for Taxable Year 2021

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 2021 California electronic return.

Sign Here Signature of officer 03-14-2022 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.)

ERO Must Sign ERO's signature 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