## Form **990-N**

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

 ${\bf Electronic\ Filing\ Only-Do\ Not\ Mail}$ 

2015

For the 2015 calendar year, o	r tax year be	ginning	1/01	, 2015	, ending	12/3	1 , 2015	
Check if applicable			nd address				Employer identification number	
Termination	Angels POBox 3	Joy 721	CA 92654				45-3634835 Telephone Number 949-285-8968	
Other names the organization uses								
Website:>								
Check > X if the organizati	on's gross re	eceipts are	e normally not n	more than \$5	0,000 (\$5	,000 for	a 509(a)(3) supporting organization)	
	Name	Nushi	n Asgari	Nik				
Principal Officer Information	Address	POBox	3721 na Hills,					
	*							W

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.

2015 California Exempt Organization Annual Information Return

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- 1	-	

Calendar Ye	ear 2015 or	r fiscal year	beginning (mm/dd/y	ууу)		, ;	and ending (i	mm/dd/yy	yy)		. ,	
Corporation/Or	ganization na	ame					Management of the Control of the Con	Colonia de la co			California corporation n	umber
ANGELS	JOY										3415813	
Additional infor		instructions.			***************************************						FEIN	
											45-3634835	
Street address	3	om)									PMB no.	
POBOX 3	3/21							State		-	ZIP code	
LAGUNA	HILLS							CA		- 1	92654	
Foreign country	y name							Foreign pr	ovince/state/county		Foreign postal code	
A First Retu	urn		******	Yes	X No				ion 23701d, has the	е		
<b>B</b> Amended	Return			• Yes	X No				itical activities?		Yes	No
C IRC Section	on 4947(a)(1	1) trust		Yes	X No	30	oc monucions.					
<b>D</b> Final Info	rmation Retu	urn?				V 10	the erappination	an avament	under DOTO Costio	- 2270	)1g? • Yes	N/A X No
• Di	issolved	• Surre	endered (Withdrawn)	<ul> <li>Merged/F</li> </ul>	Reorganized		'Yes,' enter the		under R&TC Section	III 23/C	Jig! ■ [ ] Tes	NO
	e (mm/dd/y										\$	
E Check acc						L If	organization is	exempt ur	der R&TC Section	23701	d	
1 X C		Accrual							eption, check box.		• □	
			OT <b>2</b> ● 990-PF	<b>3</b> ●	ch H (990)				d Liability Compan			X No
	ner 990 series			• Yes	X No	1						AINO
G is this a (	group ming:	see instructi	ons	• [] 163		ta	xable income?.		m 100 or Form 10		• Yes	X No
			nption?	Yes	X No				idit by the IRS or h			X No
it Yes, W	vnat is the pa	parent's name?				1					-	
				and the same of th		1			pending?		Yes	No
	•		ges to its guidelines	Yes	X No	D	ate filed with IF	15			04041110	10/01/15
			ess not required to			neral	Instructions	R and (	·		CACA1112L	12/31/15
- uiti			r receipts from other							1		*****
										2		Miles Maries and Maries and
Receipts	_	2 Gross dues and assessments from members and affiliates									<del></del>	
and Revenues												
Revenues		This line must be completed. If the result is less than \$50,000, see General Instruction B • 4										
	ł		sold					2101 11100	action 5 •		.1.	
		J	other basis, and sales expenses of assets sold									
	1								7			
									8			
			s and disbursemen							9		Page 1 Annual of Company of the Comp
Expenses	10 Exc	cess of rec	eipts over expenses	s and disburs	ements S	Subtra	ct line 9 from	m line 8	•	10		-
		al paymen								11		
	1		General Instruction							12		
	<b>13</b> Pay							13				
	<b>14</b> Use							14				
Filing Fee								15		10.		
	1							16		10.		
			d line 12, line 15, and lin							17	Leaved and a series	10.
Sign	correct, and	d complete. De	, I declare that I have exa claration of preparer (other	er than taxpayer)	is based on a	all inforn	nation of which			ot or my		it is true,
Here	Signature of officer	<b>&gt;</b>			Title				Date		Telephone	
	or officer				CEO		Date		Check if		949-285-896 • PTIN	98
Daid	Preparer's ► signature NITZA TALBY					7	P01504199					
Paid Preparer's	TAI _TAV					_	● FEIN					
Use Only	Firm's name (or yours, if	f > 5		CK LANE								
	Self-employed) 34 ASPEN CREEK DANE					Telephone						
	LAGUNA HILLS, CA 92653						(949) 454-8	972				
	May the	FTB discu	iss this return with	the preparer :	shown ab	ove? S	See instructi	ions			X Yes	No
	1			- I P 3, ,								

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.

		rega	rdiess of amount of gross receipts	- complete Part II or furni	ish subs	stitute information			
		1	Gross sales or receipts from al	I business activities. See	instruc	ctions		1	
		2	Interest						
		3	Dividends	3					
Rece		4		4					
from Othe								5	
Sources									
		6		1.5				-	
		7	Other income. Attach schedule						
		8	Total gross sales or receipts from other						
		9	Contributions, gifts, grants, and similar						
		10	Disbursements to or for member					10	
		11	Compensation of officers, direct	0.					
E.ma		12	Other salaries and wages						
Expe and	nses	13	Interest	13					
Disbu		14	Taxes	14					
ment	S	15	Rents					15	
		16	Depreciation and depletion (Se	e instructions)				16	
		17	Other Expenses and Disbursen	nents. Attach schedule.				17	
		18	Total expenses and disbursements. Add						
Sch	edule		Balance Sheet	Beginning o					xable year
Asse		, <u>L</u>	Balance Sheet	(a)	Taxabi	(b)	(c)	u or ta	(d)
ASSE 1						(6)	(c)		(u)
			receivable						•
3			eivable						
			civabic.						
			tate government obligations				-		•
6			n other bonds				100		•
-			n stock						•
7									
8	•	-	18						
			nents. Attach schedule						
			ssets						
b	Less ac	ccumul	ated depreciation						
11	Land								•
12	Other a	issets.	Attach schedule						•
13	Total a	ssets							
Liabi	lities a	and n	et worth						
14	Accoun	ts pay	able						•
15	Contrib	utions	, gifts, or grants payable						•
16	Bonds	and no	otes payable				200		•
17	Mortga	ges pa	yable						•
18	Other li	iabilitie	es. Attach schedule						
	Capital	stock	or principal fund						•
			pital surplus. Attach reconciliation						•
			nings or income fund				32.00		•
			ies and net worth						
Sch	edule	- M-	1 Reconciliation of income pe	er books with income pe	r retur	1			
•	cuuit		Do not complete this schedule				less than \$50,000	0.	
1	Net inc	ome n	er books	•	7		books this year not in		
2			ne tax	•	7		h schedule	_	•
			oital losses over capital gains	•	8	Deductions in this r			
			ecorded on books this year.			against book incom			
-			ule	•					•
5			orded on books this year not deducted		9		d line 8		
				•	10 Net income per return.				
6					Subtract line 9 from line 6				
			-						

Side 2 Form 199 C1 2015 059 3652154 CACA1112L 12/31/15

01/27/16 Accrual Basis

## ANGELS JOY Balance Sheet

As of December 31, 2015

	Dec 31, 15
ASSETS Current Assets Checking/Savings ANGELS JOY BANK ACCOUNT	46,858.94
Total Checking/Savings	46,858.94
Total Current Assets	46,858.94
TOTAL ASSETS	46,858.94
LIABILITIES & EQUITY Equity	
Opening Balance Equity	23,750.11
Unrestricted Net Assets	10,783.04
Net Income	12,325.79
Total Equity	46,858.94
TOTAL LIABILITIES & EQUITY	46,858.94