Form **990-EZ**

Department of the Treasury Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

(except private foundations)
► Do not enter social security numbers on this form as it may be made public.

► Go to www.irs.gov/Form990EZ for instructions and the latest information.

OMB No. 1545-1150

2018

Open to Public Inspection

Form **990-EZ** (2018)

Α	For th	e 2018 calendar year, or tax year beginning , 2018, and ending	,		
В	Check is	f applicable: C	Employer identification number		
	Address	change			
	Name c	Angels Joy	45-3634835		
	Initial re	P.O.Box 3721 Laguna Hills, CA 92654	E Telephone number		
		n/terminated	949-285	-8968	
Н		ed return from pending	Group Exem Number	ption	
G	Accou	ınting Method: X Cash Accrual Other (specify) ► H Check ►	X if the ord	janization is not	
	Webs	ite: > angelsjov.org required	to attach Sci	nedule B	
J	Tax-exe	empt status (check only one) $ \times$ 501(c)(3) \longrightarrow 501(c) () \triangleleft (insert no.) \bigcirc 4947(a)(1) or \bigcirc 527 (Form 99)	0, 990-EZ, o	r 990-PF).	
K	Form	of organization: Corporation Trust Association Other			
L	Add li	nes 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if to s (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ	otal ►\$	54,049.	
D-		Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instru			
1 6	21 (1	Check if the organization used Schedule O to respond to any question in this Part I	Ctions for	X	
	1	Contributions, gifts, grants, and similar amounts received.		54,049.	
	1	Program service revenue including government fees and contracts		31,015.	
		Membership dues and assessments			
	4	Investment income			
	5 a	Gross amount from sale of assets other than inventory			
	540 1000	Less: cost or other basis and sales expenses			
		Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a).	5 c		
		Gaming and fundraising events:			
<u>e</u>	1	Gross income from gaming (attach Schedule G if greater than \$15,000) 6 a			
ĭ	1	Gross income from fundraising events (not including \$ of contributions			
Revenue		from fundraising events reported on line 1) (attach Schedule G if the sum			
Œ		of such gross income and contributions exceeds \$15,000). 6b Less: direct expenses from gaming and fundraising events. 6c			
			_		
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c).	6 d		
	7 a	Gross sales of inventory, less returns and allowances			
	1000	Less: cost of goods sold			
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a).	7 c		
	8	Other revenue (describe in Schedule O)			
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	▶ 9	54,049.	
	10	Grants and similar amounts paid (list in Schedule O)	10		
	11	Benefits paid to or for members			
	12	Salaries, other compensation, and employee benefits			
es	13	Professional fees and other payments to independent contractors		16,147.	
Expenses	14	Occupancy, rent, utilities, and maintenance			
ž	15	Printing, publications, postage, and shipping	15		
ш	16	Other expenses (describe in Schedule O). See Schedule O	16	777.	
	17	Total expenses. Add lines 10 through 16		16,924.	
S	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	37,125.	
Net Assets	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-ye figure reported on prior year's return).	ear 19	0.	
ot A	20	Other changes in net assets or fund balances (explain in Schedule O)		0.	
N	21	Net assets or fund balances at end of year. Combine lines 18 through 20		37,125.	

BAA For Paperwork Reduction Act Notice, see the separate instructions.

rai	Check if the organization used Sche	edule O to respond to any que	estion in this Part II			
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments		L		22	37,125.
23	Land and buildings				23	
24	Other assets (describe in Schedule O)		-		24	
25	Total assets		L	0.	25	37,125.
26	Total liabilities (describe in Schedule O			0.	26	0.
27	Net assets or fund balances (line 27 of			0,	27	37,125.
What i	Check if the organization used So the organization's primary exempt purpose? See the organization's primary exempt purpose? See the organization's program service a sured by expenses. In a clear and concisifited, and other relevant information for other sees and concisions.	hedule O to respond to any or Schedule O	uestion in this Part		(c)(3)	Expenses sired for section 501 and 501(c)(4) izations; optional hers.)
29		nis amount includes foreign gr	rants, check here		28 a	18,942.
30	(Grants \$) If the	nis amount includes foreign gr	rants, check here		29 a	
31	Other program services (describe in Sch				30 a	
20		nis amount includes foreign g			31 a	
	Total program service expenses (add li				32	18,942.
Par	t IV List of Officers, Directors, Check if the organization used So					
	(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensa (Forms W-2/1099-MIS((if not paid, enter -0-	(d) Health benefits	s, oyee	(e) Estimated amount of other compensation
Nus	shin Asgari Nik					
CEC)	40		0.	0.	0.
		1				
-		4				
		-				
		1				
-						
		+				
-						
-		-				
BAA		TEEA0812L (01/21/19			Form 990-EZ (2018)

and enter the amount of tax-exempt interest received or accrued during the tax year. 43 N/A 44 a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ. 44 b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ. 44 b X 44 c X 46 If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? 47 If 'No,' provide an explanation in Schedule O. 48 If 'No,' provide an explanation in Schedule O. 49 If 'No,' provide an explanation in Schedule O. 40 If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments?	Forn	n 990-EZ (2018) Angels Joy	45-363483	5	Pa	age 3
33 Det the argameation expage in any significant activity in Street or Converted to the IRS2 Yes No. 1 Yes Tombe a detailed description of each activity in Street or Converted or Converted and the Control of the American Converted and the Control of the	Pai	tV Other Information (Note the Schedule A and personal benefit contract statement re the instructions for Part V.) Check if the organization used Schedule O to respond to an	quirements in See Sched	ule	0	П
If Yes, 'provide a detailed description of each actively in Schedule O. 3 Wer as yignized stopping and the signature of present postment if Yes,' attent aeriformed copy of the amended ocuments if they reflect a charge is the organization frame. Otherwise, color in the stopping of the provided of the stopping of the	33	· · · · · · · · · · · · · · · · · · ·	y question in this rate v			No
a change is the cognization's name. Otherwise, epillar the change is Stebule 0. See institutions: \$ 34		If 'Yes,' provide a detailed description of each activity in Schedule O		33		X
35a Did the organization have unrelated tourness gross income of \$1,000 or more during the year from business activities (auch as those reported on line 2, 5e, and 72, among others)?	34			34		У
(such as those reported on lines 2, 6a, and 7a, among others)? bit Yes's tine S3a, has the organization file of a form 990-T for the year? If TNo, provide an explanation in Schedule O. c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(5), organization subject to section 603(c) notice, reporting, and proxy, tax requirements during the year? If Yes, complete Schedule C, Part III. 36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assests during the year? If Yes, complete schedule N. 37a Enter amount of political expenditures, direct or indirect, as described in the instructions. * 37a 0. 37b X. 37a Enter amount of political expenditures, direct or indirect, as described in the instructions. * 37a 0. 37b X. 37a Enter amount of political expenditures, direct or indirect, as described in the instructions. * 37a 0. 37b X. 37a Enter amount of political expenditures, direct or indirect, as described in the instructions. * 37a 0. 37b X. 37a Enter amount of political expenditures, direct or indirect, as described in the instructions. * 37a 0. 37b X. 37a Enter amount of political expenditures, direct or indirect. * 37a 0. 37b X. 37a Enter amount of political expenditures, direct or indirect. * 37a 0. 37b X. 37a Enter amount of political expenditures, direct or indirect. * 37a 0. 37b X. 37c 37a 37a 0. 37c 37a 37a 0. 37d Enter amount of political expenditures, direct or indirect. * 37a 0. 37d Enter amount of political expenditures, direct or indirect. * 37a 0. 37d Enter amount of political expenditures, direct or indirect. * 37a 0. 37c 37a 37a 37a 0. 37d Enter amount of political expenditures in the first of the expenditures of the expenditures. * 37a 0. 37d Enter amount of political expenditures in the first of the expenditures of the expenditures. * 37a 0. 37d Enter amount of political expenditures in the fi	35 :					
c Was the organization a section 501(c)(4), 501(c)(5) or 501(c)(6) organization subject to section 603(e) notice, reporting, and proxy tax requirements during the year? If Yes, complete Schedule C, Part III		(such as those reported on lines 2, 6a, and 7a, among others)?	**********	35 a		X
reporting, and proxy tax requirements during the year? If Yes, complete Schedule C, Part III.				35 b		
disposition of net assets during the year? If Yes, complete applicable parts of Schedule N. 36 X 37 a Enter amount of political expenditures, director or indrect, as described in the instructions. * 37a 0. b Did the organization file Form 1120-POL for this year? 38 a Did the prograzization from whom, or make any loans to, any officer, director, trustee, or key employee or were any such learns made in a prior year and still outstanding at the end of the tax year covered by this return? b If Yes, 'complete Schedule, I. Part II and enter the total amount involved. 10 to Yes, 'complete Schedule, I. Part II and enter the total amount involved. 21 Institute fees and capital contributions included on line 9. 39a N/A 22 Section 50 (c)(7) organizations. Enter: 23 Institute fees and capital contributions included on line 9. 39a N/A 24 Section 50 (c)(7) organizations. Enter amount of tax imposed on the organization during the year under: 25 section 50 (c)(3) organizations. Enter amount of tax imposed on the organization during the year under: 26 section 50 (c)(3), 50 (c)(4), and 50 (c)(2) organizations. Did the organization engage in any section 4955 excess from the properties of the p		reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part I	ion 6033(e) notice, Il	35 c		X
b Did the organization file Form 1120-POL for this year? 38 a Did the organization berow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a grior year and still outstanding at the end of the tax year covered by this return? 38 b If Yes, complete Schedule I, Part II and enter the total amount involved. 39 Section 501 (c)(7) organizations. Enter: a intitiation fees and capital contributions included on line 9. 30 Section 501 (c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 * 0 , is section 4912 * 0 , is section 4955 * 0 , b Section 501 (c)(3), 501 (c)(4), and 501 (c)(2) organizations. Did the organization during the year under: section 4911 * 0 , is section 4912 * 0 , is section 4955 * 0 , b Section 501 (c)(3), 501 (c)(4), and 501 (c)(2) organizations. Did the organization in a prior year that has not been reported on any of its prior Forms 990 or 990-E27 If Yes, complete Schedule L, Part II		disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N.		36		X
38a Did the organization borrow from, or make any loans to, any officer, director, finistee, or key employee or were any such loans made in a prion year and still outstanding at the end of the tax year covered by this return? 39 Section 501(c)(7) organizations, Enter: 30 Initiation fees and capital contributions included on line 9 30 Initiation fees and capital contributions included on line 9 30 Initiation fees and capital contributions included on line 9 30 Initiation fees and capital contributions included on line 9 30 Initiation fees and capital contributions included on line 9 30 Initiation fees and capital contributions included on line 9 30 Initiation fees and capital contributions included on line 9 30 Initiation fees and capital contributions included on line 9 30 Initiation fees and capital contributions included on line 9 30 Initiation fees and capital contributions included on line 9 30 Initiation fees and capital contributions included on line 9 30 Initiation fees and capital contributions included on line 9 30 Initiation fees and capital contributions included on line 9 30 Initiation fees and capital contributions included on line 9 31 Initiation fees and capital feet and the organization and part of the organization and party and party are under section 4958 excess benefit transaction of its prior Forms 990 or 990-E27 If Yes, complete Schedule L Part L 40 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbused by the organization and party to a prohibited tax shelter transaction? If Yes, complete Form 8865-T 40 Ent organizations 40 Initiation and Initiation anotation and Initiation and Initiation and Initiation and Initiati						
any such loans made in a prior year and still outstanding af the end of the tax year covered by this return?		• • • • • • • • • • • • • • • • • • • •		3/6		X
amount involved. 39 Section 501(c)(7) organizations. Enter: a initiation fees and capital contributions included on line 9. 39 Section 301(c)(7) organizations. Enter: a initiation fees and capital contributions included on line 9. b Gross receipts, included on line 9, for public use of club tacilities. 39 b N/A 40 Section 501(c)(3) 301(c)(4), and 501(c)(29) organizations. Did the organization during the year under: section 4911 + 0, section 4912 + 0, section 4915 + 0, section 4955 + 0, b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZT If Yes, complete Schedule L, Part I. c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. • 0, d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization. e. All organizations. At any time during the tax year, was the organization a party to a prohibited tax scheller transaction? If Yes, complete Form 8586-T. 40 Extends the organization of the calendar year, did the organization who are transactions as a continuation of the section of the organization		any such loans made in a prior year and still outstanding at the end of the tax year covered	by this return?	38 a		Х
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b Gross receipts, included on line 9, for public use of club facilities. 40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 \(^{}\) 0, is section 4912 \(^{}\) 0, is section 4955 \(^{}\) 0. b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit thransaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior forms 990 or 990-E27 If 'Yes,' complete Schedule L, Part I. c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed an organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed an organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed an organization have a prohibited tax on line 40c reimbursed by the organization. e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 5886-T. 40e						
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 + 0, : section 4912 + 0, : section 4915 > 0, becton 4915 > 0, becton 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization in a prior year that has not been reported on any of its prior Forms 990 or 990 EZ If I'ves, complete Schedule L, Part I. 40b X c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.						
section 4911 > 0 : section 4912 > 0 : section 4955 > 0 . b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 996-EZ? If "Yes," complete Schedule L. Part L. 6 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. 6 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization. 7 All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8586-1. 8 List the states with which a copy of this return is filled ** None 42a The organizations' brooks are in care of ** Nushin Asgari Nik Telephone no. ** 94.9-2.85-8968 Located at ** 2.11.3-A Via Puerta Laguna Woods CA IP+4 ** 92.637 b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country ** (such as a bank account, securities account, or other financial accounts (FBAR), C At any time during the calendar year, did the organization maintain an office outside the United States? 43 Section 4947(a)(1) nonexempt charitable trusts filling Form 990-EZ in lieu of Form 1041 — Check here. A Section 4947(a)(1) nonexempt charitable trusts filling Form 990-EZ in lieu of Form 1041 — Check here. A Section 4947(a)(1) nonexempt charitable trusts filling Form 990-EZ in lieu of Form 1041 — Check here. A Section 4947(a)(1) nonexempt charitable trusts filling Form 990-EZ in lieu of Form 1041 — Check here. A Section 4947(a)(1) nonexempt charitable trusts filling Form 990-EZ in lieu of Form 1041 — Check here. A Section 4947(a)(1) nonexempt charitable trusts filling form 990-EZ i			21/22	+		
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d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization. e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 886-1. 40e			zation			
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shelter transaction? If "Yes," complete Form 8886-T. 41 List the states with which a copy of this return is filed None 42 a The organization's books are in care of Nushin Asgari Nik Telephone no. > 949-285-8968 Located at > 2113-A Via Puerta Laguna Woods CA ZIP +4 > 92637 b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). c At any time during the calendar year, did the organization maintain an office outside the United States? 42 c X If "Yes," enter the name of the foreign country > 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here. and enter the amount of tax-exempt interest received or accrued during the tax year. 44 a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ. b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ. c Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ. d If "Yes' to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule Q. 44 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?. 45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?. 45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?. 46 a Did the organization form 100 the page 100 the		by the organization.	►0.	_		
42 a The organization's books are in care of ► Nushin Asgari Nik Located at ► 2113-A Via Puerta Laguna Woods CA Located at ► 2113-A Via Puerta Laguna Woods CA B At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? See the instructions for exceptions and filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). c At any time during the calendar year, did the organization maintain an office outside the United States? 42 b X If 'Yes,' enter the name of the foreign country ► 43 Section 4947(a)(1) nonexempt charitable trusts filling Form 990-EZ in lieu of Form 1041 — Check here. and enter the amount of tax-exempt interest received or accrued during the tax year. 43 Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ. 44 b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ. 44 c X 45 Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ. 44 c X 45 If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O. 45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		e All organizations. At any time during the tax year, was the organization a party to a prohibite shelter transaction? If 'Yes' complete Form 8886. T	ed tax	40.0		У
42 a The organization's books are in care of ► Nushin Asgari Nik Located at ► 2113-A Via Puerta Lagruna Woods CA Located at ► 2113-B Via Puerta Poeta Vest No Located at ► 2113-B Via Puerta Poeta Vest No Located at ► 2113-B Via Puerta Poeta Vest No Located at ► 2113-B Via Puerta Poeta Vest No Located at ► 2113-B Via Puerta Poeta Vest No Located at ► 2113-B Via Puerta Poeta Vest No Located at ► 2113-B Via Puerta Poeta Vest No Located at ► 2113-B Via Puerta Poeta Vest No Located at ► 2113-B Via Puerta Poeta Vest No Located at Poe	41	List the states with which a copy of this return is filed None		406	L	
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial accounts (FBAR). c At any time during the calendar year, did the organization maintain an office outside the United States? If 'Yes,' enter the name of the foreign country ► 42 b X 42 b X See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). c At any time during the calendar year, did the organization maintain an office outside the United States? 42 c X 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here. and enter the amount of tax-exempt interest received or accrued during the tax year. 44 a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ. b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead instead of Form 990-EZ. c Did the organization receive any payments for indoor tanning services during the year? d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'Yes,' provide an explanation in Schedule O. 44d 45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 42 b X	42	books are in care of ► Nushin Asgari Nik		85-8	968_	
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d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O						
45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O		ΔΔ A		
	45					X
		b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning form 990 and Schedule R may peed to be completed instead of Form 990 and Schedule R may peed to be completed instead of Form 990 F7. See instructions	g of section 512(b)(13)? If 'Yes,'	AE L		

				Contraction of the Contraction o					res	NO	
46 Did the candi	he organization edidates for nublic	engage, directly or indirec office? If 'Yes,' complete	tly, in political campaid Schedule C. Part I	gn activities on	behalf of	or in opposition	n to	46		Х	
Part VI	Section 501	(c)(3) Organizations 501(c)(3) organization	Only						es		
		ganization used Schedule	O to respond to any	auestion in this	Part VI						
	Check it the of	garlization used Schedule	o to respond to any	question in this	T art VI.				Yes	No	
		ngage in lobbying activities						47	105		
		, Part II						47		X	
		make any transfers to an						48 49 a		X	
		ed organization a section						49 b		^	
50 Comp	plete this table for	the organization's five high received more than \$100,00	est compensated emplo	yees (other than	officers, o	directors, trustee	s, and key	100	I		
	(a) Name and title o	of each employee	(b) Average hours per week devoted to position	(c) Reportable com (Forms W-2/1099	npensation 9-MISC)	(d) Health bene contributions to em benefit plans, and d compensation	ployee (e) eferred	Estimate other com			
None											
									Aurent Carrent		

f Tota	I number of othe	r employees paid over \$1	00,000								
51 Com	plete this table for pensation from the	the organization's five high he organization. If there is	nest compensated indepos s none, enter 'None.'	endent contracto	ors who ea	ch received more	than \$100,	000 of			
	(a) Name and busines	ss address of each independent co	ontractor		(b) Type o	f service		(c) Com	pensatio	in	
None											
				-							
				-							
d Tota	al number of other	er independent contractors	s each receiving over 9	\$100,000							
52 Did t	the organization	complete Schedule A? No.	ote: All section 501(c)	(3) organization	is must at	tach a	-	XYe	s	No	
		e that I have examined this return, ation of preparer (other than office					ge and belief, it				
,,		ation of property (other trials office	., 15 56566 611 611 11161116161	or which proparer ha	as any movie	Jugo.					
Sign	Signature of of	ficer				Date				Principal de la Constitución de	
Here	Nushin Type or print n	Asgari Nik				CEO					
	Print/Type preparer		Preparer's signature	Da	ate	Г	PTIN				
Daid	Nitza Tal	.bv	Nitza Talby			Check L self-empl	J if oyed P∩1	50419	99		
Paid Preparer	Firm's name ▶	Tal-Tax	12.2024 TULDY			33.1 3.11	7. 11.01	J J T L			
Use Only	Firm's address ►	54 Aspen Creek	Lane			Firm's Ell	v -				
		Laguna Hills, C.				Phone no	(949)				
May the If	RS discuss this r	eturn with the preparer sh	nown above? See instr	ructions				X Ye	s	No	
							F	orm 9 9	90-EZ	(2018)	

Form **8879-EC**

IRS e-file Signature Authorization for an Exempt Organization

	5		
For calendar year 2018, or fiscal year beginning	. 2018, and ending	. 20	

OMB No. 1545-1878

Internal Revenue Service

2018

▶ Do not send to the IRS. Keep for your records. Department of the Treasury ► Go to www.irs.gov/Form8879EO for the latest information. Name of exempt organization Employer identification number 45-3634835 Angels Joy
Name and title of office Nushin Asgari_Nik Part I Type of Return and Return Information (Whole Dollars Only) Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. 1 a Form 990 check here..... ▶ D Total revenue, if any (Form 990, Part VIII, column (A), line 12)...... 2a Form 990-EZ check here. . . . ▶ X b Total revenue, if any (Form 990-EZ, line 9)..... 3 a Form 1120-POL check here..... b Total tax (Form 1120-POL, line 22)..... 4a Form 990-PF check here. . . . ▶ b Tax based on investment income (Form 990-PF, Part VI, line 5). . . . 4b 5 a Form 8868 check here.... ▶ ☐ b Balance Due (Form 8868, line 3c). Part II Declaration and Signature Authorization of Officer Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2018 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information processary to authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal. Officer's PIN: check one box only X I authorize Tal-Tax to enter my PIN 14752 as my signature ERO firm name Enter five numbers, but on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Officer's signature > Part III Certification and Authentication ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN..... 33944292653 Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2018 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS *e-file* Providers for Business Returns. ERO's signature Nitza Talby Date ▶ ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So

BAA For Paperwork Reduction Act Notice, see instructions.

Form 8879-EO (2018)

FORM

California Exempt Organization Annual Information Return

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				year beginning (mm/c	d/yyyy)			, and ending (r	mm/dd/yy	уу)			-
Corpo	ration/Org	ganizat	ion name								Ca	alifornia corporation nu	ımber
	GELS											415813	
Additi	onal infori	mation	. See instructi	ions.							100	EIN 5-3634835	
Street	address	(suite d	or room)									MB no.	
	O.BOX	37	21										
City	מומוזי		т.С						State		- 1	p code	
	GUNA In country				TOTAL CONTRACTOR OF THE PROPERTY OF THE PROPER				CA Foreign pro	ovince/state/county		02654 preign postal code	
	100												
A	irst Retu	rn			· · · · · Yes	X No	J			on 23701d, has the			
B	Amended	Return	1		• Yes	X No		organization enga		tical activities?		■ □voo	X No
C	RC Section	on 4947	7(a)(1) trust.		Yes	X No		See mstructions.	* * * * * * * * * *			•Yes	X NO
D	inal Infor	rmatio	n Return?					I - II T T		L DOTO 0 1	00701	·	.
•	Di:	ssolve	d 📗	Surrendered (Withdrawn)	Merged/Re	eorganized	n	If 'Yes,' enter the		inder R&TC Section	23/01	g? ● ∐Yes	X No
			/dd/yyyy) ● g method:								\$		
	1 X C			crual 3 Other			L			harity exempt under			
F			- Constitution	990T 2 990	PF 3 ● Sc	h H (990)				neets the filing fee ng fee is required.			
	4 X Oth					()	M	Is the organization	on a Limited	d Liability Company	?	• Yes	X No
G	s this a g	group f	iling? See ins	structions	• Yes	X No				m 100 or Form 109			
								taxable income?.				• Yes	X No
		s organization in a group exemption Yes X No O Is the organization under audit by the IRS or audited in a prior year?							X No				
	1 165, W	mat 15	the parents	name:									
	and the or	raniza	ation have an	y changes to its guidelines			P			pending?		· · · · · Yes	No
				e instructions	• Yes	X No		Date filed with IF	K2				
Par	t I	Com	plete Part	I unless not require	to file this form	. See Ge	ner	al Information	B and C	**			
		1	Gross sa	les or receipts from o	ther sources. Fro	om Side	2, P	art II, line 8			1		
_		2	Gross du	es and assessments	from members a	nd affilia	tes.				2		
	ceipts and	3	Gross co	ntributions, gifts, gra	nts, and similar a	amounts	rece	eived			3	54	,049.
Rev	enues	4	-	ss receipts for filing i				0				T	
		_		must be completed.					eral Infor	mation B ●	4	54	,049.
		5		joods sold									
		7		other basis, and sales sts. Add line 5 and lin							7		
		8		ess income. Subtract							8	5.4	,049.
_		9		enses and disbursen							9		,924.
Exp	enses	10		of receipts over exper							10		,125.
		11	Total pay								11		•
		12		See General Informa							12		
		13	Payment	s balance. If line 11 i	s more than line	12, subt	ract	line 12 from I	line 11		13		
F	iling	14	Use tax b	balance. If line 12 is i	more than line 11	, subtrac	ct lir	ne 11 from line	e 12		14		
1	Fee	15	Filing fee	e \$10 or \$25. See Ge	neral Information	F					15		10.
		16	Penalties	s and Interest. See G	eneral Informatio	n J					16		
		17	Balance du	ue. Add line 12, line 15, an	d line 16. Then subtra	act line 11 f	rom	the result			17		10.
9	Sign	Under	penalties of	perjury, I declare that I have ete. Declaration of preparer	examined this return, (other than taxpaver)	including a	ccom	panying schedules formation of which	and statem	ents, and to the best	of my	knowledge and belief,	it is true,
	lere	Signa	ature 🛌			Title				Date		Telephone	
		of off	icer			CEO		ID-t-				949-285-896	8
Dai:	J	Prepa	arer's N	דתית תאדם∨				Date		Check if self-	1 1	• PTIN	
Paid Pre	parer's			TAL-TAX					l	employed	1 1	P01504199 Firm's FEIN	
Use	Only	(or yo	s name ours, if	54 ASPEN CE	REEK LANE						\neg		
		and a	employed) address	LAGUNA HILI		3	-					 Telephone 	
												(949) 454-8	3972
		Ma	y the FTB	discuss this return w	ith the preparer s	shown ab	ove	? See instruct	tions		•	X Yes	No

Part II Organizations with gross receipts of more than \$50,000 and private foundations

2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 E L	Gross sales or receipts from all be Interest. Dividends. Gross rents. Gross royalties. Gross amount received from sale Other income. Attach schedule. Total gross sales or receipts from other secontributions, gifts, grants, and similar and Disbursements to or for members Compensation of officers, director Other salaries and wages. Interest. Taxes Rents. Depreciation and depletion (See Other Expenses and Disbursements. Add limits and and Disbursements.	of assets (See Instructions). nounts paid. Attach schedule sers, and trustees. Attach instructions). nts. Attach schedule.	tions) e 7. Enter here and on Sign schedule. SEE	de 1, Part I, line 1. SEE STMT 1 STATEMENT 2 line 9	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 I of taxable	16,924. 16,924. 16,924. year (d) 54,049.
3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 E L	Dividends. Gross rents. Gross royalties. Gross amount received from sale Other income. Attach schedule. Total gross sales or receipts from other si Contributions, gifts, grants, and similar an Disbursements to or for members Compensation of officers, directo Other salaries and wages. Interest. Taxes. Rents. Depreciation and depletion (See Other Expenses and Disbursements. Add li Balance Sheet	ources. Add line 1 through lin nounts paid. Attach schedule s. ors, and trustees. Attac instructions) nts. Attach schedule. ine 9 through line 17. Enter h	tions). e 7. Enter here and on Siden schedule. SEE ere and on Side 1, Part I, f taxable year	de 1, Part I, line 1. SEE STMT 1 STATEMENT 2 line 9. Enc	3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 I of taxable	16,924. 16,924. year (d)
4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 2 L counts recorded.	Gross rents Gross royalties Gross amount received from sale Other income. Attach schedule. Total gross sales or receipts from other so Contributions, gifts, grants, and similar an Disbursements to or for members Compensation of officers, directo Other salaries and wages. Interest. Taxes Rents. Depreciation and depletion (See Other Expenses and Disburseme Total expenses and disbursements. Add li Balance Sheet	ources. Add line 1 through lin nounts paid. Attach schedule s. ors, and trustees. Attac instructions) nts. Attach schedule. ine 9 through line 17. Enter h	tions) e 7. Enter here and on Siden schedule SEE.ere and on Side 1, Part I, If taxable year	de 1, Part I, line 1. SEE STMT 1 STATEMENT 2 line 9. Enc	4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 I of taxable	16,924. 16,924. year (d)
5 6 7 8 9 10 11 12 13 14 15 16 17 18 E L	Gross royalties. Gross amount received from sale Other income. Attach schedule. Total gross sales or receipts from other si Contributions, gifts, grants, and similar an Disbursements to or for members Compensation of officers, directo Other salaries and wages. Interest. Taxes. Rents. Depreciation and depletion (See Other Expenses and Disburseme Total expenses and disbursements. Add li Balance Sheet	of assets (See Instructional Process and line 1 through liminounts paid. Attach schedule of the second seco	tions) e 7. Enter here and on Siden schedule. SEE ere and on Side 1, Part I, f taxable year	SEE STMT 1 STATEMENT 2 line 9.	5 6 7 8 9 10 11 12 13 14 15 16 17 18	16,924. 16,924. year (d)
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3652184 Side 2 Form 199 2018 059 CACA1112L 12/13/18

2018	California Statements	Page 1
Client ANGELSJO	Angels Joy	45-3634835
4/29/19		11:21PM
Statement 1 Form 199, Part II, Line 11 Compensation of Officers, Directors, T	rustees and Key Employees	
Current Officers:	Title and Total	Contri- Expense - bution to Account/
Name and Address	Average Hours Compen- Per Week Devoted sation	EBP & DC Other
Nushin Asgari Nik	CEO \$ 40.00	0. \$ 0. \$ 0.
,	Total \$	0. \$ 0. \$ 0.
Statement 2 Form 199, Part II, Line 17 Other Expenses	,	
Office Expenses Other fees		
		Total \$ 16,924.