

Form **990EZ** **Short Form** **Return of Organization Exempt From Income Tax** OMB No. 1545-0047
 Department of the Treasury Internal Revenue Service **2023**
Open to Public Inspection
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (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.

A For the 2023 calendar year, or tax year beginning 01-01-2023, and ending 12-31-2023

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization: PASADENA ANGELS INC
 Number and street (or P. O. box, if mail is not delivered to street address): 704 HIGHLAND DR
 City or town, state or province, country, and ZIP or foreign postal code: LA CANADA FLINTRIDGE, CA 91011

D Employer identification number: 90-0037989
E Telephone number: (626) 449-3466
F Group Exemption Number:

G Accounting Method: Cash Accrual Other (specify)

I Website: PASADENAANGELS.COM

J Tax-exempt status (check only one) - 501(c)(3) 501(c)(6) (insert no.) 4947(a)(1) or 527

K Form of organization: Corporation Trust Association Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ **\$ 177,846**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)
Check if the organization used Schedule O to respond to any question in this Part I

Revenue	1 Contributions, gifts, grants, and similar amounts received	1	
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	173,390
	4 Investment income	4	4,456
	5a Gross amount from sale of assets other than inventory	5a	
	b Less: cost or other basis and sales expenses	5b	
	5c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
c 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)	6d		
7a Gross sales of inventory, less returns and allowances	7a		
b Less: cost of goods sold	7b		
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8 Other revenue (describe in Schedule O)	8		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	177,846	

Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	
	13 Professional fees and other payments to independent contractors	13	96,687
	14 Occupancy, rent, utilities, and maintenance	14	294
	15 Printing, publications, postage, and shipping	15	4,442
	16 Other expenses (describe in Schedule O)	16	59,725
	17 Total expenses. Add lines 10 through 16	17	161,148

Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	16,698
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	168,800
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	0
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	185,498

For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 106421 Form 990-EZ (2023)

Part II Balance Sheets (see the instructions for Part II)
Check if the organization used Schedule O to respond to any question in this Part II

22 Cash, savings, and investments	(A) Beginning of year	185,627	(B) End of year	185,019
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23 Land and buildings		23	
24 Other assets (describe in Schedule O)	773	24	479
25 Total assets	186,400	25	185,498
26 Total liabilities (describe in Schedule O).	17,600	26	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	168,800	27	185,498

Part III Statement of Program Service Accomplishments (see the instructions for Part III)
 Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose?
 THE PRIMARY EXEMPT PURPOSE OF THE ORGANIZATION IS TO PROMOTE THE COMMON BUSINESS INTERESTS OF ITS MEMBERS AND THE COMMUNITY IN GENERAL THROUGH THE IMPROVEMENT AND ADVANCEMENT OF BUSINESS OPPORTUNITIES AND CONDITIONS. THIS PURPOSE IS ACHIEVED BY: PROMOTING THE SAN GABRIEL VALLEY AS AN EXCELLENT LOCATION FOR BUSINESS; EDUCATING, ASSISTING, AND MENTORING INDIVIDUALS ON CHANGING TECHNOLOGY AND INDUSTRIAL TRENDS AFFECTING THE SOUTHERN CALIFORNIA BUSINESS COMMUNITY; COUNSELING ENTREPRENEURS ABOUT DEVELOPING THEIR BUSINESS PLANS; AND RAISING CAPITAL FOR EARLY STAGE COMPANIES BY CONNECTING THEM WITH FINANCING SOURCES AND RESOURCES.

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28 THE ORGANIZATION ACCOMPLISHES ITS EXEMPT PURPOSE BY WORKING WITH START-UP AND EARLY STAGE COMPANIES, LOCATED PRINCIPALLY IN THE SAN GABRIEL VALLEY, ASSISTING THEM IN DEVELOPING AND EXECUTING GOOD STRATEGIC AND FINANCIAL PLANS, UNDERSTANDING AND ACCESSING EARLY STAGE CAPITAL MARKETS AND AVOIDING BUSINESS FAILURES. ANGEL MEMBERS PARTICIPATE IN PANEL PRESENTATIONS OF VARIOUS OUTSIDE ORGANIZATIONS AND EVENTS FOR EDUCATIONAL PURPOSES.
 (Grants \$ 0) If this amount includes foreign grants, check here

29
 (Grants \$) If this amount includes foreign grants, check here

30
 (Grants \$) If this amount includes foreign grants, check here

31 Other program services (describe in Schedule O)
 (Grants \$) If this amount includes foreign grants, check here

32 Total program service expenses (add lines 28a through 31a) **32** 157,523

Expenses
 (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

28a 157,523

29a

30a

31a

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated ; see the instructions for Part IV)
 Check if the organization used Schedule O to respond to any question in this Part IV.

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
MIKE KREBS CHAIRMAN, SECRETARY	8.00	0	0	0
KEVIN HERZBERG VICE CHAIRMAN	5.00	0	0	0
DAVID MANDEL VICE CHAIRMAN	5.00	0	0	0
SUSAN MARKI TREASURER	5.00	0	0	0
JAMES BENNETT DIRECTOR	3.00	0	0	0
SALLY DEWITT DIRECTOR	3.00	0	0	0
BOB GINGRICH DIRECTOR	3.00	0	0	0
TERRY KAY DIRECTOR	3.00	0	0	0
ROD PERTH DIRECTOR	3.00	0	0	0
JEFFREY SCHLESINGER DIRECTOR	3.00	0	0	0
CHRIS WADDEN DIRECTOR	3.00	0	0	0

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Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V.

Yes No

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		No
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions.		No
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		No
b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O		
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		No
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		No
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a _____ 0		
b Did the organization file Form 1120-POL for this year?		
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		No
b If "Yes," complete Schedule L, Part II and enter the total amount involved		
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9	39a _____	
b Gross receipts, included on line 9, for public use of club facilities	39b _____	
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ _____; section 4912 ▶ _____; section 4955 ▶ _____		
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-EZ? 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 ▶ _____		
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 8886-T		No
41 List the states with which a copy of this return is filed. ▶ CA		
42a The organization's books are in care of ▶ SUSAN MARKI Telephone no. ▶ (818) 561-1966		
Located at ▶ 704 HIGHLAND DRIVE LA CANADA, CA ZIP + 4 ▶ 91011		

	Yes	No
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)? If "Yes," enter the name of the foreign country: ▶ _____		No
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 U.S.? If "Yes," enter the name of the foreign country: ▶ _____		No

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 ▶ **43** | _____

	Yes	No
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		No
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		No
c Did the organization receive any payments for indoor tanning services during the year?		No
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		
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		No
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)		

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	Yes	No
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.		No

Part VI Section 501(c)(3) Organizations Only
All section 501(c)(3) organizations must answer questions 47- 49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI

		Yes	No
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		
49a	Did the organization make any transfers to an exempt non-charitable related organization?		
49b	If "Yes," was the related organization a section 527 organization?		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000.

52 Did the organization complete Schedule A? **NOTE.** All section 501(c)(3) organizations must attach a completed Schedule A Yes No

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 officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer _____ Date 2024-05-24

SUSAN MARKI TREASURER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: KRISTIN CREIGHTON Preparer's signature: _____ Date: 2024-05-24 Check if self-employed PTIN: P00216922

Firm's name: GOEHNER ACCOUNTANCY CORPORATION Firm's EIN: 95-4835865

Firm's address: 251 S LAKE AVENUE SUITE 730 PASADENA, CA 91101 Phone no. (626) 449-6321

May the IRS discuss this return with the preparer shown above? See instructions Yes No

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Additional Data

[Return to Form](#)

Software ID:
Software Version:

Form 990-EZ, Special Condition Description:

Special Condition Description

efile Public Visual Render | **ObjectID: 202421649349200847 - Submission: 2024-06-12** | **TIN: 90-0037989**

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
Attach to Form 990 or 990-EZ.

Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization
PASADENA ANGELS INC

Employer identification number

90-0037989

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 4 - OTHER INVESTMENT INCOME	DESCRIPTION: INTEREST INCOME. AMOUNT: 4,456.
FORM 990-EZ, PART I, LINE 14	DESCRIPTION: DEPRECIATION. AMOUNT: 294.
FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES	DESCRIPTION: MEMBERSHIP EVENTS. AMOUNT: 3,543. DESCRIPTION: SOFTWARE/HARDWARE. AMOUNT: 1,471. DESCRIPTION: DUES AND SUBSCRIPTIONS. AMOUNT: 19,296. DESCRIPTION: MEETINGS. AMOUNT: 28,858. DESCRIPTION: GIFTS AND AWARDS. AMOUNT: 1,844. DESCRIPTION: LICENSE AND FEES. AMOUNT: 1,010. DESCRIPTION: OFFICE EXPENSE. AMOUNT: 3,703. TOTAL TO FORM 990-EZ, LINE 16: 59,725.
FORM 990-EZ, PART II, LINE 24 - OTHER ASSETS	DESCRIPTION: OTHER DEPRECIABLE ASSETS. BEG. OF YEAR AMOUNT: 773. END OF YEAR AMOUNT: 479.
FORM 990-EZ, PART II, LINE 26 - OTHER LIABILITIES	DESCRIPTION: DEFERRED INCOME. BEG. OF YEAR AMOUNT: 17,600. END OF YEAR AMOUNT: 0.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Cat. No. 51056K

Schedule O (Form 990) 2023

Additional Data

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Software Version:

efile Public Visual Render | **ObjectID: 202421649349200847 - Submission: 2024-06-12** | **TIN: 90-0037989**

TY 2023 IRS 990 e-File Render

Name: PASADENA ANGELS INC

EIN: 90-0037989

Declaration: THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.