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Form **990-EZ**

Short Form

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-1150

2004

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

► For organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year.
► The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2004 calendar year, or tax year beginning January 1, 2004, and ending December 31, 20 04

B Check if applicable:

- Address change
- Name change
- Initial return
- Final return
- Amended return
- Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
Orange County Self Help Center

Number and street (or P.O. box, if mail is not delivered to street address) Room/suite
727 South Harbor Blvd.

City or town, state or country, and ZIP + 4
Anaheim, CA 92805-4529

D Employer identification number
33 : 0254067

E Telephone number
(714) 635-1355

F Group Exemption Number

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method: Cash Accrual
Other (specify) ►

I Website: ► n/a

H Check If the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

J Organization type (check only one)— 501(c) (3) ◀ (insert no.) 4947(a)(1) or 527

K Check if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. **Some states require a complete return.**

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$100,000 or more, file Form 990 instead of Form 990-EZ. ► \$ **33862**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 37 of the instructions.)

		1	2	3	4	5a	5b	5c	6a	6b	6c	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21								
Revenue	1	Contributions, gifts, grants, and similar amounts received															33830																			
	2	Program service revenue including government fees and contracts															0																			
	3	Membership dues and assessments															0																			
	4	Investment income															32																			
	5a	Gross amount from sale of assets other than inventory															0																			
	b	Less: cost or other basis and sales expenses															0																			
	c	Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule)															0																			
	6	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>																																		
	a	Gross revenue (not including \$ _____ of contributions reported on line 1)															0																			
	b	Less: direct expenses other than fundraising expenses															0																			
c	Net income or (loss) from special events and activities (line 6a less line 6b)															0																				
7a	Gross sales of inventory, less returns and allowances															0																				
b	Less: cost of goods sold															0																				
c	Gross profit or (loss) from sales of inventory (line 7a less line 7b)															0																				
8	Other revenue (describe ► <u>n/a</u>)															0																				
9	Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)															33862																				
Expenses	10	Grants and similar amounts paid (attach schedule)														0																				
	11	Benefits paid to or for members														0																				
	12	Salaries, other compensation, and employee benefits														0																				
	13	Professional fees and other payments to independent contractors														0																				
	14	Occupancy, rent, utilities, and maintenance														34956																				
	15	Printing, publications, postage, and shipping														3200																				
	16	Other expenses (describe ► <u>n/a</u>)														0																				
17	Total expenses (add lines 10 through 16)														38156																					
Net Assets	18	Excess or (deficit) for the year (line 9 less line 17)														(4294)																				
	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)														211519																				
	20	Other changes in net assets or fund balances (attach explanation)														20065																				
	21	Net assets or fund balances at end of year (combine lines 18 through 20)														227290																				

JUN 03 2011
TPR BRANCH
5000

ENVELOPE POSTMARK DATE MAY 25 2011

RECEIVED
MAY 31 2011
OGDEN UT

SCANNED JUN 30 2011

Part II Balance Sheets—If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ. (See page 40 of the instructions.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	18934	22 14579
23 Land and buildings	208753	23 212650
24 Other assets (describe ► <u>n/a</u>)	0	24 0
25 Total assets	227687	25 227229
26 Total liabilities (describe ► <u>mortgage</u>)	16168	26 0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	211519	27 227229

63
1512

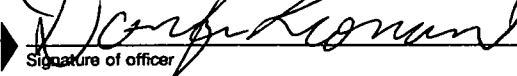
Part III Statement of Program Service Accomplishments (See page 41 of the instructions.)		Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)
What is the organization's primary exempt purpose? Provide meeting rooms for 12 step programs		
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.		
28	Meeting rooms are open 7 days a week. There are 22 meetings a week and 100 or more people attend these meetings. Currently we provide meeting rooms for Alcoholics, Narcotics, Gamblers CEA, Debtors, and other Anonymous Groups and Gam-Anon. (Grants \$)	28a 38156
29 (Grants \$)	29a
30 (Grants \$)	30a
31	Other program services (attach schedule) (Grants \$)	31a
32	Total program service expenses (add lines 28a through 31a)	32

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See page 41 of the instructions.)				
(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
Tom Keller 717 N. Bradford Ave. Placentia, CA 92870	President, 5hrs/wk	0	0	0
Lois Weinstein 636 W. Veronica St., Upland, CA 91784	Secretary, 5hrs/wk	0	0	0
Bob Weinstein 636 W. Veronica St., Upland, CA 91784	Treasurer, 5hrs/wk	0	0	0

Part V Other Information (Note the attachment requirement in General Instruction V, page 14.)		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity .		<input checked="" type="checkbox"/>
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.		<input checked="" type="checkbox"/>
35	If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		<input checked="" type="checkbox"/>
b	If "Yes," has it filed a tax return on Form 990-T for this year?		<input checked="" type="checkbox"/>
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement.)		<input checked="" type="checkbox"/>
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?		<input checked="" type="checkbox"/>
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 unpaid at the start of the period covered by this return?		<input checked="" type="checkbox"/>
b	If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved. 38b 0		
39	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9 39a 0		
b	Gross receipts, included on line 9, for public use of club facilities 39b 0		
40a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0		
b	501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach an explanation. . . .		<input checked="" type="checkbox"/>
c	Amount of tax imposed on organization managers or disqualified persons during the year under 4912, 4955, and 4958 ▶ 0		
d	Enter: Amount of tax on line 40c, above, reimbursed by the organization ▶ 0		
41	List the states with which a copy of this return is filed. ▶ California		
42	The books are in care of ▶ Melinda Weinstein Telephone no. ▶ (714) 635-1355 Located at ▶ 727 South Harbor Blvd., Anaheim, CA ZIP + 4 ▶ 92805-4529		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . ▶ 43		

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.

Please Sign Here

Signature of officer:  Date: 5-25-11

Doug Leonard, Vice-President

Type or print name and title.

Paid Preparer's Use Only

Preparer's signature: _____ Date: _____ Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: _____ Preparer's SSN or PTIN (See Gen. Inst. W): _____

EIN: _____ Phone no.: () _____