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Form **990-EZ**

Short Form *Amended*
Return of Organization Exempt From Income Tax

OMB No 1545-1150

2005

Open to Public Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)
▶ 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

Department of the Treasury
Internal Revenue Service

A For the 2005 calendar year, or tax year beginning , 2005, and ending

B Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C PENINSULA CHAPTER OF I.C.B.O. PO BOX 2396 SANTA CLARA, CA 95055-2396	D Employer identification number 77-0286257
			E Telephone number 408-370-1585
			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) ▶

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

I Web site: ▶ N/A

J Organization type (check only one) – 501(c) (10) ◀ (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 chooses to file a return, be sure to file a complete return. **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. ▶ \$ 28,502.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Instructions)

1	Contributions, gifts, grants, and similar amounts received	1	
2	Program service revenue including government contracts	2	28,362.
3	Membership dues and assessments	3	
4	Investment income	4	140.
5a	Gross amount from sale of assets other than inventory	5a	
5b	Less cost or other basis and sales expenses	5b	
5c	Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule)	5c	
6	Special events and activities (attach schedule) If an organization from gaming, check here <input type="checkbox"/>		
6a	Gross revenue (not including \$ of contributions reported on line 1)	6a	
6b	Less direct expenses other than fundraising expenses	6b	
6c	Net income or (loss) from special events and activities (line 6a less line 6b)	6c	
7a	Gross sales of inventory, less returns and allowances	7a	
7b	Less cost of goods sold	7b	
7c	Gross profit or (loss) from sales of inventory (line 7a less line 7b)	7c	
8	Other revenue (describe ▶)	8	
9	Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	9	28,502.
10	Grants and similar amounts paid (attach schedule)	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	
14	Occupancy, rent, utilities, and maintenance	14	
15	Printing, publications, postage, and shipping	15	
16	Other expenses (describe ▶ SEE STATEMENT 1)	16	24,614.
17	Total expenses (add lines 10 through 16)	17	24,614.
18	Excess or (deficit) for the year (line 9 less line 17)	18	3,888.
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	19,652.
20	Other changes in net assets or fund balances (attach explanation)	20	
21	Net assets or fund balances at end of year (combine lines 18 through 20)	21	23,540.

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.

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	19,652.	23,540.
23	Land and buildings		
24	Other assets (describe ▶)		
25	Total assets	19,652.	23,540.
26	Total liabilities (describe ▶)	0.	0.
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	19,652.	23,540.

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

TEEA0803L 02/01/06 Form 990-EZ (2005)

ENVELOPE
 POSTMARK DATE
 MAR 27 2010

SCANNED APR 12 2010
 ECZM<MR

ASSETS

STATUTE UNIT RECEIVED
 APR 01 2010
 TPR BRYAN J OGDEN
 OGDEN, UT

Part III Statement of Program Service Accomplishments (See Instructions)		Expenses
What is the organization's primary exempt purpose?		(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)
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	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a
29	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a
30	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a
31	Other program services (attach schedule) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	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 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 and deferred compensation	(E) Expense account and other allowances
SEE STATEMENT 2		0.	0.	0.

Part V Other Information (Note the attachment requirement in the instructions)	SEE STATEMENT 3	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	33		X
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	34		X
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?	35a		X
b If 'Yes,' has it filed a tax return on Form 990-T for this year?	35b	N/A	
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If 'Yes,' att a stmt.)	36		X
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?	37b		X
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?	38a		X
b If 'Yes,' attach the sch specified in the ln 38 instructions and enter the amount involved	38b	N/A	
39 501(c)(7) organizations Enter:			
a Initiation fees and capital contributions included on line 9 . . .	39a	N/A	
b Gross receipts, included on line 9, for public use of club facilities	39b	N/A	
40a 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ N/A, section 4912 ▶ N/A, section 4955 ▶ N/A			
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	40b	N/A	
c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			0.
d Enter amount of tax on line 40c reimbursed by the organization			0.

Part V Other Information (Note the attachment requirement in the instructions) (Continued)

41 List the states with which a copy of this return is filed ▶ CA
42 a The books are in care of ▶ SUSAN KNOWLES Telephone no. ▶ 805-440-4594
 Located at ▶ 17150 NUEVO PL, SANTA MARGARITA CA ZIP + 4 ▶ 93453

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. ▶ _____

See the instructions for exceptions and filing requirements for Form TD F 90-22.1

c At any time during the calendar year, did the organization maintain an office outside of the U.S. ?

If 'Yes,' enter the name of the foreign country: ▶ _____

	Yes	No
42b		X
42c		X

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 – Check here N/A
 and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 N/A

Please 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 officer) is based on all information of which preparer has any knowledge.
 Signature of officer: [Signature] Date: 3/26/2010 Type or print name and title: Susan O'Brien, secretary

Paid Preparer's Use Only
 Preparer's signature: [Signature] Date: 3-20-10 Check if self-employed: Preparer's SSN or PTIN (See General Instruction W): N/A
 Firm's name (or yours if self-employed), address, and ZIP + 4: SUSAN I. KNOWLES EA
17150 NUEVO PLACE
SANTA MARGARITA, CA 93453 EIN: N/A Phone no: (805) 440-4594

BAA

STATEMENT 1
FORM 990-EZ, PART I, LINE 16
OTHER EXPENSES

BANK CHARGES	\$	208.
CODE HEARINGS		1,538.
EDUCATION EXP		3,782.
INSTALLATION		528.
MEETING EXP		648.
SEMINAR FEES		16,854.
SIC EXP		250.
SUPPLIES		375.
TAXES		20.
WEB EXP		411.
TOTAL	\$	<u>24,614.</u>

STATEMENT 2
FORM 990-EZ, PART IV
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
BRENT HIPSHER PO BOX 2396 SANTA CLARA, CA 95055-2396	PRESIDENT 0	\$ 0.	\$ 0.	\$ 0.
PATRICIA KUTZMANN 39355 CALIFORNIA STREET, STE 2 FREMONT, CA 94538	VICE PRESIDENT 0	0.	0.	0.
DENNIS CORBETT 200 OLD BERNAL RD PLEASANTON, CA 94566	SECRETARY 0	0.	0.	0.
TOM WHISLER 70 W HEDDING ST MS E7 SAN JOSE, CA 95110	TREASURER 0	0.	0.	0.
AMAL SINHA 3855-A ALAMO ST SIMI VALLEY, CA 93063	PAST PRESIDENT 0	0.	0.	0.
	TOTAL	\$ 0.	\$ 0.	\$ 0.

STATEMENT 3
FORM 990-EZ, PART V
REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT? NO

(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? NO