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ENVELOPE STAT MAR 27 2010 POSTMARK DATE

APR 7 2010

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

2006

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Sponsoring organizations, and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year may use this form. The organization may have to use a copy of this return to satisfy state reporting requirements.

For the 2006 calendar year, or tax year beginning 2006, and ending

Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending. 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: [X] Cash [] Accrual Other (specify)

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

I Website: N/A. J Organization type (check only one) - [X] 501(c) (10) (insert no) 4947(a)(1) or 527

K Check [X] if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file 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. \$ 21,741.

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

Table with 21 rows for revenue and expenses. Includes 'REVENUE' and 'EXPENSES' columns. Total revenue 21,741. Total expenses 30,203. Net assets at end of year 15,078.

STATUTE UNIT RECEIVED

APR 01 2010

TIP: For gaming, check here

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SEE STATEMENT 1

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.

Table with 7 rows for balance sheet items. Total assets 23,540. Total liabilities 0. Net assets or fund balances 23,540.

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

TEEA0803L 01/19/07 Form 990-EZ (2006)

SCANNED APR 29 2010

13 NR

Part III Statement of Program Service Accomplishments (See the instructions.)	Expenses
What is the organization's primary exempt purpose? 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	(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)
28 _____ _____ _____ (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	28 a
29 _____ _____ _____ (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	29 a
30 _____ _____ _____ (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	30 a
31 Other program services (attach schedule) (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	31 a
32 Total program service expenses (add lines 28a through 31a) <input type="checkbox"/>	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 statement 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			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			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?	35 a		X
b If 'Yes,' has it filed a tax return on Form 990-T for this year?	35 b	N/A	
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If 'Yes,' attach a statement)	36		X
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions <input type="checkbox"/>	37 a	0.	
b Did the organization file Form 1120-POL for this year?	37 b		X
38 a 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?	38 a		X
b If 'Yes,' attach the sch specified in the line 38 instructions and enter the amount involved	38 b	N/A	
39 501(c)(7) organizations Enter			
a Initiation fees and capital contributions included on line 4	39 a	N/A	
b Gross receipts, included on line 9, for public use of club facilities	39 b	N/A	

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

40 a 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

	Yes	No
40b	N/A	
40c		
40e		X

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.

e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?

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 .

and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 N/A N/A

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: Susan D'Bren Date: 3/26/10
 Type or print name and title: Susan D'Bren Secretary

Paid Preparer's Use Only

Preparer's signature: Susan Knowles Date: 3-20-10 Check if self-employed: Preparer's SSN or PTIN (See General Instruction X): 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

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

BANK CHARGES	\$	196.
EDUCATION EXP		16,994.
SEMINAR SHARE OTHER CHAPTERS		12,627.
SUPPLIES		27.
WEB EXP		359.
TOTAL	\$	<u>30,203.</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
LARRY FORD 17555 PEAK AVE MORGAN HILL, CA 95037	SECRETARY 0	\$ 0.	\$ 0.	\$ 0.
PATRICIA KUTZMANN 39355 CALIFORNIA STREET, STE 2 FREMONT, CA 94538	PAST PRESIDENT 0	0.	0.	0.
DENNIS CORBETT 200 OLD BERNAL RD PLEASANTON, CA 94566	PRESIDENT 0	0.	0.	0.
TOM WHISLER 70 W HEDDING ST MS E7 SAN JOSE, CA 95110	VICE PRESIDENT 0	0.	0.	0.
DENNIS RICHARDSON 65 WEST ALISAL ST SALINAS, CA 93901	TREASURER 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