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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 private foundations)

OMB No 1545-1150

2014

Open to Public Inspection

Department of the Treasury Internal Revenue Service

- Do not enter social security numbers on this form as it may be made public.
Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

A For the 2014 calendar year, or tax year beginning 01-01-2014, and ending 12-31-2014

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

C Name of organization: ICC PENINSULA CHAPTER
Number and street (or P O box, if mail is not delivered to street address): PO BOX 2396
Room/suite:
City or town, state or province, country, and ZIP or foreign postal code: SANTA CLARA, CA 95055

D Employer identification number: 77-0286257
E Telephone number: (408) 535-6876
F Group Exemption Number:

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: www.iccpeninsula.org/

J Tax-exempt status (check only one): [] 501(c)(3) [X] 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. Total: \$ 44,051

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 [X]

Table with 21 rows and 2 columns. Rows include Revenue (1-9), Expenses (10-17), and Net Assets (18-21). Values range from 5,717 to 86,892.

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

Table with columns for question number, question text, and Yes/No columns. Rows include questions 33 through 41 regarding organizational activities, financials, and reporting requirements.

42a The organization's books are in care of SUSAN KNOWLES Telephone no (805) 440-4594 Located at 17150 NUEVO PL SANTA MARGARITA, CA ZIP +4 93453

Table with columns for question number, question text, and Yes/No columns. Rows include questions 42b and 42c regarding foreign financial accounts and offices.

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

Table with columns for question number, question text, and Yes/No columns. Rows include questions 44a through 45b regarding donor advised funds, hospital facilities, tanning services, and controlled entities.

	Yes	No
46		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

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		
48		
49a		
49b		

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?

b 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
NONE				

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
NONE		

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 2015-03-24
 JOANNE KURZ Treasurer
 Type or print name and title

Paid Preparer Use Only
 Print/Type preparer's name: Susan I Knowles
 Preparer's signature: _____
 Date: _____
 Check if self-employed
 PTIN: P00040105
 Firm's name: Susan I Knowles EA
 Firm's EIN: _____
 Firm's address: 17150 Nuevo Place
 Santa Marganta, CA 93453
 Phone no: (805) 440-4594

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

SCHEDULE O
(Form 990 or 990-EZ)

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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.

OMB No 1545-0047

2014

**Open to Public
Inspection**

Name of the organization
ICC PENINSULA CHAPTER

Employer identification number

77-0286257

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Revenue 1	REIMBURSED EXPENSES \$1047
Payments to Affiliates 1	Name EAST BAY CHAPTER OF ICC Address PO BO X3660 SAN RAMON, CA 94583 Purpose of payment REV SHARING Amount \$15783
Payments to Affiliates 2	Name MONTEREY BAY CHAPTER OF ICC Address BLDG DIV, 580 PACIFIC ST MONTEREY, CA 93940 Purpose of payment REV SHARING Amount \$15783
Payments to Affiliates 3	Name NO CALIF INTL ASS OF ELEC INSP Address 1409 S WHITE RD SAN JOSE, CA 95127 Purpose of payment REV SHARING Amount \$15462
Other Expenses 1003	Information Technology \$3497
Other Expenses 1007	Conferences, Conventions, and Meetings \$825
Other Expenses 1009	Depreciation \$197
Other Expenses 1	SEMINAR EXPENSES \$20119
Other Expenses 2	INSTALLATION MEETING \$6206
Other Expenses 3	SCHOLARSHIPS \$3000
Other Expenses 4	BANK SERVICE CHARGES \$742
Other Expenses 5	PICNIC EXPENSE \$459
Other Expenses 6	SUPPLIES-OTHER \$392
Other Expenses 9	LICENSE & TAX \$88
Other Expenses 10	TRAINING \$62
Other Expenses 11	ROUNDING \$2
Other Assets 1002	Furniture and Fixtures - Beginning \$0 Furniture and Fixtures - Ending \$394