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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

**2009**

Department of the Treasury  
Internal Revenue Service

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.

**Open to Public Inspection**

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

**A For 2009 calendar year, or tax year beginning** NOVEMBER 01 , 2009, **and ending** OCTOBER 31 , 20 10

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	<b>C Name of organization</b>		<b>D Employer identification number</b>
		Chico Area Flyfishers, Inc		68-0206833
		Number & street (or P.O. box, if mail is not delivered to street addr.) Room/suite		<b>E Telephone number</b>
		PO Box 3583		(530) 891-5760
City or town, state or country, and ZIP + 4		<b>F Group Exemption Number</b>		▶
Chico CA 95927-3583				

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

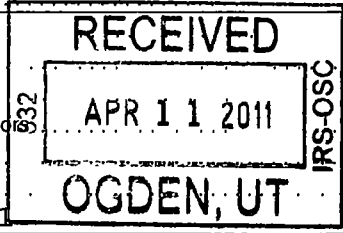
**I Website:** ▶ N/A  
**J Tax-exempt status** (check only one) --  501(c)(7) ◀ (insert no.) | 4947(a)(1) or | 527  
**G Accounting Method**  Cash  Accrual Other (specify) ▶  
**H Check**  if organization is **not** required to attach Sch. B (Form 990, 990-EZ, or 990-PF)

**K Check**  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally **not** more than \$25,000. A Form 990-EZ or Form 990 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 \$500,000 or more, file Form 990 instead of Form 990-EZ.** ▶ \$ 28,564

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

<b>REVENUE</b>	<b>1</b> Contributions, gifts, grants, and similar amounts received	<b>1</b>	190
	<b>2</b> Program service revenue including government fees and contracts	<b>2</b>	
	<b>3</b> Membership dues and assessments	<b>3</b>	2,595
	<b>4</b> Investment income	<b>4</b>	1,124
	<b>5a</b> Gross amount from sale of assets other than inventory	<b>5a</b>	
	<b>b</b> Less cost or other basis and sales expenses	<b>5b</b>	
	<b>c</b> Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	<b>5c</b>	
	<b>6</b> Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>		
	<b>a</b> Gross revenue (not including \$ _____ of contributions reported on line 1)	<b>6a</b>	24,655
	<b>b</b> Less direct expenses other than fundraising expenses	<b>6b</b>	10,881
<b>c</b> Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	<b>6c</b>	13,774	
<b>7a</b> Gross sales of inventory, less returns and allowances	<b>7a</b>		
<b>b</b> Less cost of goods sold	<b>7b</b>		
<b>c</b> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	<b>7c</b>		
<b>8</b> Other revenue (describe ▶ _____)	<b>8</b>		
<b>9 Total revenue.</b> All lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	<b>9</b>	17,683	
<b>EXPENSES</b>	<b>10</b> Grants and similar amounts paid (attach schedule)	<b>10</b>	
	<b>11</b> Benefits paid to or for members	<b>11</b>	
	<b>12</b> Salaries, other compensation, and employee benefits	<b>12</b>	
	<b>13</b> Professional fees and other payments to independent contractors	<b>13</b>	
	<b>14</b> Occupancy, rent, utilities, and maintenance	<b>14</b>	774
	<b>15</b> Printing, publications, postage, and shipping	<b>15</b>	
	<b>16</b> Other expenses (describe ▶ See attachment #1)	<b>16</b>	10,841
<b>17 Total expenses.</b> Add lines 10 through 16	<b>17</b>	11,615	
<b>ASSETS</b>	<b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9)	<b>18</b>	6,068
	<b>19</b> 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)	<b>19</b>	32,291
	<b>20</b> Other changes in net assets or fund balances (attach explanation)	<b>20</b>	
	<b>21</b> Net assets or fund balances at end of year Combine lines 18 through 20	<b>21</b>	38,359



### Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)

		(A) Beginning of year	(B) End of year
<b>22</b> Cash, savings, and investments		30,515	36,867
<b>23</b> Land and buildings			
<b>24</b> Other assets (describe ▶ See attachment #2)		1,776	1,492
<b>25 Total assets</b>		32,291	38,359
<b>26 Total liabilities</b> (describe ▶ _____)		0	0
<b>27 Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)		32,291	38,359

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

Form **990-EZ** (2009)

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210



**Part V Other Information** (Note the statement requirements in the instructions for Part V)

		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? 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, 6a, and 7a (among others), but <b>not</b> reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T		
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
b	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?		X
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		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions <b>▶</b> <u>37a</u>		
b	Did the organization file <b>Form 1120-POL</b> for this year?		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 outstanding at the end of the period covered by this return?		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	<b>38b</b>	
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9	<b>39a</b>	0
b	Gross receipts, included on line 9, for public use of club facilities	<b>39b</b>	0
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 <b>▶</b> _____, section 4912 <b>▶</b> _____, section 4955 <b>▶</b> _____		
b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	<b>40b</b>	X
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <b>▶</b> _____		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization <b>▶</b> _____		
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	<b>40e</b>	X
41	List the states with which a copy of this return is filed <b>▶</b> <u>NONE</u>		
42a	The organization's books are in care of <b>▶</b> <u>See attachment #5</u> Telephone no. <b>▶</b> _____ Located at <b>▶</b> _____ ZIP + 4 <b>▶</b> _____		
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: <b>▶</b> _____ See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.</b>	<b>42b</b>	X
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: <b>▶</b> _____	<b>42c</b>	X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> -- Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <b>▶</b> <u>43</u>		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	<b>44</b>	X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	<b>45</b>	X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51

- 46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office?
47 Did the organization engage in lobbying activities?
48 Is the organization a school as described in section 170(b)(1)(A)(ii)?
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.

Table with 3 columns: Question ID, Yes, No. Rows 46-49b.

Table for line 50: Compensation of top 5 employees. Columns: (a) Name and address, (b) Title and average hours, (c) Compensation, (d) Contributions to benefit plans, (e) Expense account.

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

Table for line 51: Compensation of top 5 independent contractors. Columns: (a) Name and address, (b) Type of service, (c) Compensation.

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

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: Donald Sleeper, Treasurer. Date: 4-6-2011.

Paid Preparer's Use Only: Preparer's signature: Jan S. Williams, Date: 4-23-11, Check if self-employed: [ ], Preparer's identifying no.: [ ], Firm's name: H&R Block, address: 2255 ESPLANADE, Chico, CA 95926, Phone no.: 530-895-1876.

May the IRS discuss this return with the preparer shown above? See instructions ... [X] Yes [ ] No



**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

REVENUE		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		Annual Dinne (event type)	(event type)	(total number)	(Add col. (a) through col (c))
1	Gross receipts	23,032			23,032
2	Less Charitable contributions				
3	Gross income (line 1 minus line 2)	23,032			23,032
DIRECT EXPENSES	4	Cash prizes			
	5	Noncash prizes	2,339		2,339
	6	Rent/facility costs	1,760		1,760
	7	Food and beverages	4,855		4,855
	8	Entertainment			
	9	Other direct expenses	1,279		1,279
10	Direct expense summary. Add lines 4 through 9 in column (d)				( 10,233 )
11	Net income summary. Combine line 3, column (d), and line 10				12,799

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

REVENUE		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) thru col (c))
1	Gross revenue				
DIRECT EXPENSES	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input checked="" type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No
7	Direct expense summary. Add lines 2 through 5 in column (d)				( )
8	Net gaming income summary. Combine line 1, column d, and line 7				

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities _____		
a Is the organization licensed to operate gaming activities in each of these states? .....	9a	X
b If "No," explain. _____		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? .....	10a	X
b If "Yes," explain _____		
11 Does the organization operate gaming activities with nonmembers? .....	11	X
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? .....	12	X

	Yes	No
--	-----	----

**13** Indicate the percentage of gaming activity operated in

- |  |            |   |
|--|------------|---|
| <b>a</b> The organization's facility . . . . . | <b>13a</b> | % |
| <b>b</b> An outside facility . . . . .         | <b>13b</b> | % |

**14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue?

<b>15a</b>	X
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- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_

- c** If "Yes," enter name and address of the third party

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

**16** Gaming manager information

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

- Director/officer       Employee       Independent contractor

**17** Mandatory distributions

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . .

<b>17a</b>	X
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- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

# Depreciation and Amortization (Including Information on Listed Property)

Department of the Treasury  
Internal Revenue Service (99)

▶ See separate instructions.

▶ Attach to your tax return.

Name(s) shown on return <b>Chico Area Flyfishers, Inc</b>	Business or activity to which this form relates <b>FOR FORM 990-EZ LINE 14</b>	Identifying number <b>68-0206833</b>
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**Part I Election To Expense Certain Property Under Section 179**

**Note:** If you have any listed property, complete Part V before you complete Part I

1 Maximum amount See the instructions for a higher limit for certain businesses . . . . .	<b>1</b>	\$250,000
2 Total cost of section 179 property placed in service (see instructions) . . . . .	<b>2</b>	
3 Threshold cost of section 179 property before reduction in limitation (see instructions) . . . . .	<b>3</b>	\$800,000
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- . . . . .	<b>4</b>	
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions . . . . .	<b>5</b>	250,000
<b>6 (a) Description of property</b>	<b>(b) Cost (busn use only)</b>	<b>(c) Elected cost</b>
7 Listed property Enter the amount from line 29 . . . . .	<b>7</b>	
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 . . . . .	<b>8</b>	
9 Tentative deduction Enter the <b>smaller</b> of line 5 or line 8 . . . . .	<b>9</b>	
10 Carryover of disallowed deduction from line 13 of your 2008 Form 4562 . . . . .	<b>10</b>	
11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions) . . . . .	<b>11</b>	250,000
12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 . . . . .	<b>12</b>	
13 Carryover of disallowed deduction to 2010 Add lines 9 and 10, less line 12 . . . . . ▶	<b>13</b>	

**Note:** Do not use Part II or Part III below for listed property. Instead, use Part V

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)**

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) . . . . .	<b>14</b>	
15 Property subject to section 168(f)(1) election . . . . .	<b>15</b>	
16 Other depreciation (including ACRS) . . . . .	<b>16</b>	

**Part III MACRS Depreciation (Do not include listed property) (See instructions.)**

**Section A**

17 MACRS deductions for assets placed in service in tax years beginning before 2009 . . . . .	<b>17</b>	284
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here . . . . . <input type="checkbox"/>		

**Section B -- Assets Placed in Service During 2009 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depr (business/investment use only -- see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
<b>19a</b> 3-year property						
<b>b</b> 5-year property						
<b>c</b> 7-year property						
<b>d</b> 10-year property						
<b>e</b> 15-year property						
<b>f</b> 20-year property						
<b>g</b> 25-year property			25 yrs		S/L	
<b>h</b> Residential rental property			27 5 yrs	MM	S/L	
			27 5 yrs.	MM	S/L	
<b>l</b> Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

**Section C -- Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System**

<b>20a</b> Class life					S/L	
<b>b</b> 12-year			12 yrs		S/L	
<b>c</b> 40-year			40 yrs.	MM	S/L	

**Part IV Summary (See instructions.)**

21 Listed property Enter amount from line 28 . . . . .	<b>21</b>	
22 <b>Total.</b> Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return Partnerships and S corporations -- see instructions . . . . .	<b>22</b>	284
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs . . . . .	<b>23</b>	

**For Paperwork Reduction Act Notice, see separate instructions.**

## SCHEDULE OF OTHER ASSETS

Attachment 2: page 1 - 990-EZ Page 1, Part I, Line 24

Open to Public Inspection	For calendar year 2009 or tax period beginning 11-01-2009, and ending 10-31-2010.
Name of Organization Chico Area Flyfishers, Inc	Employer Identification Number 68-0206833

Description of Other Assets	Beginning of Year	End of Year	EOY FMV (990-PF Only)
Computer Equipment	1,170	983	
Multimedia Projector	606	509	
Totals	1,776	1,492	

**SCHEDULE OF OTHER EXPENSES**

Attachment 1: page 1 - 990-EZ Page 1, Part I, Line 16

Open to Public Inspection	For calendar year 2009 or tax period beginning	11-01-2009, and ending	10-31-2010.
Name of Organization		Employer Identification Number	
Chico Area Flyfishers, Inc		68-0206833	

Description of Other Expenses	Amount
Administrative and Accounting	4,156
Community Services	6,685
Total	10,841

**PRIMARY EXEMPT PURPOSE**

Attachment 3: page 1 - 990-EZ Page 2, Part III

Open to Public Inspection	For calendar year 2009 or tax period beginning 11-01 , and ending 10-31-2010.
Name of Organization Chico Area Flyfishers, Inc	Employer Identification Number 68-0206833

Primary Purpose

Chico Area Flyfishers, Inc. is very involved in the community and dedicated to the sport of fly fishing. It promotes the preservation and restoration of streams, rivers, and lakes. It also provides youth education and enjoyment of the sport. This includes donations to class- room salmon and stealhead rearing in the schools and the annual "Hooked on Fishing Not On Drugs" day which introduces young people to the fun of fishing at no cost to the participants.

**CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES**

Attachment 4: page 1 - 990-EZ Page 2, Part IV

Open to Public Inspection	For calendar year 2009 or tax period beginning 11-01-2009, and ending 10-31-2010.
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Name of Organization Chico Area Flyfishers, Inc	Employer Identification Number 68-0206833
--	--

(A) Name and Address	(B) Title and Average Hrs per Week	(C) Compensation (If not paid, enter 0)	(D) Cont to Employee Ben Plans & Def Comp	(E) Expense Account & Other Allowances
Lincoln Gray 847 W 5th St Chico, CA 95928	President 10.00	0	0	0
David McKinney 1162 Hillview Chico, CA 95926	Vice President 10.00	0	0	0
Pat Sleeper 1010 Lori Dr Chico, CA 95973	Secretary 10.00	0	0	0
Don Sleeper 1010 Lori Dr Chico, CA 95973	Treasurer 10.00	0	0	0

BOOKS ARE IN CARE OF

Attachment 5 - 990-EZ Page 3, Part V, Line 42a

Open to Public Inspection For calendar year 2009 or tax period beginning 11-01, and ending 10-31-2010.

Name of Organization Chico Area Flyfishers, Inc Employer Identification Number 68-0206833

Part V - Line 42a

Individual Name Don Sleeper

or Business Name

Street Address 1010 Lori Dr

U.S. Address:

Zip code 95926 City Chico State CA

Foreign Address

City

Province or State

Country

Postal code

Phone Number

Fax Number

2009 ADDITIONAL DETAIL STATEMENTS

Chico Area Flyfishers, Inc  
68-0206833

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FORM 990-EZ PG 1 LINE 14 DETAIL STATEMENT

FORM 4562

284