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Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

Table with 3 columns: Description, (A) Beginning of year, (B) End of year. Rows include Cash, savings, and investments; Land and buildings; Other assets; Total assets; Total liabilities; Net assets or fund balances.

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? See attachment #1. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others.)

Table for program service accomplishments with columns for description and expenses. Rows 28-32 include 'See attachment #2', 'Other program services', and 'Total program service expenses'.

Part IV List of Officers, Directors, Trustees, and Key Employees List each one even if not compensated. (see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

Table with 5 columns: (a) Name and title, (b) Average hours per week devoted to position, (c) Reportable compensation, (d) Health benefits, contributions to employee benefit plans, & deferred compensation, (e) Estimated amount of other compensation.

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

Form 990-EZ (2012) Part V Other Information. Questions 33-45b regarding significant activities, changes, income, and tax shelter transactions. Includes Yes/No columns and input fields for amounts and descriptions.

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. Yes No
46

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

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. Yes No
47
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. 48
49a Did the organization make any transfers to an exempt non-charitable related organization? 49a
b If "Yes," was the related organization a section 527 organization? 49b

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 paid more than \$100,000	(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

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 address of each independent contractor paid more than \$100,000	(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 and 4947(a)(1) nonexempt charitable trusts 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: Don Sleeper Date: 01-21-2014
 DON SLEEPER TREASURER
 Type or print name and title

Paid Preparer Use Only
 Print/Type preparer's name: Jan Williams Preparer's signature: Jan Williams Date: 1-18-14
 Firm's name: H AND R BLOCK Firm's EIN: 841680462
 Firm's address: 2255 ESPLANADE Phone no.: 530-895-1876

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

- 11 Does the organization operate gaming activities with nonmembers? Yes No
- 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? Yes No

13 Indicate the percentage of gaming activity operated in.

a The organization's facility	13a	%
b An outside facility	13b	%

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? Yes No
- 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? Yes No
 - 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 ▶ \$ _____

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

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.

OMB No. 1545-0047

2012

Form 990 or 990-EZ

INSTRUCTIONS

Name of the organization

CHICO AREA FLYFISHERS, INC

Employer identification number

680206833

CAF DONATES YEARLY TO HOOKED ON FISHING, NOT ON DRUGS AS WELL AS TO OTHER FISHING, CONSERVATION, AND CHARITABLE ORGANIZATIONS.

990 PRIMARY EXEMPT PURPOSE

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

Open to Public Inspection	For calendar year 2012 or tax period beginning	11-01	, and ending	10-31-2013.
Name of Organization				Employer Identification Number
CHICO AREA FLYFISHERS, INC				680206833

Primary Purpose
THE CHICO AREA FLYFISHERS (CAF) IS DEDICATED TO THE SPORT OF FLY FISHING. THE CLUB PROMOTES THE PRESERVATION OF STREAMS, RIVERS AND LAKES, PARTICULARLY THOSE WITHIN CALIFORNIA. ALL CLUB ACTIVITIES ENDEAVOR TO PROMOTE LEARNING THE ART OF FLY FISHING AND DEVELOPING AN APPRECIATION FOR HEALTHY FISHERIES.

990 PROGRAM SERVICE ACCOMPLISHMENT

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

Open to Public	Inspection	For calendar year 2012 or tax period beginning	11-01-2012, and ending	10-31-2013.
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Name of Organization	Employer Identification Number
CHICO AREA FLYFISHERS, INC	680206833

Part III - Statement of Program Service Accomplishments

Grants and allocations	Amount includes foreign grants	Program service expenses
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Exempt Purpose Achievements

THE CHICO AREA FLYFISHERS IS INVOLVED IN COMMUNITY ACTIVITIES WHICH SUPPORT AND PROMOTE FLY FISHING. ACTIVITIES INCLUDE MONTHLY MEETINGS, FISH-OUTS, AND FLY TYING SEMINARS. THE YOUTH PROGRAMS PROVIDE BOTH EDUCATION AND ENJOYMENT TO YOUNG PEOPLE INTERSTED IN FISHING.

990 CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

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

Open to Public Inspection	For calendar year 2012 or tax period beginning	11-01-2012, and ending	10-31-2013
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Name of Organization CHICO AREA FLYFISHERS, INC	Employer Identification Number 680206833
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(A) Name and Title	(B) Average hours per week devoted to position	(C) Compensation (Form W-2/1099-MISC) (if not paid, enter -0-)	(D) Cont. to employee ben. plans & def. comp.	(E) Expense account & other compensation
LARRY WILLIS PRESIDENT	15.00	0	0	0
PAT SLEEPER VICE PRESIDENT	15.00	0	0	0
LINCOLN GRAY SECRETARY	10.00	0	0	0
DON SLEEPER TREASURER	15.00	0	0	0
ERIC SEE BOARD MEMBER	10.00	0	0	0
SCOTT JOYCE BOARD MEMBER	10.00	0	0	0
DANA MILLER BOARD MEMBER	10.00	0	0	0
LANCE GRAY BOARD MEMBER	10.00	0	0	0
DENNIS BOYD BOARD MEMBER	10.00	0	0	0

990 BOOKS ARE IN CARE OF

Attachment 4 - 990-EZ Page 3, Part V, Line 42a

Open to Public Inspection For calendar year 2012 or tax period beginning 11-01, and ending 10-31-2013.

Name of Organization CHICO AREA FLYFISHERS, INC Employer Identification Number 680206833

Part V - Line 42a

Individual Name DON SLEEPER

or Business Name:

Street Address 1010 LORI DR

U.S. Address:

Zip code 95973 City Chico State CA

Foreign Address

City

Province or State

Country

Postal code

Phone Number

Fax Number

Depreciation and Amortization (Including Information on Listed Property)

Department of the Treasury Internal Revenue Service (99)

See separate instructions.

Attach to your tax return.

2012 Attachment Sequence No. 179

Name(s) shown on return: CHICO AREA FLYFISHERS, INC; Business or activity to which this form relates: FOR; Identifying number: 680206833

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

Table with 13 rows for Section 179 election. Line 5: 500000. Line 11: 500000. Line 13: 13.

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.)

Table with 3 rows for Special Depreciation Allowance. Line 14, 15, 16.

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

Section A

Table with 2 rows for MACRS Depreciation. Line 17: 284. Line 18: 18.

Section B -- Assets Placed in Service During 2012 Tax Year Using the General Depreciation System

Table with 7 columns: (a) Classification of property, (b) Month and year placed in service, (c) Basis for depr., (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction. Rows 19a-i.

Section C -- Assets Placed in Service During 2012 Tax Year Using the Alternative Depreciation System

Table with 7 columns: (a) Class life, (b) 12-year, (c) 40-year, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction. Rows 20a-c.

Part IV Summary (See instructions.)

Table with 3 rows for Summary. Line 21, 22: 284. Line 23: 23.

For Paperwork Reduction Act Notice, see separate instructions.

2012 DETAIL STATEMENTS

CHICO AREA FLYFISHERS, INC
680206833

STATEMENT #1 - INVESTMENT INCOME (990-EZ PG 1 LINE 4)

INTEREST.....	4
DIVIDENDS.....	2,045
CAPITAL GAIN DISTRIBUTION.....	89

TOTAL CARRIED TO 990-EZ PG 1 LINE 4..... 2,138

STATEMENT #2 - OTHER EXPENSES (EOEZ PG 1 LINE 16)

ADMIN AND MEMBER SERVICES EXPENSES.....	3,915
SPEAKERS.....	1,300
MONTHLY MEETING EXPENSES.....	1,083
DEPRECIATION.....	284

TOTAL CARRIED TO EOEZ PG 1 LINE 16..... 6,582
