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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

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 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.

A For the 2011 calendar year, or tax year beginning _____, 2011, and ending _____, 2011

B Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization: **LYNNE IRRIGATION COMPANY**

Number & street (or P.O. box, if mail is not delivered to street address): **172 3RD STREET**

City or town, state or country, and ZIP + 4: **OGDEN UT 84404**

D Employer identification number: **87-0150215**

E Telephone number: **(801) 392-6866**

F Group Exemption Number: _____

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 Website: **N/A**

J Tax-exempt status (check only one) -- 501(c)(3) 501(c)(7) (insert no) _____ 4947(a)(1) or _____ 527

K Check if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

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, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. **\$ 36,447**

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

REVENUE	1	Contributions, gifts, grants, and similar amounts received	1	
	2	Program service revenue including government fees and contracts	2	36,366
	3	Membership dues and assessments	3	
	4	Investment income	4	81
	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 (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events		
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
6b	Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b		
6c	Less direct expenses from gaming and fundraising events	6c		
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
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 (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe in Schedule O)	8		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	36,447	
EXPENSES	10	Grants and similar amounts paid (list in Schedule O)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	5,216
	13	Professional fees and other payments to independent contractors	13	7,329
	14	Occupancy, rent, utilities, and maintenance	14	1,401
	15	Printing, publications, postage, and shipping	15	1,391
	16	Other expenses (describe in Schedule O)	16	24,491
17	Total expenses. Add lines 10 through 16	17	39,828	
ASSETS	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-3,381
	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	24,337
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	565
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	21,521

For Paperwork Reduction Act Notice, see the separate instructions. Form **990-EZ** (2011)

P 4

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 response boxes. Includes questions 33 through 45b regarding organizational activities, financials, and compliance.

	Yes	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	46	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 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 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	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) Title and 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 ROBERT L. GIBONEY ROBERT L. GIBONEY PRESIDENT	Date 3/30/12
	Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name Gordon H. James	Preparer's signature GORDON H JAMES CPA	Date 03-17-2012	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶ CARVER FLOREK & JAMES CPAS			Firm's EIN ▶	
	Firm's address ▶ 2246 N UNIVERSITY PARK BLVD			Phone no 801-926-1177	

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.

OMB No. 1545-0047

2011

**Open to Public
Inspection**

Name of the organization

LYNNE IRRIGATION COMPANY

Employer identification number

87-0150215

OTHER EXPENSES OF 24,491 INCLUDES CANAL LABOR & MAINT, DIRECTOR FEES,
AND WATER PURCHASED.

TOTAL LIABILITIES OF 548 INCLUDES PAYROLL TAXES

990 PROGRAM SERVICE ACCOMPLISHMENT

ATTACHMENT 1: PAGE 1 - 990-EZ PAGE 3, PART III

OPEN TO PUBLIC INSPECTION For calendar year 2011 or tax period beginning , and ending

Name of Organization LYNNE IRRIGATION COMPANY Employer Identification Number 87-0150215

Part III - Statement of Program Service Accomplishments

Grants and allocations Amount includes foreign grants Program service expenses

Exempt Purpose Achievements

OPERATION OF LOCAL IRRIGATION DITCHES

990 CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

ATTACHMENT 2: PAGE 1 - 990-EZ PAGE 2, PART IV

OPEN TO PUBLIC INSPECTION For calendar year 2011 or tax period beginning and ending

Name of Organization: **LYNNE IRRIGATION COMPANY** Employer Identification Number: **87-0150215**

(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
H. BRENDAN JAMES 145 W. 2ND STREET OGDEN, UT 84404	PRES/DIRECTOR 2.00	0	0	0
BONNIE HARDISON 172 3RD STREET OGDEN, UT 84404	SECRETARY 2.00	0	0	0
ROBERT GIBONEY 152 W 2ND STREET OGDEN, UT 84404	DIRECTOR 2.00	0	0	0

990 BOOKS ARE IN CARE OF

ATTACHMENT 3 - 990-EZ PAGE 3, PART V, LINE 42A

OPEN TO PUBLIC INSPECTION For calendar year 2011 or tax period beginning , and ending

Name of Organization LYNNE IRRIGATION COMPANY Employer Identification Number 87-0150215

Part V - Line 42a

Individual Name or Business Name BONNIE HARDISON

Street Address 172 3RD STREET

U S Address Zip code 84404 City OGDEN State UT

Foreign Address City Province or State Country Postal code Phone Number (801) 791-0701 Fax Number

2011 DETAIL STATEMENTS

LYNNE IRRIGATION COMPANY
87-0150215

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

INTEREST..... 81

TOTAL CARRIED TO 990-EZ PG 1 LINE 4..... 81
