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Form 990-EZ

Short Form
Return of Organization Exempt From Income Tax
Under section 501(c)(3), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

OMB No 1545-1150

2012

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.

Open to Public Inspection

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

A For the 2012 calendar year, or tax year beginning JANUARY 01, 2012, and ending DECEMBER 31, 2012

B Check if applicable: Address change, Name change, Initial return, Terminated, Amended return, Application pending. C Name of organization: LYNNE IRRIGATION COMPANY. D Employer identification number: 87-0150215. E Telephone number: (801) 392-6866. F Group Exemption Number.

G Accounting Method: [] Cash [X] 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 Tax-exempt status (check only one) -- [] 501(c)(3) [X] 501(c)(5) (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. \$ 35,915

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 3 columns. Rows 1-9: REVENUE. Rows 10-17: EXPENSES. Rows 18-21: ASSETS. Includes a 'RECEIVED' stamp dated MAY 15 2013 from OGDEN, UT.

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2012)

JUN 04 2013

14 P

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

Form 990-EZ (2012) Part V Other Information. Questions 33-45b regarding significant activities, changes, unrelated business income, political expenditures, loans, tax shelter, and controlled entities. Includes Yes/No columns and checkboxes.

	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		X

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 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 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

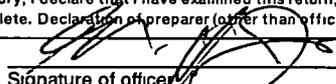
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(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 	Date 5-13-13
	H BRENDAN JAMES PRESIDENT	Type or print name and title

Paid Preparer Use Only	Pnn/Type preparer's name Gordon H James	Preparer's signature Gordon H James	Date 5-13-13	Check <input type="checkbox"/> if self-employed	PTIN P00344477
	Firm's name CARVER FLOREK & JAMES CPAS	Firm's EIN 52-2408237		Phone no. 801-926-1177	
	Firm's address 2246 N UNIVERSITY PARK BLVD				

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

2012

Open to Public
Inspection

Name of the organization

LYNNE IRRIGATION COMPANY

Employer identification number

87-0150215

OTHER EXPENSES OF 27,192 INCLUDE CANAL LABOR & MAINT, DIRECTOR FEES,
AND WATER PURCHASED.

TOTAL LIABILITIES OF 463 INCLUDE PAYROLL TAXES

990 PROGRAM SERVICE ACCOMPLISHMENT

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

Open to Public Inspection	For calendar year 2012 or tax period beginning	01-01-2012, and ending	12-31-2012
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Name of Organization LYNNE IRRIGATION COMPANY	Employer Identification Number 87-0150215
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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 2012 or tax period beginning <u>01-01-2012</u> , and ending <u>12-31-2012</u>	Employer Identification Number <u>87-0150215</u>
Name of Organization LYNNE IRRIGATION COMPANY		

(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 PRES/DIRECTOR	2.00			
BONNIE HARDISON SECRETARY	2.00			
ROBERT GIBONEY DIRECTOR	2.00			

990 BOOKS ARE IN CARE OF

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

Open to Public Inspection For calendar year 2012 or tax period beginning 01-01, and ending 12-31-2012.

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

2012 DETAIL STATEMENTS

LYNNE IRRIGATION COMPANY
87-0150215

Page 1

STATEMENT #1 - Investment Income (990-EZ PG 1 Line 4)

INTEREST.....	56
TOTAL CARRIED TO 990-EZ PG 1 Line 4.....	56
