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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

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	223,823	22	275,430
23 Land and buildings		23	
24 Other assets (describe in Schedule O)		24	
25 Total assets	223,823	25	275,430
26 Total liabilities (describe in Schedule O)		26	
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	223,823	27	275,430

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?

deliver irrigation water to mutual irrigation co shareholders

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

		Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)
28 deliver irrigation water to mutual irrigation company shareholders (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	
29 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a) <input type="checkbox"/>	32	

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.

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
See Additional Data Table				

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, income, political expenditures, loans, 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 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
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 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	2013-08-13 Date
	Michael D Shumway Secretary/Treasurer Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature Michael Shumway	Date 2013-08-13	Check <input checked="" type="checkbox"/> if self-employed	PTIN
	Firm's name Michael D Shumway CPA			Firm's EIN	
	Firm's address 10 S 300 E American Fork, UT 84003			Phone no (801) 756-9442	

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

Additional Data

Software ID: 12000057

Software Version: 12.18.605.2

EIN: 87-0215225

Name: Lehi Irrigation Company

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Lee Barnes President	004 00	700		
Reldon Barnes Board Member	002 00	700		
Steve Holbrook Board Member	002 00	700		
Matt Shipp Board Member	002 00	700		
Ron Smith Board Member	002 00	700		
Mike Shumway Treasurer	010 00	9,600		
Bryce Thomas Watermaster	015 00	12,000		
Mark Thompson Watermaster	015 00	12,000		

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 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
Lehi Irrigation Company

Employer identification number

87-0215225

Identifier	Return Reference	Explanation
		Form 990-EZ, Part I, Line 16, Other Expenses Advertising 292
		Form 990-EZ, Part I, Line 16, Other Expenses Electricity for pumping wells 42,378
		Form 990-EZ, Part I, Line 16, Other Expenses Insurance 8,146
		Form 990-EZ, Part I, Line 16, Other Expenses Miscellaneous expense 144
		Form 990-EZ, Part I, Line 16, Other Expenses Employee taxes and overheads 6,542
		Form 990-EZ, Part I, Line 16, Other Expenses Water assessments 22,252
		Form 990-EZ, Part I, Line 16, Other Expenses Watermaster expenses 1,585
		Form 990-EZ, Part I, Line 16, Other Expenses Office supplies expenses 1,680

TY 2012 Compensation Explanation

Name: Lehi Irrigation Company

EIN: 87-0215225

Software ID: 12000057

Software Version: 12.18.605.2

Person Name	Explanation
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