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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 private foundations)

OMB No 1545-1150
2013
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

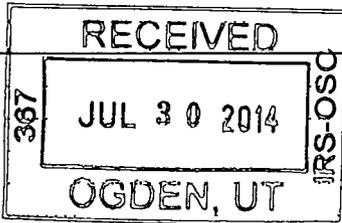
▶ Do not enter Social Security numbers on this form as it may be made public.
▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

A For the 2013 calendar year, or tax year beginning _____, and ending _____															
B Check if applicable:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;"><input type="checkbox"/> Address change</td> <td rowspan="5" style="width: 60%;">C Name of organization LYNNE IRRIGATION COMPANY</td> <td style="width: 25%;">D Employer identification number 87-0150215</td> </tr> <tr> <td><input type="checkbox"/> Name change</td> <td rowspan="2" style="width: 35%;">E Telephone number 801-392-6866</td> </tr> <tr> <td><input type="checkbox"/> Initial return</td> <td rowspan="3" style="width: 20%;">F Group Exemption Number ▶</td> </tr> <tr> <td><input type="checkbox"/> Terminated</td> <td>Number and street (or P O box, if mail is not delivered to street address) Room/suite</td> </tr> <tr> <td><input type="checkbox"/> Amended return</td> <td>PO BOX 13935</td> </tr> <tr> <td><input type="checkbox"/> Application pending</td> <td>City or town, state or province, country, and ZIP or foreign postal code</td> <td>OGDEN UT 84412</td> </tr> </table>	<input type="checkbox"/> Address change	C Name of organization LYNNE IRRIGATION COMPANY	D Employer identification number 87-0150215	<input type="checkbox"/> Name change	E Telephone number 801-392-6866	<input type="checkbox"/> Initial return	F Group Exemption Number ▶	<input type="checkbox"/> Terminated	Number and street (or P O box, if mail is not delivered to street address) Room/suite	<input type="checkbox"/> Amended return	PO BOX 13935	<input type="checkbox"/> Application pending	City or town, state or province, country, and ZIP or foreign postal code	OGDEN UT 84412
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<input type="checkbox"/> Application pending	City or town, state or province, country, and ZIP or foreign postal code	OGDEN UT 84412													
G Accounting Method. <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other (specify) ▶ _____															
H Check <input checked="" type="checkbox"/> 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) — <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) (12) ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527															
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other _____															
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, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 34,837															

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

	1 Contributions, gifts, grants, and similar amounts received		1	
	2 Program service revenue including government fees and contracts		2	34,814
	3 Membership dues and assessments		3	
	4 Investment income		4	23
	5a Gross amount from sale of assets other than inventory	5a		
	b Less cost or other basis and sales expenses	5b		
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	
	6 Gaming and fundraising events			
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a		
	b 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		
	c Less: direct expenses from gaming and fundraising events	6c		
	d 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		
	b Less: cost of goods sold	7b		
	c 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	34,837
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	5,266
	13 Professional fees and other payments to independent contractors		13	1,190
	14 Occupancy, rent, utilities, and maintenance		14	1,001
	15 Printing, publications, postage, and shipping		15	526
	16 Other expenses (describe in Schedule O)		16	27,219
	17 Total expenses. Add lines 10 through 16		17	35,202
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)		18	-365
	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	18,897
	20 Other changes in net assets or fund balances (explain in Schedule O)		20	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20		21	18,532



For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2013)

A B

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	19,360	22	19,142
23 Land and buildings	0	23	
24 Other assets (describe in Schedule O)	0	24	
25 Total assets	19,360	25	19,142
26 Total liabilities (describe in Schedule O)	463	26	610
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	18,897	27	18,532

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

Expenses

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

What is the organization's primary exempt purpose?

NON PROFIT IRRIGATION COMPANY

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.

28 OPERATION OF LOCAL IRRIGATION DITCHES

29	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a
30	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a
31	(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
ROBERT GIBONEY PRESIDENT/DIRECTOR	2.00	0	0	0
JENNIFER NEIL SECRETARY	2.00	0	0	0
PAT HAYMES VICE PRESIDENT	2.00	0	0	0
JIM CUTRUBUS DIRECTOR	2.00	0	0	0
DON HIGGS DIRECTOR	2.00	0	0	0
DAVE MONTGOMERY DIRECTOR	2.00	0	0	0

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

		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		X
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		X
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O		
35b			
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		X
35c			
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
36			
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions		
37a			
b	Did the organization file Form 1120-POL for this year?		X
37b			
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 tax year covered by this return?		X
38a			
b	If "Yes," complete Schedule L, Part II and enter the total amount involved		
38b			
39	Section 501(c)(7) organizations Enter:		
a	Initiation fees and capital contributions included on line 9		
39a			
b	Gross receipts, included on line 9, for public use of club facilities		
39b			
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 <input type="checkbox"/> _____, section 4912 <input type="checkbox"/> _____, section 4955 <input type="checkbox"/> _____		
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 did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		
40b			
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 <input type="checkbox"/> _____		
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization <input type="checkbox"/> _____		
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		X
40e			
41	List the states with which a copy of this return is filed <input type="checkbox"/> NONE		
42a	The organization's books are in care of <input type="checkbox"/> JENNIFER NEIL Telephone no. <input type="checkbox"/> 801-394-0273 172 3RS ST Located at <input type="checkbox"/> OGDEN UT ZIP + 4 <input type="checkbox"/> 84404		
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. <input type="checkbox"/> _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		X
42b			
c	At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country <input type="checkbox"/> _____		X
42c			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/> <input type="checkbox"/> 43		
43			
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
44a			
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
44b			
c	Did the organization receive any payments for indoor tanning services during the year?		X
44c			
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		
44d			
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
45a			
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)		X
45b			

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		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

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		
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49a Did the organization make any transfers to an exempt non-charitable related organization?

49a		
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b If "Yes," was the related organization a section 527 organization?

49b		
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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	(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 business address of each independent contractor	(b) Type of service	(c) Compensation

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: *[Signature]* Date: _____
ROBERT GIBONEY **PRESIDENT**
 Type or print name and title

Paid Preparer Use Only
 Print/Type preparer's name: **GORDON JAMES, CPA** Preparer's signature: *[Signature]* Date: **07/29/14** Check if self-employed: PTIN: **P00344477**
 Firm's name ▶ **CARVER FLOREK & JAMES CPAS** Firm's EIN ▶ **52-2408237**
 Firm's address ▶ **2246 UNIVERSITY PARK BLVD LAYTON, UT 84041-1266** 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)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

2013

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or 990-EZ.

Open to Public Inspection

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization

LYNNE IRRIGATION COMPANY

Employer identification number

87-0150215

FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES

DESCRIPTION	AMOUNT
EXPENSES	
	\$ 815
CANAL EXP	\$ 6,482
DIRECTOR FEES	\$ 90
MISC	\$ 478
TAXES & LICENSES	\$ 227
WATER ASSESSMENT	\$ 17,280
WATER LABOR	\$ 1,847
TOTAL	\$ 27,219

FORM 990-EZ, PART II, LINE 26 - OTHER LIABILITIES

DESCRIPTION	BEG. OF YEAR	END OF YEAR
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	\$ 463	\$ 610