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## 10m 990-EZ

## **Short Form Return of Organization Exempt From Income Tax**

OMB No. 1545-1150 2009

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black tung benefit trust or private foundation)

Sponsonng organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$50,000 and total assets less than \$1,250,000 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.

Open to Public Inspection

A	For the	the 2009 calendar year, or tax year beginning , 2009, and ending						, 20		
B Check if applicable		Please			D Empk	imployer identification number				
	Address	change	use IRS label or	Brotherhood of Railroad Signalmen American Lodge 111	:		8:	26001298		
=	Name ch	-	print or Number and street (or P O. box, if mail is not delivered to street address) Room/suite E Tel				Telephone number			
=	Initial ret Terminal		type. See	5854 Hilo Dr.	ŀ		20	8-234-492	:5	
=	Amende		Specific Instruc-	City or town, state or country, and ZIP + 4		F Grou	F Group Exemption			
=		on pending	tions.	Pocatello, Idaho 83204			nber Þ	•		
=			omenia		2 Accoun				Accrual	
	- 000		_	npleted Schedule A (Form 990 or 990-EZ).	Other (					
	-	<del></del>		·				rganizatio	n is not	
. \	Nebsi	ito: ►						-	(Form 990,	
			check or	nly one) — ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527	990-EZ			nicadic D	(1 01111 000,	
	Check			ration is not a section 509(a)(3) supporting organization and its gross recei		·		ro than &		
			-	um is not required, but if the organization chooses to file a return, be su	-	-			:5,000. A	
				9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of F				<u> </u>		
	art I			enses, and Changes in Net Assets or Fund Balances (S			ctions	for Par	t 1.)	
	1	•		s, grants, and similar amounts received			1			
	2		_	evenue including government fees and contracts		· ·	2			
	3	•		and assessments			3		107,700	
	4	Investmen	•		• • •	`	4		8	
	5a			n sale of assets other than inventory   5a		`	-		<del></del>	
	b			r basis and sales expenses						
				sale of assets other than inventory (Subtract line 5b from line 5a	. <u>,</u>		5c			
ō	C			vities (complete applicable parts of Schedule G). If any amount is from gaming, ch		:ri l			<del></del>	
Ę	6	•			CCK INCICE					
Revenue	a			t including \$ of contributions						
Œ		•	reported on line 1)							
	þ		-	ses other than fundraising expenses	-1		I			
	_c		•	s) from special events and activities (Subtract line 6b from line 6	a)		6c		<del></del>	
	7a									
	b	Less: cost					7c			
	C			iss) from sales of inventory (Subtract line 7b from line 7a)						
	8	Other revenue (describe )								
_	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8							107708	
	10	Grants and similar amounts paid (attach schedule)							95144	
	11	Benefits paid to or for members								
Expenses	12	Salaries, other compensation, and employee benefits							5244	
Ë	13	Professional fees and other payments to independent contractors MAY 1 9 2010.							<del></del>	
Š	14	Occupancy, rent, utilities, and maintenance								
<b>W</b>									2981	
3	16	•	Other expenses (describe OGDEN, UT						5356	
00			al expenses. Add lines 10 through 16						108725	
r a	18	Excess or (deficit) for the year (Subtract line 17 from line 9)							(1017)	
€8	19									
کے		end-of-year figure reported on prior year's return)					19		44746	
Nellassets	20		_	net assets or fund balances (attach explanation)		· [· ]	20			
	<u> </u>	Net assets	or fund		61. 5		21		43729	
	art II	Balance	SOUGE	ts. If Total assets on line 25, column (B) are \$1,250,000 or more,						
2 2 2 3 2		(See the instructions for Part II.)  (A) Beginning of							nd of year	
<b>~ 2</b>	Z C	Cash, savings, and investments						22	43729	
	3 L	Land and buildings						23		
<b>7</b> 24	• 0	Other assets (describe ▶)						24		
25		Total assets						25		
20								26		
2	7 <u> </u>	et assets or	tund b	alances (line 27 of column (B) must agree with line 21)	1	4	4746	27	43729	

orm	93(0-EZ (2009)					Page 2			
Par	t III Statement of Program Service Accom	plishments (See the instr	uctions for Part III	l.)		Expenses			
Nha	t is the organization's primary exempt purpose?					(Required for section			
Desc	cribe what was achieved in carrying out the org	anization's exempt purpos	ses. In a clear ar	nd concis		501(c)(3) and 501(c)(4)			
		of persons benefited, and other relevant information for				organizations and section 4947(a)(1) trusts; optional			
each	program title.	•			for ot				
28									
					-				
					·-				
	(Crowte C ) If this amount	includes foreign grants, che							
~	(Grants \$ ) If this amount	includes loreign grants, chi	eck nere		J 20a				
29					·-				
		;   _							
	(Grants \$ ) If this amount	includes foreign grants, chi	eck here	<u>.</u> ▶ ∟					
30									
						•			
					-				
	(Grants \$ ) If this amount	includes foreign grants, che	eck here	<u>▶ L</u>	30a				
31	Other program services (attach schedule)				.				
		includes foreign grants, che			, , , , , ,				
	Total program service expenses (add lines 28a								
Par	t IV List of Officers, Directors, Trustees, and Ke	<del></del>	<del></del>			<del>,</del>			
	(a) Name and address	(b) Title and average hours per week	(c) Compensation (if not paid,	(d) Contrib employee ber		(e) Expense account and			
	<b></b>	devoted to position	enter -0)	deferred con	npensation	other allowances			
Karl	R. Metcalf	President							
383	S. Panorama Dr. Cedar City, Ut 84720	President	0		0	531			
Jost	nua D. Morrison	1st Vice President							
P.O.	Box 545 Nampa, Id. 83653	1st vice Flesident	0		0	0			
Carl	L. Lintvedt	2nd Vice President							
3573	N. 500 E. Ogden, Ut 84014		0		0	0			
Ran	dy J. Hansen	Samtan 8 Tananan	·						
5854	Hilo Dr. Pocatello, Id 83204	Secretary & Treasurer	2615		0	500			
Aller	n F. Saunders								
5730	Country Club Dr. Pocatello, Id 83204	Trustee	0		0	0			
Cam	eron T. Burbank								
2718	E. S. Marion Dr. Preston, ld 83263	Trustee	0		0	0			
Clint	ton A. Borron								
2799	S. Bridgewater Ave Nampa, Id 83686	Trustee	0		0	0			
Stev	e R. Buck								
P.O.	Box 571 Pocatello, Id 83204	Local Chairman	1200		0	839			
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Part	Other Information (Note the statement requirements in the instructions for Part V.)			
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		✓
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		✓
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.			i
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		✓
ь	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		
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	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?	37b		
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			نـــــــــــــــــــــــــــــــــــــ
	any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		<b>✓</b>
b	If "Yes," complete Schedule L, Part II and enter the total amount involved			ì
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9	-		
ь	Gross receipts, included on line 9, for public use of club facilities	-		ļ
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶; section 4912 ▶; section 4955 ▶			1
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 is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		· · ·
С	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			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	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	40e		
41	List the states with which a copy of this return is filed. ▶			
42a	The organization's books are in care of ▶ Telephone no. ▶			
	Located at ► ZIP + 4 ►			
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		Yes	No
	account)?	42b		✓
	If "Yes," enter the name of the foreign country: ►  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		1
-	If "Yes," enter the name of the foreign country:			<u> </u>
43	Section 4947(a)(1) nonexempt chantable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here		. 1	▶ □
	and enter the amount of tax-exempt interest received or accrued during the tax year			
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ			
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	44		-1
	100, 10m 000 must be completed instead of Form 000-LZ		LEZ	(2222)

Part \	Section 501(c)(3) organizations and s 501(c)(3) organizations and section 494 and complete the tables for lines 50 an	section 4947(a)(1) non- 17(a)(1) nonexempt cha id 51.	exempt charitab ritable trusts mus	le trusts only. At answer question	ll sections 46	on 49b		
	Did the organization engage in direct or indirect		ties on behalf of or	in opposition to	Y	es No		
	candidates for public office? If "Yes," complete \$				46	<b>✓</b>		
	Did the organization engage in lobbying activities	· •			47	1		
	•	he organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E				1		
	Did the organization make any transfers to an ex	•	-		49a 49b	<del></del>		
	If "Yes," was the related organization a section 527 organization?							
	employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."							
	(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans 8 deferred compensation	(e) Expense account and other allowances			
51	Total number of other employees paid over \$100 Complete this table for the organization's five h	highest compensated ind		ors who each rec	eived m	ore 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			
d	Total number of other independent contractors e	· · · · · · · · · · · · · · · · · · ·	-					
Sign Here	Under penattes of penury, I declare that I have examine and belief, it is true, correct, and complete. Declaration  Signature of officer  Type or print name and title	ed this return, including accompa of preparer (other than officer) is	based on all information	terments, and to the best of which preparer has 5/14/20 Date	any knowl	iowiedge edge		
Paid Prepare	Preparer's signature	Date	Check if self- employed ▶ □	Preparer's identifying nur	nber (See in	structions)		
Use On	ly yours if self-employed),		Ell					
Mariah	address, and ZIP + 4	a above? Cac instructions		one no. >	l Van F			
iviay ifi	le IRS discuss this return with the preparer shown	i above r See instructions	· · · · · ·		_ Yes	No EZ (2009)		