2009

OMB No 1545-1150

Department of the Treasury Internal Revenue Service

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)

Sponsoring 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 \$500,000 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

Α	For t	he 2009 ca	lendar	year, or tax year			<u>, 2009, and</u>	endin				<u>. </u>
В	Check	Places Places							D Emp	loyerı	dentification number	
_	Addres	USO							22	-36	18835	
	Name (change	label or	Number and stre	et (or PO box, if ma	il is not delivered to street a	ddress) F	Room/su	ite [E Tele	phone	number
\vdash	Initial r		type See	439 GREENW	ICH AVENUE					(8	56)	423-0774
\vdash	Termin		Specific Instruc-		ite or country, and ZIP				i.		-	
Н		led return ation pending	tions.	PAULSBORO			NJ (806			up E: nber	xemption -
لط					1 40 474 1 441				Accounting n			Cash Accrual
		• Section :	501(C)(S iust atta	s) organizations a ach a completed	ana 494/(a)(1) no Schedule A (Foi	nexempt charitable m 990 or 990-EZ).	trusts	٦	Other (specif		. 🖭	, casi.
								Н	Check ► X		ne or	ganization is not
ı	Webs	site: ► N	/A					'''	required to a	ttach	Sche	dule B (Form 990,
1		xempt status	·	only one) — X 50	1(c) (3) (nsert no) 4947(a)(1) or 527	-	990-EZ, or 9	90-PF)	
K						3) supporting organia		<u> </u>	ss receipts are	e norn	nally	not more than
•	\$25,0	000 A Form	m 990-E	Z or Form 990 r	eturn is not requ	ired, but if the organ	ization choc	ses to	file a return,	be su	ıre to	file a complete return
L	Add I	ines 5b. 6	b. and 7	7b, to line 9 to de	etermine gross r	eceipts, if \$500,000 c	or more, file	Form	990			
_	ınste	ad of Form	1 990-E	Z							▶ \$	7,779.
Pa	<u>ırt l</u>	Reve	enue, l	Expenses, an	<u>d Changes ir</u>	Net Assets or F	und Bala	nces	(See the ii	<u>nstru</u>	<u>ctıor</u>	
	1	Contributi	ions, gif	fts, grants, and s	amılar amounts ı	eceived					1	3,620.
	2	Program	service	revenue includir	ig govern ment f e	es and contracts				_	2	
	3	Members	hip due:	s and assessme	nts /	RECEIVED	-			L	3	400.
	4	Investme	nt incon	me	ا الله	"LUCIVED	7:	1		<u> </u>	4	
				om sale of assets		ntory	1. <u>5</u> a					
9	b	Less cos	t or oth	er basis and sale	es expenses	AAY 2 7 2010	(5 t	<u> </u>				
29	С	Gain or (los:	s) from sa	ale of assets other th	an inventory (Subtrac	tine 58 from 4 hel (a)	7		. г	_	5 c	
Š	6	Special ever	nts and ac	ctivities (complete ap		dule G) If any amount is		check he	ere 🔽	」	ľ	
a s	a	a Gross revenue (not including \$ reported on line 1) b Less direct expenses other than fundraising expenses c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)										
Ĕ												
5	b											
	C	Net income	or (loss)	from special events a	and activities (Subtra	ct line 6b from line 6a)		1		Ļ	6с	3,729.
	7 a	Gross sal	es of in	ventory, less ret	urns and allowar	nces .	7 a					
	Ь	Less: cos	•				7 6				-	
	С	Gross pro	ofit or (le	oss) from sales o	of inventory (Sub	tract line 7b from lin	e 7a)			L	7c	
\$	8	Other reveni	ue (descr	ribe ►						_)	8	
PURNINED JUL 2-8-2810	9	Total reve	enue. A	dd lines 1, 2, 3,	4, 5c, 6c, 7c, an	d 8				▶	9 ·	7,779.
0	10	Grants ar	nd simila	ar amounts paid	(attach schedule	2)					10	
_	11	Benefits p	paid to	or for members							11	
E X P	12	Salaries,	other co	ompensation, an	d employee ben	efits				Γ	12	
	13	Professio	nal fees	s and other payn	nents to indepen	dent contractors					13	410.
E N S E	14	Occupano	cy, rent,	, utilities, and ma	aintenance						14	5,013.
E S	15	Printing,	publicat	tions, postage, a	nd shipping						15	
•	16	Other expen	ses (desc	cribe ►)		16	
	17	Total exp	enses.	Add lines 10 thre	ough 16					•	17 ·	5,423.
	18	Excess or	r (defici	t) for the year (S	Subtract line 17 f	rom line 9)					18	2,356.
N S	19	Net asset	s or fur	nd balances at be	eginning of year	(from line 27, columi	ı (A)) (must	agree	with end-of-	vear		
N S E E T T		figure rep	orted o	n prior year's ref	turn)	(. (. // (g			19	5,020.
		Other cha	anges in	n net assets or fu	ind balances (at	ach explanation)					20	
5	21	Net asset	s or fur	nd balances at er	nd of year Comb	oine lines 18 through	20			▶	21	7,376.
Pa	ırt II	Bala	nce S	heets. If Total a	assets on line 25	, column (B) are \$1,	250,000 or r	nore,	file Form 990	instea	d of	Form 990-EZ
				(See the ins	structions for Pa	t II)		(,	A) Beginning			(B) End of year
22	Cas	sh, savings	s, and II	nvestments					5,	020.	22	7,376.
23		nd and buil								0.	23	0.
24	Oth	ner assets	(describ	be ►)				0.	24	0.
25	Tot	al assets							5,	020.	25	7,376.
26		al liabilitie)				0.	26	0.
27	<u>Net</u>	assets or	fund b	alances (line 27	of column (B) m	ust agree with line 2	:1)		5,	020.	27	7,376.
BA	A Fo	r Privacy A	Act and	Paperwork Red	uction Act Notic	e, see the separate in	structions.					Form 990-EZ (2009)

	990-E7 (2009) TINICUM REAR RA				-361	. 8835 Pac	<u>je 2</u>
Par	t III Statement of Program Se	rvice Accomplishments	See the instruction	ons.)	/D	Expenses	
What i	s the organization's primary exempt purpose? P1	RESERVATION OF LIGH	THOUSE		1 (Reg	uired for section c)(3) and (4) nizations and section (a)(1) trusts, option	
Desc	ribe what was achieved in carrying out tribe the services provided, the number of	he organization's exempt purp	oses. In a clear and co	ncise manner,	orgai	niżations and section	n.
desc	ribe the services provided, the number or ram title	of persons benefited, or other	relevant information for	eacn	14947 I for o	(a)(1) trusts, optiona thers)	aı
	NONE				10. 0		
20	NONE				1		
							
			. 			11	_
	(Grants \$ 0.) If t	his amount includes foreign g	rants, check here		28 a		<u>0.</u>
29				. 			
				 _			
	(Grants \$) If t	his amount includes foreign gi	rants, check here	▶ [29 a		
30		<u></u>					
•							
	(Grants \$) If t	his amount includes foreign gi	rants check here		30 a		
21	Other program services (attach schedul		iants, check here		30 a	-	
31			rants chack have	▶ □	31 a		
20	(Grants \$) If t	his amount includes foreign gi	iants, check here	·			0.
			mlayaaa lastassa				_
Par	t IV List of Officers, Directors						
	(a) Name and address	(b) Title and average hours per week devoted	(c) Compensation (If not paid, enter -0)	(d) Contributions employee benefit plan	to ns and	(e) Expense account and other allowand	ant Ses
	(a) Hame and address	to position	not paid, oillor o i,	deferred compensa	ition	and other anomane	,00
FRA	NK TURTON						
	GREENWICH AVENUE	OFFICER]			
	LSBORO NE 08066	2.00	Ó.	ĺ	0.		
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BAA		TEEA0812 0	1/30/10			Form 990-EZ (20)09)

Pai	Other information (Note the statement requirements in the mate 10.7 art v.)		Yes	No
33	. Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of		1.00	<u> </u>
	each activity	33	<u> </u>	X
34	Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes	34	 	X
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	······································	·	
	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?	35 a	ļ	х
ŧ	olf 'Yes,' has it filed a tax return on Form 990-T for this year?	35 b	<u> </u>	<u> </u>
	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		х
	Enter amount of political expenditures, direct or indirect, as described in the instructions			- <u></u> -
	Did the organization file Form 1120-POL for this year?	37b	 _	X
38 a	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 period covered by this return?	38 a		X
ı	olf 'Yes.' complete Schedule L, Part II and enter the total amount involved 38b			
	Section 501(c)(7) organizations Enter			
	Initiation fees and capital contributions included on line 9 Gross receipts, included on line 9, for public use of club facilities 39a 39b	-		
	Gross receipts, included on line 9, for public use of club facilities Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under			
40 8	section 4911 >, section 4912 >; section 4955 >			
ł	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	40 ь		х
(: 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	_		
	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization	_		
•	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 List the states with which a copy of this return is filed > New Jersey	40 e		х
42 8	n The organization's books are in care of ► FINANCIAL SECREATRY Telephone no. ► (856)	423	-075	74
	Located at > 439 GREENWICH AVENUE PAULSBORO NJ ZIP + 4 > 08066	_ <u></u> -	- <u></u> -	<u>-</u>
ł	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a		Yes	No
	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	42 b		X
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of a Foreign Bank and Financial Accounts.			
•	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country	_42c		X
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		► □	
			Yes	No
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44		x
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	45		х
BAA		orm 99 0)-EZ	(2009

Form 990-EZ (2009) TINICUM REAR RANGE LIGHTHOUSE SOCIETY Page 4 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 46-49b and complete the tables for lines 50 and 51. Yes No Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I 46 Х 47 Х Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E 48 Х 49 a X 49a Did the organization make any transfers to an exempt non-charitable related organization? 49 b b If 'Yes,' was the related organization a section 527 organization? 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' (d) Contributions to employee benefit plans and deferred compensation (b) Title and average (c) Compensation hours per week devoted to position other allowances NONE f Total number of other employees paid over \$100,000 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) Compensa	ation	
NONE				-				
				_				
				_				
d Tota	I number of oth	er independent contractors each receiving	over \$100,000	<u> </u>		1		
	Under penalties o true, correct, and	f perjury, I declare that I have examined this return, inclu- complete Declaration of preparer (other than officer) is b	ding accompanying schedule ased on all information of w	es and statements, and which preparer has any	d to the best of my ki knowledge	nowledge and belief,	ıt ıs	
Sign		ianas Tinton 7	reasuror)		/03/10			
Here	Signature of C	TURTON		Date OFFICER				
	-	name and title	, Date	r) (Check if F	Preparer's Identifying See instructions)	Number	
Paid Pre-	Preparer's signature	GARY W. GILL MALLY N	1. Klos	/ s	employed X			
parer's Use Only	Firm's name (or yours if self employed).	Gary W. Gill & Associates 175 W. Cohawkin Road			EIN ►			
	address, and ZIP + 4	Clarksboro	иј 0	8020 F	Phone no ► (85	6) 423-05	35	
May the IF	RS discuss this	return with the preparer shown above? See	e instructions .			► Yes	No	

Form 990-EZ (2009)

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SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Open to Public

OMB No 1545 0047

2009

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Inspection Employer identification number

'IN	ICU	M REA	R RANG	E LIGHTHOUSE S	OCIETY					22-36	<u> 18835</u>	<u> </u>		
ar	t I	Reaso	n for Pu	ıblic Charity Statu	is (All organizations	must o	comple	te this	part.)	See II	nstructi	ions		
he	orgar	nization i	s not a pr	ıvate foundation becau	use it is (For lines 1 thro	ugh 11,	check o	nly one	box)					
1		A church	, convent	ion of churches or ass	ociation of churches des	cribed in	section	170(b)	(1)(A)(i)					
2		A school	describe	d in section 170(b)(1)(A)(ii). (Attach Schedule I	Ē)								
3	_				e organization described		on 170(l	ьх1хах	iii).					
4	_	•		·	ed in conjunction with a h					0(b)(1)(A	A)(iii) En	ter the hospit	tal's	
	name, city, and state													
5		An organ	nization of	perated for the benefit Complete Part II.)	of a college or university	y owned	or oper	ated by	a gover	nmenta	unit des	scribed in sec	tion	
6		A federa	l, state, o	r local government or	governmental unit descri	bed in s	ection 1	70(b)(1)	(A)(v).					
7		An orgar ın sectio	nization th n 170(b)(nat normally receives a 1)(A)(vi). (Complete P	a substantial part of its su Part II)	apport fr	om a go	vernmei	ntal uni	t or from	n the ger	neral public de	escrib	ed
8			-		170(b)(1)(A)(vi). (Comple									
9		from act	ivities rela ent income	ated to its exempt fund	(1) more than 33-1/3 % of ctions — subject to certain less taxable income (less complete Part III)	n except	ions, an	id (2) no	more t	han 33-	1/3 % of	its support fr	om a	ross
10		An organ	nization oi	rganized and operated	exclusively to test for pu	ublic safe	ety See	section	509(a)	(4).				
11	_	more pu	blicly subi	ported organizations of	exclusively for the bene described in section 509(zation and complete lines	a)(1) or	section	509(a)(2	ctions o	of, or can section	rry out th 509(a)(3	ne purposes o). Check the	of one box t	or hat
		а ПТур	oe l	b Type II	c ☐ Type II	I – Fund	ctionally	ıntegrat	ed		d 🗌	Type III- Of	ther	
e	_	By check than four 509(a)(2	ndation m	ox, I certify that the or canagers and other that	rganization is not control in one or more publicly s	led direc upportec	tly or in d organia	directly zations o	by one describe	or more ed in sec	disquali ction 509	fied persons (a)(1) or sect	othe tion	r
f		If the org	janızatıon is box	received a written de	termination from the IRS	that is a	a Type I,	, Type II	or Typ	e III sup	porting o	organization,		
g	l	Since Au	igust 17, :	2006, has the organiza	ation accepted any gift o	r contrib	ution fro	om any (of the fo	ollowing	persons			
		(i) a p	erson wh	o directly or indirectly	controls, either alone or supported organization?	together	with pe	rsons de	escribe	d in (ii) a	and (III)		es	<u>No</u>
			_		• •							11 g (i)		
			-	mber of a person desc	* *	L 2						11 g (ii)		
					n described in (i) or (ii) a						•	11 g (iii)		
h	_			T	the supported organization	T		Τ		<u> </u>				
	(i)	Name of Si Organiza	upported ition	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organizat	Is the tion in col in your erning ment?	(v) Did your sure (v) Did your sure (v)	zation in	organizat	zed in the	(vii) Amount of	Suppo	rt
						Yes	No	Yes	No	Yes	No			
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BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

	edule A (Form 990 or 990-EZ) 200					22-361883			
Pai	t II Support Schedule for	_			(b)(1)(A)(iv) a	nd 170(b)(1)(A)	(vi)		
500	(Complete only if you check	ed the box on line	e 5, 7, or 8 of Par	tl)					
	tion A. Public Support	Γ			T				
begi	ndar year (or fiscal year nning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total		
	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants')								
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf								
3	The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge								
4	Total. Add lines 1-through 3								
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)	y	*	*	4				
6	Public support. Subtract line 5 from line 4		*		· *	. /			
Sec	tion B. Total Support		,						
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total		
7	Amounts from line 4								
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources								
9	Net income from unrelated business activities, whether or not the business is regularly carried on								
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)								
11	Total support. Add lines 7 through 10				¥ 43				
12	Gross receipts from related activ	rities, etc (see in:	structions)			12			
13	First five years. If the Form 990 organization, check this box and	is for the organiz	ation's first, seco	nd, thırd, fourth,	or fifth tax year	as a section 501(c)	(3)		
Sec	tion C. Computation of Pu	blic Support P	ercentage						
14 15	4 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f) 5 Public support percentage from 2008 Schedule A, Part II, line 14 15 %								
16 a	33-1/3 support test – 2009. If the and stop here. The organization	e organization did	I not check the bo	ox on line 13, and	d the line 14 is 3	3-1/3 % or more, c	heck this box		
t	33-1/3 support test - 2008. If the and stop here. The organization	e organization did	I not check a box	on line 13, or 16	a, and line 15 is	33-1/3% or more, o	check this box		
17 a	10%-facts-and-circumstances to or more, and if the organization the organization meets the 'facts	meets the 'facts-a	and-circumstance	s' test, check this	box and stop he	ere. Explain in Part	IV how		
ŧ	o 10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-an	meets the 'facts-a	and-circumstance	s' test, check this	box and stop he	ere. Explain in Part			
18	Private foundation. If the organi		-			=	structions.		
BAA							90 or 990-EZ) 2009		

Part III Support Schedule for Organizations Described in Section 509(a)(2)

	(Complete only if you ched	cked the box on li	ne 9 of Part I)				
Sec	tion A. Public Support						
Cale	ndar-year (or fiscal yr beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants')	0.	0.	0.	0.	3,620.	3,620.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose	8,005.	5,795.	5,859.	5,558.	4,129.	29,346.
3	Gross receipts from activities that are not an unrelated trade or business under section 513			,			
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf					,	
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	8,005.	5,795.	5,859.	5,558.	7,749.	32,966.
7 a	Amounts included on lines 1, 2, 3 received from disqualified						
	persons	0.	0.	0.	0.	0.	0.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the						
	year	0.	0.	0.	0.	0.	0.
	Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
8	Public support (Subtract line						22.066
	7c from line 6)			j	<u></u>		32,966.
	tion B. Total Support	4 2 0005	41,0006	4-2 2007	(4) 2000	(-) 2000	(O Total
	ndar year (or fiscal yr beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Amounts from line 6 Gross income from interest,	8,005.	5,795.	5,859.	5,558.	7,749.	32,966.
10 a	dividends, payments received on securities loans, rents, royalties and income form similar sources	32.	39.	26.	18.	30.	145.
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	320					
c	: Add lines 10a and 10b	32.	39.	26.	18.	30.	145.
11	Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support. (add ins 9, 10c, 11, and 12)						33,111.
14	First five years. If the Form 990 organization, check this box and tion C. Computation of Pul	stop here.		d, third, fourth, c	or fifth tax year as	a section 501(c)(3) ▶ □
	Public support percentage for 20			2 12 column (f)		15	99.56%
	Public support percentage for 20 Public support percentage from 3	•		= 13, column (I))		16	99.50 %
	tion D. Computation of Inv			 		10	23.30 /8
	Investment income percentage f				mn (fl)	17	0.44 %
18	Investment income percentage f			-	(177	18	0.50%
19 a	33-1/3 support tests – 2009. If the more than 33-1/3%, check this b	he organization di oox and stop here.	d not check the bo The organization	ox on line 14, an qualifies as a pu	blicly supported o	than 33-1/3%, and organization	I line 17 is not x
	33-1/3 support tests — 2008. If the support tests is not more than 33-1/3%, check						, and line 18
20	Private foundation. If the organi	ization did not che	ck a box on line 1	4. 19a. or 19b. cl	neck this box and	see instructions	~

Schedule A	(Form	990 or 9	90-EZ	2009	TII	Comp	REAR	RANGE	LIGHT	HOUSE	SOCIETY	22-36188	35 Page 4
Tall IV	Part I	l, line	17a o	r 17b;	and	Part I	II, line	12. Prov	vide any	other	additional	ns required by Pai information. See	instructions.
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Schedule A (Form 990 or 990-EZ) 2009