

### See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



#### **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)

OMB No 1545-1150 2008

Department of the Treasury Internal Revenue Service

Sponsoning 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 \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form

**Open to Public** Inspection

	nal Revenue Service	ements	inspection				
	The organization may have to use a copy of this return to satisfy state reporting requirements or the 2008 calendar year, or tax year beginning , 2008, and ending				, 20		
	(feck if applicable						
100	address change	Please use IRS GREENVILLE LIONS CLUB ENDOWMENT FUND I		81058			
	lame change	n/suite E Telepho	ne numbe	er			
Ir	nitial return	,					
П	ermination	See 300 WEST MAIN STREET	(864	864) 292-2821			
	mended return	Instruc- City or town state or country, and ZIP + 4	F Group E	xemption			
□ A	application pending	tons. TAYLORS, SC 29687-2210	Number				
	<ul> <li>Section 501(c)(3)</li> </ul>	organizations and 4947(a)(1) nonexempt charitable trusts must attach	G Accounting met	hod X	Cash Accrual		
		a completed Schedule A (Form 990 or 990-EZ).	Other (specify)	. —			
					anization is not		
1 V	Vebsite:	4	_	_	ule B (Form 990,		
JC	Organization type (cl	neck only one) - X 501(c) (	990-EZ, or 990-		0.0 D (1 0.111 000,		
		rganization is not a section 509(a)(3) supporting organization and its gross receip			\$25,000 A return		
15		he organization chooses to file a return, be sure to file a complete return	ie are normany meen	0.0	420,000 / ( \ O(0))		
		7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 ins	tead of Form 990-F7	<b>▶</b> \$	5,548		
		e, Expenses, and Changes in Net Assets or Fund Balances			<del></del>		
		s, gifts, grants, and similar amounts received	Cocc the matrocitor	1			
2010		vice revenue including government fees and contracts		2			
		dues and assessments · · · · · · · · · · · · · · · · · · ·	<u> </u>	3	· · · · · · · · · · · · · · · · · · ·		
2	4 Investment		-	4	- E 540		
	_		· · · · · · · · · · · · · · · ·	4	5,548		
JUL		nt from sale of assets other than inventory					
		r other basis and sales expenses					
<b>C</b> R	ء ا	s) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach s	. — -	5c			
₩ <u></u>	_	and activities (complete applicable parts of Schedule G) If any amount is from gaming, check he					
<b>2</b> 5	l	ue (not including \$ of contributions					
βå	· ·	line 1) · · · · · · · · · · · · · · · · · ·					
SCANNED		expenses other than fundraising expenses 6b					
00		or (loss) from special events and activities (Subtract line 6b from line 6a)		6c			
		of inventory, less returns and allowances • • • • • • • • • • 7a					
		f goods sold · · · · · · · · · · · · · · · · · · ·					
	c Gross profit	or (loss) from sales of inventory (Subtract line 7b from line 7a) · · · · · · · ·		7c			
·		ue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8		9	5,548		
ĭ	10 Grants and	similar amounts paid (attach schedule)		10			
E	11 Benefits paid	d to or for members $\cdots$ $\cdots$ $\uparrow$ $\downarrow$ $\cdots$	• • • • • • • • •	11			
x		er compensation and employee benefits		12			
p e		fees and other payments to independent contractors		13			
n s	14 Occupancy,	rent, utilities, and maintenance		14			
е	15 Printing, put	olications, postage, and shipping		15			
s		ses (describe	) [	16			
		ses. Add lines 10 through 16 · · · · · · · · · · · · · · · · · ·		17			
_	18 Excess or (d	eficit) for the year (Subtract line 17 from line 9)		18	5,548		
A NS		or tund balances at beginning of year (from line 27, column (A)) (must agree with					
9 5		figure reported on prior year's return)		19	183,016		
e l t		es in net assets or fund balances (attach explanation)		20	(33,178		
s	21 Net assets o	r fund balances at end of year Combine lines 18 through 20	▶ ┌	21	155,386		
Pa		Steets. If Total assets on line 25, column (B) are \$2,500,000 or more, file F		orm 990-			
	7	(A) Beginning of year		(B) End of year			
22	Cash, savings, and	(See the instructions for Part II )  Tinvestments	183,0		155,386		
23	_	5 • • • • • • • • • • • • • • • • • • •		23			
24	Other assets (desc	24					
25			183,0	<del></del>	155,386		
26	Total liabilities (de		100,0	26			
27		I balances (line 27 of column (B) must agree with line 21)	183,0		155,386		
		the second secon	1 200,0.				

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Form 990-EZ (2008)

EEA

Part III Statement of Program Service Acco	(Da.	Expenses					
What is the organization's primary exempt purpose? SIGHT		quired for 501(c)(3) (4) organizations					
Describe what was achieved in carrying out the organization's	and	4947(a)(1) trusts,					
describe the services provided, the number of persons benefit 28 SIGHT CONSERVATION	ed, or other relevant informa	ation for each program	title	optio	onal for others)		
HEARING CONSERVATION							
HEARING CONSERVATION							
(Grants \$ ) If this am	ount includes foreign grants	s check here		28a	n		
29	iodin inciddes foreign grant.	s, check here		200	<u>~</u>		
		······································					
(Grants \$ ) If this arr	ount includes foreign grants	s, check here · · · ·	••••	29a			
30							
					11		
(Grants \$ ) If this arr	ount includes foreign grant	s, check here · · · ·	• • • • □	30a			
31 Other program services (attach schedule) • • • • • •		• • • • • • • • • • • • • • • • • • • •					
	ount includes foreign grants	s, check here · · ·	• • • • ▶	31a	<del></del> -		
32 Total program service expenses (add lines 28a through 3		• • • • • • • • • • • • • • • • • • • •		32	0		
Part V List of Officers, Directors, Trustees, and Key E			<del> </del>				
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0)	(d) Contributions employee benefit pla deferred compensa	ans &	(e) Expense account and other allowances		
GARY L ANDERSON	PRESIDENT	STMA01					
300 WEST MAIN STREET TAYLORS, 29687-2210	3	C		0	0		
SANDIE GARRISON	SECRETARY	STMA02					
300 WEST MAIN STREET TAYLORS, 29687-2210	1	<u> </u>	ļ	0	0		
VIVIAN DAY	TREASURER	STMA03		_			
300 WEST MAIN STREET TAYLORS, 29687-2210 THOMAS MCAFEE	1	cm a o t			0		
300 WEST MAIN STREET TAYLORS, 29687-2210	CHAIRMAN	STMA04		_			
SUU WEST MAIN STREET TATLORS, 29087-2210	2	ļ					
	<del> </del>	<del> </del>					
		ļ					
	•						
(< ))							
	<del></del>						
_ \\ ))							
	1	1			l		

'Pa	Other Information (Note the statement requirements in the instructions for Part VI)		_	
			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		Х
34	Were any changes made to the organizing or governing documents but not reported to the IRS? 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 your reason for not reporting the income on Form 990-T			l
а	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting,			
	and proxy tax requirements?	- 35a		Х
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes,"			ĺ
	complete applicable parts of Schedule N · · · · · · · · · · · · · · · · · ·	- 36		X
37 a	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		Х
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 unpaid at the start of the period covered by this return?	38a		X
	If "Yes," complete Schedule L, Part II and enter the total amount involved • • • • • • • • • • • • • • • • • • •			
39	501(c)(7) organizations Enter			
а	Initiation fees and capital contributions included on line 9 · · · · · · · · · · · · · · · · · ·	_		ł
	Gross receipts, included on line 9, for public use of club facilities			
40 a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under			ĺ
	section 4911 ▶, section 4912 ▶, section 4955 ▶			
b	Section 501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction			l
	during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule			l
	L, Part I · · · · · · · · · · · · · · · · · ·	40b		X
С	Enter amount of tax imposed on organization managers or disqualified persons during			
	the year under sections 4912, 4955, and 4958			
d	Enter amount of tax on line 40c reimbursed by the organization			l
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		X
41	List the states with which a copy of this return is filed			
42 a	The books are in care of ▶ GARY L ANDERSON Telephone no ▶ 864-			
	Located at ▶ 300 WEST MAIN STREET TAYLORS, SC ZIP+4 ▶ 2968	7-221	0	
D	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	(455	Yes	No
	account)?	42b		_X
	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.			
_		40:		
U	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		X
43	Section 4947(a)(1) nonexempt chargable trusts filing Form 990-EZ in lieu of Form 1041-Check here			
73	and enter the amount of tax-example interest received or accrued during the tax year			L
	43			
			Ven	Na
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of		Yes	No
•	Form 990-EZ · · · · · · · · · · · · · · · · · · ·	144	-	37
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If	44		X
73	"Yes," Form 990 must be completed instead of Form 990-EZ	AF		V
_		45 orm 99	2.57	X

Part VI	Section 501(c)(3) organizations o and complete the tables for lines 50 and 51	nly. All section 501(c)	(3) organizations mus	t answer questions 46-49			
46 Did th	ne organization engage in direct or indirect polit	ical campaign activities or	behalf of or in oppos	sition to	Yes No		
	dates for public office? If "Yes," complete Scho				- 46 X		
47 Did th	- 47 X						
Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II							
49 a Did the organization make any transfers to an exempt non-charitable related organization?							
	s," was the related organization(s) a section 52				- 49a X		
	plete this table for the five highest compensated	-			o —————		
each	received more than \$100,000 of compensation	from the organization If	there is none, enter "I	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 & deferred compensation	(e) Expense account and other allowances		
NONE							
Total number	er of other employees paid over \$100,000						
	ensation from the organization. If there are no						
	(a) Name and address of each independent contractor paid	more than \$100,000	<b>(b)</b> Ty	pe of service	(c) Compensation		
	<del></del>						
		<del></del>					
					· · · · · · · · · · · · · · · · · · ·		
Total number	er of other independent contractors each receiv	ring over \$100,000 · ·	· •				
	Under penalties of penjury, I declare that I have exa and belief, it is true, correct and complete. Destara	amined this return, including acco ation of preparer (other than office	mpanying schedules and st er) is based on all information	on of which preparer has any knowle	edge		
Sign	they constitute of			12/8/200	9		
Here	Signature officer			Date			
	GARY L ANDERSON, PRESIDENT	<b>V</b>					
	Type or print name and the						
Paid	Preparer's signature Gary L Anderson			Check if self-	entifying No (See inst )		
Preparer's	Accoun T a	x		EIN			
Use Only	Firm's name (or yours if self-employed), 300 West M						
-	address and ZIP			Phone no > 864-29	92-2821		
May the IRS	discuss this return with the preparer shown at				X Yes No		
			EEA		Form 990-EZ (2008)		

#### SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

**Public Charity Status and Public Support** 

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

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

2008

OMB No 1545-0047

Open to Public

Name of the omanization Employer identification number GREENVILLE LIONS CLUB ENDOWMENT FUND INC 57-0810586 Reason for Public Charity Status (All organizations must complete this part ) (see instructions) Part I The organization is not a private foundation because it is (Please check only one organization) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H) A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II ) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II ) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross 9 receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III ) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions) 10 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h a Type I b Type II c Type III-Functionally integrated Type III-Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No and (iii) below, the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? ...... 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? ............ 11g(iii) Provide the following information about the atganizations the organization supports h (i) Name of supported (II) EIN (m) Type of organization (iv) Is the organization (v) Did you notify (vii) Amount of organization in col organization (destabled on lines 1-9 in col (i) listed in your the organization in col support (i) organized in the above or IRC section governing document? (i) of your support? (See Instructions) No Yes No Yes Yes Nο Total

Par	Support Schedule for Organiza (Complete only if you checked the box on			ions 170(b)(1	)(A)(iv) and	170(b)(1)(A)	(vi)
Sec	tion A. Public Support						
	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 .	Gifts, grants, contributions, and membèrship fees received (Do not include any "unusual grants")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1-3						
5	The portion of total contributions by each						
	person (other than a governmental unit or						Ì
	publicly supported organization) included						
	on line 1 that exceeds 2% of the amount	1	Ì				]
	shown on line 11, column (f)		1				}
6	Public support. Subtract line 5 from line 4 · ·	<del></del>		<del> </del>	i	<del> </del>	
Sec	tion B. Total Support	<u> </u>		.1		I	
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7	Amounts from line 4		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u> </u>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u> </u>	1,,
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from 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 · · · ·						
12	Gross receipts from related activities, etc. (see inst	tructions) · · ·				12	
13	First five years. If the Form 990 is for the organiza check this box and stop here	• • • • • • • •					
	tion C. Computation of Public Support						
14	Public support percentage for 2008 (line 6, column					14	<u></u> %
15	Public support percentage from 2007 Schedule A,					15	%_
16a	33 1/3% support test - 2008. If the organization did		•		•	ck this box	
	and stop here. The organization qualifies as a put	1	-		• • • • • • • •		• • • • • •
ь	33 1/3% support test - 2007. If the organization det			ia, and line 15 is	33 1/3% or more	e, check this	. =
	box and stop here. The organization qualifies as			• • • • • • •		• • • • • • • •	• • • • • • •
17a	10%-facts-and-circumstances test - 2008. If the or						
	more, and if the organization mosts the "facts-and						
	organization meets the "facts-and-circumstances"						• • • • • □
þ	10%-facts-and-circumstances test - 2007. If the or						
	more, and if the organization means the facts-and						
	organization meets the "facts-and curcumstances"						• • • • □
18	Private foundation. The organization did not che	ck a box on line 1	13, 16a, 16b, 17	a, or 17b, check t	his box and see	instructions	• • • • □

### Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I)

	<del></del>								
Sec Cale	tion A. Public Support endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(0)	2008	(f) Tota	
Ouic	induit year (or iisear year beginning iii)	(a) 2004	(6) 2005	(6) 2006	(0) 2007	(8)	12000	(1) TOTA	<u>'</u>
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")								
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose								
3	Gross receipts from activities that are not an unrelated trade or business under section 513 •								
4	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 1-5								
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons • • • • • •								
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000								
С	Add lines 7a and 7b · · · · · · · · · · · · · · · · · ·								
8	Public support (Subtract line 7c from line 6)								0
	tion B. Total Support								
Cale	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Tota	1
9	Amounts from line 6								
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						5,548	5,	548
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975								
C	Add lines 10a and 10b · · · · · · · · · · · · · · · · · · ·						5,548	5,	548
11	Net income from unrelated business activities not included in line 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 lines 9, 10c, 11, and 12)							5,	548
14	First five years. If the Form 990 is for the organizate check this box and stop here	tion's first, secon	d, third, fourth, o	r fifth tax year as	a section 501(c)	(3) org	anization,	)	— ▶ []
Sec	tion C. Computation of Rublic Support	Percentage							
15	Public support percentage for 2008 (line 8, column	(f) divided by line	e 13, column (f))			15		0.00	%
16	Public support percentage from 2007 Schedule A, I	Part IV-A, line 27	'g			16			%
Sec	tion D. Computation of Investment Inc		<u> </u>						
17	Investment income percentage for 2008 (line 10c, c	column (f) divided	by line 13, colu	mn (f))		17	1	00.00	%
18	Investment income percentage from 2007 Schedule			• • • • • • •		18		_	%
19a	33 1/3% support tests)-2008. If the organization di			nd line 15 is mor	e than 33 1/3%, a	and line	e 17 is		
	not more than 33 1/3%, check this box and stop he	re. The organiza	ition qualifies as	a publicly suppo	rted organization	•		)	<b></b>
b	33 1/3% support tests - 2007. If the organization did						%, and line	18	
	is not more than 33 1/3%, check this box and stop	here. The organ	zation qualifies	as a publicly sup	ported organizati	on	• • • • •	)	▶ 🔲
20	Private Foundation: If the organization did not che	ck a box on line	14, 19a, o <u>r 19</u> b,	check this box a	nd see instruction	ıs	· · · · ·	)	<b>X</b>

## Federal Supporting Statements 2008 Name(s) as shown on return FEIN

GARY L ANDERSON

EXPLANATION
POSITION IS VALUNTARY
NO COMPENSATION

SANDIE GARRISON

EXPLANATION

POSITION IS VOLUNTARY
NO COMPENSATION

VIVIAN DAY

EXPLANATION

POSITION IS VOLUNTARY NO COMPENSATION

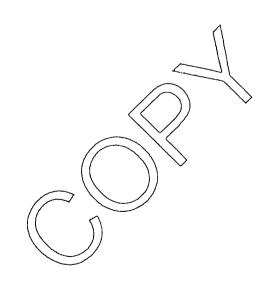
# Federal Supporting Statements 2008 Name(s) as shown on return FEIN

THOMAS MCAFEE

EXPLANATION
POSITION IS VOLUNTARY
NO COMPENSATION

### FORM 990EZ, PART I, LINE 20 OTHER CHANGES IN NET ASSETS SCHEDULE

DESCRIPTION UNREALIZED LOSS	<u>AMOUNT</u> (33,178)
TOTAL	(33, 178)



### Form **8868**

(Rev April 2009)

### Application for Extension of Time to File an Exempt Organization Return

OMB No 1545-1709

Department of the Treasury

Internal Revenue	Service	File a se	parate application for	each return.					
If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box						· · · · · · · · · · · · · · · · · · ·			
If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form)									
	Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868								
	Automatic 3-Month E				,				
	equired to file Form 990-T ar				Loomploto				
Part I only • •		• • • • • • • • • •	• • • • • • • • • •		·····	▶ □			
All other corpo	rations (including 1120-C file ime tax returns	rs), partnerships, R	EMICs, and trusts must	use Form 7004 to requ	est an extension	of			
one of the retu electronically r returns, or a co	ng (e-file). Generally, you car rns noted below (6 months fo (1) you want the additional ( proposite or consolidated Fon e details on the electronic filir	ir a corporation requinot automatic) 3-mo m 990-T Instead, yo	uired to file Form 990-T) onth extension or (2) you ou must submit the fully	However, you cannot u file Forms 990-BL, 600 completed and signed	file Form 8868 59, or 8870, grou page 2 (Part II) o	ıp.			
Type or	Name of Exempt Organizat	ion			Employer i	dentification number			
print	GREENVILLE LIONS C	LUB ENDOWMENT	FUND INC		57-0810				
File by the	Number, street, and room of								
due date for filing your	300 WEST MAIN STRE								
return See	City, town or post office, sta	ate, and ZIP code F	or a foreign address, so	ee instructions					
instructions	TAYLORS, SC 29687-								
Check type of	return to be filed (file a sepa	rate application for	each return)						
Form 990	(	Form 990-T (c	·		Form 4720	)			
Form 990-E	L	=	ec 401(a) or 408(a) trus	<b>:</b> t)	Form 522				
X Form 990-E			ust other than above)	^· <b>,</b>	Form 6069				
Form 990-F		Form 1041-A	dot other than above,		Form 8870				
<ul><li>If the organ</li><li>If this is for</li></ul>	No ▶ 864-292-2821 Ization does not have an office a Group Return, enter the organic check this box	ganization's four dig	ess in the United States	mber (GEN)	If this is	▶ □			
	roup, check this box - •▶[			ox ▶ ☐ and attach					
	ames and EINs of all member			000 T)		<u>.                                    </u>			
until for the o	an automatic 3-month (6 mc 02-15 , 20 10 , to rganization's return for alendar year 20 or			organization named ab		on is			
	ex year beginning	07-01	, 20 <u>08</u> , and ending		06-30, 20	09			
2 If this ta	year is for less than 12 mon	ths, check reason	Initial return	Final return	ge in accounting	period			
3a If this ap	plication is for Form 990-BL,	990-PF, 990-T, 472	0, or 6069, enter the te	ntative tax,					
less any	nonrefundable credita. See A	nstructions			3a	\$			
b If this application is for Form 990-F or 990-T, enter any refundable credits and estimated tax									
payments made Indude any prior year overpayment allowed as a credit						\$			
c Balance	c Balance Due. Subject line 3b from line 3a Include your payment with this form, or, if required,								
	deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment								
System)	System) See Instruction \$								
	are going to make an electro	onic fund withdrawa	with this Form 8868, s	ee Form 8453-EO and f	Form 8879-EO				
for payment in									
For Privacy A	Tand Paperwork Reduction	Act Notice, see Ins	tructions.	EEA	Fo	orm 8868 (Rev 4-2009)			