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Form 990-EZ

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, and controlling organizations as defined in section 512(b)(13) must file Form 990

All other organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year may use this form

2007

Open to Public

OMB No 1545-1150

Department of the Treasury

Inspection The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service A For the 2007 calendar year, or tax year beginning , 20 2007, and ending D Employer identification number Check if applicable C Name of organization, number and street, city, town, state, and ZIP code Address change use IRS tabel or 58-1937772 Name change print or LANIER NOBILITY CLUB E Telephone number Initial return type ee. 770-532-1729 Termination Specific Instruc-Amended return 3226 GAINES MILL ROAD F Group Exemption tions Gainesville GA 30507-Number . ▶ G Accounting method X Cash Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach Accrual a completed Schedule A (Form 990 or 990-EZ). Other (specify) ▶ H Check►X if the organization is not required | Website: J Organization type (check only one) - X 501(c)(3) ◀ (Insert no) to attach Sch B (Form 990, 990-EZ, or 990-PF) If the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000 A return is not required, but if the organization chooses to file a return, be sure to file a complete return 30,000. L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$100,000 or more, file Form 990 instead of Form 990-EZ Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions) Contributions, gifts, grants, and similar amounts received ... 2 2 Program service revenue including government fees and contracts Membership dues and assessments 3 Investment income 4 5 a Gross amount from sale of assets other than inventory. 5a b Less cost or other basis and sales expenses... c Gain or (loss) from sale of assets other than inventory. Subtract line 5b from line 5a (attach schedule) Special events and activities (attach schedule) If any amount is from gaming, check here a Gross revenue (not including \$ _____ of contributions 30,000. reported on line 1) EOCU 6a 15.764. 14,236. 6 c 7 a Gross sales of inventory, less returns and allowances 7 a b Less cost of goods sold. 7 c c Gross profit or (loss) from sales of inventory Subtract line 7b from line 7a ... Other revenue (describe ▶ 8 14,236. Total revenue Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 9 5,000 10 Grants and similar amounts paid (attach schedule) ... 10 11 Benefits paid to or for members . 11 Salaries, other compensation, and employee benefits 12 12 Professional fees and other payments to independent contractors 13 13 SCANNED OF EAR 8 420100 14 Occupancy, rent, utilities, and maintenance 14 15 Printing, publications, postage, and shipping . . 15 16 Other expenses (describe▶ 16 5,000. 17 Total expenses Add lines 10 through 16 17 Excess or (deficit) for the year Subtract line 17 from line 9 9,236. 18 18 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 772. end-of-year figure reported on prior year's return)... 19 20 Other changes in net assets or fund balances (attach explanation) ... 20 21 10,008. Net assets or fund balances at end of year Combine lines 18 through 20 Balance Sheets -If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ (A) Beginning of year (B) End of year (See the instructions) 22 Cash, savings, and investments 772. 22 10,008. 23 23 Land and buildings ... 24 24 Other assets (describe▶ 772. 25 10,008. 25 Total assets 26 Total liabilities (describe ▶ 26 772 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 27 10,008 For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Form 990-EZ (2007) 14

Fon	m 990-EZ (2007) LANIER NOBILITY CLUB					58-	1937	772	Pag	e 2
Pa	art III Statement of Program Service Accom	plishments (See t	he instructions)			Exp	enses		
Wh	at is the organization's primary exempt purpose? SUPP	ORT OF SHRIN	E HOSPI	TAL		(Req	quired fo	r 501(d	(3) (3)	§ (4)
Des	scribe what was achieved in carrying out the organization's e	xempt purposes In a cle	ar and concise	manne	er,	orga	nization	s and 4	947(a)(1)
	cribe the services provided, the number of persons benefite					trust	s, option	al for o	thers	s)
28	DONATION MADE TO SHRINE CRIPP	LED AND BURN	ED CHIL	DRE	1					
	HOSPITALS									
	(Grants \$ 5,000.) If this amount includes	foreign grants, check he	ere		>	28a		5,0	<u> </u>	<u>. </u>
29										
										
					, 	} }				
	(Grants \$) If this amount includes	foreign grants, check he	ere	•••	.▶]]	29a				
30										
					- 11	_				
	(Grants \$) If this amount includes	foreign grants, check he	ere	<u> </u>	<u> </u>	30a				
31	Other program services (attach schedule)			٠	, _□	_				
	(Grants \$) If this amount includes		ere			31a			000	
	Total program service expenses (add lines 28a through 3 art IV List of Officers, Directors, Trustees, a					32		<u></u>		
Гс	List of Officers, Directors, Trustees, a	(B) Title & average	(List each (C) Compens			ntributions			xpen	
	(A) Name and address	hours per week devoted to position	(If not pai enter -0	d,	employee		ans		unt ai	nd
CH	IUCK NIDA	PRESIDENT	enter -o)	a dele	nea com	' 	Juie a	iiowa	iices
	AINESVILLE GA 30501	1		0						
_	EVE CANADA	SEC/TREAS			 					
	AINESVILLE GA 30507	1	,	0			-			
							1			
							<u> </u>			
			1				ì			
Pa	art V Other Information (Note the statement requ	urement in General Instr	uction V)	-				Y	es	No
33	Did the organization make a change in its activities or me			attach	a					
	detailed statement of each change							33	_	X
34	Were any changes made to the organizing or governing of	ocuments but not report	ed to the IRS?	If "Yes,	"					
	attach a conformed copy of the changes						[_:	34		X
35	If the organization had income from business activities, su	uch as those reported on	lines 2, 6, and	7 (amo	ng other	s), buto	ot			,
	reported on Form 990-T, attach a statement explaining yo	our reason for not reporting	ng the income	on Forn	n 990-T		_		-	}
	a Did the organization have unrelated business gross incon	ne of \$1,000 or more or 6	5033(e) notice,	reporti	ng, and					
	proxy tax requirements?	• • • • • • • • • • • • • • • • • • • •	••••				- 3	5a		<u>X</u>
	b If "Yes," has it filed a tax return on Form 990-T for this year						 -	15b	\perp	
36	Was there a liquidation, dissolution, termination, or substa	=		1 1	ch a stat	_	· · _	36		X
37	a Enter amount of political expenditures, direct or indirect, a	as described in the instru	ctions .	37a		_0_		-		1
	b Did the organization fileForm 1120-POL for this year?			•••		• •	3	7b	_ _	·- 1
38	a Did the organization borrow from, or make any loans to, a			-	were		-		- 1	
	any such loans made in a prior year and still unpaid at the	•	•	1 1		• • • • •	3	8a		X
20	b If "Yes," attach the schedule specified in the line 38 instru	ctions and enter the amo	ount involved	38ь						1
39	501(c)(7) organizations Enter.									į
	a Initiation fees and capital contributions included on line 9			39a						١.
_	b Gross receipts, included on line 9, for public use of club fa	aciii(les	······] 39b				<u> </u>	7 /2-	
							Form 9	コロ-ビ4	<u> </u>	JUZ)

Pa	rt V	Other Informatio	n (Note the statement rec	juirement in Genera	I Instruction V) (Continued)				
40	a 501(c)	(3) organizations Enter	amount of tax imposed on the	ne organization dur	ing the year under	•				
	sectio	n 4911▶	, section 4912▶_		, section 495	5▶	 			
	b 501(c)	(3) and (4) organization	s Did the organization enga	ge in any section 49	958 excess benefi	t transactio	n during the year	or	Yes	No
	did it l	pecome aware of an exc	ess benefit transaction from	a prior year? If "Ye	s," attach an expla	nation .		40b		Х
	c Enter	amount of tax imposed of	on organization managers or	disqualified persor	ns during the year	under				
	sectio	ns 4912, 4955, and 495	8		▶					
	d Enter	amount of tax on line 40	c reimbursed by the organiz	ation	▶					
	e All org	anizations At any time	during the tax year, was the	organization a party	to a prohibited ta	x shelter tr	ansaction?	40e		Х
41	List th	e states with which a co	py of this return is filed 🕒	GA						
42a			STEVE M CANADA				-532-1729			
	Locate	ed at ▶ 3226 GA]	NES MILL RD GA	AINESVILLE	GA	ZIP + 4	▶ <u>30507-</u>			
b	At any	time during the calenda	ar year, did the organization	have an interest in	or a signature or o	ther author	rity			
	over a	i financial account in a fo	oreign country (such as a ba	nk account, securiti	es account, or oth	er financia	l		Yes	No
	accou	nt)?						. 42b		_X_
	If "Yes	s," enter the name of the	foreign country ▶							
	See th	ne instructions for excep	tions and filing requirements	foForm TD F 90-2	2.1.					
C	At any	time during the calenda	ar year, did the organization	maintain an office o	utside of the U S	?		. 42c		X
	If "Yes	s," enter the name of the	foreign country >							
43	Section	on 4947(a)(1) nonexemp	t charitable trusts filing Form	990-EZ in lieu o F o	rm 1041 - Check	here			1	▶
	and e	nter the amount of tax-e	xempt interest received or ac	ccrued during the ta	x year	▶	43			
		Under penalties of penjury, 1 of	leclare that I have examined this return	n, including accompanying	schedules and stateme	nts, and to the	best of my knowledge			
Dla	ase	and belief, it is true correct,	and complete Declaration of preparer	other than officer) is base	d on all information of wi	nich preparer h	as any knowledge	\leftarrow		
Sig		MARIAN	Manuale				-15-1	<u></u>		
He		Signature of office	er			Ďai	te			
110	C	STEVE M (CANADA /		SECRETAR	Υ				
		Type or print nam	e and ti <u>l</u> le //							
		Preparer's		Date		k ıf self	Preparer's SSN or P		Gen Ins	t X)
Paid	d	signature	///4//_M		3/2010 emplo	yed ▶	P000056			S No X
	parer's	Firm's name (or yours	SMYTH AND BEI	NNETT PC (CPAS	EIN	▶58-2	2686	64	
Use	Only	ıf self-employed),	958 MCEVER R	OAD SUITE	C3					
		address, and ZIP + 4	GAINESVILLE (GA 30504-		Ph	one no ▶770-:	297 <u>-</u>	111	1
							Form	990-	EZ (2	2007)

SCHEDULE A (Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k),

501(n), or 4947(a)(1) Nonexempt Charitable Trust Supplementary Information - (See separate instructions.) OMB No 1545-0047

Employer identification number

2007

Department of the Treasury Internal Revenue Service

Name of the organization

▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

LANIER NOBILITY CLUB 58-1937772 Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees Part I (See the instructions List each one If there are none, enter "None") (d) Contributions to employee benefit plans & deferred compensation (a) Name and address of each employee paid more (e) Expense account and other allowances (b) Title and average hours (c) Compensation than \$50,000 per week devoted to position NONE Total number of other employees paid over \$50,000. Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services (See the instructions. List each one (whether individuals or firms) If there are none, enter "None") (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation NONE Total number of others receiving over \$50,000 for professional services Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services (List each contractor who performed services other than professional services, whether individuals or firms If there are none, enter "None " See the instructions) (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation NONE Total number of other contractors receiving over \$50,000 for other services For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ. Schedule A (Form 990 or 990-EZ) 2007

Pa	rt III Statements About Activities (See the instructions)	Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B)		x
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities	STATE OF	
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions)		
а	Sale, exchange, or leasing of property?		х
b	Lending of money or other extension of credit?		Х
С	Furnishing of goods, services, or facilities?		Х
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?		Х
е	Transfer of any part of its income or assets?		Х
3a	Did the organization make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments)		х
b	Did the organization have a section 403(b) annuity plan for its employees?		Х
С	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement		х
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services? 3d		Х
4a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete lines 4f and 4g		х
b	Did the organization make any taxable distributions under section 4966? 4b		Х
С	Did the organization make a distribution to a donor, donor advisor, or related person?		х
d	Enter the total number of donor advised funds owned at the end of the tax year		
е	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year		
f	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts	1	
g	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year	,00	8.

Page 3

An organization organized and operated to test for public safety Section 509(a)(4) (See the instructions)

Schedule A (Form 990 or 990-EZ) 2007

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12)Use cash method of accounting. Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Cale	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15	Gifts, grants, and contributions received (Do not include unusual grants See line 28)					
16	Membership fees received					
17	Gross receipts from admissions, merchandise sold or services					
	performed, or furnishing of facilities in any activity that is					
	related to the organization's chantable, etc., purpose	30000	30000	30000	30000	120000
18	Gross income from interest, dividends,					
	amounts received from payments on securities loans (section 512(a)(5)),					
	rents, royalties, income from similar sources, and unrelated business tax-					
	able income (less section 511 taxes)					
	from businesses acquired by the organization after June 30,1975					
19	Net income from unrelated business activities not included					
20	In line 18					
20	organization's benefit and either					
	paid to it or expended on its					
24						
21	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					
	Other income Attach a schedule					
22	Do not include gain or (loss) from sale of capital assets					
23	Total of lines 15 through 22	30000	30000	30000	30000	120000
24	Line 23 minus line 17					
25	Enter 1% of line 23	300	300	300	300	
26	Organizations described on lin	es 10 or 11: a Enter	2% of amount in colum	n (e), line 24	▶ 26a	
b	Prepare a list for your records to	show the name of and	amount contributed by	each person (other tha	an a	
	governmental unit or publicly sup	ported organization) w	hose total gifts for 2002	2 through 2005 exceed	led the	
	amount shown in line 26a Do no	ot file this list with you	ir return. Enter the tota	of all these excess an	nounts . ▶ 26b	
C	Total support for section 509(a)(1) test Enter line 24, co	olumn (e)			
d	Add: Amounts from column (e) fo	or lines 18		19		
		22		26b	▶ 26d	
е	Public support (line 26c minus lin	ne 26d total)			▶ 26e	
f	Public support percentage (lin	e 26e (numerator) div	ided by line 26c (deno	minator))	▶ 26f	%
27	Organizations described on lin	e 12: a For amount	s included in lines 15,	16, and 17 that were re	ceived from a "disqua	alified
	person," prepare a list for your re	ecords to show the nam	ne of, and total amounts	received in each year	from, each "disqualif	ied person "
	Do not file this list with your re	turn.Enter the sum of	such amounts for each	year		
	(2006)	(2005)	(200)4)	(2003)	
b	For any amount included in line	17 that was received from	om each person (other	than "disqualified pers	ons"), prepare a list fo	or your records to
	show the name of, and amount r	eceived for each year,	that was more than the	arger of (1) the amour	nt on line 25 for the ye	ar or(2) \$5,000
	(Include in the list organizations	described in lines 5 thre	ough 11b, as well as in	dividuals)Do not file t	his list with your ret	urn. After
	computing the difference between	n the amount received	and the larger amount	described i(1) or (2), e	enter the sum of these	differences
	(the excess amounts) for each ye	ear				
	(2006)	(2005)	(200	14)	(2003)	
С	Add Amounts from column (e) for	or lines 15		16	 1	
				21	▶ 270	120000
d	Add. Line 27a total		and line 27b to	otal	▶ 27d	
е	Public support (line 27c total min	ius line 27d total)			▶ 27€	
	Total support for section 509(a)(om line 23, column (e)	. ► 27f	120000	, 3, 1,
	Public support percentage (lin				▶ 27g	100.00 %
_	Investment income percentage		-			
	Unusual Grants: For an organiz					2006, prepare a
	list for your records to show, for					

Schedule A (Form 990 or 990-EZ) 2007

nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

P		ying Expenditures completed ONLY by an e	•	-	e the	nstructions)		
Che		anization belongs to an a			vou ch	ecked ``a" a	nd "lım	ited co	ontrol" provisions apply
<u></u>		Limits on Lobbyin	g Expenditures			(a Affiliate	a) d grou		(b) To be completed for all electing
	<u></u>	<u>-</u>			26	tot	als		organizations
		tures to influence public of	•	•	36 37				
		tures to influence a legisl tures (add lines 36 and 3	• • • • • •	•	38				
	Other exempt purpose	•	<i></i>		39				
		expenditures (add lines 3			40				
	, , ,	mount Enter the amount	•		40				
	If the amount on line		e lobbying nontaxable					1	
	· · · · · · · · · · · · · · · · · · ·	20	• •						
		over \$1,000,000 \$10						ļ	
		ot over \$1,500,000 \$17			41				
		ot over \$17,000,000 \$22	•						
	Over \$17,000,000		,000,000	1					
		amount (enter 25% of lir	ne 41)		42				
43	Subtract line 42 from li	ne 36 Enter -0- if line 42	is more than line 36		43				
44	Subtract line 41 from li	ne 38. Enter -0- if line 41	is more than line 38		44			$\neg \neg$	
_	Caution: If there is an	amount on either line 43	or line 44, you must file f	Form 4720					
		4-Year A	veraging Period U	nder Section	501(ŀ	1)			
	(Some of	ganizations that made a	section 501(h) election d	lo not have to com	plete a	Il of the five	colum	ns bel	ow
			See the instructions for li	nes 45 through 50)				
			Lobbying Expend	ditures During 4-	Year A	veraging Po	eriod		
	endar year (or fiscal	(a)	(b)	(c)		((d)		(e)
	r beginning in) ▶	2007	2006	2005		20	004		Total
45	Lobbying				1				
	nontaxable amount . Lobbying ceiling								
	amount (150% of line 45(e))								·
47	Total lobbying								
	expenditures								
	Grassroots								
	nontaxable amount Grassroots ceiling								
45	amount (150% of line 48(e))								· · · · · · · · · · · · · · · · · · ·
	Grassroots lobbying				l				
	expenditures								
		ying Activity by No	•						
		eporting only by organizat				<u>-</u>			
		ganization attempt to influ		•	luding	any	Yes	No	Amount
	•	opinion on a legislative n	•	•				1	
a						• • • •		X	
b	-	ement (Include compensa	•	•	n.)			X	
C	Media advertisemen		,		• • • • •	••••		X	
d	<u>-</u>	, legislators, or the public			••	••••	-	X	
0	• •	ished or broadcast stater						X	
f	<u>-</u>	nizations for lobbying pur	•					X	
g		egislators, their staffs, gov		•				X	-
h :		ons, seminars, convention		•		•••••	-	X	
ı		iditures (Add linesc throu	-				L		
	n resto any or the	above, also attach a stat	ement giving a detailed of	uescription of the l	חועססט	y activities			

Part V			insfers To and Transaction ee the instructions)	s and Relationships With Nonch	ıaritab	le	
51 D				ng with any other organization described in	section	501(c)	of
		•	inizations) or in section 527, relating		0000000	00.(0)	٥.
	· ·		a noncharitable exempt organizat		1	Yes	No
	(i) Cash		· · · · · · · · · · · · · · · · · · ·		51a(i)		Х
					a(ii)		Х
•	Other transactions				<u> </u>		
		assets with a no	ncharitable exempt organization .		b(i)		Х
			ble exempt organization		b(ii)		Х
(ii	ii) Rental of facilities, equ	upment, or other	assets		b(iii)		X
(i	v) Reimbursement arrang	gements			b(iv)		X
	v) Loans or loan guarante				b(v)		Х
(v	i) Performance of service	es or membershi	p or fundraising solicitations		b(vi)		Х
c S	haring of facilities, equipr	ment, mailing list	s, other assets, or paid employees		. с		Х
d If	the answer to any of the	above is "Yes," o	complete the following schedule Co	olumn (b) should always show the fair mark	et value	of the	
g	oods, other assets, or ser	rvices given by th	e reporting organization. If the org	anization received less than fair market val	ue in any	trans	action
o	r sharing arrangement, sh	now in column (d) the value of the goods, other asse	ets, or services received			
- (a)	(b)		(c)	(d)			
Line no	Amount involved	Name of no	ncharitable exempt organization	Description of transfers, transactions, & s	haring a	rrange	ments
_							
_							
	<u> </u>						
		·					
	<u> </u>						
_	<u> </u>						
	<u> </u>						
_				<u> </u>			
_							
							
				<u> </u>	<u>_</u>		
	•	-		tax-exempt organizations described in		12	a
			n 501(c)(3)) or in section 527? .		∐ Yes	· E	No
D IT "	Yes," complete the follows	ing schedule	1 45	T			
	(a) Name of organization	on	(b) Type of organization	(c) Description of relations	hip		
			, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2000, p.101, 07 to date 10	····P		
							
							
_	·						
							
							
							
		 					
							

58-1937772

Other Grants and Allocations US 990 990: Page 2, Line 22b; 990-EZ: Page 1, Line 10 2007							
Class of Activity	Donee's Name and Address	Relationship	Amount				
SHRINE CRIPPPLED	SHRINE CRIPPLED						
BURNED CHILDREN	& BURNED CHILDREN HOSPITALS						
OSPITALS	HOSFITALS		5,000				
			·				