Instructions for filing
American Cancer Society, Inc.
National Home Office
Form 990T - Exempt Organization Business Return
for the period ended August 31, 2011

Signature...

The original return should be signed (using full name and title) and dated on page 2 by an authorized officer of the organization.

Filing...

The signed return should be filed on or before with...

Department of the Treasury
Internal Revenue Service Center
Ogden, UT 84201-0027

Overpayment of tax...

The return shows an overpayment of \$8,323. of which \$NONE should be refunded to you and \$8,323. has been applied to your 2011 Estimated Tax.

To document the timely filing of your tax return(s), we suggest that you obtain and retain proof of mailing. Proof of mailing can be accomplished by sending the tax return(s) by registered or certified mail (metered by the U.S. Postal Service) or through the use of an IRS approved delivery method provided by an IRS designated private delivery service.

	Fyemi	pt Organization Business I	ncom	e Tax Refurn/and prove	tay under section 6	033(a)) 	OMB No. 1545-0687
Form 990-T		For calendar year 2010 or other tax y				033(6))	20 10
Department of the Treasury nternal Revenue Service		ending 08/31,20 1		See separate ir			Open to Public Inspection for 501(c)(3) Organizations Only
Check box if	_	, , , , , , , , , , , , , , , , , , , 		ne changed and see instructions		D Emplo	yer identification number
address change	ed	AMERICAN CANCER SOC		<u>.</u>	,	(Employe page 9.)	es' trust, see instructions for Block D on
3 Exempt under section		NATIONAL HOME OFFICE		, 11.0.		page 9.)	
X 501(C)(3)	Print	Number, street, and room or suite no.		hox see page 8 of instructions		13-15	788491
408(e) 220(or	Trainibor, ou ook, and room or outo no.		zex, eee page e er men aeneme.			ited business activity codes
\mathbf{H}	Type	250 WILLIAMS STREET	דעדות י		400		structions for Block E on page 9.)
408A530((a)	City or town, state, and ZIP code	TAAA		400		
529(a) C Book value of all asset		ATLANTA, GA 30303				54180	900099
at end of year	-	oup exemption number (See instruct	iono for	Plack F on page (1)		34100	900099
1521067001		' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' 			N	404(=) 4	
		eck organization type X 50) trust	401(a) t	rust Other trust
		imary unrelated business activity.					
,		orporation a subsidiary in an affiliate	• .		trolled group?		Yes X No
		dentifying number of the parent corp				1 200	7024
		CATHERINE E. MICKLE,	CFO		e number ► 40		
Part I Unrela	ted Trade	e or Business Income		(A) Income	(B) Expens	ses	(C) Net
1a Gross receipts	or sales						
b Less returns and allo		c Balance					
~		ule A, line 7)					
		2 from line 1c	3				
4 a Capital gain net	t income (at	tach Schedule D)	4a	16,667.			16,667
b Net gain (loss) (Fe	orm 4797, Pa	rt II, line 17) (attach Form 4797)	4b				
c Capital loss ded	duction for tr	rusts	4c				
5 Income (loss) from	n partnerships	s and S corporations (attach statement)	5	349.	ATCH 1		349
6 Rent income (S	chedule C)		6				
		come (Schedule E)					
		ties, and rents from controlled					
organizations (Schedule F)		8				
		section 501(c)(7), (9), or (17)					
		ncome (Schedule I)					
		ule J)		11,243.		0.	11,243
		of the instructions; attach schedule.)		,			,
,		ough 12		28,259.		0.	28,259
		t Taken Elsewhere (See pa		·	limitations on	deducti	
		eductions must be directly of	_				01101) (Excopt 101
		.					
		directors, and trustees (Schedule K)					
10 Danaira and ma						1	
						. 16	
17 Bad debts						16 17	
17 Bad debts 18 Interest (attach	schedule)					16 17 18	
17 Bad debts18 Interest (attach19 Taxes and licer	schedule) ises					16 17 18 19	2 926
17 Bad debts18 Interest (attach19 Taxes and licer20 Charitable cont	schedule) nses ributions (Se	ee page 13 of the instructions for lir	nitation	rules.)		16 17 18 19 20	2,826
17 Bad debts 18 Interest (attach 19 Taxes and licer 20 Charitable cont 21 Depreciation (a	schedule) nses ributions (Se ttach Form	ee page 13 of the instructions for lin	nitation	rules.)		16 17 18 19 20	
17 Bad debts 18 Interest (attach 19 Taxes and licer 20 Charitable cont 21 Depreciation (a Less depreciati	schedule) nses ributions (Se ttach Form 4 on claimed o	ee page 13 of the instructions for lir 4562) on Schedule A and elsewhere on re	nitation i	rules.)		16 17 18 19 20	
17 Bad debts 18 Interest (attach 19 Taxes and licer 20 Charitable cont 21 Depreciation (a 22 Less depreciati 23 Depletion	schedule) nses ributions (Se ttach Form 4 on claimed o	ee page 13 of the instructions for lir 4562) on Schedule A and elsewhere on re	nitation i	rules.)	C	16 17 18 19 20 22b 23	
17 Bad debts 18 Interest (attach 19 Taxes and licer 20 Charitable contr 21 Depreciation (a 22 Less depreciation 23 Depletion 24 Contributions to	schedule) nses ributions (Se ttach Form 4 on claimed o	ee page 13 of the instructions for lir 4562) on Schedule A and elsewhere on re ompensation plans	nitation i	rules.)	C	16 17 18 19 20 22b 23 24	
17 Bad debts 18 Interest (attach 19 Taxes and licer 20 Charitable contr 21 Depreciation (a 22 Less depreciation 23 Depletion 24 Contributions to 25 Employee bene	schedule) nses ributions (Se ttach Form 4 on claimed of o deferred co	ee page 13 of the instructions for lir 4562) on Schedule A and elsewhere on re ompensation plans	nitation (rules.)	C	16 17 18 19 20 22b 23 24 25	
17 Bad debts 18 Interest (attach 19 Taxes and licer 20 Charitable contr 21 Depreciation (a 22 Less depreciation 23 Depletion 24 Contributions to 25 Employee bene	schedule) nses ributions (Se ttach Form 4 on claimed of o deferred co	ee page 13 of the instructions for lir 4562) on Schedule A and elsewhere on re ompensation plans	nitation (rules.)	C	16 17 18 19 20 22b 23 24 25	(
17 Bad debts 18 Interest (attach 19 Taxes and licer 10 Charitable contr 11 Depreciation (a 12 Less depreciation 13 Depletion 14 Contributions to 15 Employee bene 16 Excess exempt	schedule) nses ributions (Se ttach Form 4 on claimed of deferred co effit programs expenses (ee page 13 of the instructions for lir 4562) on Schedule A and elsewhere on re ompensation plans	nitation (rules.) 21 22a	C	16 17 18 19 20 22b 23 24 25 26	(
17 Bad debts 18 Interest (attach 19 Taxes and licer 20 Charitable cont 21 Depreciation (a 22 Less depreciati 23 Depletion 24 Contributions to 25 Employee bene 26 Excess exempt 27 Excess readers	schedule) nses ributions (Se ttach Form 4 on claimed of o deferred co effit programs expenses (Sehip costs (S	ee page 13 of the instructions for lir 4562) on Schedule A and elsewhere on recompensation plans s Schedule I)	nitation i	rules.) 21 22a	C	16 17 18 19 20 22b 23 24 25 26 27	
Interest (attach Intere	schedule) nses ributions (Se ttach Form 4 on claimed of o deferred co effit programs expenses (Se ship costs (Se ns (attach so	ee page 13 of the instructions for lin 4562) on Schedule A and elsewhere on re ompensation plans s Schedule I) Schedule J)	nitation (rules.) 21 22a	C	16 17 18 19 20 22b 23 24 25 26 27	
Interest (attach Intere	schedule) ases ributions (Se ttach Form 4 on claimed of o deferred co effit programs expenses (Se ship costs (Se as (attach so as. Add line	ee page 13 of the instructions for lin 4562) on Schedule A and elsewhere on re ompensation plans s Schedule I) Schedule J)	nitation	rules.) 21 22a	C	16 17 18 19 20 22b 23 24 25 26 27	2,826
17 Bad debts 18 Interest (attach 19 Taxes and licer 20 Charitable contr 21 Depreciation (a 22 Less depreciation 23 Depletion 24 Contributions to 25 Employee benef 26 Excess exempt 27 Excess readers 28 Other deduction 29 Total deduction 30 Unrelated busin	schedule) nses ributions (Se ttach Form 4 on claimed of deferred co effit programs expenses (Se expenses (Se expenses (Se expenses (Attach so expe	ee page 13 of the instructions for lir 4562) on Schedule A and elsewhere on recompensation plans s (Schedule I) Schedule J) chedule) es 14 through 28 e income before net operating loss of	nitation deturn	rules.) 21 22a n. Subtract line 29 from line	C	16 17 18 19 20 22b 23 24 25 26 27 28 29	2,826
17 Bad debts 18 Interest (attach 19 Taxes and licer 20 Charitable contr 21 Depreciation (a 22 Less depreciation 23 Depletion 24 Contributions to 25 Employee bene 26 Excess exempt 27 Excess readers 28 Other deduction 29 Total deduction 20 Unrelated busin 31 Net operating to	schedule) nses ributions (Se ttach Form 4 on claimed of deferred co effit programs expenses (Se hip costs (Se ns. Add line ness taxable costs deductions	ee page 13 of the instructions for lir 4562) on Schedule A and elsewhere on recompensation plans s Schedule I) Schedule J) chedule) es 14 through 28 e income before net operating loss on (limited to the amount on line 30)	eturn deduction	rules.) 21 22a n. Subtract line 29 from line	C	16 17 18 19 20 22b 23 24 25 26 27 28 29	2,826 25,433
17 Bad debts 18 Interest (attach 19 Taxes and licer 20 Charitable contr 21 Depreciation (a 22 Less depreciation 23 Depletion 24 Contributions to 25 Employee bene 26 Excess exempt 27 Excess readers 28 Other deduction 29 Total deduction 20 Unrelated busin 31 Net operating to	schedule) nses ributions (Se ttach Form 4 on claimed of deferred co effit programs expenses (Se hip costs (Se ns. Add line ness taxable costs deduction ness taxable	ee page 13 of the instructions for lir 4562) on Schedule A and elsewhere on recompensation plans s Schedule I) Schedule J) chedule) es 14 through 28 e income before net operating loss on (limited to the amount on line 30) e income before specific deduction.	eturn deductio	n. Subtract line 29 from line	13	16 17 18 19 20 22b 23 24 25 26 27 28 29 30 31	2,826 25,433 25,433
17 Bad debts 18 Interest (attach 19 Taxes and licer 20 Charitable cont 21 Depreciation (a 22 Less depreciation 23 Depletion 24 Contributions to 25 Employee bene 26 Excess exempt 27 Excess readers 28 Other deduction 29 Total deduction 30 Unrelated busin 31 Net operating to 32 Unrelated busin 33 Specific deduct	schedule) nses ributions (Se ttach Form 4 on claimed of o deferred co effit programs expenses (Se hip costs (Se ns. Add line ness taxable poss deduction ness taxable ion (General	ee page 13 of the instructions for lin 4562) on Schedule A and elsewhere on recompensation plans s Schedule I) Schedule J) chedule) es 14 through 28 e income before net operating loss on (limited to the amount on line 30) e income before specific deduction. ally \$1,000, but see line 33 instruction	nitation eturn deductio Subtrac	n. Subtract line 29 from line t line 31 from line 30 exceptions.)	13	16 17 18 19 20 22b 23 24 25 26 27 28 29 30 31	2,826 25,433 25,433
17 Bad debts 18 Interest (attach 19 Taxes and licer 20 Charitable cont 21 Depreciation (a 22 Less depreciation 24 Contributions to 25 Employee bene 26 Excess exempt 27 Excess readers 28 Other deduction 29 Total deduction 30 Unrelated busin 31 Net operating to 32 Unrelated busin 33 Specific deduct 34 Unrelated busin	schedule) nses ributions (Se ttach Form 4 on claimed of o deferred co effit programs expenses (Se hip costs (Se his (attach so his. Add line hess taxable costs deduction hess taxable ion (Genera hess taxable	ee page 13 of the instructions for lir 4562) on Schedule A and elsewhere on recompensation plans s Schedule I) Schedule J) chedule) es 14 through 28 e income before net operating loss on (limited to the amount on line 30) e income before specific deduction.	nitation deturn deduction Subtractions for e	n. Subtract line 29 from line t line 31 from line 30 exceptions.)	13	16 17 18 19 20 22b 23 24 25 26 27 28 29 30 31 32 33	2,826 0 2,826 25,433 1,000 24,433

13-1788491 Page **2** Form 990-T (2010)

Part	Ш	Tax Computation	1								
35	Organiz	ations Taxable as	Corporations. See	e instructions	<u>f</u> or tax	computat	tion on page	15.			
	Controll	ed group members (section	ons 1561 and 1563) ch	neck here	See inst	ructions a	and:				
а	Enter y	our share of the \$50,0	000, \$25,000, and	\$9,925,000	taxable incon	ne bracke	ets (in that order):				
	(1) \$		(2) \$		(3) \$						
b	Enter or	ganization's share of: (1)	Additional 5% tax (not	t more than \$1	1,750)	\$	3				
	(2) Addi	itional 3% tax (not more tha	an \$100,000)				3				
С		tax on the amount on line						_	5c		3,665.
36	Trusts	Taxable at Trust Rat	_		•	. •					
			Tax rate schedule						36		
37	Proxy ta	ax. See page 16 of the inst							37		
38		ive minimum tax						ئا	38		0.665
39		dd lines 37 and 38 to line 3		applies				3	39		3,665.
		Tax and Payments		#b F	1440)	40-					
	•	tax credit (corporations att			,			_			
		redits (see page 16 of the in									
		business credit. Attach Fo									
		or prior year minimum tax (redits. Add lines 40a throug						┨,	0-		
e 41		t line 40e from line 39							0e		3,665.
42							Other (attach schedu		1 2		3,000.
43		x. Add lines 41 and 42						· · · —	13		3,665.
		nts: A 2009 overpayment o				1	1	34.	F.J		-,
		timated tax payments				I	6,0	_			
c							•				
d		organizations: Tax paid or									
е	_	withholding (see instruction				I	5,4	26.			
f		or small employer health in									
g	Other cr	redits and payments:	Form 2	2439			ATCH 2				
	F	orm 4136	X Other	2439	28. Total	▶ 44g		28.			
45		ayments. Add lines 44a thr						<u></u> _4	15	1	1,988.
46	Estimate	ed tax penalty (see page 4	of the instructions). C	Check if Form 2	220 is attache	d	▶		16		
47	Tax due	e. If line 45 is less than the	total of lines 43 and 4	16, enter amou	nt owed .			.▶ 4	17		0.
48		yment. If line 45 is larger to							18		8,323.
49		e amount of line 48 you wa					8,323. Refunded		19		0.
Par		Statements Regar	_								
1		time during the 2010 cale		-			-				res No
		(bank, securities, or other			-	•	file Form ID F 90-2	2.1, Re	port of Fo	oreign	3.7
_		d Financial Accounts. If Y		-	•					-	X
2		the tax year, did the organ					or, or transferor to, a	toreign	trust?	• • •	X
•		see page 5 of the instruction		ŭ		_					
$\frac{3}{\text{Sch}}$		a amount of tax-exempt intA - Cost of Goods									
1		ry at beginning of year	1	iou or invente			f year		6		
2		ses	2				sold . Subtract				
3		labor	3			-	Enter here and				
		nal section 263A costs	-				Lines more and		7		
			4a				of section 263A		respec	t to \	res No
b			4b		property	produc	ed or acquired	•	•		
5		dd lines 1 through 4b	5		to the or	-	·?		,		X
	Under	penalties of perjury, I declare t, and complete. Declaration of pre	that I have examined this	return, including	accompanying so	chedules and	statements, and to the	best of r	ny knowled	ge and beli	ef, it is true,
Sigr	J 🚩	ь, ана сотпрієте. Deciaration от рге	ерагет (оптет платі тахраўег)	i is baseu on all INTO	mination of writch	preparet tias	any knowieuge.	May	the IRS	discuss th	is return
Here	e 🚩					CFO				arer show	
	Signa	ature of officer		Date	Title			(see in	structions)?		X No
Paid		Print/Type preparer's name		Preparer's sig		1	Date	Check	if	PTIN	
Prep		Kathy Pitts		Sardy 2	13E0		06/28/2012	self-emp			
	Only		T & YOUNG U.S		- 1000			Firm's El		-6565	
		Firm's address ▶ 1901		-	E 1200			Phone no	o. 20	5-251-	
		BIRMI	INGHAM, AL 3	5203						Form 99 0)-T (2010)

JSA 0E1620 0.040

47091W 2217 60103581 PAGE 96

Schedule C - Rent Income (see instructions on page 18		perty a	and Personal Prop	erty	Leased V	ith Real Prop	erty)		
Description of property									
(1)									
(2)									
(3)									
(4)									
	2. Rent received	or accrue	ed						
(a) From personal property (if the property for personal property is more than more than 50%)	ercentage of rent n 10% but not	percenta	rom real and personal prop age of rent for personal prop if the rent is based on profi	erty e	xceeds	3(a) Deductions d in columns 2(
(1)									
(2)									
(3)									
(4)									
Total	Т	otal							
(c) Total income. Add totals of co here and on page 1, Part I, line 6,	. , . , ,					(b) Total deduc Enter here and o Part I, line 6, colu	n page 1		
Schedule E - Unrelated D	ebt-Financed Inc	ome(se	ee instructions on pag	je 19)				
1. Description of deb	t-financed property		2. Gross income from allocable to debt-finance			uctions directly conne debt-finance		У	
·			property			line depreciation schedule)			deductions schedule)
<u>(1)</u>									
(2)									
(3)									
(4)									
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted of or allocable to debt-financed prop (attach schedule	o erty	6. Column 4 divided by column 5			ome reportable x column 6)		ımn 6 x to	e deductions otal of columns nd 3(b))
<u>(1)</u>				%					
(2)				%					
(3)				%					
(4)				%					
Totals Total dividends-received deducti	ione included in colum			.	Part I, line 7	and on page 1, r, column (A).			nd on page 1, column (B).
Schedule F - Interest, Ani			Pents From Contro	المال	Organiza	tions see instru	ıctione	on nage	20)
Ochedule 1 - Interest, Am	Tuities, Royalties		xempt Controlled Org			itionis see mand	ictions	on page	5 20)
Name of controlled organization	2. Employer identification number		3. Net unrelated income (loss) (see instructions)	4 . To	otal of specified yments made	5. Part of column included in the coorganization's gro	ontrolling	conn	eductions directly ected with income in column 5
(1)									
(2)									
(3)									
(4)									
Nonexempt Controlled Organia	zations								
7. Taxable Income	8. Net unrelated ind (loss) (see instruct		9. Total of specified payments made	d	include	rt of column 9 that is ed in the controlling ation's gross income	(connected	uctions directly d with income in olumn 10
(1)									
(2)									
(3)									
(4)									
Totals				1	Enter here	nns 5 and 10. e and on page 1, e 8, column (A).	Ent	er here a	s 6 and 11. nd on page 1, column (B).

Schedule G -Investment II	ncome of a Sect	ion 501(c) <u>(</u> 7)			ion (see instr	uctions on pag	e 20)
1. Description of income	2. Amount of	income	3. Deduct directly conn (attach sche	ected		-asides schedule)	Total deductions and set-asides (col. 3 plus col. 4)
<u>(1)</u>							
(2)							
(3)							
(4)							
	Enter here and Part I, line 9, co						Enter here and on page 1, Part I, line 9, column (B).
Totals		011	T . A:				<u> </u>
Schedule I - Exploited Exe	empt Activity Inc	come, Other			me (see instruc	tions on page 2	21)
1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business incom	2 minus col 3). If a ga	om ade or to the state of the s	i. Gross income rom activity that s not unrelated usiness income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)							
(2)							
(3)							
(4)							
	Enter here and on page 1, Part I, line 10, col. (A).	Enter here and of page 1, Part I, line 10, col. (B)					Enter here and on page 1, Part II, line 26.
Totals	•		24)				
Schedule J - Advertising I							
Part I Income From Pe	riodicals Repor	ted on a Con	isolidated Ba	SIS			
1. Name of periodical	2. Gross advertising income	3. Direct advertising cost	4. Advertigain or (loss 2 minus col. a gain, com cols. 5 throu) (col. 3). If pute	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)							
(2)							
(3)							
(4)							
Totals (carry to Part II, line (5))	•						
	riodicals Repo		eparate Basis	(For eac	h periodical l	isted in Part	II, fill in columns
1. Name of periodical	2. Gross advertising income	3. Direct advertising cost	4. Adverting ain or (loss 2 minus col. a gain, com cols. 5 throu) (col. 3). If pute	Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) ATCH 3	11,243.		0. 11,	243.	0.		0.
(1) AICH 3 (2)	11,210.						
(3)							
(4)							
(5) Totals from Part I							
	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and of page 1, Part I line 11, col. (B)	ı.				Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5)			0.				0
Schedule K - Compensation	on or Officers, L	irectors, and	u Trustees(se	e instructio	3. Percent of		
1. Name			2. Title		time devoted to business		nsation attributable to related business
(1)						%	
(2)		-				%	
(3)		+				%	
(4)	lort II lino 4.4				<u> </u>	%	
Total. Enter here and on page 1, P	art II, line 14					. 🏲	

$\Delta TT\Delta$	CHMENT	1
$\Delta + \Delta$		

FORM 990T -	LINE 5	-INCOME ((LOSS)	FROM	PARTNERSHIPS
-------------	--------	-----------	--------	------	--------------

JUSTIN STATE BANK (1120S-SCHEDULE K)

349.

INCOME (LOSS) FROM PARTNERSHIPS

349.

FORM 990T - LINE 44 - OTHER CREDITS AND PAYMENTS

1120-S, SCHEDULE K-1

28.

TOTAL LINE 44 - OTHER CREDITS AND PAYMENTS

ATTACHMENT 3

SCHEDULE J - PART II, ADVERTISING INCOME REPORTED ON A SEPARATE BASIS

	2.	3.				7.
	GROSS	DIRECT	4.	5.	6.	EXCESS
1.	ADVERTISING	ADVERTISING	ADVERTISING	CIRCULATION	READERSHIP	READERSHIP
NAME OF PERIODICAL	INCOME	<u>COSTS</u>	GAIN OR LOSS	_INCOME	COSTS	COSTS
CANCER & CANCER CYTOPATHOLOGY	9,262.	0.	9,262.	0.	0.	0.
CA:A CNCER JRNL FOR CLINICIANS	1,981.	0.	1,981.	0.	0.	0.
COLUMN TOTALS	11,243.		11,243.		0.	

SCHEDULE D (Form 1120)

Department of the Treasury Internal Revenue Service

Capital Gains and Losses

► Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.

► See separate instructions.

OMB No. 1545-0123

2010

Name AMERICAN CANCER SOCIETY, INC.

NATIONAL HOME OFFICE

13-1788491

(a) Description of property (Example: 100 shares of Z Co.)	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Sales price (see instructions)	(e) Cost or oth basis (see instructions)		(f) Gain or (loss) (Subtract (e) from (d))
2 Short-term capital gain from installme	nt sales from For	m 6252, line 26	or 37		2	
2 Short torm gain or (loss) from like kin	d ovehanges from	5 Earm 9924			,	
3 Short-term gain or (loss) from like-kin	d exchanges non	1 FUIII 0024			3	
4 Unused capital loss carryover (attach	computation)				4	(
Net short-term capital gain or (loss).			Then One Vec	<u> </u>	5	
art II Long-Term Capital Gains	and Losses-As	Sets Heid Mio	Than One Yea	<u>r</u>		
6						
ATTACHMENT 1			22,750.	6,	083.	16,667.
7 Enter gain from Form 4797, line 7 or	9				7	
Long torm conital gain from installmo	nt calca fram Can	m COEO lina OC	or 27		_	
B Long-term capital gain from installme	nt sales from Fon	11 6252, III1e 26	0137		8	
Long-term gain or (loss) from like-kind	d exchanges from	Form 8824			9	
		·-				
Capital gain distributions (see instruc	tions)				10	
Net long-term capital gain or (loss). C	combine lines 6 th	rough 10			11	16,667.
art III Summary of Parts I and II		. cugii 10				10,007.
<u> </u>						
Enter excess of net short-term capital	l gain (line 5) ove	r net long-term o	capital loss (line 11)		12	
Net capital gain. Enter excess of net	long torm canita	l gain (line 11)	over not short term	capital loca		
(line 5)	•	• ,			13	16,667
(0)						20,007
Add lines 10 and 10 Enter hare a	nd on Form 1120	D. page 1. line	8, or the proper lin	ne on other		
Add lines 12 and 13. Enter here a		-, 13- , -	· ' '			
returns.		· -			14	16,667.

For Paperwork Reduction Act Notice, see the Instructions for Form 1120.

Schedule D (Form 1120) (2010)

	Date	Date	Gross Sales	Cost or Other	Long-term
Description 455 SHARES OF COMMON STOCK - JUSTIN	Acquired	Sold	Price	Basis	Gain/Loss
455 SHARES OF COMMON STOCK - JUSTIN					
STATE BANK	02/17/1995	03/18/2010	22 , 750.	6,083.	16,667.
Totals			22 , 750.	6,083.	16,667.



Instructions for filing
American Cancer Society, Inc.
National Home Office
GA Form 600T
Georgia 600T - Exempt Org. Unrelated Bus. Inc. Tax
for the period ended August 31, 2011

Signature...

The original return should be dated and signed by an officer of the organization if applicable.

Filing...

The signed return should be filed on or before with...

Georgia Department of Revenue Processing Center P.O. Box 740397 Atlanta, GA 30374-0397

Overpayment...

The return shows an overpayment of \$2,819. of which \$2,819. has been applied to your estimated tax and \$NONE should be refunded to you.

Georgia Form 600-T (Rev. 11/10) Exempt Organization



Unrelated B	usiness Income Tax Return ded UET Annualization Exception	on attached	1101601415 Address Change					
Exempt O	rganization Unrelated Bus	iness Income	e Tax Return(Under G	eorgia Code Sed	ction	48-7-25)	20 10	
For the taxa	able year beginning0	9/01	, 20 <u>1 0</u> a	and ending _		08/		, 20 11
Name of Org	anization	Name of Fi	duciary		Fede	eral Employe	er ID No. (in case of	f employees'
American	Cancer Society, Inc.						section 401 (a) and	
Number and		Number an	d Street			(-),		<u> </u>
250 Will	iams Street NW				13-	-178849	1	
City or Town		City or Tow	/n		NAI	CS Code	Date of current exemption letter.	IRS code section
Atlanta							exemption letter.	for which you are exempt.
State	Zip Code	State	Zip Code					Sec,501
GA	30303				Ω1	3212	3/11/2011	(
GA	30303					JZ 1Z	SCHEDULE	/ · // o
1. Unrelate	ed business taxable income fror	n Federal Form	n 990-T (attach copy)	▶	1.			24,433
2 Addition	s				2.			
z. Additioi	15				۷.			
3. Total (a	dd line 1 and line 2)			▶	3.			24,433
4. Subtrac	tions				4.			
5. Georgia	unrelated business taxable inc	ome (line 3 les	s line 4)	•	5.			24,433
	ATION OF GEORGIA UNRE						SCHEDULE	
1. Line 5, a	above, multiplied by 6%				1.			1,466
2. Less: C	redits and Payments				2.			4,285
								· · · · · · · · · · · · · · · · · · ·
3. Withhole	ding Credits (G-2A, G-2LP and/	or G-2RP)		· · · · •	3.			
4 Balance	of tax due OR overpayment				4.			-2,819
+. Dalarice	or tax due on overpayment				7.			-2,019
5. Interest	due (see instructions)			▶	5.			
5. Penaltie	es due (see instructions)				6.			
7. Balance	of tax, interest and penalties d	ue with return		🕨	7.			
	•							
8. If line 4	is an overpayment, amount is to	be credited or	n 20 <u>1 1</u>					
Estimat	zed Tax ▶2,819	F	Refunded ▶		8.			
COPY OF 1 We declare, ur knowledg	rss: Georgia Department of Revenu THE FEDERAL 990 T AND SUPPO under penalty of perjury that I/v e and belief it is true, correct a she/he has any knowledge.	RTING SCHEDU	JLES (AND ANY EXTENS ned this return (including prepared by a person	accompanying other a taxpaye	E AT	rached to	d statements) ar	nd to the best
				T & VOLING	TT.	Q TTD		
ignature of C	Officer			T & YOUNG ure of Individual			na Return	
5			Signate	0	"	Jpanii		

34-6565593

Employee ID or Social Security Number

Title 0J1210 2.000 Date

000 T	Evame	ot Organization Business Ir	m	o Tay Poturn			- cooc(-)\ }	OMB N	No. 1545-0687
Form 990-T	Exemp	ot Organization Business Ir			~ ~			9	·M 1 N
Department of the Treasury		For calendar year 2010 or other tax ye				$\frac{\sqrt{01}}{1}$, 2010, an	d	Open to	Public Inspection
Internal Revenue Service	1	ending 08/31, 20 1					D Empl		Public Inspection) Organizations Only
A Check box if address changed				ne changed and see inst	ructions	5.)		-	ication number structions for Block D on
	-	AMERICAN CANCER SOC		, INC.			page 9.		
B Exempt under section	Drint	NATIONAL HOME OFFIC						=	
X 501(C)(3)	Print or	Number, street, and room or suite no. If	a P.O.	box, see page 8 of instr	uctions.			788491	
408(e) 220(e)	Type								ess activity codes Block E on page 9.)
408A530(a)		250 WILLIAMS STREET	NW			400		1011 40110110 1011	sion E on page o.,
529(a)	4	City or town, state, and ZIP code							
C Book value of all assets at end of year		ATLANTA, GA 30303					5418	00	900099
	F Gro	up exemption number (See instructi	ons for	Block F on page 9.)	<u> </u>				
1521867801.	G Che	eck organization type 🕨 🛛 🗓 501			501(c		401(a)	trust	Other trust
H Describe the organiz	ation's pri	mary unrelated business activity.	J 0	URNAL ADVERT	ISIN	G			
I During the tax year,	was the co	orporation a subsidiary in an affiliate	d grou	o or a parent-subsidia	ary con	trolled group?		▶∟	Yes X No
If "Yes," enter the na	me and id	lentifying number of the parent corpo	oration						
J The books are in car	e of 🕨	CATHERINE E. MICKLE,	CFO	Te	lephon	e number 🕨	404-32	9-7934	
Part I Unrelate	d Trade	or Business Income		(A) Income		(B) Exp	enses		(C) Net
1a Gross receipts or	sales								
b Less returns and allowa		c Balance ▶	1c						
2 Cost of goods sol	d (Schedu	ule A, line 7)	2						
3 Gross profit. Subt	•	. ,	3						
•		tach Schedule D)	4a	16,6	67.				16,667.
		rt II, line 17) (attach Form 4797)	4b	·					
c Capital loss dedu			4c						
•		rusts s and S corporations (attach statement)	5	3	49.	ATCH	1		349.
	-		6			711 011			
		come (Schedule E)	7					+	
		ties, and rents from controlled						_	
	-								
		equation F04(a)(7) (0) or (47)	8					+	
		section 501(c)(7), (9), or (17)							
			9					+	
		come (Schedule I)	10	11,2	12		0	+	11,243.
		ule J)	11	11,2	40.			1	11,243.
•		of the instructions; attach schedule.)	12	28,2	5.0		0	+	28,259.
		ugh 12	13			limitations d		-	
		Taken Elsewhere (See pag						lions.) (⊏	хсергіог
		eductions must be directly co						$\overline{}$	
		lirectors, and trustees (Schedule K)							
17 Bad debts							17		
									2 006
	•	ee page 13 of the instructions for lim		,					2,826.
		4562)					0.		0
		on Schedule A and elsewhere on ref					22b		0.
24 Contributions to o	leferred co	ompensation plans					24		
25 Employee benefit	programs						25		
26 Excess exempt e	xpenses (Schedule I)					26		
27 Excess readershi	p costs (S	chedule J)					27		0.
		chedule)							
29 Total deductions									2,826.
30 Unrelated busines	ss taxable	income before net operating loss de					30		25,433.
		on (limited to the amount on line 30)					31		
		income before specific deduction. S							25,433.
		lly \$1,000, but see line 33 instruction			_				1,000.
		e income. Subtract line 33 from line					•		
enter the smaller					_		34	1	24,433.

JSA For Paperwork Reduction Act Notice, see instructions. 0E1610 0.020

47091W 2217

48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid 8,323	Part	Ш	Tax Computation											
a Enter your share of the \$50,000, \$25,000, and \$9,825,000 taxable income brackets (in that order): (1)\$ b Enter organizations share of (1) Additional 5% tax (not more than \$111,750) c Income tax on the amount on line 34 c) Additional 5% tax (not more than \$100,000) c Income tax on the amount on line 34 c) Additional 5% tax (not more than \$100,000) c Income tax on the amount on line 34 c) Additional 5% tax (not more than \$100,000) c Income tax on the amount on line 34 c) Additional 5% tax (not more than \$100,000) c Income tax on the amount on line 34 c) Additional 5% tax (not manufacture) display that the state of the instructions 37 Proys tax. She page 16 of the instructions 38 Alternative minimum tax 39 Total Add times 37 and 58 to in 85 to 45 to whichever applies 40 A Fereign tax credit (corporations attach Form 1118; trusts attach Form 1116) 40 Differ credits (see page 16 of the instructions) 40 Enter than 110 to 45 total credits. Add lines 45 and total 50 to 45 to	35	Organiz	ations Taxable as C	Corporations. See	instructions	<u>f</u> or	tax com	putation	on page 1	5.				
t (1)\$		Controlle	ed group members (sections	s 1561 and 1563) che	eck here		See instruction	ons and:						
b Enter organization's have of. (1) Additional 5% tax (not more than \$117,50)		, ,	our share of the \$50,00		\$9,925,000		1	rackets (i	n that order):					
(2) Additional 3% last, front more than \$100,000) \$ 136 Trusts Taxable at Trust Rates. See instructions for tax computation on page 16. Income tax on the amount on line 34 from: Tax rate schedule or Schedule D (Form 1041) ▶ 38 37 Proxy tax. See page 16 of the instructions ▶ 37 38 Alternative minimum tax and 33 to line 35 or 38, whichever applies ▶ 37 39 Total. Add lines 37 and 33 to line 35 or 38, whichever applies ▶ 39 3, 653 39 Total. Add lines 37 and 33 to line 35 or 38, whichever applies ▶ 39 3, 653 39 Total. Add lines 37 and 39 to line 35 or 38, whichever applies ▶ 30 3, 653 40 a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1118) № 40 40 Cell for pion year minimum tax (latach Form 3800 or 8827) № 40 41 Subtract line 40e from line 30 № 40 42 Other taxes. Check if from From 4255 From 8511 From 8597 From 8596 Other (ratists) exceeded with Form 880 43 Total tax. Add lines 41 and 42 № 40 44 Payments. Add 10 № 41 Add No. 10 5 Total ordered with Form 888 № 44 44 Payments. Add 10 № 41 Add No. 10 5 Total ordered with Form 888 № 44 6 Credit for small employer beath insurance premiums (Attach Form 8941) № 44 5 Total payments. Add lines 44 through 449 № 4 5 Total payments. Add lines 44 through 449 № 4 5 Total payments. Add lines 44 through 449 № 4 6 Estimated tax prantly (see page 4 of the instructions). Check if Form 2220 is attached № 4 5 Total payments. Add lines 44 through 449 № 4 6 Estimated tax prantly (see page 4 of the instructions). Check if Form 2220 is attached № 4 6 Estimated tax prantly (see page 4 of the instructions). Check if Form 2220 is attached № 4 6 Estimated tax prantly (see page 4 of the instructions). Check if Form 2220 is attached № 4 6 Estimated tax prantly (see page 4 of the instructions) Check if Form 2220 is attached № 4 7 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount overweal № 4 8								1.						
C Income tax on the amount on line 34 5 Trusts Trazeble at Trust Rates. See instructions for tax computation on page 16. Income tax on the amount on line 34 from:	b	Enter or	ganization's share of: (1) Ad	dditional 5% tax (not	more than \$1	1,750)		. \$		_				
36 Trusts Taxable at Trust Rates. See Instructions for lax computation on page 16. Income tax on the amount on line 34 from. Tax rate schedule or Schedule D (Form 1041)								. \$					2	665
the amount on line 34 from:											5c		٥,	005.
37 Proxy tax. See page 16 of the instructions 38 Alternative minimum tax 38 Alternative minimum tax 39 30 3, 653	30					•	•	. •						
38	37													
29 3,655														
## Tax and Payments ## 10 A Foreign to report set animal resident from 801 118; trusts attach Form 1116)			dd lines 37 and 38 to line 35	5c or 36, whichever a	pplies								3,	665.
b Other credits (see page 16 of the instructions) c General business credit. Attach Form 3800 or 8827) d0c d Credit for prior year minimum tax (attach Form 3801 or 8827) d0d d1 Subtract line 40 efrom line 39 d1 Subtract line 40 efrom line 39 d2 Other taxes. Check if form														
c General business credit. Attach Form 3800	40 a	Foreign	tax credit (corporations atta	ach Form 1118; trusts	attach Form	1116)		40a						
d Credit for prior year minimum tax (stach Form 8801 or 8827) 1 Subtract line 40e from lines 40a through 40d 1 Subtract line 40e from lines 90 1 Other taxes. Check if from								40b		_				
to float credits. Add lines 40a through 40d 20 Other taxes. Check if from:										_				
Subtract line 40e from line 39 42 Other taxes. Check if from: □ Form 4255 □ Form 8811 □ Form 8867 □ Form 8868 □ Other (statch schedule), 42 43 Total tax. Add lines 41 and 42 44 a Payments: A 2009 overpayment credited to 2010										_				
42 Other taxes. Check if from: □ Form 4255 □ Form 88611 □ Form 8867 □ Form 8868 □ Other (attach schedule), 42 □ 43 □ A payments. 2 A 2009 overpayment credited to 2010			•										2	CCE
43 Total tax. Add lines 41 and 42 44 A Byments: A 2009 overpayment credited to 2010 44 A Byments: A 2009 overpayment credited to 2010 5 2010 estimated tax payments 5 Tax deposited with Form 8868 4 Foreign organizations: Tax paid or withheld at source (see instructions) 6 Backup withholding (see instructions) 7 Credit for small employer health insurance premiums (Attach Form 8941) 8 Debyments: Add lines 44a through 44g 5 Total payments. Add lines 44a through 44g 5 Total payments. Add lines 44a through 44g 6 Estimated tax penalty (see page 4 of the instructions). Check if Form 2220 is attached 7 Tax due. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid 8 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid 9 Enter the amount of line 48 you want: Credited to 2010 estimated tax 1 A any time during the 2010 calendary year, did the organization have an interest in or a signature or other authority over a financial account (bark, securities, or other) in a foreign country? If YES, the organization may have to file. 1 A tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trus? 2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trus? 3 Cost of Goods Sold. Enter method of inventory valuation 1 Inventory at beginning of year. 1 Inventory at beginning of year. 2 Purchases. 2 During the tax year, did the organization may have to file. 3 Enter the amount of rax-exempt interest received or accrued during the tax year. 5 Schedule A - Cost of Goods Sold. Enter method of inventory valuation 1 Inventory at beginning of year. 4 a Additional section 263A costs (attach schedule) 4 b property produced or acquired for resale) apply to the two regards of the property show below two repaired and stituteness, and to the best of my knowledge and belief. It is not correct, and complete. Deduardson of prepairer													٥,	005.
44 a Payments: A 2009 overpayment credited to 2010 b 2010 estimated tax payments c Tax deposited with Form 8868 d Foreign organizations: Tax paid or withheld at source (see instructions) e Backup withholding (see instructions) f Credit for small employer health insurance premiums (Attach Form 8941) g Other credits and payments. From 4136 Form						_							3	665
b 2010 estimated tax payments c Tax deposited with Form 8868 d Foreign organizations: Tax paid or withheld at source (see instructions) e Backup withholding (see instructions) f Credit for small employer health insurance premiums (Attach Form 8941) d the credits and payments: Form 4136 g Other credits and payments: Form 4136 Estimated tax penalty (see page 4 of the instructions). Check if Form 2220 is attached f Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owepaid g Cher credits and payments. Tine 45 is larger than the total of lines 43 and 46, enter amount owepaid g Estimated tax penalty (see page 4 of the instructions). Check if Form 2220 is attached Tax due. If line 45 is larger than the total of lines 43 and 46, enter amount owepaid g Enter the amount of line 48 you want. Credited to 2011 restimated tax x to a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F90-221, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here lower than the total of the organization may have to file. During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? Inventory at beginning of year Inventory at beginn							1	1			43			000.
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d Foreign organizations: Tax paid or withheld at source (see instructions) e Backup withholding (see instructions) f Credit for small employer health insurance premiums (Attach Form 8941) g Other credits and payments: Form 2439 Other 28. Total Att ATCH 2 ATCH 2 ATCH 2 Att ATCH 2 ATC							I							
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At any time during the 2010 calendar year, did the organization accountly here account (bank, securities, or other) in a foreign country if YES, the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here account (bank, securities, or other) in a foreign country if YES, the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here accountly here account the amount of tax-exempt interest received or accrued during the tax year. If YES, see page 5 of the instructions for other forms the organization may have to file. Inventory at beginning of year. Inventory at a Additional section 263A costs (attach schedule). Inventory at Schedule Accounts and Additional section 263A costs (attach schedule). Inventory at Schedule Accounts (attach schedule). Inventory at Schedule	46								▶[~ _				
Part V Statements Regarding Certain Activities and Other Information (see instructions on page 17) 1 At any time during the 2010 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F90-22.1, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here ▶					-,					• –			0	0.
Part V Statements Regarding Certain Activities and Other Information (see instructions on page 17)							unt overpaid			- I			٥,	323.
At any time during the 2010 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here ▶ X 2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? X If YES, see page 5 of the instructions for other forms the organization may have to file. 3 Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$ Schedule A - Cost of Goods Sold. Enter method of inventory valuation ▶ 1 Inventory at beginning of year . 2 2 Purchases . 2 3 Cost of labor . 3 4 Additional section 263A costs (attach schedule) . 4a 4 Additional section 263A costs (attach schedule) . 4b 5 Total. Add lines 1 through 4b . 5 Total. Add lines 1 through 4b . 5 Sign Here Prind preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Prind Type preparer's name Prind Type preparer's name Preparer's signature Preparer's signature Preparer's signature Preparer's signature Preparer's signature Prind Type preparer's name Preparer's signature Preparer's signature Prind Type preparer's name Preparer's signature Preparer's signature Prind Type preparer's name Prind Type preparer's name Prind Type preparer's name Prind Type preparer's name Preparer's signature Prind Type preparer's name Prind Type preparer's n							ther Info					a 17)		
account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here ▶ 2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?													Yes	No
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?					-			_						
If YES, see page 5 of the instructions for other forms the organization may have to file. 3 Enter the amount of tax-exempt interest received or accrued during the tax year ▶\$ Schedule A - Cost of Goods Sold. Enter method of inventory valuation ▶ 1 Inventory at beginning of year . 1		Bank an	d Financial Accounts. If YE	S,enter the name of	the foreign c	ountry	here >							Х
Schedule A - Cost of Goods Sold. Enter method of inventory valuation 1 Inventory at beginning of year . 1	2	During t	the tax year, did the organi	ization receive a dist	tribution from	, or wa	s it the gran	tor of, or	transferor to, a	oreign	trust?			Х
Schedule A - Cost of Goods Sold. Enter method of inventory valuation ▶ 1 Inventory at beginning of year . 1		If YES,s	see page 5 of the instruction	ns for other forms the	e organization	may l	nave to file.							
1 Inventory at beginning of year . 1														
2 Purchases					od of invento						_			
3 Cost of labor											0			
Additional section 263A costs (attach schedule)							_							
(attach schedule) 4a B Do the rules of section 263A (with respect to Yes No property produced or acquired for resale) apply to the organization? Total. Add lines 1 through 4b 5 Total. Add lines 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 taxpayer) is based on all information of which preparer has any knowledge. Paid Preparer Use Only Primt/Type preparer's name Kathy Pitts Prim's name ERNST & YOUNG U.S. LLP Firm's address 1901 6TH AVENUE NORTH, STE 1200 Property produced or acquired for resale) apply to the organization? X May the IRS discuss this return with the preparer shown below (see instructions)? Yes X No No No North, STE 1200 Phone no. 205-251-2000				-							7			
b Other costs (attach schedule) . 4b	74			la l								ect to	Yes	No
Total. Add lines 1 through 4b 5 to the organization? X 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 taxpayer) is based on all information of which preparer has any knowledge. CFO	b									•	•			
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 taxpayer) is based on all information of which preparer has any knowledge. May the IRS discuss this return with the preparer shown below (see instructions)? Yes X No Proparer Yes Only Print/Type preparer's name Preparer's signature Yes Only Print/Type preparer's name Preparer's signature Yes Only Print/Type preparer's name Preparer's signature Yes Only Yes X No		Total. A	dd lines 1 through 4b			t	o the organiz	ation?						
Here Signature of officer Paid Preparer Use Only Pirm's name ► ERNST & YOUNG U.S. LLP Firm's address ► 1901 6TH AVENUE NORTH, STE 1200 PCFO May the IRS discuss this return with the preparer shown below (see instructions)? Yes X No Poid Preparer Signature Preparer's signature O6/28/2012 Date Check if PTIN Self-employed Prim's EIN ► 34-6565596 Phone no. 205-251-2000		correct	penalties of perjury, I declare th	nat I have examined this	return, including	accomp	anying schedule	s and staten	nents, and to the b	est of r	my knowl	edge and b	pelief, it	is true,
Here Signature of officer Paid Preparer Use Only Print/Type preparer's name Preparer's signature Date O6/28/2012 Print/Type preparer's name Preparer's signature O6/28/2012 Print/Type preparer's name Preparer's signature O6/28/2012 Print/Type preparer's name Preparer's signature O6/28/2012 O6/28/2012 Print/Type preparer's name Preparer's signature O6/28/2012 O6/28/201		J 🚩	.,a complete. Decidiation of prep	(Said than taxpayer) I	2000a on an mil			uny KIIC		May	the IRS	S discuss	this re	eturn
Paid Print/Type preparer's name Kathy Pitts Preparer's signature Vacation Of 1/28/2012 Preparer Use Only Print/Type preparer's name Firm's name Preparer's signature Vacation Of 1/28/2012 Preparer's signature O6/28/2012 Firm's name Firm's name Preparer's signature Vacation Of 1/28/2012 Firm's name Firm's name Firm's address 1901 6TH AVENUE NORTH, STE 1200 Phone no. 205-251-2000	Here									with	the pro	eparer sho	own be	elow
Preparer Use Only Check		Signa					Title	D-4-	T	(see ir	nstructions	<u> </u>	es 🗎	∐ No
Preparer Use Only Firm's name ▶ ERNST & YOUNG U.S. LLP Firm's EIN ▶ 34-6565596 Firm's address ▶ 1901 6TH AVENUE NORTH, STE 1200 Phone no. 205-251-2000	Paid		1 , , ,				_		1/0040			PIIN		
Use Only Firm's address 1901 6TH AVENUE NORTH, STE 1200 Phone no. 205-251-2000				C VOLING II C				06/28				21-650	5500	
			•			7 10	n n							
			·		-					none n	υ. <u>∠</u>			

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Schedule C - Rent Income (see instructions on page 18		perty a	nd Personal Prop	erty	Leased W	ith Real Prop	erty)		
Description of property									
<u>(1)</u>									
(2)									
(3)									
(4)									
	2. Rent received	or accrue	ed						
for personal property is more than 10% but not percentage			rom real and personal property (if the ige of rent for personal property exceeds if the rent is based on profit or income)			3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)			
(1)									
(2)									
(3)									
(4)									
Total	Т	otal							
(c) Total income. Add totals of cohere and on page 1, Part I, line 6,	. , . , ,					(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) ▶			
Schedule E - Unrelated D	ebt-Financed Inc	ome(se	ee instructions on pag	e 19)				
1. Description of deb	t-financed property		2. Gross income from callocable to debt-finance			Deductions directly connected with or allocable to debt-financed property			
·			property			Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)	
<u>(1)</u>									
(2)									
(3)									
(4)									
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 5. Average adjusted basis of or allocable to debt-financed property (attach schedule)		6. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)			8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))		
<u>(1)</u>				%					
(2)				%					
(3)				%					
<u>(4)</u>				%					
Totals Total dividends-received deducti	ione included in colum			.	Part I, line 7,	. ,		nere and on page 1, line 7, column (B).	
Schedule F - Interest, Ani			Pents From Contro	امالد	Organiza	tione see instru	ctions or	nage 20)	
Ochedule 1 - Interest, Am	Turnes, Royanies		kempt Controlled Org			ilonia see msuu	CHOITS OF	i page 20)	
Name of controlled organization	2. Employer identification number		Net unrelated income (loss) (see instructions)		otal of specified yments made	5. Part of column included in the coorganization's grown	ontrolling	6. Deductions directly connected with income in column 5	
(1)									
(2)									
<u>(3)</u>									
(4)									
Nonexempt Controlled Organia	zations								
7. Taxable Income 8. Net unrelated income (loss) (see instructions)		Total of specified payments made		include	Part of column 9 that is included in the controlling organization's gross income		11. Deductions directly connected with income in column 10		
(1)									
(2)									
(3)									
(4)									
Totals					Enter here	ns 5 and 10. and on page 1, 8, column (A).	Enter	olumns 6 and 11. here and on page 1, line 8, column (B).	

Schedule G - Investment In	come of a Sec	tion 501(c)(7), (9	9), or (17) Organi	zatio	n (see insti	ructi	ons on page	e 20)	
1. Description of income	2. Amount of	income	Deductions directly connected (attach schedule)			4. Set-asides (attach schedule)			and set-a	deductions sides (col. 3 col. 4)
(1)										
(2)										
(3)										
(4)	Enter here and	on nogo 1							Enter here	and an naga 1
	Enter here and on page Part I, line 9, column (A)									and on page 1, 9, column (B).
Totals ▶										
Schedule I - Exploited Exe	mpt Activity Inc	come, Othe	r Tha	an Advertising Ir	ncom	e (see instruc	ction	s on page 2	21)	
•				4. Net income		,				
Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expense directly connected w production of unrelated business inco	ith of	(loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	fron	5. Gross income rom activity that is not unrelated susiness income		6. Expenses attributable to column 5	(colum colum m	cess exempt expenses mn 6 minus n 5, but not ore than lumn 4).
<u>(1)</u>										
(2)										
(3)										
(4)										
	Enter here and on page 1, Part I, line 10, col. (A).	Enter here and page 1, Part line 10, col. (t I,						Enter here and on page 1, Part II, line 26.	
Schedule J - Advertising Ir	nomo (ana inatro	untions on no	~~ O1	\						
Part I Income From Per										
Part Income From Per	Todicals Repor	ted on a Co	mso	lidated basis						
1. Name of periodical	2. Gross advertising income	3. Direct advertising co			5.	5. Circulation income		6. Readership costs	costs minus c not r	ess readership (column 6 column 5, but more than lumn 4).
(1)										
(2)										
(3)				_						
(4)										
Part II Income From Pe 2 through 7 on a I	riodicals Repo	rted on a S	Sepa	rate Basis (For	each	periodical	liste	ed in Part	II, fill ir	ı columns
1. Name of periodical	2. Gross advertising income	3. Direct advertising co	osts	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5.	5. Circulation income		6. Readership costs		ess readership (column 6 column 5, but more than lumn 4).
(1) ATCH 3	11,243.		0.	11,243.		0.		0) .	0.
(2)										
(3)										
(4)										
(5) Totals from Part I										
Totals Dort II (lines 4.5)	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and page 1, Par line 11, col. (t I						or	er here and n page 1, t II, line 27.
Totals, Part II (lines 1-5)	11,243.	Directors a		rustaas/saa instru	ctions	on nage 21)				0.
Schedule K - Compensation of Officers, Di 1. Name		Jirectors, ai	2. Title		Clions	3. Percent of time devoted to 4. Compe		ensation attributable to related business		
(1)						มนอแปะออ	%			
(2)							<u>//</u> %			
(3)										
(4)							%			
Total. Enter here and on page 1, Page	art II, line 14						▶			
JSA									Form 9	90-T (2010)

ATTACHMENT	1
ATTACHMENT	\perp

FORM 990T - LINE 5 -INCOME (L	LOSS) FROM PARTNERSHIPS
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JUSTIN STATE BANK (1120S-SCHEDULE K)

349.

INCOME (LOSS) FROM PARTNERSHIPS

349.

FORM 990T - LINE 44 - OTHER CREDITS AND PAYMENTS

1120-S, SCHEDULE K-1

28.

TOTAL LINE 44 - OTHER CREDITS AND PAYMENTS

ATTACHMENT 3

SCHEDULE J - PART II, ADVERTISING INCOME REPORTED ON A SEPARATE BASIS

	2.	3.				7.
	GROSS	DIRECT	4.	5.	6.	EXCESS
1.	ADVERTISING	ADVERTISING	ADVERTISING	CIRCULATION	READERSHIP	READERSHIP
NAME OF PERIODICAL	INCOME	<u>COSTS</u>	GAIN OR LOSS	INCOME	<u>COSTS</u>	COSTS
CANCER & CANCER CYTOPATHOLOGY	9,262.	0.	9,262.	0.	0.	0.
CA:A CNCER JRNL FOR CLINICIANS	1,981.	0.	1,981.	0.	0.	0.
COLUMN TOTALS	11,243.		11,243.			

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