

**A**  Check box if address changed

**B** Exempt under section:  
 501(c)(3)  220(e)  
 408A  530(a)  
 529(a)

**C** Book value of all assets at end of year: 1521867801.

**D** Employer identification number (Employees' trust, see instructions for Block D on page 9.): 13-1788491

**E** Unrelated business activity codes (See instructions for Block E on page 9.): 541800 900099

**F** Group exemption number (See instructions for Block F on page 9.): 1521867801.

**G** Check organization type:  501(c) corporation  501(c) trust  401(a) trust  Other trust

**H** Describe the organization's primary unrelated business activity: JOURNAL ADVERTISING

**I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?  Yes  No  
 If "Yes," enter the name and identifying number of the parent corporation.

**J** The books are in care of: CATHERINE E. MICKLE, CFO Telephone number: 404-329-7934

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales			
b	Less returns and allowances			
2	Cost of goods sold (Schedule A, line 7)			
3	Gross profit. Subtract line 2 from line 1c			
4a	Capital gain net income (attach Schedule D)	16,667.		16,667.
4b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)			
4c	Capital loss deduction for trusts			
5	Income (loss) from partnerships and S corporations (attach statement)	349.	ATCH 1	349.
6	Rent income (Schedule C)			
7	Unrelated debt-financed income (Schedule E)			
8	Interest, annuities, royalties, and rents from controlled organizations (Schedule F)			
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)			
10	Exploited exempt activity income (Schedule I)			
11	Advertising income (Schedule J)	11,243.	0.	11,243.
12	Other income (See page 10 of the instructions; attach schedule.)			
13	<b>Total.</b> Combine lines 3 through 12	28,259.	0.	28,259.

Part II Deductions Not Taken Elsewhere (See page 11 of the instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)			
14	Compensation of officers, directors, and trustees (Schedule K)		
15	Salaries and wages		
16	Repairs and maintenance		
17	Bad debts		
18	Interest (attach schedule)		
19	Taxes and licenses		
20	Charitable contributions (See page 13 of the instructions for limitation rules.)		2,826.
21	Depreciation (attach Form 4562)	21	0.
22	Less depreciation claimed on Schedule A and elsewhere on return	22a	22b 0.
23	Depletion		
24	Contributions to deferred compensation plans		
25	Employee benefit programs		
26	Excess exempt expenses (Schedule I)		
27	Excess readership costs (Schedule J)		0.
28	Other deductions (attach schedule)		
29	<b>Total deductions.</b> Add lines 14 through 28	29	2,826.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	25,433.
31	Net operating loss deduction (limited to the amount on line 30)	31	
32	Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	32	25,433.
33	Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions.)	33	1,000.
34	<b>Unrelated business taxable income.</b> Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	34	24,433.



Department of the Treasury  
Internal Revenue Service  
Ogden UT 84201

For assistance, call:  
1-877-829-5500

Notice Number: CP211A  
Date: January 2, 2012

Taxpayer Identification Number:  
13-1788491  
Tax Form: 990T  
Tax Period: August 31, 2011

004193.926357.0017.001 1 AT 0.365 375



AMERICAN CANCER SOCIETY INC  
NATIONAL HOME OFFICE  
250 WILLIAMS ST 4TH FLR  
ATLANTA GA 30303-1032997



04193

### APPLICATION FOR EXTENSION OF TIME TO FILE AN EXEMPT ORGANIZATION RETURN - APPROVED

We received and approved your Form 8868, Application for Extension of Time to File an Exempt Organization Return, for the return (form) and tax period identified above. Your extended due date to file your return is **July 15, 2012**.

When it's time to file your Form 990, 990-EZ, 990-PF or 1120-POL, you should consider filing electronically. Electronic filing is the fastest, easiest and most accurate way to file your return. For more information, visit the Charities and Nonprofit web at [www.irs.gov/eo](http://www.irs.gov/eo). This site will provide information about:

- The type of returns that can be filed electronically,
- approved e-File providers, and
- if you are required to file electronically.

If you have any questions, please call us at the number shown above, or you may write us at the address shown at the top of this letter.

**Part III Tax Computation**

35 Organizations Taxable as Corporations. See instructions for tax computation on page 15. Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> See instructions and:			
a	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): (1) \$ _____ (2) \$ _____ (3) \$ _____		
b	Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) . . . . . \$ _____ (2) Additional 3% tax (not more than \$100,000) . . . . . \$ _____		
c	Income tax on the amount on line 34 . . . . . ▶	35c	3,665.
36	Trusts Taxable at Trust Rates. See instructions for tax computation on page 16. Income tax on the amount on line 34 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041) . . . . . ▶	36	
37	Proxy tax. See page 16 of the instructions . . . . . ▶	37	
38	Alternative minimum tax . . . . . ▶	38	
39	Total. Add lines 37 and 38 to line 35c or 36, whichever applies . . . . . ▶	39	3,665.

**Part IV Tax and Payments**

40 a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) . . . . .	40a		
b	Other credits (see page 16 of the instructions) . . . . .	40b		
c	General business credit. Attach Form 3800 . . . . .	40c		
d	Credit for prior year minimum tax (attach Form 8801 or 8827) . . . . .	40d		
e	Total credits. Add lines 40a through 40d . . . . .	40e		
41	Subtract line 40e from line 39 . . . . .	41		3,665.
42	Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule) . . . . .	42		
43	Total tax. Add lines 41 and 42 . . . . .	43		3,665.
44 a	Payments: A 2009 overpayment credited to 2010 . . . . .	44a	534.	
b	2010 estimated tax payments . . . . .	44b	6,000.	
c	Tax deposited with Form 8868 . . . . .	44c		
d	Foreign organizations: Tax paid or withheld at source (see instructions) . . . . .	44d		
e	Backup withholding (see instructions) . . . . .	44e	5,426.	
f	Credit for small employer health insurance premiums (Attach Form 8941) . . . . .	44f		
g	Other credits and payments: <input type="checkbox"/> Form 2439 <input checked="" type="checkbox"/> Form 4136 <input checked="" type="checkbox"/> Other 28. Total ▶	44g	28.	
45	Total payments. Add lines 44a through 44g . . . . .	45		11,988.
46	Estimated tax penalty (see page 4 of the instructions). Check if Form 2220 is attached . . . . . ▶ <input type="checkbox"/>	46		
47	Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed . . . . . ▶	47		0.
48	Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid . . . . . ▶	48		8,323.
49	Enter the amount of line 48 you want: Credited to 2011 estimated tax ▶ 8,323. Refunded ▶	49		0.

**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 F 90-22.1, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here ▶ _____	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.		X
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		6	Inventory at end of year . . . . .	6	
2	Purchases . . . . .	2		7	Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2, . . . . .	7	
3	Cost of labor . . . . .	3		8	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? . . . . .	Yes	No
4 a	Additional section 263A costs (attach schedule) . . . . .	4a					X
b	Other costs (attach schedule) . . . . .	4b					
5	Total. Add lines 1 through 4b . . . . .	5					

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.

**Sign Here** ▶ *Kathy Pitts* 7-5-12 ▶ CFO  
Signature of officer Date Title

May the IRS discuss this return with the preparer shown below (see instructions)?  Yes  No

**Paid Preparer Use Only**

Print/Type preparer's name: Kathy Pitts  
Preparer's signature: *Kathy Pitts*  
Date: 06/28/2012  
Check  if self-employed PTIN: \_\_\_\_\_  
Firm's name: ERNST & YOUNG U.S. LLP Firm's EIN: 34-656596  
Firm's address: 1901 6TH AVENUE NORTH, STE 1200 BIRMINGHAM, AL 35203 Phone no.: 205-251-2000

**Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)**  
(see instructions on page 18)

1. Description of property

(1)
(2)
(3)
(4)

2. Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or 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	Total	

(c) **Total income.** Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) . . . . . ▶

(b) **Total deductions.** Enter here and on page 1, Part I, line 6, column (B) ▶

**Schedule E - Unrelated Debt-Financed Income**(see instructions on page 19)

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property		
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)	
(1)				
(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))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals . . . . . ▶			Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).

Total dividends-received deductions included in column 8 . . . . . ▶

**Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations**(see instructions on page 20)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. 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)				

Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).

Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).

Totals . . . . . ▶

**Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions on page 20)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
Enter here and on page 1, Part I, line 9, column (A).				Enter here and on page 1, Part I, line 9, column (B).
<b>Totals</b> . . . . . ▶				

**Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions on page 21)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business 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 on page 1, Part I, line 10, col. (B).				Enter here and on page 1, Part II, line 26.
<b>Totals</b> . . . . . ▶						

**Schedule J - Advertising Income** (see instructions on page 21)

**Part I Income From Periodicals Reported on a Consolidated Basis**

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	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)						
<b>Totals</b> (carry to Part II, line (5)) . . . ▶						

**Part II Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. 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.	0.
(2)						
(3)						
(4)						
(5) <b>Totals from Part I</b>	Enter here and on page 1, Part I, line 11, col. (A). 11,243.	Enter here and on page 1, Part I, line 11, col. (B). 0.				Enter here and on page 1, Part II, line 27. 0.
<b>Totals</b> , Part II (lines 1-5) . . . ▶						

**Schedule K - Compensation of Officers, Directors, and Trustees** (see instructions on page 21)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
<b>Total</b> . Enter here and on page 1, Part II, line 14 . . . . . ▶			

ATTACHMENT 1

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

-----  
28.

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

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

**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**

Employer identification number  
**13-1788491**

**Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less**

(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 other basis (see instructions)	(f) Gain or (loss) (Subtract (e) from (d))
<b>1</b>					
<b>2</b> Short-term capital gain from installment sales from Form 6252, line 26 or 37					<b>2</b>
<b>3</b> Short-term gain or (loss) from like-kind exchanges from Form 8824					<b>3</b>
<b>4</b> Unused capital loss carryover (attach computation)					<b>4</b> ( )
<b>5</b> Net short-term capital gain or (loss). Combine lines 1 through 4					<b>5</b>

**Part II Long-Term Capital Gains and Losses-Assets Held More Than One Year**

<b>6</b>					
ATTACHMENT 1			22,750.	6,083.	16,667.
<b>7</b> Enter gain from Form 4797, line 7 or 9					<b>7</b>
<b>8</b> Long-term capital gain from installment sales from Form 6252, line 26 or 37					<b>8</b>
<b>9</b> Long-term gain or (loss) from like-kind exchanges from Form 8824					<b>9</b>
<b>10</b> Capital gain distributions (see instructions)					<b>10</b>
<b>11</b> Net long-term capital gain or (loss). Combine lines 6 through 10					<b>11</b> 16,667.

**Part III Summary of Parts I and II**

<b>12</b> Enter excess of net short-term capital gain (line 5) over net long-term capital loss (line 11)		<b>12</b>
<b>13</b> Net capital gain. Enter excess of net long-term capital gain (line 11) over net short-term capital loss (line 5)	16,667.	<b>13</b>
<b>14</b> Add lines 12 and 13. Enter here and on Form 1120, page 1, line 8, or the proper line on other returns.	16,667.	<b>14</b>

Note. If losses exceed gains, see **Capital losses** in the instructions.

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

Schedule D (Form 1120) (2010)



2011 Form 1099-B

PROCEEDS FROM BROKER AND BARTER EXCHANGE TRANSACTIONS

PAYER'S name, street address, city, state, ZIP code, and telephone no.  
 Wells Fargo Shareowner Services  
 161 North Concord Exchange  
 South St. Paul, MN 55075-1139

**Confidential** OMB No. 1545-0715 Page 2 of 2

**Copy B for Recipient:** This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported. The IRS requires us to remind you that you are ultimately responsible for the accuracy of your tax return.

1-800-656-5432

PAYER'S federal identification number  
 41-1610482

RECIPIENT'S identification number  
 13-1788491

RECIPIENT'S account number  
 4002685061

RECIPIENT'S name and address  
 AMERICAN CANCER SOCIETY INC  
 250 WILLIAMS ST NW STE 4D 657  
 ATLANTA GA 30303-1032

Box 9 Description  
 Quanex Building Products Corporation (QBM1)  
 Common Stock

Summary of Proceeds from Broker and Barter Exchange Transactions

Box 1a Date of Sale or Exchange	No. of Shares *	Box 1b Date of Acquisition	Box 2 ** Sale Price of Stocks, Bonds, etc.	Box 3 Cost or Other Basis	Box 4 Federal Income Tax Withheld	Box 5 Wash Sale Loss Disallowed	Transaction Description
<b>Box 6: Non-Covered Securities</b>							
01/31/2011	675.000		\$13,169.25		\$3,687.39		Sale of Shares
			Non-Covered Subtotals *		\$13,169.25	\$3,687.39	
			Grand Totals *		\$13,169.25	\$3,687.39	

\* The No. of Shares, Subtotals and Grand Totals are provided as a courtesy; these values are not provided to the Internal Revenue Service.  
 \*\* The amounts listed under Box 2, Sale Price of Stock, Bonds, etc., are reported as gross proceeds; commissions and/or option premiums have not been deducted.

Questions? Call 1-800-656-5432. Customer service representatives are available from 7 a.m. to 7 p.m., Central Standard Time, Monday through Friday.

Line 44e

Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.

Copy B Report this income on your federal tax return. If this form shows federal income tax withheld in box 4, attach this copy to your return.

This information is being furnished to the Internal Revenue Service.

10 Amount allocable to IRR within 5 years \$0.00

14 State distribution \$

<input type="checkbox"/> CORRECTED (if checked)		PAYER'S Federal identification number 04-6568107		RECIPIENT'S identification number *****8491		1 Gross distribution \$9,609.92		OMB No. 1545-0119 <b>2011</b>	
PAYER'S name, street address, city, state, and ZIP code FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS CO. 82 DEVONSHIRE STREET KWIC BOSTON, MA 02109 90262 DELTA FAMILY-CARE SAVINGS PLAN		2a Taxable amount \$8,305.68		Form 1099-R		2b Taxable amount not determined		Total distribution <input checked="" type="checkbox"/>	
RECIPIENT'S name, street address (including apt. no.), city, state, and ZIP code ENV#2533605  AMERICAN CANCER SOCIETY C/O F. SHEFFIELD HALE PO BOX 720366 OKLAHOMA CITY, OK 73162		3 Capital gain (included in box 2a) \$0.00		4 Federal income tax withheld \$1,661.14		5 Employee contrib/desig Roth contrib or insurance premiums \$1,304.24		6 Net unrealized appreciation in employer's securities \$0.00	
Account number (see instructions) 20120107064000436223		11 1st year of desig. Roth contrib.		7 Distribution code(s) 4		8 Other \$0.00		9a Your percentage of total distribution %	
Form 1099-R				9b Total employee contributions \$		10 Amount allocable to IRR within 5 years \$0.00		14 State distribution \$	
				12 State tax withheld \$0.00		13 State/Payer's state no. OK WTH1000197202			

Department of the Treasury - Internal Revenue Service



Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.

Copy C For Recipient's Records This information is being furnished to the Internal Revenue Service.

10 Amount allocable to IRR within 5 years \$0.00

14 State distribution \$

<input type="checkbox"/> CORRECTED (if checked)		PAYER'S Federal identification number 04-6568107		RECIPIENT'S identification number *****8491		1 Gross distribution \$9,609.92		OMB No. 1545-0119 <b>2011</b>	
PAYER'S name, street address, city, state, and ZIP code FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS CO. 82 DEVONSHIRE STREET KWIC BOSTON, MA 02109 90262 DELTA FAMILY-CARE SAVINGS PLAN		2a Taxable amount \$8,305.68		Form 1099-R		2b Taxable amount not determined		Total distribution <input checked="" type="checkbox"/>	
RECIPIENT'S name, street address (including apt. no.), city, state, and ZIP code  AMERICAN CANCER SOCIETY C/O F. SHEFFIELD HALE PO BOX 720366 OKLAHOMA CITY, OK 73162		3 Capital gain (included in box 2a) \$0.00		4 Federal income tax withheld \$1,661.14		5 Employee contrib/desig Roth contrib or insurance premiums \$1,304.24		6 Net unrealized appreciation in employer's securities \$0.00	
Account number (see instructions) 20120107064000436223		11 1st year of desig. Roth contrib.		7 Distribution code(s) 4		8 Other \$0.00		9a Your percentage of total distribution %	
Form 1099-R				9b Total employee contributions \$		10 Amount allocable to IRR within 5 years \$0.00		14 State distribution \$	
				12 State tax withheld \$0.00		13 State/Payer's state no. OK WTH1000197202			

(keep for your records)

Department of Treasury - Internal Revenue Service

Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.

Copy 2 File this copy with your state, city, or local income tax return, when required.

10 Amount allocable to IRR within 5 years \$0.00

14 State distribution \$

<input type="checkbox"/> CORRECTED (if checked)		PAYER'S Federal identification number 04-6568107		RECIPIENT'S identification number *****8491		1 Gross distribution \$9,609.92		OMB No. 1545-0119 <b>2011</b>	
PAYER'S name, street address, city, state, and ZIP code FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS CO. 82 DEVONSHIRE STREET KWIC BOSTON, MA 02109 90262 DELTA FAMILY-CARE SAVINGS PLAN		2a Taxable amount \$8,305.68		Form 1099-R		2b Taxable amount not determined		Total distribution <input checked="" type="checkbox"/>	
RECIPIENT'S name, street address (including apt. no.), city, state, and ZIP code  AMERICAN CANCER SOCIETY C/O F. SHEFFIELD HALE PO BOX 720366 OKLAHOMA CITY, OK 73162		3 Capital gain (included in box 2a) \$0.00		4 Federal income tax withheld \$1,661.14		5 Employee contrib/desig Roth contrib or insurance premiums \$1,304.24		6 Net unrealized appreciation in employer's securities \$0.00	
Account number (see instructions) 20120107064000436223		11 1st year of desig. Roth contrib.		7 Distribution code(s) 4		8 Other \$0.00		9a Your percentage of total distribution %	
Form 1099-R				9b Total employee contributions \$		10 Amount allocable to IRR within 5 years \$0.00		14 State distribution \$	
				12 State tax withheld \$0.00		13 State/Payer's state no. OK WTH1000197202			

Department of Treasury - Internal Revenue Service

Line 44e

CORRECTED (if checked)

PAYER'S name, street address, city, state, ZIP code, and telephone no.  Lulu Press, Inc. 3101 Hillsborough Street Raleigh, NC 27607  (919) 459-5858		1 Rents \$	2 Royalties \$ 246.08	OMB No. 1545-0115  <b>2011</b> Form 1099-MISC
PAYER'S federal identification number 94-3419924		3 Other income \$	4 Federal income tax withheld \$ 68.86	
RECIPIENT'S name, address, city, state, and ZIP code  The American Cancer Society Zellie Blake memorial donation PO Box 22718 Oklahoma City, OK 73123-1718		5 Fishing boat proceeds \$	6 Medical and health care payments \$	Miscellaneous Income  <b>Copy B For Recipient</b> <small>This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.</small>
PAYER'S identification number 94-3419924	RECIPIENT'S identification number 131788491	7 Nonemployee compensation \$	8 Substitute payments in lieu of dividends or interest \$	
RECIPIENT'S name, address, city, state, and ZIP code  The American Cancer Society Zellie Blake memorial donation PO Box 22718 Oklahoma City, OK 73123-1718		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>	10 Crop insurance proceeds \$	
Account number (see instructions) 74548882		11	12	
Form 1099-MISC TFP0118_njm_120120054504-88962		13 Excess golden parachute payments \$	14 Gross proceeds paid to an attorney \$	18 State income \$
Department of the Treasury - Internal Revenue Service		15a Section 409A deferrals \$	15b Section 409A income \$	
Form 1099-MISC TFP0118_njm_120120054504-88962		16 State tax withheld \$	17 State/Payer's state no.	

**Instructions for Recipient**

**Account number.** May show an account or other unique number the payer assigned to distinguish your account.

**Amounts shown may be subject to self-employment (SE) tax.** If your net income from self-employment is \$400 or more, you must file a return and compute your SE tax on Schedule SE (Form 1040). See Pub. 334 for more information. If no income or social security and Medicare taxes were withheld and you are still receiving these payments, see Form 1040-ES. Individuals must report these amounts as explained in the box 7 instructions on this page. Corporations, fiduciaries, or partnerships must report the amounts on the proper line of their tax returns.

**Form 1099-MISC incorrect?** If this form is incorrect or has been issued in error, contact the payer. If you cannot get this form corrected, attach an explanation to your tax return and report your income correctly.

**Boxes 1 and 2.** Report rents from real estate on Schedule E (Form 1040). However, report rents on Schedule C (Form 1040) if you provided significant services to the tenant, sold real estate as a business, or rented personal property as a business. Report royalties from oil, gas, or mineral properties, copyrights, and patents on Schedule E (Form 1040). However, report payments for a working interest as explained in the box 7 instructions. For royalties on timber, coal, and iron ore, see Pub. 544.

**Box 3.** Generally, report this amount on the "Other income" line of Form 1040 and identify the payment. The amount shown may be payments received as the beneficiary of a deceased employee, prizes, awards, taxable damages, Indian gaming profits, or other taxable income. See Pub. 525. If it is trade or business income, report this amount on Schedule C or F (Form 1040).

**Box 4.** Shows backup withholding or withholding on Indian gaming profits. Generally, a payer must backup withhold if you did not furnish your tax payer identification number. See Form W-9 and Pub. 505 for more information. Report this amount on your income tax return as tax withheld.

**Box 5.** An amount in this box means the fishing boat operator considers you self-employed. Report this amount on Schedule C (Form 1040). See Pub. 334.

**Box 6.** For individuals, report on Schedule C (Form 1040).

**Box 7.** Shows nonemployee compensation. If you are in the trade or business of catching fish, box 7 may show cash you received for the sale of fish. If the amount in this box is SE income, report on Schedule C or F (Form 1040), and complete

Schedule SE (Form 1040). You received this form instead of Form W-2 because the payer did not consider you an employee and did not withhold income tax or social security and Medicare tax. If you believe you are an employee and cannot get the payer to correct this form, report the amount from box 7 on Form 1040, line 7 (or Form 1040NR, line 8). You must also complete Form 8919 and attach it to your return. If you are not an employee but the amount in this box is not SE income (for example, it is income from a sporadic activity or a hobby), report it on Form 1040, line 21 (or Form 1040NR, line 21).

**Box 8.** Shows substitute payments in lieu of dividends or tax-exempt interest received by your broker on your behalf as a result of a loan of your securities. Report on the "Other income" line of Form 1040.

**Box 9.** If checked, \$5,000 or more of sales of consumer products was paid to you on a buy-sell, deposit-commission, or other basis. A dollar amount does not have to be shown. Generally, report any income from your sale of these products on Schedule C (Form 1040).

**Box 10.** Report this amount on Schedule F (Form 1040).

**Box 13.** Shows your total compensation of excess golden parachute payments subject to a 20% excise tax. See the Form 1040 instructions for where to report.

**Box 14.** Shows gross proceeds paid to an attorney in connection with legal services. Report only the taxable part as income on your return.

**Box 15a.** May show current year deferrals as a nonemployee under a nonqualified deferred compensation (NQDC) plan that is subject to the requirements of section 409A, plus any earnings on current and prior year deferrals.

**Box 15b.** Shows income as a nonemployee under an NQDC plan that does not meet the requirements of section 409A. This amount is also included in box 7 as nonemployee compensation. Any amount included in box 15a that is currently taxable is also included in this box. This income is also subject to a substantial additional tax to be reported on Form 1040. See "Total Tax" in the Form 1040 instructions.

**Boxes 16-18.** Shows state or local income tax withheld from the payments.

Line 44e

<b>BY WHOM PAID</b> 000 09 <b>DIRECT INQUIRIES TO:</b> 740-455-7330  Century Nat'l Bank Div of PNB PO Box 1515 Zanesville OH 43702-1515  CORRECTED (if checked) <input type="checkbox"/>	Payer's Federal identifying number  31-1198067	<b>1</b> Interest income  357.11
	Recipient's identifying number  13-1788491	<b>2</b> Early withdrawal penalty
	PAYER'S RTN (OPTIONAL)	<b>3</b> Interest on U.S. Savings Bonds and Treasury obligations

<b>TO WHOM PAID</b> OMB No. 1545-0112 <b>2011</b> <b>Interest Income</b> FORM 1099-INT	AMERICAN CANCER SOCIETY/ 8400 SILVER XING OKLAHOMA CITY OK 73132-3379		Z	<b>Copy B For Recipient</b> Keep this copy for your records.
	Account number (see instructions)  2066180	<b>7</b> Foreign country or U.S. possession	<b>8</b> Tax-exempt interest	<b>9</b> Specified private activity bond interest
<b>5</b> Investment expenses		<b>6</b> Foreign tax paid		<b>10</b> Tax-exempt bond CUSIP no. (see instructions)

This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported

INTEREST STATEMENT FOR 2011

TYPE	ACCOUNT NUMBER	INTEREST EARNED	FORFEITURE	FEDERAL TAX WITHHELD
INTEREST CHECKING*	144068039	357.11	.00	8.53

