

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.

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

For calendar year 2010 or other tax year beginning 09/01, 2010, and ending 08/31, 2011. See separate instructions.

Check box if address changed

B Exempt under section
 501(c)(3) 220(e) 530(a) 529(a)

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

D Employer identification number
13-1788491

E Unrelated business activity codes
541800 900099

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

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 |
|---|--|------------|--------------|---------|
| 1 a | Gross receipts or sales | | | |
| b | Less returns and allowances | | | |
| c | Balance | | | |
| 2 | Cost of goods sold (Schedule A, line 7) | | | |
| 3 | Gross profit. Subtract line 2 from line 1c | | | |
| 4 a | Capital gain net income (attach Schedule D) | 16,667. | | 16,667. |
| b | Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) | | | |
| c | 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 | Total. 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 |
| 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 | Total deductions. Add lines 14 through 28 | | 2,826. |
| 30 | Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 | | 25,433. |
| 31 | Net operating loss deduction (limited to the amount on line 30) | | |
| 32 | Unrelated business taxable income before specific deduction. Subtract line 31 from line 30 | | 25,433. |
| 33 | Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions.) | | 1,000. |
| 34 | Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32 | | 24,433. |

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"/> Other 28. Total 44g ATCH 2 28. | 44g | | |
| 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 | 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 Signature of officer _____ Date _____ CFO _____ 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: 34-6565596
 Firm's address: 1901 6TH AVENUE NORTH, STE 1200
 Phone no.: 205-251-2000
 BIRMINGHAM, AL 35203

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions on page 18)

1. Description of property

Table with 4 rows for property description (1-4).

2. Rent received or accrued

Table with 3 columns: (a) From personal property, (b) From real and personal property, and 3(a) Deductions directly connected with the income.

(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)

Table with 5 columns: 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, 4. Amount of average acquisition debt, 5. Average adjusted basis, 6. Column 4 divided by column 5, 7. Gross income reportable, 8. Allocable deductions.

Total dividends-received deductions included in column 8

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

Table for Exempt Controlled Organizations with 6 columns: 1. Name of controlled organization, 2. Employer identification number, 3. Net unrelated income, 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.

Nonexempt Controlled Organizations

Table for Nonexempt Controlled Organizations with 5 columns: 7. Taxable Income, 8. Net unrelated income, 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.

Totals

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

Table with 5 columns: 1. Description of income, 2. Amount of income, 3. Deductions directly connected, 4. Set-asides, 5. Total deductions and set-asides. Includes a Totals row.

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

Table with 7 columns: 1. Description of exploited activity, 2. Gross unrelated business income, 3. Expenses directly connected, 4. Net income (loss), 5. Gross income from activity, 6. Expenses attributable, 7. Excess exempt expenses. Includes a Totals row.

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

Part I Income From Periodicals Reported on a Consolidated Basis

Table with 7 columns: 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. Includes a Totals row.

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.)

Table with 7 columns: 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. Includes a Totals row.

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

Table with 4 columns: 1. Name, 2. Title, 3. Percent of time devoted to business, 4. Compensation attributable to unrelated business. Includes a Total row.

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. <u>NAME OF PERIODICAL</u> | 2. GROSS ADVERTISING <u>INCOME</u> | 3. DIRECT ADVERTISING <u>COSTS</u> | 4. ADVERTISING <u>GAIN OR LOSS</u> | 5. CIRCULATION <u>INCOME</u> | 6. READERSHIP <u>COSTS</u> | 7. EXCESS READERSHIP <u>COSTS</u> |
|---------------------------------|---|---|--|------------------------------------|----------------------------------|--|
| CANCER & CANCER CYTOPATHOLOGY | 9,262. | 0. | 9,262. | 0. | 0. | 0. |
| CA:A NCNCR JRNL 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)) |
|---|--------------------------------------|----------------------------------|---------------------------------------|--|---|
| 1 | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| 2 Short-term capital gain from installment sales from Form 6252, line 26 or 37 | | | | | 2 |
| 3 Short-term gain or (loss) from like-kind exchanges from Form 8824 | | | | | 3 |
| 4 Unused capital loss carryover (attach computation) | | | | | 4 () |
| 5 Net short-term capital gain or (loss). Combine lines 1 through 4 | | | | | 5 |

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

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

Part III Summary of Parts I and II

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

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

AMERICAN CANCER SOCIETY, INC.
 Schedule D Detail of Long-term Capital Gains and Losses

13-1788491
ATTACHMENT 1

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

JSA
OF0970 2.000

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 Business Income Tax Return



1101601415

Amended UET Annualization Exception attached Address Change

Exempt Organization Unrelated Business Income Tax Return (Under Georgia Code Section 48-7-25) **20** 10

For the taxable year beginning 09/01, 2010 and ending 08/31, 2011

| | | | | | | |
|---|----------|-------------------|----------|--|-----------------------------------|--|
| Name of Organization American Cancer Society, Inc. | | Name of Fiduciary | | Federal Employer ID No. (in case of employees' trust described in section 401 (a) and exempt under section 501 (a), insert the trust's identification number.) | | |
| Number and Street 250 Williams Street NW | | Number and Street | | 13-1788491 | | |
| City or Town Atlanta | | City or Town | | NAICS Code | Date of current exemption letter. | IRS code section for which you are exempt. |
| State | Zip Code | State | Zip Code | 813212 | 3/11/2011 | Sec. 501 (C) 3 |
| GA | 30303 | | | | | |

SCHEDULE 1

| | | |
|--|----|---------|
| 1. Unrelated business taxable income from Federal Form 990-T (attach copy) ▶ | 1. | 24,433. |
| 2. Additions ▶ | 2. | |
| 3. Total (add line 1 and line 2) ▶ | 3. | 24,433. |
| 4. Subtractions ▶ | 4. | |
| 5. Georgia unrelated business taxable income (line 3 less line 4) ▶ | 5. | 24,433. |

COMPUTATION OF GEORGIA UNRELATED BUSINESS INCOME TAX

SCHEDULE 2

| | | |
|--|----|---------|
| 1. Line 5, above, multiplied by 6% ▶ | 1. | 1,466. |
| 2. Less: Credits and Payments ▶ | 2. | 4,285. |
| 3. Withholding Credits (G-2A, G-2LP and/or G-2RP) ▶ | 3. | |
| 4. Balance of tax due OR overpayment ▶ | 4. | -2,819. |
| 5. Interest due (see instructions) ▶ | 5. | |
| 6. Penalties due (see instructions) ▶ | 6. | |
| 7. Balance of tax, interest and penalties due with return ▶ | 7. | |
| 8. If line 4 is an overpayment, amount is to be credited on 20 <u>11</u> | 8. | |
| Estimated Tax ▶ <u>2,819.</u> Refunded ▶ _____ | | |

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

A COPY OF THE FEDERAL 990 T AND SUPPORTING SCHEDULES (AND ANY EXTENSION) MUST BE ATTACHED TO THIS RETURN. DECLARATION: I/We declare, under penalty of perjury that I/we have examined this return (including accompanying schedules and statements) and to the best of our knowledge and belief it is true, correct and complete. If prepared by a person other a taxpayer, his/her declaration is based on all information of which she/he has any knowledge.

Signature of Officer

Kathy Davis
 ERNST & YOUNG U.S. LLP
 Signature of Individual or Firm Preparing Return

Title Date

34-6565593
 Employee ID or Social Security Number

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

2010

Open to Public Inspection
for 501(c)(3) Organizations Only

For calendar year 2010 or other tax year beginning 09/01, 2010, and ending 08/31, 20 11. See separate instructions.

Check box if address changed

B Exempt under section
 501(c)(3) 220(e) 530(a) 529(a)

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

Name of organization (Check box if name changed and see instructions.)
AMERICAN CANCER SOCIETY, INC.
NATIONAL HOME OFFICE
Number, street, and room or suite no. If a P.O. box, see page 8 of instructions.
250 WILLIAMS STREET NW 400
City or town, state, and ZIP code
ATLANTA, GA 30303

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.)
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 |
|---|--|------------|--------------|---------|
| 1 a | Gross receipts or sales | | | |
| b | Less returns and allowances | | | |
| c | Balance | | | |
| 2 | Cost of goods sold (Schedule A, line 7) | | | |
| 3 | Gross profit. Subtract line 2 from line 1c | | | |
| 4 a | Capital gain net income (attach Schedule D) | 16,667. | | 16,667. |
| b | Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) | | | |
| c | Capital loss deduction for trusts | | | |
| 5 | Income (loss) from partnerships and S corporations (attach statement) | 349. | ATCH 1 | 349. |
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| 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 | Total. 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 | Total deductions. Add lines 14 through 28 | | 2,826. |
| 30 | Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 | | 25,433. |
| 31 | Net operating loss deduction (limited to the amount on line 30) | | |
| 32 | Unrelated business taxable income before specific deduction. Subtract line 31 from line 30 | | 25,433. |
| 33 | Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions.) | | 1,000. |
| 34 | Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32 | | 24,433. |

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"/> Other 28. Total 44g ATCH 2 28. | 44g | | |
| 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 | 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 Signature of officer _____ Date _____ CFO _____ 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 <i>Kathy Pitts</i> | Date 06/28/2012 | Check <input type="checkbox"/> if self-employed | PTIN |
| Firm's name ▶ ERNST & YOUNG U.S. LLP | Firm's EIN ▶ 34-6565596 | | | |
| 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

Table with 4 rows for property description (1-4)

2. Rent received or accrued

Table with 3 columns: (a) From personal property, (b) From real and personal property, and 3(a) Deductions directly connected with the income. Includes rows (1-4) and a Total row.

(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)

Table with 5 columns: 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, 4. Amount of average acquisition debt, 5. Average adjusted basis, 6. Column 4 divided by column 5, 7. Gross income reportable, 8. Allocable deductions. Includes rows (1-4) and a Totals row.

Total dividends-received deductions included in column 8

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

Table for Exempt Controlled Organizations with 6 columns: 1. Name of controlled organization, 2. Employer identification number, 3. Net unrelated income, 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. Includes rows (1-4).

Nonexempt Controlled Organizations

Table for Nonexempt Controlled Organizations with 5 columns: 7. Taxable Income, 8. Net unrelated income, 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. Includes rows (1-4) and summary instructions.

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) | | | | |
| Totals ▶ | Enter here and on page 1, Part I, line 9, column (A). | | | Enter here and on page 1, Part I, line 9, column (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) | | | | | | |
| Totals ▶ | 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. |

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) | | | | | | |
| Totals (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) Totals from Part I | | | | | | |
| Totals , Part II (lines 1-5) . . . ▶ | 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. |

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) | | | % |
| Total. Enter here and on page 1, Part II, line 14 ▶ | | | |

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. <u>NAME OF PERIODICAL</u> | 2. GROSS ADVERTISING <u>INCOME</u> | 3. DIRECT ADVERTISING <u>COSTS</u> | 4. ADVERTISING <u>GAIN OR LOSS</u> | 5. CIRCULATION <u>INCOME</u> | 6. READERSHIP <u>COSTS</u> | 7. EXCESS READERSHIP <u>COSTS</u> |
|---------------------------------|---|---|--|------------------------------------|----------------------------------|--|
| CANCER & CANCER CYTOPATHOLOGY | 9,262. | 0. | 9,262. | 0. | 0. | 0. |
| CA:A NCNCR JRNL 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> |