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Form 990-EZ

Short Form
Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990 All other organizations with gross receipts less than $1,000,000 and total assets less than $2,500,000 at the end of the year may use this form

▶ *The organization may have to use a copy of this return to satisfy state reporting requirements*

Department of the Treasury
Internal Revenue Service

OMB No 1545-1150

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning 10/1/2008 , and ending 9/30/2009

B Check if applicable
- Address change
- Name change
- Initial return
- Termination
- Amended return
- Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization Indiana Farm Bureau Inc.
Wayne County Farm Bureau, Inc.

Number and street (or P O box, if mail is not delivered to street address) Room/suite
1444 N. W. 5th Street

City, town, or country State ZIP + 4
Richmond IN 47374-1842

D Employer identification number
35-0820338

E Telephonenumber
317-692-7851

F GroupExemption Number ▶ 0963

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accountingmethod [X] Cash [ ] Accrual
Other (specify) ▶

H Check ▶ [X] if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

Website: ▶ n/a

Organization type (check only one)— [X] 501(c) (5) ◀ (insert no) [ ] 4947(a)(1) or [ ] 527

K Check ▶ [ ] if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than $25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if $1,000,000 or more, file Form 990 instead of Form 990-EZ ▶ $ 53,002

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

Revenue	1	Contributions, gifts, grants, and similar amounts received		1	1,348
	2	Program service revenue including government fees and contracts		2	1,434
	3	Membership dues and assessments		3	19,787
	4	Investment income		4	30,433
	5a	Gross amount from sale of assets other than inventory	5a 0		
	b	Less cost or other basis and sales expenses	5b 0		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)		5c	0
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ▶ [ ]			
	a	Gross revenue (not including $ 0 of contributions reported on line 1)	6a 0		
	b	Less: direct expenses other than fundraising expenses	6b 0		
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		6c	0
	7a	Gross sales of inventory, less returns and allowances	7a		
	b	Less cost of goods sold	7b		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	0
	8	Other revenue (describe ▶)		8	0
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶		9	53,002
Expenses	10	Grants and similar amounts paid (attach schedule)		10	2,794
	11	Benefits paid to or for members		11	
	12	Salaries, other compensation, and employee benefits		12	4,985
	13	Professional fees and other payments to independent contractors		13	1,387
	14	Occupancy, rent, utilities, and maintenance		14	18,274
	15	Printing, publications, postage, and shipping		15	17
	16	Other expenses (describe ▶ See attached statement)		16	53,140
	17	**Total expenses.** Add lines 10 through 16 ▶		17	80,597
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	-27,595
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		19	204,438
	20	Other changes in net assets or fund balances (attach explanation)		20	0
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶		21	176,843

Part II Balance Sheets. If Total assets on line 25, column (B) are $2,500,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	179,485	22	154,217
23	Land and buildings	24,953	23	22,626
24	Other assets (describe ▶ See attached statement)	0	24	0
25	**Total assets**	204,438	25	176,843
26	**Total liabilities** (describe ▶ See attached statement)	0	26	0
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	204,438	27	176,843

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Part III Statement of Program Service Accomplishments (See the instructions for Part III.)

What is the organization's primary exempt purpose? see statement 1 attached

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

		Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)
28	see statement 2	
	(Grants $ 0) If this amount includes foreign grants, check here ▶ ☐	28a 0
29		
	(Grants $ 0) If this amount includes foreign grants, check here ▶ ☐	29a 0
30		
	(Grants $ 0) If this amount includes foreign grants, check here ▶ ☐	30a 0
31	Other program services (attach schedule)	
	(Grants $ 0) If this amount includes foreign grants, check here ▶ ☐	31a 0
32	**Total program service expenses.** (add lines 28a through 31a) ▶	32 0

Part IV List of Officers, Directors, Trustees, and Key Employees List each one even if not compensated (See the instructions for Part IV)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Name Mary Ferris Str 1444 North West 5th City Richmond ST IN ZIP 47374	Title President Hr/WK 5.00	2,000	0	0
Name Robert Wotherspoon Str 1444 North West 5th City Richmond ST IN ZIP 47374	Title Vice President Hr/WK 4.00	375	0	0
Name Joan Nicholson Str 1444 North West 5th City Richmond ST IN ZIP 47374	Title Secretary Hr/WK 4.00	250	0	0
Name Geneva Rusk Str 1444 North West 5th City Richmond ST IN ZIP 47374	Title Women's Leader Hr/WK 4.00	1,500	0	0
Name Luke Bowman Str 1444 North West 5th City Richmond ST IN ZIP 47374	Title Director Hr/WK 1.00	0	0	0
Name Kristen Culy Str 1444 North West 5th City Richmond ST IN ZIP 47374	Title Director Hr/WK 1.00	0	0	0
Name Duane Davis Str 1444 North West 5th City Richmond ST IN ZIP 47374	Title Director Hr/WK 1.00	0	0	0
Name Sara Davis Str 1444 North West 5th City Richmond ST IN ZIP 47374	Title Director Hr/WK 1.00	0	0	0
Name Ron Hoover Str 1444 North West 5th City Richmond ST IN ZIP 47374	Title Director Hr/WK 1.00	0	0	0
Name Sylvia Hoover Str 1444 North West 5th City Richmond ST IN ZIP 47374	Title Director Hr/WK 1.00	0	0	0
Name Robert House Str 1444 North West 5th City Richmond ST IN ZIP 47374	Title Director Hr/WK 1.00	0	0	0
Name Ula Marie House Str 1444 North West 5th City Richmond ST IN ZIP 47374	Title Director Hr/WK 1.00	0	0	0
Name James Nicholson Str 1444 North West 5th City Richmond ST IN ZIP 47374	Title Director Hr/WK 1.00	250	0	0
Name Ann Routson Str 1444 North West 5th City Richmond ST IN ZIP 47374	Title Director Hr/WK 1.00	0	0	0
Name Harold Routson Str 1444 North West 5th City Richmond ST IN ZIP 47374	Title Director Hr/WK 1.00	0	0	0
Name David Rusk Str 1444 North West 5th City Richmond ST IN ZIP 47374	Title Director Hr/WK 1.00	0	0	0
Name Duane Smoker Str 1444 North West 5th City Richmond ST IN ZIP 47374	Title Director Hr/WK 1.00	125	0	0
Name Phil Tiemann Str 1444 North West 5th City Richmond ST IN ZIP 47374	Title Director Hr/WK 1.00	0	0	0

Part V Other Information (Note the statement requirements in the instructions for Part VI.)

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity.	33		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but **not** reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.			
a	Did the organization have unrelated business gross income of $1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?	35a		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	35b		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N	36		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0			
b	Did the organization file **Form 1120-POL** for this year?	37b		
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b 0			
39	Section 501(c)(7) organizations Enter:			
a	Initiation fees and capital contributions included on line 9 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40 a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0 ; section 4912 ▶ 0 , section 4955 ▶ 0			
b	Section 501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I	40b	n/a	
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0			
d	Enter amount of tax on line 40c reimbursed by the organization ▶ 0			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed ▶ IN			
42 a	The books are in care of ▶ Name Indiana Farm Bureau Inc Telephone no ▶ 317-692-7851 Located at ▶ 225 S. East Street City Indianapolis ST IN ZIP + 4 ▶ 46206-1290			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶ See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.**	42b		X
c	At any time during the calendar year, did the organization maintain an office outside of the U.S ? If "Yes," enter the name of the foreign country: ▶	42c		X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041**—Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 N/A			
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45		X

Part VI **Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46–49 and complete the tables for lines 50 and 51. **not applicable**

			Yes	No
46	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.	46	n/a	
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II.	47	n/a	
48	Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	n/a	
49 a	Did the organization make any transfers to an exempt non-charitable related organization?	49a	n/a	
b	If "Yes," was the related organization(s) a section 527 organization?	49b	n/a	

50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than $100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Name None Str City ST ZIP	Title Hr/WK .00	0	0	0
Name Str City ST ZIP	Title Hr/WK .00	0	0	0
Name Str City ST ZIP	Title Hr/WK .00	0	0	0
Name Str City ST ZIP	Title Hr/WK 00	0	0	0
Name Str City ST ZIP	Title Hr/WK .00	0	0	0
Total number of other employees paid over $100,000 ▶	0	0	0	0

51 Complete this table for the five highest compensated independent contractors who each received more than $100,000 of compensation from the organization If there is none, enter "None "

(a) Name and address of each independent contractor paid more than $100,000	(b) Type of service	(c) Compensation
Name None Str City ST ZIP		0
Name Str City ST ZIP		0
Name Str City ST ZIP		0
Name Str City ST ZIP		0
Name Str City ST ZIP		0
Total number of other independent contractors each receiving over $100,000 ▶	0	0

Sign Here

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 officer) is based on all information of which preparer has any knowledge

▶ Theresa Hauck — 7-21-10
Signature of officer — Date

▶ WOMAN'S LEADER
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶	Date 7/9/2010	Check if self-employed ▶ ☐	Preparer's Identifying Number (See instructions)
Firm's name (or yours if self-employed), address, and ZIP +4 ▶ Indiana Farm Bureau Inc P O. Box 1290, Indianapolis, IN 46206-1290			EIN ▶ Phone no ▶ 317-692-7851

May the IRS discuss this return with the preparer shown above? See instructions ▶ ☒ Yes ☐ No

Explanations (990-EZ)

1
2
3
4
5
6
7
8
9
10

General Explanation

	Part No	Line No	Explanation
1	III		Represent the farmer's voice on issues related to agriculture, educate the consumer and promote
2			farm products, keep members abreast of policies and new developments.
3			
4			
5			
6			
7			
8			
9			
10			

Part I, Line 1 (990-EZ) - Contributions, Gifts, Grants and Similar Amounts Received

1	Contributions	1	1,348
2	NonCash contributions	2	
3	Membership dues and assessments (contributions from the public)	3	
4	Government contributions (grants)	4	
5	Commercial co-venture	5	
6	Special events contributions (Line 6 - Special Events)	6	0
7	Associated organization contributions	7	
8		8	
9		9	
10		10	
11	Total	11	1,348

Part I, Line 4 (990-EZ) - Investment Income

1	Interest on savings and temporary cash investments	1	3,771
2	Dividends and interest from securities	2	
3	Gross rents	3	26,662
4	Other investment income	4	
5	Total	5	30,433

Part I, Line 16 (990-EZ) - Other Expenses

53,140

1	Travel, Meals and Entertainment		
	a Travel	1a	1,317
	b Total meals and entertainment	1b	0
2	Fundraising	2	
3	From Form 4562 - Amortization	3	
4	Conferences, conventions, and meetings	4	1,711
5	Depreciation, depletion, etc.	5	0
6	Equipment rental and maintenance	6	
7	Interest	7	
8	Supplies	8	
9	Telephone	9	
10	Ag Promotion	10	40,747
11	Membership services	11	0
12	District Dues	12	402
13	Miscellaneous Expenses	13	1,247
14	Building Expense for leased space	14	7,716
15		15	
16		16	
17		17	
18		18	
19		19	
20		20	
21		21	
22		22	
23		23	
24		24	
25		25	
26		26	

Form 990-EZ, Page 2, Part III - Organization's Program Achievement or Accomplishments

Line 28 - Wayne County Farm Bureau, Inc. supports the youth of the county through a number of sponsorships. Wayne County supports the Wayne County 4-H Association, local FFA trip to National Contest, the Lugar Essay Contest, and sponsors 4 college scholarships. Through these many events, Wayne County is able to encourage a wide range of the youth in the county including all 4-H members, the extension intern, and even several townships.

Farm Bureau's 14 volunteers provided several hours each of their time in support of the youth of Wane County.

The Wayne County Farm Bureau has the intention to support and encourage county youth who have a connection to agriculture and 4-H and reach out to those individuals who do not to encourage them to become an active part of an Ag-related organization.

Wayne County Farm Bureau supported financially with $6297 for the college scholarships awarded, FFA trip to National Contest, Lugar Essay Contest, and several other smaller events Financial support, along with volunteer hours went into this support.

Total contributed to achievement #1 $6,297

Line 29 - Wayne County Farm Bureau, Inc encourages public relations and education The Wayne Count Farm Bureau cooperates with the SWCD and local area Chamber of Commerce in order to promote agriculture and educational activities

Those involved in these events were all third graders in Wayne County during Conservation Days, 150 to 200 farmers and 45 urban guests on a farm tour. This educational experience was provided for a day for each of the aforementioned groups

The overall goal of this event was to educate children in the various aspects of agriculture, educate farmers in the benefit of no-till farming, and to educate the non-farming public of agriculture.

Wayne County Farm Bureau contributed $825 holding these events. Financial support, volunteer hours, and eager learners made these events possible.

Total contributed to achievement #2 $825

ASSET DEPRECIATION SHORT REPORT
WAYNE COUNTY FARM BUREAU Sep. 30, 2009

Sorted ASSET A/C#
Method 1-FEDERAL-Std Conv Applied

Range 1610 - 1610-00
Include All assets

Date Acq	Description	Meth/Life	Cost	Section 179	Depr Basis	Includes Section 179 Beg A/Depr	Curr Depr	End A/Depr
ASSET A/C#: 1610 - FARM BUREAU BUILDING								
09/30/70	Original Construction 1970-09	SL/50 000	48,077 23	0 00	48,077 23	34,474 23	962 00	35,436 23
09/19/88	Electrical Rewiring 11988-09	MA200/ 7 000	805 80	0 00	805 80	805 80	0 00	805 80
10/16/90	Furnace Replaced 1990-10	SL/15 000	2,825 00	0 00	2,825 00	2,825 00	0 00	2,825 00
12/12/91	Roof Replace 1991-12	SL/15 000	1,048 00	0 00	1,048 00	1,048 00	0 00	1,048 00
07/17/95	Air Conditioner 1995-07	SL/10 000	1,709 65	0 00	1,709 65	1,709 65	0 00	1,709 65
11/13/95	Carpet 1995-11	SL/ 5 000	4,650 00	0 00	4,650 00	4,650 00	0 00	4,650 00
08/19/96	Security Lights Replaced 1996-08	SL/10 000	1,260 00	0 00	1,260 00	1,260 00	0 00	1,260 00
12/11/96	Furnace Replaced 1996-12	SL/15 000	3,817 40	0 00	3,817 40	3,011 40	254 00	3,265 40
07/11/97	Air conditioner Replaced 1997-07	SL/15 000	2,445 16	0 00	2,445 16	1,833 16	163 00	1,996 16
10/09/98	Vinyl Flooring 1998-10	SL/ 5 000	800 00	0 00	800 00	800 00	0 00	800 00
11/21/98	Vinyl soffit 1998-11	SL/15 000	2,100 00	0 00	2,100 00	1,388 00	140 00	1,528 00
01/24/01	Carpet 2001-01	SL/10 000	8,078 00	0 00	8,078 00	5,858 00	808 00	6,666 00
Grand totals	1610 - FARM BUREAU BUILDING (12 assets)		77,616 24	0 00	77,616 24	59,663 24	2,327 00	61,990 24
ASSET A/C#: 1610-00 - FURNITURE & EQUIPMENT								
12/31/59	FOLDING CHAIRS (5 of 12) 1959-12	MA200/ 7 000	84 15	0 00	84 15	84 15	0 00	84 15
12/31/59	FOLDING CHAIRS (2) 1959-12	MA200/ 7 000	113 04	0 00	113 04	113 04	0 00	113 04
12/31/59 D	FOLDING CHAIRS (7 of 12) 1959-12	MA200/ 7 000	117 81	0 00	117 81	117 81	0 00	117 81
01/01/71	FILE CABINET 1971-01	MA200/ 7 000	53 14	0 00	53 14	53 14	0 00	53 14
03/05/73	SIDE CHAIRS, ORANGE (12) 1973-03	MA200/ 7 000	61 20	0 00	61 20	61 20	0 00	61 20
06/30/82	FOLDING TABLES, 30" X 72" (2) 1982-06	MA200/ 7 000	207 64	0 00	207 64	207 64	0 00	207 64
07/07/93	PORTABLE STORAGE BARN 1993-07	MA200/ 7 000	1,266 75	0 00	1,266 75	1,266 75	0 00	1,266 75
12/12/99 D	FAX MACHINE 1999-12	M*200/ 7 000	209 99	0 00	209 99	209 99	0 00	209 99
Grand totals	1610-00 - FURNITURE & EQUIPMENT (8 assets)		2,113 72	0 00	2,113 72	2,113 72	0 00	2,113 72
Less	2 Disposed assets (Current Depreciation $0 00)		327 80	0 00	327 80	327 80		327 80
Net totals	1610-00 - FURNITURE & EQUIPMENT (6 assets)		1,785 92	0 00	1,785 92	1,785 92	0 00	1,785 92

ASSET DEPRECIATION SHORT REPORT
WAYNE COUNTY FARM BUREAU Sep. 30, 2009

Sorted ASSET A/C#
Method 1-FEDERAL-Std Conv Applied

Range 1610 - 1610-00
Include All assets

Date Acq	Description	Meth/Life	Cost	Section 179	Depr Basis	Includes Section 179 Beg A/Depr	Curr Depr	End A/Depr
Grand totals for all accounts (20 assets)			79,729 96	0 00	79,729 96	61,776 96	2,327 00	64,103 96
Less: 2 Disposed assets (Current Depreciation: $0.00)			327 80	0 00	327 80	327 80		327 80
Net totals for all accounts: (18 assets)			79,402 16	0 00	79,402 16	61,449 16	2,327 00	63,776 16

Codes that may appear next to the date acquired include: A - Addition, D - Disposal, T - Traded, MQ - Mid Quarter Applied

Additional Summary Statistics:	Cost	Curr Yr 179	Prior Yr 179	Depr Basis	Beg A/Depr	Curr Depr	Ending A/Depr	Net Book Val
Grand Totals for All Assets	79,729 96	0 00	0 00	79,729 96	61,776 96	2,327 00	64,103 96	15,626 00
Less Inactive Assets	0 00	0 00	0 00	0 00	0 00	0 00	0 00	0 00
Disposed Assets	327 80	0 00	0 00	327 80	327 80	0 00	327 80	0 00
Traded Assets	0 00	0 00	0 00	0 00	0 00	0 00	0 00	0 00
Net Totals (Active Assets)	79,402 16	0 00	0 00	79,402 16	61,449 16	2,327 00	63,776 16	15,626 00

Total Additional First Year Depreciation Taken at 30% Rate: 0.00

Total Additional First Year Depreciation Taken at 50% Rate: 0.00

Total Additional First Year Depreciation Taken: 0.00

Part IV (990-EZ) - List of Officers, Directors, Trustees, and Key Employees

Name and address	Title and average hours per week devoted to position	Compensation	Contributions to emp benefit plans & deferred compensation	Expense account and other allowances
Name David Williamson Str 1444 North West 5th City Richmond ST IN ZIP 47374	Title Director Hr/WK 1.00	0	0	0
Name Margaret Wotherspoon Str 1444 North West 5th City Richmond ST IN ZIP 47374	Title Director Hr/WK 1.00	0	0	0
Name Str City ST ZIP	Title Hr/WK .00	0	0	0
Name Str City ST ZIP	Title Hr/WK .00	0	0	0
Name Str City ST ZIP	Title Hr/WK .00	0	0	0
Name Str City ST ZIP	Title Hr/WK .00	0	0	0
Name Str City ST ZIP	Title Hr/WK 00	0	0	0
Name Str City ST ZIP	Title Hr/WK 00	0	0	0
Name Str City ST ZIP	Title Hr/WK 00	0	0	0
Name Str City ST ZIP	Title Hr/WK 00	0	0	0
Name Str City ST ZIP	Title Hr/WK 00	0	0	0
Name Str City ST ZIP	Title Hr/WK .00	0	0	0
Name Str City ST ZIP	Title Hr/WK 00	0	0	0
Name Str City ST ZIP	Title Hr/WK 00	0	0	0
Name Str City ST ZIP	Title Hr/WK 00	0	0	0
Name Str City ST ZIP	Title Hr/WK 00	0	0	0