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Form **990-EZ**

Department of the Treasury
Internal Revenue Service

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*

OMB No 1545-1150

2008

Open to Public Inspection

A **For the 2008 calendar year, or tax year beginning** 11/1/2008 **, and ending** 10/31/2009

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
Farm Bureau Federation Mississippi Jasper County Farm Bureau

Number and street (or P O box, if mail is not delivered to street address) | Room/suite
P O Box 465

City, town, or country | State | ZIP + 4
Bay Springs | MS | 39422-0465

D Employer identification number
64-0352792

E Telephone number
(601) 764-2273

F Group Exemption Number . . ▶ 1473

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

G Accounting method ☒ Cash ☐ Accrual
Other (specify) ▶

I **Website:** ▶ N/A

J **Organization type** (check only one)— ☒ 501(c) (5) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

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

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 ▶ $ 148,980

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 0
	2	Program service revenue including government fees and contracts			2
	3	Membership dues and assessments			3 70,425
	4	Investment income			4 1,108
	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 301		
	b	Less: cost of goods sold	7b 450		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)			7c -149
	8	Other revenue (describe ▶ Schedule 1)			8 77,146
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶			9 148,530
Expenses	10	Grants and similar amounts paid (attach schedule)			10 37,949
	11	Benefits paid to or for members			11
	12	Salaries, other compensation, and employee benefits			12
	13	Professional fees and other payments to independent contractors			13
	14	Occupancy, rent, utilities, and maintenance			14
	15	Printing, publications, postage, and shipping			15
	16	Other expenses (describe ▶ See attached statement)			16 109,501
	17	**Total expenses.** Add lines 10 through 16 ▶			17 147,450
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)			18 1,080
	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)			19 123,670
	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 ▶			21 124,750

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	66,841	22	73,593
23 Land and buildings	52,878	23	51,127
24 Other assets (describe ▶ Prepaid Taxes)	4,120	24	750
25 **Total assets**	123,839	25	125,470
26 **Total liabilities** (describe ▶ See attached statement)	169	26	720
27 **Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	123,670	27	124,750

For Privacy Act and Paperwork Reduction Act Notice, see the Instruction for Form 990.

(HTA)

Form **990-EZ** (2008)

SCANNED JAN 07 2010

RECEIVED DEC. 22. 2009 IRS

P 1

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

What is the organization's primary exempt purpose? To further the interests of farmers in Mississippi

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	(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 Mr John Keenan Str 3219 Hwy 15 City Bay Springs ST MS ZIP 39422	Title President Hr/WK 5 00	0	0	0
Name Mr Rickey Ruffin Str 3219 Hwy 15 City Bay Springs ST MS ZIP 39422	Title V President Hr/WK 4 00	0	0	0
Name Mr Herman Sims Str 3219 Hwy 15 City Bay Springs ST MS ZIP 39422	Title Director Hr/WK 2 00	0	0	0
Name Mr Paul Myrick Str 3219 Hwy 15 City Bay Springs ST MS ZIP 39422	Title Director Hr/WK 2 00	0	0	0
Name Mr Lonnie Thigpen Str 3219 Hwy 15 City Bay Springs ST MS ZIP 39422	Title Director Hr/WK 2 00	0	0	0
Name Mr Chester Bradley Str 3219 Hwy 15 City Bay Springs ST MS ZIP 39422	Title Director Hr/WK 2 00	0	0	0
Name Mr Glenn Green Str 3219 Hwy 15 City Bay Springs ST MS ZIP 39422	Title Director Hr/WK 2.00	0	0	0
Name Mr Caron Thornton Str 3219 Hwy 15 City Bay Springs ST MS ZIP 39422	Title Director Hr/WK 2 00	0	0	0
Name Mr Roy Thigpen Str 3219 Hwy 15 City Bay Springs ST MS ZIP 39422	Title Director Hr/WK 2 00	0	0	0
Name Mr Van Windham Str 3219 Hwy 15 City Bay Springs ST MS ZIP 39422	Title Director Hr/WK 2 00	0	0	0
Name Mr Rusty Green Str 3219 Hwy 15 City Bay Springs ST MS ZIP 39422	Title Director Hr/WK 2 00	0	0	0
Name Mr James King Str 3219 Hwy 15 City Bay Springs ST MS ZIP 39422	Title Director Hr/WK 2 00	0	0	0
Name Mr Jody Dolan Str 3219 Hwy 15 City Bay Springs ST MS ZIP 39422	Title Director Hr/WK 2 00	0	0	0
Name Mr James Belding Str 3219 Hwy 15 City Bay Springs ST MS ZIP 39422	Title Director Hr/WK 2 00	0	0	0
Name Mr Chad Waldrup Str 3219 Hwy 15 City Bay Springs ST MS ZIP 39422	Title Director Hr/WK 2 00	0	0	0
Name Mr Tommy Bishop Str 3219 Hwy 15 City Bay Springs ST MS ZIP 39422	Title Director Hr/WK 2.00	0	0	0
Name Mr Kenneth McNeil Str 3219 Hwy 15 City Bay Springs ST MS ZIP 39422	Title Director Hr/WK 2 00	0	0	0
Name Mr Robbie Sykes Str 3219 Hwy 15 City Bay Springs ST MS ZIP 39422	Title Director Hr/WK 2 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		X
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		X
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			
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 ▶ _____ , section 4912 ▶ _____ , section 4955 ▶ _____			
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		
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____			
d	Enter amount of tax on line 40c reimbursed by the organization ▶ _____			
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 ▶ _____			
42 a	The books are in care of ▶ Name Mrs Bernice Smith Telephone no ▶ (601) 764-2273			
	Located at ▶ 3219 Hwy 15 City Bay Springs ST MS ZIP + 4 ▶ 39422-0465			
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)?	42b		X
	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.**			
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		X
	If "Yes," enter the name of the foreign country ▶ _____			
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			

			Yes	No
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

			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		
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II.	47		
48	Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		
49 a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		
b	If "Yes," was the related organization(s) a section 527 organization?	49b		

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

▶ John Keenan — Signature of officer — Date 12-17-09

▶ John Keenan, President — Type or print name and title — Date 12-17-09

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed	Preparer's Identifying Number (See instructions)
Joe B. Tyler	12-20-09	☐	P00635496

Firm's name (or yours if self-employed), address, and ZIP +4	EIN	Phone no
Mississippi Farm Bureau Federation 6311 Ridgewood Road, Jackson, MS 39211	64-0303134	(601) 977-4206

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

Part II, Line 24 (990-EZ) - Other Assets

4,120 750

	Description	Beginning	End
1	Prepaid Taxes	4,120	750
2			
3			
4			
5			
6			
7			
8			
9			
10			

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

OMB No 1545-0172

2008

Attachment Sequence No **67**

Name(s) shown on return	Business or activity to which this form relates	Identifying number
Farm Bureau Federation Mississippi Jasper Co	990 T	64-0352792

Part I Election To Expense Certain Property Under Section 179

Note: *If you have any listed property, complete Part V before you complete Part I.*

1	Maximum amount. See the instructions for a higher limit for certain businesses	1	250,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	800,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	0
5	Dollar limitation for tax year. Subtract line 4 from line 1 If zero or less, enter -0-. If married filing separately, see instructions	5	250,000

	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
6			

7	Listed property. Enter the amount from line 29	7		
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8		0
9	Tentative deduction. Enter the **smaller** of line 5 or line 8	9		0
10	Carryover of disallowed deduction from line 13 of your 2007 Form 4562.	10		
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11		
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12		0
13	Carryover of disallowed deduction to 2009. Add lines 9 and 10, less line 12 ▶	13	0	

Note: *Do not use Part II or Part III below for listed property. Instead, use Part V.*

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	2,860

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2008	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ ☐		

Section B - Assets Placed in Service During 2008 Tax Year Using the General Depreciation System

	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19	a 3-year property						
	b 5-year property						
	c 7-year property		1,374	7 yrs.	HY	SL	265
	d 10-year property						
	e 15-year property						
	f 20-year property						
	g 25-year property			25 yrs.		S/L	
	h Residential rental property			27.5 yrs.	MM	S/L	
				27.5 yrs.	MM	S/L	
	i Nonresidential real property			39 yrs.	MM	S/L	
					MM	S/L	

Section C - Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System

20	a Class life					S/L	
	b 12-year			12 yrs.		S/L	
	c 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	**Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	3,125
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Jasper County Farm Bureau
SCHEDULE I
October 31, 2009

SERVICE FEES RECEIVED

INSURANCE

Blue Cross Blue Shield	10610	
Southern Farm Bureau Life Insurance Company	10507	
Southern Farm Bureau Casualty Insurance Company	37582	
Mississippi Farm Bureau Mutual Insurance Company	18447	
Total Insurance Fees		77146

Jasper County Farm Bureau
SCHEDULE II
October 31, 2009

	TOTAL	DUES	UBI	RENTAL	MISC
INCOME					
Farm Bureau Dues-Net	32477	32477			
Insurance Company Svc Fees	77146		77146		
Interest	1108				1108
Net Sales	-149				-149
TOTAL INCOME	110582	32477	77146	0	959
Relationship of Dues to Service Fees		29.6%	70.4%		
Floor Space Ratio		50.0%	50.0%		
Allocation of General Overhead Based on the Relationship of Dues to Service Fees					
Promotions	3317				
Insurance	27				
Telephone	6820				
Postage	1500				
Office Expense	5502				
Depreciation	667				
TOTAL	17833	5283	12550		
Allocation of Occupancy Expense Base on Area Occupied					
Utilities	6848				
Taxes	2371				
Insurance	1754				
Building Maintenance	4306				
Depreciation	2459				
Rent	2625				
TOTAL	20363	10181	10182		

Jasper County Farm Bureau
SCHEDULE II
October 31, 2009

	TOTAL	DUES	UBI	RENTAL	MISC
Allocation of Secretary's Salary and Related Expenses		50.0%	50.0%		
Salary - Secretary	46243				
Payroll Taxes	3488				
Employee Insurance	8771				
TOTAL	58502	29251	29251		
Expense Directly Attributed to Production of Farm Bureau Dues					
Income Tax - 990T	3120				
Board Expense	2368				
Commodity Meetings	465				
Contributions	621				
MFBF Convention	4683				
Safety Seminar	275				
Secretary Meeting	271				
TOTAL	11803	11803			
Expense Directly Related to Production of Service Fees					
State Income Tax	1000				
TOTAL	1000		1000		
TOTAL EXPENSES	109501	56518	52983	0	0

Jasper County Farm Bureau
Depreciation Schedule
October 31, 2009
Building/Improvements

Description	Acquired	Beg Balance	Additions (Deduct)	End Balance	Rate (Yrs)	Type	Accumulated Depreciation Beg Balance	Additions (Deduct)	End Balance	Net
Fully Depreciated Items		720 00		720.00	20 0	SL	720.00	0.00	720.00	0 00
Building	Oct-77	33101.68		33101.68	39.0	SL	30015 41	848.76	30864 17	2237.51
Building	Jul-92	2056.00		2056.00	39.0	SL	1184 93	52.72	1237 65	818 35
Building	Nov-95	3850 00		3850.00	39.0	SL	1831.08	98.72	1929 80	1920.20
Building	Nov-00	38174.38		38174 38	39.0	SL	12719.73	978.83	13698.56	24475.82
Pavilion	Jun-01	8846.27		8846.27	39.0	SL	2041.47	226.83	2268.30	6577.97
Counter	Oct-02	1100.00		1100.00	39 0	SL	197.47	28 21	225.68	874.32
Storage Building	Oct-05	1936.69		1936.69	39 0	SL	148 98	49 66	198.64	1738.05
Building	Oct-06	6830.64		6830.64	39.0	SL	350.28	175.14	525.42	6305.22
		96615.66	0.00	96615.66			49209.35	2458.87	51668.22	44947.44

Prepared by: Bert Tingle

Jasper County Farm Bureau
Depreciation Schedule
October 31, 2009
Furniture & Equipment

Description	Acquired	Beg Balance	Additions (Deduct)	End Balance	Rate (Yrs)	Type	Accumulated Depreciation Beg Balance	Additions (Deduct)	End Balance	Net
Fully Depreciated Items		13729.33		13729.33	7.0	SL	13729.33	0.00	13729.33	0.00
Furniture	Oct-06	2809.11		2809.11	7.0	SL	802.60	401.30	1203.90	1605.21
Furniture	Nov-08	482.72		482.72	7.0	SL		68.96	68 96	413.76
Refridgerator	Dec-08		586 34	586.34	7.0	SL		83.76	83 76	502.58
Equipment	Mar-09		564.14	564.14	7.0	SL		80 59	80.59	483.55
Chairs	Oct-09		223.63	223.63	7.0	SL		31.95	31.95	191.68
		17021.16	1374.11	18395.27			14531 93	666.56	15198.49	3196.78

Prepared by: Bert Tingle

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 Mr Brannon Kirkland Str 3219 Hwy 15 City Bay Springs ST MS ZIP 39422	Title Director Hr/WK 2 00	0	0	0
Name Mr Keith Sims Str 3219 Hwy 15 City Bay Springs ST MS ZIP 39422	Title Director Hr/WK 2 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
Name Str City ST ZIP	Title Hr/WK 00	0	0	0