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Form **990-EZ**Department of the Treasury
Internal Revenue Service**Short Form**
Return of Organization Exempt From Income TaxUnder 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, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$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

2010**Open to Public
Inspection**

A For the 2010 calendar year, or tax year beginning <u>11/1/2010</u> , and ending <u>10/31/2011</u>	C Name of organization <u>Farm Bureau Federation Mississippi Webster County</u>		D Employer identification number <u>64-0393224</u>
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Number and street (or P.O. box, if mail is not delivered to street address) Room/suite <u>1137 Veterans Memorial Blvd</u>		E Telephone number <u>(662) 258-7802</u>
	City or town state or country ZIP + 4 <u>Eupora MS 39744-2013</u>	F Group Exemption Number <u>1473</u>	
G Accounting Method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ► _____	H Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)		
I Website: ► <u>N/A</u>			
J Tax-exempt status (check only one) — <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) (5) ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
K Check <input type="checkbox"/> if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.			
L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ► \$ <u>102,458</u>			

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.)Check if the organization used Schedule O to respond to any question in this Part I ☒

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	51,570
	4	Investment income	4	25
	5a	Gross amount from sale of assets other than inventory	5a	
	b	Less: cost or other basis and sales expenses	5b	
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
c	Less: direct expenses from gaming and fundraising events	6c		
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	0	
Expenses	7a	Gross sales of inventory, less returns and allowances	7a	235
	b	Less: cost of goods sold	7b	255
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	-20
	8	Other revenue (describe in Schedule O)	8	50,628
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	102,203
	10	Grants and similar amounts paid (list in Schedule O)	10	23,801
	11	Benefits paid to or for members	11	
Net Assets	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 in Schedule O)	16	74,471
	17	Total expenses. Add lines 10 through 16	17	98,272
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	3,931
Net Assets	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	189,647
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	193,578

For Paperwork Reduction Act Notice, see the separate instructions.
(HTA)Form **990-EZ** (2010)

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11

Part II Balance Sheets. (see the instructions for Part II.)Check if the organization used Schedule O to respond to any question in this Part II. ☒

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	59,344	22	71,870
23 Land and buildings	123,692	23	119,551
24 Other assets (describe in Schedule O)	6,790	24	2,365
25 Total assets	189,826	25	193,786
26 Total liabilities (describe in Schedule O)	179	26	208
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	189,647	27	193,578

Part III Statement of Program Service Accomplishments (see the instructions for Part III)Check if the organization used Schedule O to respond to any question in this Part III ☐**Expenses**

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

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, and other relevant information for each program title

28		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	
29		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O)		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
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)Check if the organization used Schedule O to respond to any question in this 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
TIM A. TINDALL 1137 VETERANS MEMORIAL BLVD EUPORA MS 39	Title PRESIDENT Hr/WK 4 00	0		
JEFFREY TABB 1137 VETERANS MEMORIAL BLVD EUPORA MS 39	Title V-PRESIDENT Hr/WK 3 00	0		
TRENA COX 1137 VETERANS MEMORIAL BLVD EUPORA MS 39	Title SEC-TREAS Hr/WK 40 00	29,613	1,257	
WILLIAM WILLINGHAM 1137 VETERANS MEMORIAL BLVD EUPORA MS 39	Title DIRECTOR Hr/WK 1 00	0		
JOSEPH P. PALMER 1137 VETERANS MEMORIAL BLVD EUPORA MS 39	Title DIRECTOR Hr/WK 1 00	0		
JACKIE EARNEST 1137 VETERANS MEMORIAL BLVD EUPORA MS 39	Title DIRECTOR Hr/WK 1 00	0		
DAVID HOOD 1137 VETERANS MEMORIAL BLVD EUPORA MS 39	Title DIRECTOR Hr/WK 1 00	0		
DONNIE WOMACK 1137 VETERANS MEMORIAL BLVD EUPORA MS 39	Title DIRECTOR Hr/WK 1 00	0		
STANLEY ROGERS 1137 VETERANS MEMORIAL BLVD EUPORA MS 39	Title DIRECTOR Hr/WK 1 00	0		
PAUL CROWLEY 1137 VETERANS MEMORIAL BLVD EUPORA MS 39	Title DIRECTOR Hr/WK 1 00	0		
SHERRY CROWLEY 1137 VETERANS MEMORIAL BLVD EUPORA MS 39	Title DIRECTOR Hr/WK 4 00	0		
	Title Hr/WK 00	0		
	Title Hr/WK 00	0		

Part V Other Information (Note the statement requirements in the instructions for Part V)Check if the organization used Schedule O to respond to any question in this Part V. ☐

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O.		X
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions).		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, explain in Schedule O why the organization did not report the income on Form 990-T		
a Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	X	
b If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)?	X	
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N.		X
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a		
b Did the organization file Form 1120-POL for this year?		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 outstanding at the end of the tax year covered by this return?		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 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I. 40b		
c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. ▶		
d Section 501(c)(3) and 501(c)(4) organizations 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 organization's books are in care of ▶ Trena Cox Telephone no ▶ (662) 258-7802		
Located at ▶ 1137 Veterans Memorial Blvd City Eupora ST MS ZIP + 4 ▶ 39744		
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 ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		
44 a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ. 44a		X
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ. 44b		X
c Did the organization receive any payments for indoor tanning services during the year? 44c		
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 44d		

45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?

Yes **No**

45 ☐ ☒

a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ.

45a ☐ ☒

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.

46 ☐ ☒

Part VI **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this Part VI ☐

47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II.

Yes **No**

47 ☐ ☐

48 Is the organization 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 a section 527 organization?

49b ☐ ☐

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, 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			
Name Str City ST ZIP	Title Hr/WK 00			
Name Str City ST ZIP	Title Hr/WK 00			
Name Str City ST ZIP	Title Hr/WK 00			
Name Str City ST ZIP	Title Hr/WK 00			

f Total number of other employees paid over \$100,000 **0**

51 Complete this table for the organization's 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		
Name Str City ST ZIP		
Name Str City ST ZIP		
Name Str City ST ZIP		
Name Str City ST ZIP		

d Total number of other independent contractors each receiving over \$100,000 **0**

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A.

☐ Yes ☒ No

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.

Sign Here Signature of officer Timothy A. Tindall Date 12-23-11
Type or print name and title Timothy A. Tindall, President

Paid Preparer's Use Only Preparer's name William Davis Preparer's signature William Davis Date 11/29/2011 Check if self-employed ☐ PTIN P00631674
Firm's name Mississippi Farm Bureau Federation Firm's EIN 64-0303134
Firm's address 6311 Ridgewood Road, Jackson, MS 39211 Phone no (601) 977-4205

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

Webster County Farm Bureau
SCHEDULE II
October 31, 2011

Page 2

	TOTAL	DUES	UBI	RENTAL	MISC
Allocation of Secretary's Salary and Related Expenses		41.0%	59.0%		
Salary - Secretary	32265				
Payroll Taxes	2651				
Employee Insurance	387				
Retirement	1195				
TOTAL	36498	14964	21534		
 Expense Directly Attributed to Production of Farm Bureau Dues					
Ag in the Classroom	35				
Board Expense	4352				
Commodity Meetings	138				
Contributions	920				
MFBF Convention	783				
Safety Seminar	200				
Secretary Meeting	358				
Washington Tour	673				
Womens Committee	30				
Young Farmer Program	250				
TOTAL	10022	10022			
 Expense Directly Related to Production of Service Fees					
State Income Tax	694				
TOTAL	694		694		
 TOTAL EXPENSES	70995	35818	35177	0	0

R

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2010

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

Name of the organization

Employer identification number

Farm Bureau Federation Mississippi Webster County

64-0393224

Form 990-EZ, Part I, Line 8, Other Revenue Schedule 1 50,628

Form 990-EZ, Part I, Line 16, Other Expenses Schedule 2: 70,995

Form 990-EZ, Part I, Line 16, Other Expenses Note Receivable-Teresa Britt 3,476

Form 990-EZ, Part II, Line 24, Other Assets Utility Deposits Beginning of year 85, End of
year 85

Form 990-EZ, Part II, Line 24, Other Assets Prepaid Taxes State Beginning of year 680, End
of year 540

Form 990-EZ, Part II, Line 24, Other Assets Note Receivable Beginning of year 3,825, End of
year 0

Form 990-EZ, Part II, Line 24, Other Assets Prepaid Tax-Federal: Beginning of year 2,200,
End of year 1,740

Form 990-EZ, Part II, Line 26, Liabilities Payroll Tax: Beginning of year: 135, End of year
115

Form 990-EZ, Part II, Line 26, Liabilities PIC Beginning of year 44, End of year 93

Name of the organization

Employer identification number

Farm Bureau Federation Mississippi Webster County

64-0393224

Depreciation and Amortization

(Including Information on Listed Property)

OMB No 1545-0172

2010

Attachment

Sequence No 67

Department of the Treasury
Internal Revenue Service

(99)

▶ See separate instructions.

▶ Attach to your tax return.

Name(s) shown on return

Business or activity to which this form relates

Identifying number

Farm Bureau Federation Mississippi Webster 990EZ

64-0393224

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 instructions)	1	
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	
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	0

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

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 2009 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 2011. 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	4,141

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 2010	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		<input type="checkbox"/>

Section B - Assets Placed in Service During 2010 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19 a 3-year property						
b 5-year property						
c 7-year property						
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	
i Nonresidential real property			39 yrs.	MM	S/L	

Section C - Assets Placed in Service During 2010 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 instructions	22	4,141
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	

For Paperwork Reduction Act Notice, see separate instructions.

Form 4562 (2010)

(HTA)

Webster County Farm Bureau
SCHEDULE I
October 31, 2011

SERVICE FEES RECEIVED

INSURANCE

Blue Cross Blue Shield	7880
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Southern Farm Bureau Life Insurance Company	8091
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Southern Farm Bureau Casualty Insurance Company	21714
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Mississippi Farm Bureau Mutual Insurance Company	<u>12943</u>
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Total Insurance Fees	<u>50628</u>
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Webster County Farm Bureau
SCHEDULE II
October 31, 2011

	TOTAL	DUES	UBI	RENTAL	MISC
INCOME					
Farm Bureau Dues-Net	27770	27770			
Insurance Company Svc Fees	50628		50628		
Interest	25				25
Net Sales	-20				-20
	<hr/>				
TOTAL INCOME	78403	27770	50628	0	5
	<hr/>				

Relationship of Dues to
Service Fees

35.4% 64.6%

Floor Space Ratio

50.0% 50.0%

Allocation of General Overhead
Based on the Relationship of
Dues to Service Fees

Telephone	3419		
Postage	352		
Office Expense	2678		
Depreciation	814		
	<hr/>		
TOTAL	7263	2573	4690

Allocation of Occupancy Expense
Base on Area Occupied

Utilities	3925		
Taxes	3750		
Insurance	1394		
Building Maintenance	4122		
Depreciation	3327		
	<hr/>		
TOTAL	16518	8259	8259

Webster County Farm Bureau
Depreciation Schedule
October 31, 2011
Building/Improvements

Description	Acquired	Beg Balance	Additions (Deduct)	End Balance	Rate (Yrs)	Type	Accumulated Depreciation			Net
							Beg Balance	Additions (Deduct)	End Balance	
Building	Nov-98	129761.00		129761.00	39 0	SL	39926.52	3327 21	43253.73	86507.27

129761 00	0.00	129761.00	39926.52	3327.21	43253.73	86507.27
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Webster County Farm Bureau
Depreciation Schedule
October 31, 2011
Furniture & Equipment

Description	Acquired	Beg Balance	Additions (Deduct)	End Balance	Rate (Yrs)	Type	Accumulated Depreciation			Net
							Beg Balance	Additions (Deduct)	End Balance	
Fully Depreciated Items		11678.66		11678.66	7.0	SL	11678.66	0.00	11678.66	0.00
Desk	Nov-01	750.00		750.00	7.0	SL	750.00	0.00	750.00	0.00
Equipment	Jan-04	428.00		428.00	7.0	SL	428.00	0.00	428.00	0.00
Equipment	Oct-07	855.21		855.21	7.0	SL	366.51	122.17	488.68	366.53
Furniture	Jan-08	427.98		427.98	7.0	SL	183.42	61.14	244.56	183.42
Furniture	Jan-08	253.58		253.58	7.0	SL	108.69	36.23	144.92	108.66
Furniture	Aug-09	1705.58		1705.58	7.0	SL	487.30	243.65	730.95	974.63
Furniture	Aug-09	2455.65		2455.65	7.0	SL	701.62	350.81	1052.43	1403.22

18554.66	0.00	18554.66	14704.20	814.00	15518.20	3036.46
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