



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990-EZ****Short Form**
Return of Organization Exempt From Income Tax

OMB No 1545-1150

2012**Open to Public Inspection**Department of the Treasury
Internal Revenue Service

- 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.

A For the 2012 calendar year, or tax year beginning , and ending																			
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	<table border="1"> <tr> <td colspan="2">C Name of organization Farm Bureau Federation Mississippi Benton County</td> <td>D Employer identification number 64-0469189</td> </tr> <tr> <td colspan="2">Number and street (or P O box, if mail is not delivered to street address)</td> <td>E Telephone number</td> </tr> <tr> <td colspan="2">Room/suite</td> <td>(662) 224-8946</td> </tr> <tr> <td colspan="2">P O Box 7</td> <td>F Group Exemption Number</td> </tr> <tr> <td colspan="2">City or town state or country ZIP + 4</td> <td>1473</td> </tr> <tr> <td colspan="2">Ashland MS 38603-0007</td> <td></td> </tr> </table>	C Name of organization Farm Bureau Federation Mississippi Benton County		D Employer identification number 64-0469189	Number and street (or P O box, if mail is not delivered to street address)		E Telephone number	Room/suite		(662) 224-8946	P O Box 7		F Group Exemption Number	City or town state or country ZIP + 4		1473	Ashland MS 38603-0007		
C Name of organization Farm Bureau Federation Mississippi Benton County		D Employer identification number 64-0469189																	
Number and street (or P O box, if mail is not delivered to street address)		E Telephone number																	
Room/suite		(662) 224-8946																	
P O Box 7		F Group Exemption Number																	
City or town state or country ZIP + 4		1473																	
Ashland MS 38603-0007																			
G Accounting Method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) _____																			
I Website: ► N/A																			
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 or a section 527 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. ► \$ 89,182																			

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 ☒

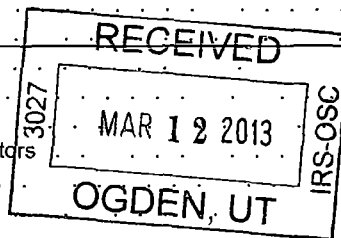
Revenue	1	Contributions, gifts, grants, and similar amounts received	1	
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	44,444
	4	Investment income	4	543
	5a	Gross amount from sale of assets other than inventory	5a	
	b	Less cost or other basis 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	
7a	Gross sales of inventory, less returns and allowances	7a	240	
b	Less cost of goods sold	7b	325	
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	-85	
8	Other revenue (describe in Schedule O)	8	43,955	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	88,857	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	19,386
	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 in Schedule O)	16	66,206
	17	Total expenses. Add lines 10 through 16	17	85,592
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	3,265
	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	124,396
	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	127,661

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2012)

HTA

SCANNED MAR 25 2013



4

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	97,915	22 100,720
23 Land and buildings	26,296	23 24,976
24 Other assets (describe in Schedule O)	220	24 1,965
25 Total assets	124,431	25 127,661
26 Total liabilities (describe in Schedule O)	35	26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	124,396	27 127,661

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 ☐

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

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28 To unite through our membership those people or groups of people with a common interest in developing and improving the economic, social, and educational interest of the farmer.

(Grants \$) If this amount includes foreign grants, check here ☐**Expenses**

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

28a

29

(Grants \$) If this amount includes foreign grants, check here ☐

29a

30

(Grants \$) If this amount includes foreign grants, check here ☐

30a

31 Other program services (describe in Schedule O)

(Grants \$) If this amount includes foreign grants, check here ☐

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 title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Kevin Simpson President	Hr/WK 5.00			
Matt Orman Vice President	Hr/WK 3.00			
Danny Talbot Director	Hr/WK 2.00			
Sid Ayers Director	Hr/WK 2.00			
David Bennett Jr. Director	Hr/WK 2.00			
Ransom Bolden Director	Hr/WK 2.00			
Heath Byrd Director	Hr/WK 2.00			
Jerry Childers Director	Hr/WK 2.00			
Donald Courson Director	Hr/WK 2.00			
Frank Hines Director	Hr/WK 2.00			
Lee McKenzie Director	Hr/WK 2.00			
Darrell Morrison Director	Hr/WK 2.00			

Part V Other Information (Note the Schedule A and personal benefit contract 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 significant 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 a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	X	
b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	X	
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		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		
b Did the organization file Form 1120-POL for this year?		
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.		
39 Section 501(c)(7) organizations Enter		
a Initiation fees and capital contributions included on line 9.		
b Gross receipts, included on line 9, for public use of club facilities		
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		
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		X
41 List the states with which a copy of this return is filed		
42 a The organization's books are in care of <u>Debbie Renick</u> Telephone no <u>(662) 224-8946</u> Located at <u>30 Main St</u> City <u>Benton</u> ST <u>MS</u> ZIP + 4 <u>38603</u>		
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 .		X
c At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country		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		
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		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		X
c Did the organization receive any payments for indoor tanning services during the year?		X
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.		
45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b 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 (see instructions)		X

- 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

	Yes	No
46		X

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations 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 or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II
- 48** Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 49 a** Did the organization make any transfers to an exempt non-charitable related organization?
- b** If "Yes," was the related organization a section 527 organization?
- 50** Complete this table for the organization's 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"

	Yes	No
47		
48		
49a		
49b		

(a) Name and title of each employee paid more than \$100,000	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Name <u>None</u>				
Title	Hr/WK 00			
Name				
Title	Hr/WK 00			
Name				
Title	Hr/WK .00			
Name				
Title	Hr/WK 00			
Name				
Title	Hr/WK 00			

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

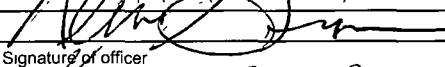
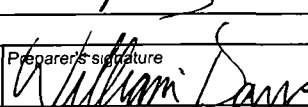
- 51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
Name <u>None</u>		
City	ST ZIP	
Name		
City	ST ZIP	
Name		
City	ST ZIP	
Name		
City	ST ZIP	
Name		
City	ST ZIP	

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

- 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 	Date <u>5-7-13</u>			
	Type or print name and title <u>KEVIN SIMPSON Pres</u>				
Paid Preparer Use Only	Print/Type preparer's name <u>William Davis</u>	Preparer's signature 	Date <u>2/28/2013</u>	Check <input type="checkbox"/> if self-employed	PTIN <u>P00631674</u>
	Firm's name ▶ <u>Mississippi Farm Bureau Federation</u>	Firm's EIN ▶ <u>64-0303134</u>			
	Firm's address ▶ <u>6311 Ridgewood RD, Jackson, MS 39211</u>	Phone no <u>(601) 977-4205</u>			
	May the IRS discuss this return with the preparer shown above? See instructions. ▶ <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2012

**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 Benton County

64-0469189

Form 990-EZ, Part I, Line 8, Other Revenue. Schedule 1. 43,955

Form 990-EZ, Part I, Line 10, Grants Paid Activity, Grantee Mississippi Farm Bureau

Federation 6311 I-55 North Jackson MS 39211, Cash Grant 19,386, Relationship

Form 990-EZ, Part I, Line 16, Other Expenses. Schedule 2. 66,206

Form 990-EZ, Part II, Line 24, Other Assets. Prepaid Tax-990T: Beginning of year 0, End of

year. 1,520

Form 990-EZ, Part II, Line 24, Other Assets. Prepaid Tax-State. Beginning of year 220, End of

year 445

Form 990-EZ, Part II, Line 26, Liabilities. Payroll Taxes Due. Beginning of year 35, End of

year 0

Name of the organization

Employer identification number

Farm Bureau Federation Mississippi Benton County

64-0469189

Page 1 of 1 of Part IV

Employer identification number

64-0469189

[illegible]

(Including Information on Listed Property)

2012

Attachment
Sequence No 179Department 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 Benton Cou

990EZ

64-0469189

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 2011 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 2013 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	1,321

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 2012	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 2012 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			27 5 yrs	MM	S/L	
			39 yrs	MM	S/L	
				MM	S/L	

Section C - Assets Placed in Service During 2012 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	1,321
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 (2012)

Benton County Farm Bureau
SCHEDULE I
December 31, 2012

SERVICE FEES RECEIVED

INSURANCE

Blue Cross Blue Shield	4509
Southern Farm Bureau Life Insurance Company	6183
Southern Farm Bureau Casualty Insurance Company	19851
Mississippi Farm Bureau Mutual Insurance Company	<u>13036</u>
Total Insurance Fees	<u>43579</u>

Farm Bureau Bank Service Fees	<u>376</u>
Total FB Bank Svc Fees	<u>376</u>

TOTAL SERVICE FEES	<u><u>43955</u></u>
--------------------	---------------------

Benton County Farm Bureau
SCHEDULE II
December 31, 2012

	TOTAL	DUES	UBI	RENTAL	MISC
INCOME					
Farm Bureau Dues-Net	25058	25058			
Insurance Company Svc Fees	43579		43579		
Farm Bureau Bank Svc Fees	376		376		
Interest	543				543
Net Sales	-85				-85
TOTAL INCOME	69471	25058	43955	0	458

Relationship of Dues to
Service Fees

36.3% 63.7%

Floor Space Ratio

50.0% 50.0%

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

Promotions	664		
Insurance	309		
Telephone	3889		
Postage	77		
Office Expense	2892		
Depreciation	592		
TOTAL	8423	3058	5365

Allocation of Occupancy Expense
Base on Area Occupied

Utilities	4830		
Taxes	0		
Insurance	1316		
Building Maintenance	2210		
Interest	0		
Depreciation	729		
Rent	0		
TOTAL	9085	4542	4543

Benton County Farm Bureau
SCHEDULE II
December 31, 2012

Page 2

	TOTAL	DUES	UBI	RENTAL	MISC
Allocation of Secretary's Salary and Related Expenses		43.5%	56.5%		
Salary - Secretary	34221				
Payroll Taxes	2819				
Employee Insurance	1201				
Retirement	0				
TOTAL	38241	16635	21606		
Expense Directly Attributed to Production of Farm Bureau Dues					
Income Tax - 990T	1532				
Board Expense	2815				
Contributions	250				
MFBF Convention	4271				
Secretary Meeting	33				
Womens Committee	272				
TOTAL	9173	9173			
Expense Directly Related to Production of Service Fees					
State Income Tax	444				
Computer Rent	840				
TOTAL	1284		1284		
TOTAL EXPENSES	66206	33408	32798	0	0

Benton County Farm Bureau
Depreciation Schedule
December 31, 2012
Building/Improvements

Description	Acquired	Beg Balance	Additions (Deduct)	End Balance	Rate (Yrs)	Type	Accumulated Depreciation			Net
							Beg Balance	Additions (Deduct)	End Balance	
Building	Oct-72	16447 00		16447 00	30 0	SL	16447 00	0 00	16447 00	0 00
Building	Oct-90	1200 00		1200 00	31 5	SL	830 08	38 10	868 18	331 82
Building	May-95	2250 00		2250 00	31 5	SL	1200 57	71 43	1272.00	978 00
Building	Oct-98	1038 76		1038 76	39 0	SL	372 82	26 63	399 45	639 31
Building	Dec-98	322 28		322 28	39 0	SL	99.12	8 26	107 38	214 90
Building	Feb-02	2500 00		2500 00	39 0	SL	641 00	64.10	705 10	1794 90
Building	Apr-08	20315 66		20315.66	39 0	SL	1909 93	520 91	2430 84	17884 82

44073 70	0 00	44073 70	21500 52	729 43	22229 95	21843 75
----------	------	----------	----------	--------	----------	----------

Benton County Farm Bureau
Depreciation Schedule
December 31, 2012
Furniture & Equipment

Description	Acquired				Rate (Yrs)	Type	Accumulated Depreciation			Net
		Beg Balance	Additions (Deduct)	End Balance			Beg Balance	Additions (Deduct)	End Balance	
Fully Depreciated		19127 97		19127 97	7 0	SL	19127 97	0 00	19127 97	0 00
Furniture	Jul-02	193 04		193 04	7 0	SL	193 04	0 00	193 04	0 00
Copier	Jul-03	697 07		697 07	7 0	SL	697 07	0 00	697 07	0 00
Furniture	May-08	171.59		171 59	7 0	SL	87 81	24 51	112 32	59 27
Furniture	Dec-09	226 27		226 27	7 0	SL	64 64	32 32	96 96	129 31
Phone System	Jun-11	3743 93		3743 93	7 0	SL	267 43	534 85	802 28	2941 65

24159 87	0.00	24159 87	20437 96	591.68	21029.64	3130 23
----------	------	----------	----------	--------	----------	---------
