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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)

OMB No 1545-1150

2010

Open to Public
Inspection

- 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 2010 calendar year, or tax year beginning _____, and ending _____																																																																							
B Check if applicable		C Name of organization HART COUNTY CATTLEMEN'S ASSOCIATION																																																																					
Address change		D Employer identification number 61-1245048																																																																					
Name change		E Telephone number 270 528 4550																																																																					
Initial return		F Group Exemption Number ► N/A																																																																					
Terminated		G Accounting Method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ► _____																																																																					
Amended return		H Check ► <input type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)																																																																					
Application pending		I Website: ► N/A																																																																					
J Tax-exempt status (check only one) — <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ► (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. ► \$ 391,136																																																																							
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. <input checked="" type="checkbox"/>																																																																							
Revenue	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">1</td> <td style="width: 80%;">Contributions, gifts, grants, and similar amounts received</td> <td style="width: 10%; text-align: right;">1</td> <td style="width: 10%;">346,687</td> </tr> <tr> <td>2</td> <td>Program service revenue including government fees and contracts</td> <td style="text-align: right;">2</td> <td style="text-align: right;">2,500</td> </tr> <tr> <td>3</td> <td>Membership dues and assessments</td> <td style="text-align: right;">3</td> <td></td> </tr> <tr> <td>4</td> <td>Investment income</td> <td style="text-align: right;">4</td> <td style="text-align: right;">370</td> </tr> <tr> <td>5a</td> <td>Gross amount from sale of assets other than inventory</td> <td style="text-align: right;">5a</td> <td></td> </tr> <tr> <td>b</td> <td>Less: cost or other basis and sales expenses</td> <td style="text-align: right;">5b</td> <td></td> </tr> <tr> <td>c</td> <td>Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)</td> <td style="text-align: right;">5c</td> <td style="text-align: right;">0</td> </tr> <tr> <td>6</td> <td>Gaming and fundraising events</td> <td></td> <td></td> </tr> <tr> <td>a</td> <td>Gross income from gaming (attach Schedule G if greater than \$15,000)</td> <td style="text-align: right;">6a</td> <td></td> </tr> <tr> <td>b</td> <td>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)</td> <td style="text-align: right;">6b</td> <td></td> </tr> <tr> <td>c</td> <td>Less: direct expenses from gaming and fundraising events</td> <td style="text-align: right;">6c</td> <td></td> </tr> <tr> <td>d</td> <td>Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)</td> <td style="text-align: right;">6d</td> <td style="text-align: right;">0</td> </tr> <tr> <td>7a</td> <td>Gross sales of inventory, less returns and allowances</td> <td style="text-align: right;">7a</td> <td style="text-align: right;">41,579</td> </tr> <tr> <td>b</td> <td>Less: cost of goods sold</td> <td style="text-align: right;">7b</td> <td style="text-align: right;">15,126</td> </tr> <tr> <td>c</td> <td>Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)</td> <td style="text-align: right;">7c</td> <td style="text-align: right;">26,453</td> </tr> <tr> <td>8</td> <td>Other revenue (describe in Schedule O)</td> <td style="text-align: right;">8</td> <td></td> </tr> <tr> <td>9</td> <td>Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8</td> <td style="text-align: right;">9</td> <td style="text-align: right;">376,010</td> </tr> </table>			1	Contributions, gifts, grants, and similar amounts received	1	346,687	2	Program service revenue including government fees and contracts	2	2,500	3	Membership dues and assessments	3		4	Investment income	4	370	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	41,579	b	Less: cost of goods sold	7b	15,126	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	26,453	8	Other revenue (describe in Schedule O)	8		9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	376,010
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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	3,435	22 3,023
23 Land and buildings		23
24 Other assets (describe in Schedule O)	205,017	24 328,768
25 Total assets	208,452	25 331,791
26 Total liabilities (describe in Schedule O)		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	208,452	27 331,791

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 promote the cattle industry and its products

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.

Expenses

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

28 GRANTS TO CATTLEMEN FOR HELP TO UPGRADE THEIR HERDS AND FACILITIES. GRANTS ARE GIVEN TO IMPROVE GENETICS AND FEED QUALITY, HERD HEALTH, HOLDING PENS AND FENCES A TOTAL OF 89 CATTLEMEN RECEIVED GRANTS FOR 2010.			
(Grants \$) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	28a	313,463
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	-313,463
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
JAY MCCOY 4633 HARDYVILLE RD MUNFORDVILLE KY 42765	Title PRESIDENT Hr/WK .00	0		
DON REYNOLDS 1405 HAMMONSVILLE RD MAGNOLIA KY 42757	Title V-PRES Hr/WK .00	0		
CLAYTON GERALDS 2275 CAVE HILL RD MUNFORDVILLE KY 42765	Title SECRETARY Hr/WK .00	0		
PHILLIP LOGSDON 2124 HAMMONSVILLE RD MUNFORDVILLE KY 42765	Title TREASURER Hr/WK .00	0		
	Title Hr/WK .00	0		
	Title Hr/WK .00	0		
	Title Hr/WK .00	0		
	Title Hr/WK .00	0		
	Title Hr/WK .00	0		
	Title Hr/WK .00	0		
	Title Hr/WK .00	0		
	Title Hr/WK .00	0		
	Title Hr/WK .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. 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.

	Yes	No
33	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)

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, 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?

--	--

b If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)?

35a	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

36	X
----	---

37 a Enter amount of political expenditures, direct or indirect, as described in the instructions. ► 37a

37a	
-----	--

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 outstanding at the end of the tax year 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:

39a	
-----	--

a Initiation fees and capital contributions included on line 9

39b	
-----	--

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 ►

40a	
-----	--

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	X
-----	---

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. ►

40c	
-----	--

d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization. ►

40d	
-----	--

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 ► Telephone no. ►

42a	
-----	--

Located at ► City. ST. ZIP + 4 ►

42b	
-----	--

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)?

42c	
-----	--

If "Yes," enter the name of the foreign country: ►

42d	
-----	--

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.

42e	
-----	--

c At any time during the calendar year, did the organization maintain an office outside of the U.S.?

42f	
-----	--

If "Yes," enter the name of the foreign country: ►

42g	
-----	--

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here

43a	
-----	--

and enter the amount of tax-exempt interest received or accrued during the tax year ► 43

43b	
-----	--

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	
-----	--

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	
-----	--

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	X
-----	---

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

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.

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
45		X
45a		X
46		X

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.

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."

(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 _____	Title _____			
City ST ZIP _____	Hr/WK 00			
Name _____ Str _____	Title _____			
City ST ZIP _____	Hr/WK 00			
Name _____ Str _____	Title _____			
City ST ZIP _____	Hr/WK 00			
Name _____ Str _____	Title _____			
City ST ZIP _____	Hr/WK .00			
Name _____ Str _____	Title _____			
City ST ZIP _____	Hr/WK .00			

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

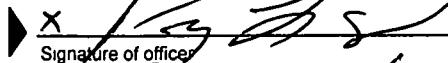
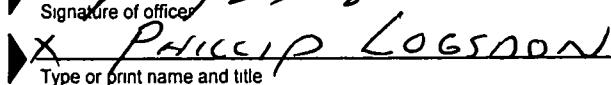
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

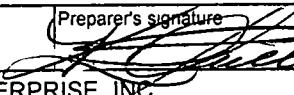
(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
Name None Str _____		
City ST ZIP _____		
Name _____ Str _____		
City ST ZIP _____		
Name _____ Str _____		
City ST ZIP _____		
Name _____ Str _____		
City ST ZIP _____		
Name _____ Str _____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

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

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	<input checked="" type="checkbox"/> 		Date 3-24-11
	Signature of officer		
►  Type or print name and title ► PHILLIP LOGSDON			

Paid Preparer's Use Only	Print/Type preparer's name KEITH ATWELL	Preparer's signature 	Date 3/24/2011	Check if self-employed <input checked="" type="checkbox"/>	PTIN PO1085904
	Firm's name ► AAA ENTERPRISE, INC.			Firm's EIN ►	
	Firm's address ► 111 EAST OLD STREET, MUNFORDVILLE, KY 42765			Phone no 270 524-9176	

May the IRS discuss this return with the preparer shown above? See instructions.

► Yes No

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

DOOR PRIZES AND AWARDS	992
DONATIONS	100
CORP FEE	4
TAX SERVICE	950
INSURANCE	1,285
MISC	19
REG. FEE	784
HART CO FAIR EXPENSE	2,534
TRANSFERS TO OTHERS	217
FARM BUREAU MEMBERSHIP	25
TRAVEL EXPENSES	837
SCHOLARSHIPS	1,588
YOUTH RODEO SPONSOR	250
ADVERTISING	507
FEES	30
DAIRY DAY	400
GOAT SHOW	300
TOTAL OF ALL EXPENSES	10,822

**Department of the Treasury
Internal Revenue Service**

Name of the organization

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.

Employer identification number

61-1245048

HART COUNTY CATTLEMEN'S ASSOCIATION

Page 1 of 1

Digitized by srujanika@gmail.com

FORM 990-EZ, PART II, LINE 24, OTHER ASSETS - UNDISTRIBUTED GRANT MONEY, BEGINNING OF THE

YEAR \$205,017, END OF THE YEAR \$328,768.

Detail Schedule 099Misc

Recipients Information

HARRISON COUNTY CATTLEMEN'S

31346337

Box 3

Index	ID Number	Last Name	First Name	Address Line 1	City	State	Zip Code
1	405-19-3689	WALTERS	AARON	135 BACON CREEK RD	BONNIEVILLE	KY	42713
2	403-21-1126	HAWKINS	ANDREW	549 ERNEST WILSON RD	MUNFORDVILLE	KY	42765
3	407-08-9365	TURNER	ARTHUR	11265 HAMMONSVILLE RD	MAGNOLIA	KY	42757
4	404-64-9848	PARDUE	BEN	3865 N. JACKSON HWY	MUNFORDVILLE	KY	42765
5	402-80-7852	SMITH	BILLY	552 E. W. HATCHER RD	HORSE CAVE	KY	42749
6	406-38-3532	SMITH	BOBBY	1105 GRADY RD	MUNFORDVILLE	KY	42765
7	405-29-6398	HINES	BRAD	12280 N. JACKSON HWY	MAGNOLIA	KY	42757
8	403-23-6012	GRAHAM	BRANDON	1752 HAMMONSVILLE-JONESVILLE MAGNOLIA	KY	42757	3,679 56
9	402-92-2910	AVERY	BRUCE	680 BENNETT RD	SUMMERSVILLE	KY	42782
10	407-58-9487	MARTIN	C F.	6489 BUNNELL CROSSING RD	HARDYVILLE	KY	42746
11	406-37-5567	GERALDS	CHRIS	66 DEACON LN	CUB RUN	KY	42729
12	400-33-7567	THOMPSON	CHRISTOPHER	10374 CUB RUN HWY	MUNFORDVILLE	KY	42765
13	400-50-1239	MEREDITH	CLARENCE	P.O. BOX 290	BONNIEVILLE	KY	42713
14	406-88-1515	GERALDS	CLAYTON	2270 CAVE HILL RD	MUNFORDVILLE	KY	42765
15	406-88-1612	MEADOR	CONI	P.O. BOX 10	MUNFORDVILLE	KY	42765
16	403-15-5478	HAWKINS	DANIEL	7764 CUB RUN HWY	MUNFORDVILLE	KY	42765
17	401-86-1716	GRAHAM	DAVID	2145 HAMMONSVILLE-JONESVILLE MAGNOLIA	KY	42757	3,775 00
18	407-80-2966	HAWKINS	DAVID	225 CANE RUN RD	MUNFORDVILLE	KY	42765
19	403-25-9624	PEDIGO	DAVID	7325 HARDYVILLE RD	HARDYVILLE	KY	42746
20	407-80-3320	REYNOLDS	DONALD	1405 JONESVILLE MILL RD	MAGNOLIA	KY	42757
21	401-76-0987	HARLOW	DONNIE	1897 WHICKERVILLE RD	HARDYVILLE	KY	42746
22	405-72-8003	BARBOUR	DOUGLAS	1298 HALLTOWN RD	CANMER	KY	42722
23	406-15-7165	FRAZE	EMMETT	384 JOHNSON CEM RD	MUNFORDVILLE	KY	42765
24	407-11-1505	MARTIN	FRANKLIN	7754 BUNNELL CROSSING RD	HARDYVILLE	KY	42746
25	270-38-3745	WALLACE	FRED	1485 NORTHTOWN SCHOOL RD	HORSE CAVE	KY	42749
26	406-54-1808	WATERS	GEORGE	1364 HIDDEN RIVER RD	HORSE CAVE	KY	42749
27	403-68-8918	THOMAS	GLENN	P.O. BOX 456	MUNFORDVILLE	KY	42765
28	403-04-7678	FIELDS	HAROLD	785 PORT WOODEN RD	UPTON	KY	45784
29	400-02-2545	BERRY	JACKIE	1709 S. JACKSON HWY	HARDYVILLE	KY	42746
30	403-22-0255	BOWMAN	JAMES	230 CENTER ST	MUNFORDVILLE	KY	42765
31	405-62-4398	HODGES	JAMES	2397 HUNDRED ACRE POND RD	HARDYVILLE	KY	42746
32	319-38-0144	KELLY	JAMES	7582 PRICEVILLE RD	MUNFORDVILLE	KY	42765
33	403-08-0478	KNIGHT	JAMIE	15358 S. DIXIE HWY	UPTON	KY	42784
34	406-11-4302	CALLOWAY	JARET	P. O. BOX 309	SONORA	KY	42776
35	400-96-3249	DENNIS	JASON	168 CHARLES JAGGERS RD	MUNFORDVILLE	KY	42765
36	406-88-9799	METCALFE	JASON	3177 DAVIS BEND RD	CANMER	KY	42722
37	405-37-1788	MCCOY	JAY	4633 HARDYVILLE RD	MUNFORDVILLE	KY	42765
38	407-11-1786	WILSON	JEFF	880 LEGRANDE HWY	HORSE CAVE	KY	42749
39	407-13-8902	LOGSDON	JENNYE	2318 S. JACKSON HWY	HORSE CAVE	KY	42749
40	407-58-8648	BRANSTETTER	JERRY	1535 SEYMOUR BEARWALLOW	HORSE CAVE	KY	42749
41	404-78-5046	GIESECKE	JOHN	3948 S. JACKSON HWY	HORSE CAVE	KY	42749
42	400-33-6702	REYNOLDS	JOHN	207 HART DRIVE	MUNFORDVILLE	KY	42765
43	407-84-0438	STAPLES	JOHN	185 AEATNA FURNACE HWY	MAGNOLIA	KY	42757
44	401-08-9015	ROBERTSON	JONATHAN	4675 HUNDRED ACRE POND RD	HARDYVILLE	KY	42746
45	405-76-6717	STAPLES	JOSEPH	5505 AEATNA FURNACE HWY	MAGNOLIA	KY	42757

Detail Schedule 1099MISC Recipients Information

Index	ID Number	LastName	FirstName	Address	City	State	ZIP Code	Box	One Long Line	Unit Accnt
26	406-38-5574	KING	KENDELL	1377 BOYDS KNOB RD	MUNFORDVILLE	KY	42765	2,402.89		
47	406-38-6658	CHOATE	KENNETH	2088 PRICEVILLE RD	BONNIEVILLE	KY	42713	3,601.39		
48	406-17-6457	PUCKETT	KENNETH	398 POND RD	CAMMER	KY	42722	3,787.22		
49	405-86-8082	CHOATE	KENNY	2135 PRICEVILLE RD	BONNIEVILLE	KY	42713	3,259.92		
50	406-88-1684	WILSON	KERRY	604 CUCK-A-LUCK	MUNFORDVILLE	KY	42765	913.75		
51	400-90-1383	JEWELL	KEVIN	6889 HAPPY VALLEY RD	CAVE CITY	KY	42721	4,859.65		
52	404-72-3121	HEDGEPETH	LARRY	1338 HEDGEPETH RD	CAMMER	KY	42722	2,994.96		
53	404-72-4296	JEWELL	LARRY	505 E. MAIN ST	CAVE CAVE	KY	42749	2,906.52		
54	407-80-6736	AVERY	LAWRENCE	225 I. H. GILL RD	CAMMER	KY	42722	5,000.00		
55	403-60-6174	MURRAY	LEROY	218 MURRAY RD	MUNFORDVILLE	KY	42765	3,527.00		
56	406-88-0276	TAYLOR	LINDEL	245 SEYMOUR PARK RD	HORSE CAVE	KY	42749	1,319.58		
57	402-80-8725	AVERY	LUTHER	3770 DEFRIES RD	CAMMER	KY	42722	3,064.77		
58	404-72-2963	SMITH	MARION	292 CHARLES JAGGERS RD	MUNFORDVILLE	KY	42765	2,359.67		
59	402-43-6974	DENNISON	MATTHEW	5824 S. JACKSON HWY	HORSE CAVE	KY	42749	2,623.00		
60	440-72-2264	DENNEY	MIKE	102 GADDIE CEM RD	BONNIEVILLE	KY	42713	3,741.94		
61	406-68-3804	LAWLER	MIKE	1098 LONOKE RD	MUNFORDVILLE	KY	42765	2,031.28		
62	407-02-7786	LOGSDON	MITCHEL	599 SHADY LANE RD	MUNFORDVILLE	KY	42765	2,624.40		
63	401-84-7481	DENNISON	PAUL	5824 S. JACKSON HWY	HORSE CAVE	KY	42749	5,000.00		
64	400-84-1195	HAWKINS	PAUL	7925 CUB RUN HWY	MUNFORDVILLE	KY	42765	5,000.00		
65	404-78-5032	KILLMAN	R. J.	770 CAVE HILL RD	MUNFORDVILLE	KY	42765	4,968.87		
66	401-86-1462	HINES	RANDY	12952 N. JACSON HWY	MAGNOLIA	KY	42757	4,032.89		
67	406-88-2083	POTTINGER	RANDY	1092 AETNA FURNACE HWY	MAGNOLIA	KY	42757	665.68		
68	402-13-2559	MEREDITH	RICHARD	7240 NORTH DIXIE HWY	BONNIEVILLE	KY	42713	2,200.00		
69	400-66-3504	WILKERSON	RICHARD	2070 HARDYVILLE RD	MUNFORDVILLE	KY	42765	2,393.24		
70	402-88-6393	HARDY	RICKEY	594 PRICEVILLE RD	BONNIEVILLE	KY	42713	1,276.63		
71	407-19-8879	CROGHAN	RICKY	566 HUNDRED ACRE POND RD	HARDYVILLE	KY	42746	4,627.22		
72	406-60-4905	MARTIN	ROBERT	3160 N. JACKSON HWY	CAMMER	KY	42722	5,000.00		
73	402-31-4568	SPENCER	SCOTT	475 C. HOLICK RD	MUNFORDVILLE	KY	42765	2,500.00		
74	403-62-6055	LOBB	SIDNEY	9984 N. DIXIE HWY	BONNIEVILLE	KY	42713	5,000.00		
75	287-72-2913	RAHM	TAMARA	2078 LONE STAR RD	UPTON	KY	42784	2,500.00		
76	404-15-3441	LOBB	THOMAS	1549 WALNUT GROVE SCHOOL	BONNIEVILLE	KY	42713	5,000.00		
77	406-94-4985	ISAACS	TIM	809 GLEN LOGSDON RD	HORSE CAVE	KY	42749	4,491.07		
78	406-23-0854	JEFFRIES	TIM	2315 DAVIS BEND RD	CAMMER	KY	42722	4,850.00		
79	404-15-5923	SCOTT	TIFFANY	2140 HARDYVILLE RD	MUNFORDVILLE	KY	42765	2,290.88		
80	400-84-0180	ESTES	TIMOTHY	6000 DEFRIES RD	CAMMER	KY	42722	708.78		
81	403-58-6090	CROGHAN	TOM	645 DOG CREEK RD	CUB RUN HWY	KY	42729	4,934.06		
82	407-06-0463	REYNOLDS	TOMMY	1018 BALES RD	MAGNOLIA	KY	42757	5,000.00		
83	402-08-3518	CHAPMAN	TONY	5753 MACON-KESSINGER RD	CUB RUN	KY	42729	5,000.00		
84	400-04-3286	REYNOLDS	TONY	1022 HAMMONDSVILLE SCHOOL	MAGNOLIA	KY	42757	2,500.00		
85	401-86-2116	HENSLEY	VICKI	2631 LEGRANDE HWY	HORSE CAVE	KY	42749	5,470.00		
86	403-38-3256	HEDGEPETH	W.E.	1435 HEDGEPETH RD	CAMMER	KY	42722	3,187.62		
87	407-21-7736	HAWKINS	WELDON	225 CANE RUN RD	MUNFORDVILLE	KY	42765	5,000.00		
88	405-94-3496	SCOTT	WILLIAM	977 THOMAS BEND RD	MUNFORDVILLE	KY	42765	1,576.38		
89	401-64-9352	SMITH	WINFORD	5457 MACON-KESSINGER RD	MUNFORDVILLE	KY	42765	5,000.00		