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

OMB No 1545-1150

2010**Open to Public Inspection**Department of the Treasury
Internal Revenue Service

- 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, 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:
☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organization
HART COUNTY CATTLEMEN'S ASSOCIATION
 Number and street (or P.O. box, if mail is not delivered to street address) Room/suite
P.O. BOX 621
 City or town state or country ZIP + 4
MUNFORDVILLE KY 42765

D Employer identification number
61-1245048

E Telephone number
270 528 4550

F Group Exemption Number ► **N/A**

G Accounting Method ☒ Cash ☐ Accrual Other (specify) ►

I Website: ► **N/A**

J Tax-exempt status (check only one) — ☒ 501(c)(3) ☐ 501(c) () ◀ (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 \$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. ☒

Revenue	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	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	313,463
	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	5,938
	14	Occupancy, rent, utilities, and maintenance	14	150
	15	Printing, publications, postage, and shipping	15	1,418
	16	Other expenses (describe in Schedule O)	16	10,822
	17	Total expenses. Add lines 10 through 16. ►	17	331,791
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	44,219
	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	208,452
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	79,120
	21	Net assets or fund balances at end of year. Combine lines 18 through 20. ►	21	331,791

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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		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 ▶		
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 ▶ Telephone no. ▶		
Located at ▶ City ▶ ST ▶ ZIP + 4 ▶		
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)?	Yes	No
If "Yes," enter the name of the foreign country: ▶		X
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.?		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		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		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."

	Yes	No
47		X
48		X
49a		X
49b		

(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 <u>None</u> Str _____	Title _____			
City <u>ST</u> ZIP _____	Hr/WK <u>00</u>			
Name _____ Str _____	Title _____			
City <u>ST</u> ZIP _____	Hr/WK <u>00</u>			
Name _____ Str _____	Title _____			
City <u>ST</u> ZIP _____	Hr/WK <u>00</u>			
Name _____ Str _____	Title _____			
City <u>ST</u> ZIP _____	Hr/WK <u>.00</u>			
Name _____ Str _____	Title _____			
City <u>ST</u> ZIP _____	Hr/WK <u>.00</u>			

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 <u>None</u> Str _____		
City <u>ST</u> ZIP _____		
Name _____ Str _____		
City <u>ST</u> ZIP _____		
Name _____ Str _____		
City <u>ST</u> ZIP _____		
Name _____ Str _____		
City <u>ST</u> ZIP _____		
Name _____ Str _____		
City <u>ST</u> 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	<input checked="" type="checkbox"/> <u>Philip Logsdon</u> Signature of officer	Date <u>3-24-11</u>
	<input checked="" type="checkbox"/> <u>Philip Logsdon</u> Type or print name and title	

Paid Preparer's Use Only	Print/Type preparer's name <u>KEITH ATWELL</u>	Preparer's signature <u>[Signature]</u>	Date <u>3/24/2011</u>	Check if self-employed <input checked="" type="checkbox"/>	PTIN <u>201085904</u>
	Firm's name <u>AAA ENTERPRISE, INC</u>	Firm's EIN <u>270 524-9176</u>			
	Firm's address <u>111 EAST OLD STREET, MUNFORDVILLE, KY 42765</u>	Phone no <u>270 524-9176</u>			

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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.

OMB No 1545-0047

2010

**Open to Public
Inspection**

HART COUNTY CATTLEMEN'S ASSOCIATION

Employer identification number

61-1245048

FORM 990-EZ, PART I, LINE 10, GRANTS PAID TO CATTLEMEN \$313,463, RELATIONSHIP NONE (SEE LIST ATTACHED).

FORM 990-EZ, PART I, LINE 20, GRANTS NOT YET DISTRIBUTED FROM 2009, DISTRIBUTED IN 2010

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 1099MISC Recipient's Information HART COUNTY CATTLEMEN'S ASSOCIATION

313 463-37

Index	ID Number	Last Name	First Name	Address/Line 1	City	State	ZIP Code	Box 3	Other Income
1	405-19-3689	WALTERS	AARON	135 BACON CREEK RD	BONNIEVILLE	KY	42713		5,000.00
2	403-21-1126	HAWKINS	ANDREW	549 ERNEST WILSON RD	MUNFORDVILLE	KY	42765		2,681.44
3	407-08-9365	TURNER	ARTHUR	11265 HAMMONSVILLE RD	MAGNOLIA	KY	42757		2,500.00
4	404-64-9848	PARDUE	BEN	3865 N. JACKSON HWY	MUNFORDVILLE	KY	42765		3,163.17
5	402-80-7852	SMITH	BILLY	552 E. W. HATCHER RD	HORSE CAVE	KY	42749		5,000.00
6	406-38-3532	SMITH	BOBBY	1105 GRADY RD	MUNFORDVILLE	KY	42765		3,522.52
7	405-29-6398	HINES	BRAD	12280 N. JACKSON HWY	MAGNOLIA	KY	42757		5,000.00
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		4,970.00
10	407-58-9487	MARTIN	C. F.	6489 BUNNELL CROSSING RD	HARDYVILLE	KY	42746		5,000.00
11	406-37-5567	GERALDS	CHRIS	66 DEACON LN	CUB RUN	KY	42729		5,000.00
12	400-33-7567	THOMPSON	CHRISTOPHER	10374 CUB RUN HWY	MUNFORDVILLE	KY	42765		3,888.70
13	400-50-1239	MEREDITH	CLARENCE	P.O. BOX 290	BONNIEVILLE	KY	42713		2,384.01
14	406-88-1515	GERALDS	CLAYTON	2270 CAVE HILL RD	MUNFORDVILLE	KY	42765		5,000.00
15	406-88-1612	MEADOR	CONI	P.O. BOX 10	MUNFORDVILLE	KY	42765		1,165.08
16	403-15-5478	HAWKINS	DANIEL	7764 CUB RUN HWY	MUNFORDVILLE	KY	42765		2,028.26
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		5,000.00
19	403-25-9624	PEDIGO	DAVID	7325 HARDYVILLE RD	HARDYVILLE	KY	42746		2,500.00
20	407-80-3320	REYNOLDS	DONALD	1405 JONESVILLE MILL RD	MAGNOLIA	KY	42757		5,000.00
21	401-76-0987	BARLOW	DONNIE	1897 WHICKERVILLE RD	HARDYVILLE	KY	42746		2,041.55
22	405-72-8003	BARBOUR	DOUGLAS	1298 HALLTOWN RD	CANMER	KY	42722		821.07
23	406-15-7165	FRAZE	EMMETT	384 JOHNSON CEM RD	MUNFORDVILLE	KY	42765		55.00
24	407-11-1505	MARTIN	FRANKLIN	7754 BUNNELL CROSSING RD	HARDYVILLE	KY	42746		5,000.00
25	270-38-3745	WALLACE	FRED	1485 NORTHTOWN SCHOOL RD	HORSE CAVE	KY	42749		3,349.00
26	406-54-1808	WATERS	GEORGE	1364 HIDDEN RIVER RD	HORSE CAVE	KY	42749		2,500.00
27	403-68-8918	THOMAS	GLENN	P.O. BOX 456	MUNFORDVILLE	KY	42765		1,325.94
28	403-04-7678	FIELDS	HAROLD	785 PORT WOODEN RD	UPTON	KY	45784		5,000.00
29	400-02-2545	BERRY	JACKIE	1709 S. JACKSON HWY	HARDYVILLE	KY	42746		5,000.00
30	403-22-0255	BOWMAN	JAMES	230 CENTER ST	MUNFORDVILLE	KY	42765		3,250.00
31	405-62-4398	HODGES	JAMES	2397 HUNDRED ACRE POND RD	HARDYVILLE	KY	42746		5,000.00
32	319-38-0144	KELLY	JAMES	7582 PRICEVILLE RD	MUNFORDVILLE	KY	42765		600.00
33	403-08-0478	KNIGHT	JAMIE	15358 S. DIXIE HWY	UPTON	KY	42784		5,000.00
34	406-11-4302	CALLOWAY	JARET	P.O. BOX 309	SONORA	KY	42776		3,447.68
35	400-96-3249	DENNIS	JASON	168 CHARLES JAGGERS RD	MUNFORDVILLE	KY	42765		4,285.00
36	406-88-9799	METCALFE	JASON	3177 DAVIS BEND RD	CANMER	KY	42722		3,559.59
37	405-37-1788	MCCOY	JAY	4633 HARDYVILLE RD	MUNFORDVILLE	KY	42765		5,000.00
38	407-11-1786	WILSON	JEFF	880 LEGRANDE HWY	HORSE CAVE	KY	42749		5,000.00
39	407-13-8902	LOGSDON	JENNYE	2318 S. JACKSON HWY	HORSE CAVE	KY	42749		5,000.00
40	407-58-8648	BRANSTETTER	JERRY	1535 SEYMOUR BEARWALLOW	HORSE CAVE	KY	42749		5,000.00
41	404-78-5046	GIESECKE	JOHN	3948 S. JACKSON HWY	HORSE CAVE	KY	42749		5,000.00
42	400-33-6702	REYNOLDS	JOHN	207 HART DRIVE	MUNFORDVILLE	KY	42765		2,015.62
43	407-84-0438	STAPLES	JOHN	185 AETNA FURNACE HWY	MAGNOLIA	KY	42757		1,921.65
44	401-08-9015	ROBERTSON	JONATHAN	4675 HUNDRED ACRE POND RD	HARDYVILLE	KY	42746		5,000.00
45	405-76-6717	STAPLES	JOSEPH	5505 AETNA FURNACE HWY	MAGNOLIA	KY	42757		1,842.27

Detail Schedule 1099MISC - Recipients, Informants, and Beneficiaries										HART COUNTY CATTLEMENS		318-468-37	
Index	ID Number	Last Name	First Name	Address Line 1	City	State	ZIP Code	Box 3	Other Income	Unify	Account		
46	406-38-5574	KING	KENDELL	1377 BOYDS KNOB RD	MUNFORDVILLE	KY	42765		2,402.89				
47	405-38-6658	CHOATE	KENNETH	2088 PRICEVILLE RD	BONNIEVILLE	KY	42713		3,601.39				
48	406-17-6457	PUCKETT	KENNETH	398 POND RD	CANMER	KY	42722		3,787.22				
49	405-86-8082	CHOATE	KENNY	2135 PRICEVILLE RD	BONNIEVILLE	KY	42713		3,259.92				
50	405-88-1684	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	HEDGEPEETH	LARRY	1338 HEDGEPEETH RD	CANMER	KY	42722		2,994.96				
53	404-72-4296	JEWELL	LARRY	505 E. MAIN ST	HORSE CAVE	KY	42749		2,906.52				
54	407-80-6736	AVERY	LAWRENCE	225 I. H. GILL RD	CANMER	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	CANMER	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	CANMER	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	405-23-0854	JEFFRIES	TIM	2315 DAVIS BEND RD	CANMER	KY	42722		4,850.00				
79	404-15-5923	SCOTT	TIM	23140 HARDYVILLE RD	MUNFORDVILLE	KY	42765		2,290.88				
80	400-84-0180	ESTES	TIMOTHY	6000 DEFRIES RD	CANMER	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	HEDGEPEETH	W.E	1435 HEDGEPEETH RD	CANMER	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				
90													