

Form 990-EZ

Short Form

Return of Organization Exempt From Income Tax

OMB No 1545-1150

2015

Open to Public Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public. Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

A For the 2015 calendar year, or tax year beginning 06-01-2015, and ending 05-31-2016

- B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending

C Name of organization: WOODFORD FORWARD INC. Address: 103 EAST MAIN STREET SUITE H, MIDWAY, KY 40347

D Employer identification number: 47-1724575. Telephone number: (859) 846-4033. F Group Exemption Number

G Accounting Method: Cash, Accrual, Other (specify)

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

I Website: WWW.WOODFORDFORWARD.ORG

J Tax-exempt status (check only one): 501(c)(3), 501(c)(4), 4947(a)(1), 527

K Form of organization: Corporation, Trust, Association, Other

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, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. Total: \$73,340

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

Table with 21 rows and 3 columns: Description, Sub-row, Amount. Rows include Revenue (1-9), Expenses (10-17), and Net Assets (18-21). Total revenue is 73,340 and total expenses is 50,337.

**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
<b>22</b> Cash, savings, and investments . . . . .	576	<b>22</b> 2,429
<b>23</b> Land and buildings . . . . .		<b>23</b>
<b>24</b> Other assets (describe in Schedule O) . . . . .	10,000	<b>24</b> 31,150
<b>25 Total assets</b> . . . . .	10,576	<b>25</b> 33,579
<b>26 Total liabilities</b> (describe in Schedule O) . . . . .	0	<b>26</b> 0
<b>27 Net assets or fund balances</b> (line 27 of column (B) <b>must</b> agree with line 21) . . . . .	10,576	<b>27</b> 33,579

**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, optional for others)

What is the organization's primary exempt purpose?  
WOODFORD FORWARD, INC IS A COALITION OF CITIZENS, BUSINESS OWNERS, AND FARM OWNERS THAT ADVOCATE FOR INNOVATIVE POLICIES THAT PROMOTE THE HIGHEST AND BEST USE OF URBAN LAND AND THE AGRICULTURAL USE OF PRODUCTIVE FARMLAND THROUGHOUT WOODFORD COUNTY, KENTUCKY VISION BY WORKING WITH GOVERNMENT OFFICIALS AND THE COMMUNITY, WOODFORD FORWARD PROVIDES LAND USE ADVOCACY FOR INNOVATIVE DEVELOPMENT AND REDEVELOPMENT OF OUR URBAN AREAS, ADEQUATE INFRASTRUCTURE FOR CITIZENS AND BUSINESSES, AND THE AGRICULTURAL USE OF PRODUCTIVE FARMLANDS THROUGHOUT WOODFORD COUNTY THROUGH THESE EFFORTS, WOODFORD FORWARD WILL PROMOTE THE LINK BETWEEN QUALITY OF LIFE AND ECONOMIC DEVELOPMENT VALUES \* INNOVATIVE DEVELOPMENT AND REDEVELOPMENT OF URBAN LAND\* ADEQUATE INFRASTRUCTURE\* PRODUCTIVE FARMLAND CONSERVATION

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

<b>28</b> See Additional Data Table		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>28a</b>	
<b>29</b> (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>29a</b>	
<b>30</b> (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>30a</b>	
<b>31</b> Other program services (describe in Schedule O) (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>31a</b>	
<b>32 Total program service expenses</b> (add lines 28a through 31a) <input checked="" type="checkbox"/>	<b>32</b>	50,337

**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
BILLY VAN PELT CEO	12 50	29,500	0	0
OUITA MICHEL SECRETARY	2 00	0	0	0
DOROTHY MATHEWS TREASURER	5 00	0	0	0
MICHAEL DUCKWORTH DIRECTOR	0 50	0	0	0
PHIL MEYER DIRECTOR	0 50	0	0	0
BENNY WILLIAMS CHAIR	10 00	0	0	0
TOM BIEDERMAN DIRECTOR	0 50	0	0	0
MAEGAN F NICHOLSON DIRECTOR	0 50	0	0	0
LARRY JOHNSON DIRECTOR	0 50	0	0	0
DR NANCY COX DIRECTOR	0 50	0	0	0

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 . . . . .

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 . . . . . 33 No
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 . . . . . 34 No
35a 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)? . . . . . 35a No
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 . . . . . 35b
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 . . . . . 35c No
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 No
37a Enter amount of political expenditures, direct or indirect, as described in the instructions . . . . . 37a 0
b Did the organization file Form 1120-POL for this year? . . . . . 37b
38a 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 No
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
40a 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), 501(c)(4), and 501(c)(29) 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 No
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . . 0
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization . . . . . 0
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 No
41 List the states with which a copy of this return is filed . . . . .
42a The organization's books are in care of THE ORGANIZATION Telephone no (859) 846-4033
Located at 103 EAST MAIN STREET SUITE H MIDWAY, KY ZIP + 4 40347
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 No
If "Yes," enter the name of the foreign country . . . . .
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)
c At any time during the calendar year, did the organization maintain an office outside the U S ? . . . . . 42c No
If "Yes," enter the name of the foreign country . . . . .
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here . . . . . 
and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . 43
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . . 44a No
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 No
c Did the organization receive any payments for indoor tanning services during the year? . . . . . 44c No
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
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . . 45a No
45b 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) . . . . . 45b

Yes No

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

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

Yes No

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

49a 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"

Table with 5 columns: (a) Name and title of each employee, (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

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"

Table with 3 columns: (a) Name and business address of each independent contractor, (b) Type of service, (c) Compensation

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 must attach a completed Schedule A

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 (BILLY F VAN PELT II CEO) and Date (2016-08-22)

Paid Preparer Use Only: Preparer's name (PAULA C HANSON), signature, date, firm's name (DEAN DORTON ALLEN FORD PLLC), EIN (27-3858252), and address (106 W VINE STREET SUITE 600, LEXINGTON, KY 40507)

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

# Additional Data

**Software ID:**  
**Software Version:**  
**EIN:** 47-1724575  
**Name:** WOODFORD FORWARD INC

## Form 990EZ, Part III - Statement of Program Service Accomplishments

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 501(c)(3) and 501(c)(4) organizations and 4947(a)(1) trusts; optional for others.)	
<p><b>28</b>                      THE ORGANIZATION IS DEDICATED TO WORKING WITH LOCAL CITY AND COUNTY STAKEHOLDERS TO ADVOCATE FOR ECONOMIC DEVELOPMENT THAT PRESERVES COUNTY AND CITY HISTORIC RESOURCES, SUCH AS DESIGNING GUIDELINES IN THE COMMERCIAL ZONES THROUGHOUT THE COUNTY, WORKING TO MERGE CITY/COUNTY GOVERNMENTS, URBAN SERVICE BOUNDARIES FOR MIDWAY AND VERSAILLES, HELPING MIDWAY AND VERSAILLES BECOME "CERTIFIED TRAIL TOWNS", SUPPORTING THE BLUEGRASS BIKE HIKE HORSEBACK ALLIANCE, ENCOURAGING HOTELS TO LOCATE IN THE COUNTY, WORKING ON THE DOWNTOWN VERSAILLES PAVILION PROJECT AND A DOWNTOWN VERSAILLES TAX INCREMENT FINANCING DISTRICT, AND WORKING WITH THE UNIVERSITY OF KENTUCKY COLLEGE OF AGRICULTURE FOOD AND ENVIRONMENT ON A COUNTY WIDE AGRICULTURE AND EQUINE INDUSTRIES ECONOMIC IMPACT STUDY THE ORGANIZATION COMPLETED A COUNTYWIDE SURVERY THAT VALIDATED THE NEED FOR THE ORGANIZATION AS 74% OF THE RESPONDENTS AGREE WITH THE MISSION OF THE ORGANIZATION                      (Grants \$ 0) <span style="float: right;">If this amount includes foreign grants, check here . . . <input type="checkbox"/></span></p>	<b>28a</b>	40,270
<p><b>29</b>                      THE ORGANIZATION IS DEDICATED TO WORKING WITH STATE REPRESENTATIVES ON ISSUES SUCH AS PROPOSED NATURAL GAS LIQUIDS PIPELINE, CONSTRUCTION OF THE NORTHWEST CONNECTOR AROUND VERSAILLES, COUNTY PURCHASES OF DEVELOPMENT RIGHTS BY THE WOODFORD COUNTY RURAL LAND MANAGEMENT BOARD, AND TAX INCREMENT FINANCING PROGRAMS TO ENCOURAGE BUSINESSES TO LOCATE IN THE COUNTY                      (Grants \$ 0) <span style="float: right;">If this amount includes foreign grants, check here . . . <input type="checkbox"/></span></p>	<b>29a</b>	10,067

**TY 2015 Transfers Personal Benefits  
Contracts Declaration**

**Name:** WOODFORD FORWARD INC

**EIN:** 47-1724575

**Declaration:** THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at  
[www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2015**

**Open to Public  
Inspection**

Name of the organization  
WOODFORD FORWARD INC

Employer identification number

47-1724575

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES	DESCRIPTION ADVERTISING AMOUNT 1,135 DESCRIPTION OFFICE EXPENSE AMOUNT 934 DESCRIPTION INSURANCE AMOUNT 1,629 DESCRIPTION BUSINESS REGISTRATION FEES AMOUNT 1,115 DESCRIPTION BANK CHARGES AMOUNT 83 DESCRIPTION COMMUNITY OUTREACH AMOUNT 155 TOTAL TO FORM 990-EZ, LINE 16 5,051
FORM 990-EZ, PART II, LINE 24 - OTHER ASSETS	DESCRIPTION DUES RECEIVABLE BEG OF YEAR AMOUNT 10,000 END OF YEAR AMOUNT 31,150