

Form **990-EZ**  
Department of the Treasury  
Internal Revenue Service

**Short Form**  
**Return of Organization Exempt From Income Tax**  
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](http://www.irs.gov/form990).

OMB No 1545-1150  
**2016**  
**Open to Public Inspection**

**A For the 2016 calendar year, or tax year beginning 06-01-2016, and ending 05-31-2017**

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

**C** Name of organization  
WOODFORD FORWARD INC  
Number and street (or P O box, if mail is not delivered to street address) Room/suite  
103 EAST MAIN STREET SUITE H  
City or town, state or province, country, and ZIP or foreign postal code  
MIDWAY, KY 40347

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

**G** Accounting Method  Cash  Accrual Other (specify) \_\_\_\_\_  
**I** Website: WWW.WOODFORDFORWARD.ORG  
**J** Tax-exempt status (check only one) -  501(c)(3)  501(c)(4) (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** 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. \$ 48,296

**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	
<b>1</b>	Contributions, gifts, grants, and similar amounts received
<b>2</b>	Program service revenue including government fees and contracts
<b>3</b>	Membership dues and assessments 48,295
<b>4</b>	Investment income
<b>5a</b>	Gross amount from sale of assets other than inventory
<b>5b</b>	Less cost or other basis and sales expenses
<b>5c</b>	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)
<b>6</b>	Gaming and fundraising events
<b>6a</b>	Gross income from gaming (attach Schedule G if greater than \$15,000)
<b>6b</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)
<b>6c</b>	Less direct expenses from gaming and fundraising events
<b>6d</b>	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)
<b>7a</b>	Gross sales of inventory, less returns and allowances
<b>7b</b>	Less cost of goods sold
<b>7c</b>	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)
<b>8</b>	Other revenue (describe in Schedule O) 1
<b>9</b>	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 48,296
Expenses	
<b>10</b>	Grants and similar amounts paid (list in Schedule O)
<b>11</b>	Benefits paid to or for members
<b>12</b>	Salaries, other compensation, and employee benefits 38,005
<b>13</b>	Professional fees and other payments to independent contractors 925
<b>14</b>	Occupancy, rent, utilities, and maintenance 4,204
<b>15</b>	Printing, publications, postage, and shipping 548
<b>16</b>	Other expenses (describe in Schedule O) 3,247
<b>17</b>	<b>Total expenses.</b> Add lines 10 through 16 46,929
<b>18</b>	Excess or (deficit) for the year (Subtract line 17 from line 9) 1,367
Net Assets	
<b>19</b>	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) 33,579
<b>20</b>	Other changes in net assets or fund balances (explain in Schedule O) 0
<b>21</b>	Net assets or fund balances at end of year Combine lines 18 through 20 34,946

**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 . . . . .	2,429	<b>22</b> 3,896
<b>23</b> Land and buildings . . . . .		<b>23</b>
<b>24</b> Other assets (describe in Schedule O) . . . . .	31,150	<b>24</b> 31,050
<b>25</b> Total assets . . . . .	33,579	<b>25</b> 34,946
<b>26</b> Total liabilities (describe in Schedule O). . . . .	0	<b>26</b> 0
<b>27</b> Net assets or fund balances (line 27 of column (B) must agree with line 21)	33,579	<b>27</b> 34,946

**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?  
 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

**Expenses**  
 (Required for section 501(c)(3) and 501(c)(4) organizations, optional for others)

**28** 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</b> Total program service expenses (add lines 28a through 31a)	<b>32</b> 46,929

**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/DIRECTOR	1 00	28,499	0	0
QUITA MICHEL DIRECTOR	0 00	0	0	0
DOROTHY MATHEWS TREASURER	4 00	0	0	0
MICHAEL DUCKWORTH DIRECTOR	1 00	0	0	0
PHIL MEYER DIRECTOR	0 00	0	0	0
BENNY WILLIAMS CHAIR	6 00	0	0	0
TOM BIEDERMAN DIRECTOR	0 00	0	0	0
MAEGAN F NICHOLSON SECRETARY	0 00	0	0	0
LARRY JOHNSON DIRECTOR	0 00	0	0	0
DR NANCY COX DIRECTOR	0 00	0	0	0
CHASE MILNER CEO	12 50	9,506	0	0
KYLE FANNIN DIRECTOR	0 00	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 . . . . .

Table with columns for question number, question text, and Yes/No response columns. Rows include questions 33 through 45b regarding organizational activities, financials, and foreign accounts.

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . . 46 No

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 . . . . . 47
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . . 48
49a Did the organization make any transfers to an exempt non-charitable related organization? . . . . . 49a
b If "Yes," was the related organization a section 527 organization? . . . . . 49b

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 . . . . . 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 2017-08-10
CHASE MILNER CEO
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name: PAULA C HANSON
Preparer's signature
Date
Check if self-employed
PTIN P00161575
Firm's name: DEAN DORTON ALLEN FORD PLLC
Firm's EIN: 27-3858252
Firm's address: 106 W VINE STREET SUITE 600, LEXINGTON, KY 40507
Phone no: (859) 255-2341

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

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 47-1724575

**Name:** WOODFORD FORWARD INC

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

<b>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>	<b>Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)</b>	
<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 SURVEY THAT VALIDATED THE NEED FOR THE ORGANIZATION AS 74% OF THE RESPONDENTS AGREE WITH THE MISSION OF THE ORGANIZATION</p> <p>(Grants \$ 0) <span style="float: right;">If this amount includes foreign grants, check here . . . ► <input type="checkbox"/></span></p>	<b>28a</b>	37,543

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

<p><b>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></p>	<p><b>Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)</b></p>	
<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>	<p><b>29a</b></p>	<p style="text-align: right;">9,386</p>

**TY 2016 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 ServiceName of the organization  
WOODFORD FORWARD INC**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

**2016****Open to Public Inspection**

Employer identification number

47-1724575

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 8 - OTHER REVENUE	DESCRIPTION MISCELLANEOUS REVENUE AMOUNT 1



**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES	DESCRIPTION OFFICE EXPENSE AMOUNT 186 DESCRIPTION OTHER EXPENSES AMOUNT 601 DESCRIPTION INSURANCE AMOUNT 1,714 DESCRIPTION BUSINESS REGISTRATION FEES AMOUNT 560 DESCRIPTION BANK CHARGES AMOUNT 148 DESCRIPTION COMMUNITY OUTREACH AMOUNT 38 TOTAL TO FORM 990-EZ, LINE 16 3,247

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990-EZ, PART II, LINE 24 - OTHER ASSETS	DESCRIPTION DUES RECEIVABLE BEG OF YEAR AMOUNT 31,150 END OF YEAR AMOUNT 31,050