efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93492192007298 Short Form OMB No 1545-1150 Form 990-EZ Return of Organization Exempt From Income Tax 2017 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. Open to Public Information about Form 990-EZ and its instructions is at www.irs.gov/form990ez. Department of the Treasury Inspection Internal Revenue Service For the 2017 calendar year, or tax year beginning 06-01-2017 and ending 05-31-2018 B Check if applicable D Employer identification number C Name of organization  $\square$  Address change WOODFORD FORWARD INC 47-1724575 ☐ Name change Number and street (or P O box, if mail is not delivered to street address) Room/suite E Telephone number ☐ Initial return 103 FAST MAIN STREET SUITE H ☐ Final return/terminated (859) 846-4033 City or town, state or province, country, and ZIP or foreign postal code □ Amended return MIDWAY, KY 40347 F Group Exemption ☐ Application pending Number Check ▶ ☑ If the organization is **not** ☑ Accrual Other (specify) ▶ □ Cash G Accounting Method 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) ◀(insert no ) ☐ 4947(a)(1) or ☐ 527 ☑ 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) Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Part I Check if the organization used Schedule O to respond to any question in this Part I 1 2 2 Program service revenue including government fees and contracts . . . . . . . . . . . . 3 Membership dues and assessments . . . . . . 3 55,945 4 4 5a Gross amount from sale of assets other than inventory . . . . . 5b b Less cost or other basis and sales expenses . . . . . . . Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . . 6 Gaming and fundraising events Revenue Gross income from gaming (attach Schedule G if greater than \$15,000) 6a 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) Less direct expenses from gaming and fundraising events d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6dGross sales of inventory, less returns and allowances . . . 7a b Less cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . **7**c C 8 Other revenue (describe in Schedule O) 8 9 **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . . 55,945 10 10 Grants and similar amounts paid (list in Schedule O) 10,150 11 11 Benefits paid to or for members 33,388 12 Salaries, other compensation, and employee benefits . 12 13 1,295 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance . . . 14 4,583 15 15 478 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 16 3,823 17 Total expenses. Add lines 10 through 16 17 53,717 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 2,228 Net Assets 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 34,946 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 37,174 For Paperwork Reduction Act Notice, see the separate instructions. Form 990-EZ (2017) Cat No 10642I

Part II	Balance Sheets (see the instructions Check if the organization used Schedule		liestion in this D-	art II			
	Check if the organization used Schedule	O to respond to any q	descion in this ra		eginning of year	· ·	(B) End of year
<b>22</b> Cash, sa	vings, and investments			(4) 5	3,896	22	8,429
23 Land and	i buildings		[			23	
<b>24</b> Other as	sets (describe in Schedule O)				31,050		28,745
25 Total as					34,946	<b>-</b>	37,174
	ibilities (describe in Schedule O) ets or fund balances (line 27 of column				0 34,946	26	37,174
Part III	Statement of Program Service	· ·	· -	s for Pai	•	Ť	Expenses
	Check if the organization used Schedule	•	•		<b>u</b>		Required for section 501(c) 3) and 501(c)(4)
WOODFORD ADVOCATE I AGRICULTUI WORKING W ADVOCACY I INFRASTRUC THROUGHOU BETWEEN Q REDEVELOPI Describe the measured by	organization's primary exempt purpose? FORWARD, INC IS A COALITION OF CIT FOR INNOVATIVE POLICIES THAT PROMO RAL USE OF PRODUCTIVE FARMLAND THE GOVERNMENT OFFICIALS AND THE FOR INNOVATIVE DEVELOPMENT AND RE CTURE FOR CITIZENS AND BUSINESSES, JT WOODFORD COUNTY THROUGH THES UALITY OF LIFE AND ECONOMIC DEVELOF MENT OF URBAN LAND* ADEQUATE INFR. ORGANIZATION'S PROGRAM SERVICE ACCOMPIN ( expenses In a clear and concise manne	TE THE HIGHEST AND ROUGHOUT WOODFOR COMMUNITY, WOODFOR DEVELOPMENT OF OUR STREET OF THE ROUGH OF	BEST USE OF UFD COUNTY, KENTOOD FORWARD PIGE OF PROBE OF PARMLANIES THREE LOSE OF USE OF THE OF	RBAN L FUCKY ' ROVIDE ADEQ! DUCTI\ ILL PRO DPMENT D CONS ogram	AND AND THE VISION BY ES LAND USE UATE VE FARMLANDS DMOTE THE LINK F AND DERVATION SERVATION SERVICES, as	ò	rganizations, optional for thers )
28	nd other relevant information for each pro	ogram title				+	
See Addition	al Data Table						
(Grants \$ )	If this amoun	t ıncludes foreign gran	ts. check here		. ▶ □	28	a
	tional Data Table	t melades for eight gran	es, erreak here		<u> </u>	29	
(Grants \$ )	If this amoun	t includes foreign gran	ts, check here		. ▶ □		
30						30	a
					_		
(Grants \$ )		t includes foreign gran	•		. ▶ ⊔		
·	ogram services (describe in Schedule O)						
(Grants \$ )	ogram service expenses (add lines 28a	t includes foreign gran	· · · · · · · · · · · · · · · · · · ·		<u>. ▶ ⊔</u> ▶	31	
Part IV	List of Officers, Directors, Trustees,		(list each one even		· · · · ·		
	Check if the organization used Schedule	O to respond to any q	uestion in this Pa	art IV.	<u></u>	•	· · · · 🗹
	(a) Name and title	(b) Average hours per week devoted to position	(c) Reportal compensation (Forms W-2/1 MISC) (if not penter -0-	on 099- <b>paid,</b>	(d) Health ben contributions to er benefit plans, deferred compen	nploy and	yee of other compensation
TOM BIEDER	MAN	0 00	enter -o-,	0			0 0
DIRECTOR							
NANCY COX	PHD	0 00		0			0 0
DIRECTOR							
MICHAEL DU	ICKWORTH	1 00		0			0 0
DIRECTOR							
KYLE FANNII	N	0 00		0			0 0
DIRECTOR							
LARRY JOHN	SON	0 00		0			0 0
DIRECTOR							
	ATHEWS CPA	4 00		0			0 0
TREASURER							
PHIL MEYER		0 00		0			0 0
DIRECTOR							
OUITA MICH	EL	0 00		0			0 0
DIRECTOR							
MAEGAN NIC	CHOLSON	0 00		0			0 0
SECRETARY							
ALEX RIDDL		0 00		0			0 0
DIRECTOR BILLY VAN P	ELT II	0 00		0			0 0
	· - <b>·</b>			J			
DIRECTOR BENNY WILL	TAMS	0 00		0			0 0
	שייים			U			
CHAIR							

Pa	rt V Other Information (Note the Schedule A and personal benefit contract statement requirements	in the	9	
	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	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 Otherwise, explain the change on Schedule O (see instructions)	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
ь	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		
	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			
b	Did the organization file Form 1120-POL for this year?	37b		
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> 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
ь	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b			
39	Section 501(c)(7) organizations Enter	1		
а	Initiation fees and capital contributions included on line 9 39a			
b	Gross receipts, included on line 9, for public use of club facilities	1		
	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under	1		
	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
С	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 sections4912, 4955, and 4958	)		
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter	40e		No No
41	transaction? If "Yes," complete Form 8886-T			
	List the states with which a copy of this return is filed ▶ — The organization's books are in care of ▶ THE ORGANIZATION Telephone no ▶	(859) 8	46-4033	3
u	Located at ► 103 EAST MAIN STREET SUITE H MIDWAY, KY  ZIP + 4 ►	4034		
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	Yes	No No
	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for <b>FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)</b> At any time during the calendar year, did the organization maintain an office outside the U S ?	42c		No
·		420		
	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		Yes	No
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		

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	orm 990	-EZ (20	17)							Page
Section 501.C(13) organizations only  All section 501.C(13) organizations only  Total the organization engage in bothy in activities or have a section 501(h) election in effect during the tax year?  All section 501.C(13) organization as section 510(h) election in effect during the tax year?  All section 501.C(13) organization as section 510(h) election in effect during the tax year?  All section 501.C(13) organization as section 527 organization?  All section 610.C(13) in the organization as extens 527 organization?  By If 'ves,' complete Schedule E  By If 'ves,' was the related organization as extens 527 organization?  Complete this table for the organization in section 527 organization?  Complete this table for the organization in five highest compensation from the organization of the organization									Yes	No
All section 501(c)(3) organizations must answer questions 47-490 and 52, and complete the tables for lines 50 and 1.  Check if the organization used Schedule 0 acressored to ensy question in this Part VI.  17 Did the organization engage in lobbung activities or have a section 501(n) election in effect during the tax year?  18 Is the organization askedol as described in section 170(b)(1)(i)(i)(i) "If "ves," complete Schedule E.  18 Is the organization make any transfers to an exempt inon-thantable related organization?  19 Did the organization make any transfers to an exempt inon-thantable related organization?  19 Did the organization make any transfers to an exempt inon-thantable related organization?  19 Life "Yes," was table for the organization in for the hospitation of the tax of the complexes (this than offices, directors, hustess and key employee) (c) Average (c) Average (c) Average (c) Average (c) Reportable complexes that balls for the organization from the organization of the text positions of the text is more, enter "Note"  19 Total number of other employees paid over \$100,000 of compensation of the organization of th								46		No
Ves   No   No   No   No   No   No   No   N	Part VI	All :	section 501(c)(3) organizations	must answer quest	ions 47-49b an	d 52, and	complete the tab	oles for li	nes 50	and 5
17   Did the organization engage in lobbying activities or have a section 501(r) electron in effect during the tax year?   47   48		Che	ck if the organization used Schedule	O to respond to any o	question in this Pa	art VI				□ No
If "res," complete Scheduls C, Part II  Is to the organization a school as described in section 170(b)(1)(A)(n)? If "yes," complete Schedule E  99a lod the organization make any transfers to an exempt non-charicable related organization?  90 Complete this table for the organization a section 527 organization?  90 Complete this table for the organization is section 527 organization?  90 Complete this table for the organization is section 527 organization from the organization if there is none, enter "from sor"  90 (a) Name and title of each employee hours per view houses he even dimore than silloution of complete silloution of complete silloution of the organization if there is none, enter "from sor"  90 Complete this table for the organization is the sort of the sort of the organization of the sort of the organization of the organization is the sort of the organization of t										
193    194    195					, ,		-	47		
b If "Tes," was the related organization a section 52 organization?     11" tes," was the related organization a section 52 organization of 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" (2) Navarage devoted to position of compensation from the organization of compensation of the position of compensation of the compensatio	<b>18</b> Is t	he orga	nization a school as described in sec	cion 170(b)(1)(A)(ii)?	If "Yes," complet	e Schedule	E	48		
d Total number of other employees paid over \$100,000  1 Total number of other employees paid over \$100,000  1 Total number of other employees paid over \$100,000  1 Total number of other employees paid over \$100,000  2 Total number of other employees paid over \$100,000  3 Name and business address of each independent contractors who each received more than \$100,000 of compensation form the organization of the received more than \$100,000 of other compensation (forms W-2/109-109-109-109-109-109-109-109-109-109-	<b>19a</b> Dıd	the org	anization make any transfers to an e	exempt non-charitable	related organiza	tion?		49a		
who each received more than \$100,000 of compensation from the organization. If there is none, enter "None" (e) Estimated amount of the compensation of the compensatio	<b>b</b> If "	Yes," wa	as the related organization a section	527 organization? .				49b		
(a) Name and title of each employee								es and key	employ	ees)
devoted to position (Forms W-2/1099- MISC)    Forms W-2/1099- MISC)   Benefit plans, and deferred compensation								(e) Es	stimated	amour
Complete this table for the organization of the 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 business address of each independent contractor  (b) Type of service  (c) Compensation  (d) Total number of other independent contractors each receiving over \$100,000.  Did the organization complete Schedule A? NOTE. All Section 501(c)(3) organizations must attach a completed Schedule A. NOTE. All Section 501(c)(3) organizations must attach a completed Schedule A: It is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer as any knowledge    Signature of officer   2018-06-25     CHASE MILIBER CEO   7   7   7   7   7   7   7   7   7	•				(Forms W-2/1	099-	benefit plans, and '		er comp	pensatio
Complete this table for the organization of the 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 business address of each independent contractor  (b) Type of service  (c) Compensation  (d) Total number of other independent contractors each receiving over \$100,000.  Did the organization complete Schedule A? NOTE. All Section 501(c)(3) organizations must attach a completed Schedule A. NOTE. All Section 501(c)(3) organizations must attach a completed Schedule A:  Complete Sche										
Complete this table for the organization of the 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 business address of each independent contractor  (b) Type of service  (c) Compensation  (d) Total number of other independent contractors each receiving over \$100,000.  Did the organization complete Schedule A? NOTE. All Section 501(c)(3) organizations must attach a completed Schedule A. NOTE. All Section 501(c)(3) organizations must attach a completed Schedule A:  Complete Sche										
Complete this table for the organization of the 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 business address of each independent contractor  (b) Type of service  (c) Compensation  (d) Total number of other independent contractors each receiving over \$100,000.  Did the organization complete Schedule A? NOTE. All Section 501(c)(3) organizations must attach a completed Schedule A. NOTE. All Section 501(c)(3) organizations must attach a completed Schedule A:  Complete Sche										
Complete this table for the organization of the 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 business address of each independent contractor  (b) Type of service  (c) Compensation  (d) Total number of other independent contractors each receiving over \$100,000.  Did the organization complete Schedule A? NOTE. All Section 501(c)(3) organizations must attach a completed Schedule A. NOTE. All Section 501(c)(3) organizations must attach a completed Schedule A:  Complete Sche										
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Complete this table for the organization of the 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 business address of each independent contractor  (b) Type of service  (c) Compensation  (d) Total number of other independent contractors each receiving over \$100,000.  Did the organization complete Schedule A? NOTE. All Section 501(c)(3) organizations must attach a completed Schedule A. NOTE. All Section 501(c)(3) organizations must attach a completed Schedule A: It is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer as any knowledge    Signature of officer   2018-06-25     CHASE MILIBER CEO   7   7   7   7   7   7   7   7   7										
Did the organization complete Schedule A? NOTE. All Section 501(c)(3) organizations must attach a completed Schedule A		npensat	ion from the organization If there is	none, enter "None "						
Did the organization complete Schedule A? NOTE. All Section 501(c)(3) organizations must attach a completed Schedule A										
Did the organization complete Schedule A? NOTE. All Section 501(c)(3) organizations must attach a completed Schedule A										<u>—</u>
Did the organization complete Schedule A? NOTE. All Section 501(c)(3) organizations must attach a completed Schedule A										
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completed Schedule A	<b>d</b> To	otal num	nber of other independent contractor	s each receiving over	\$100,000		• • • •			
nowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer as any knowledge    100				·			ach a	. ► <sub>□ Y</sub>	es 🗆 N	No
Signature of officer  CHASE MILNER CEO Type or print name and title  Print/Type preparer's name ALLISON C CARTER  Preparer's signature Preparer's signature ALLISON C CARTER  Preparer's signature ALLISON C Prim's name Firm's name  Date Check ☐ if self-employed self-employed Firm's name Firm's name Preparer's signature ALLISON C Prim's name Firm's name Preparer's signature Preparer's signature ALLISON C Prim's name Preparer's signature Preparer's signature Preparer's signature Preparer's signature Preparer's signature Preparer's signature Prim's signature Print/Type preparer's name ALLISON C Print	nowledge	e and be	elief, it is true, correct, and complete							
Signature of officer  CHASE MILNER CEO Type or print name and title  Print/Type preparer's name ALLISON C CARTER  Preparer's signature Preparer's signature ALLISON C CARTER  Preparer's signature ALLISON C Prim's name Firm's name  Date Check ☐ if self-employed self-employed Firm's name Firm's name Preparer's signature ALLISON C Prim's name Firm's name Preparer's signature Preparer's signature ALLISON C Prim's name Preparer's signature Preparer's signature Preparer's signature Preparer's signature Preparer's signature Preparer's signature Prim's signature Print/Type preparer's name ALLISON C Print		<b>     </b> ***	******* 2018-06-25							
Print/Type or print name and title  Print/Type preparer's name ALLISON C CARTER  Preparer's signature ALLISON C CARTER  Prim's name  Date Check ☐ if self-employed Firm's name Firm's elin ► 27-3858252  Firm's address ► 106 W VINE STREET SUITE 600  Phone no (859) 255-2341	Sign									
Print/Type preparer's name ALLISON C CARTER  Preparer  Preparer's signature  Check ☐ if self-employed  Preparer  Firm's name ▶ DEAN DORTON ALLEN FORD PLLC  Firm's address ▶ 106 W VINE STREET SUITE 600  Phone no (859) 255-2341	lere	CHASE MILNER CEO								
Preparer  Jse Only  Firm's name ▶ DEAN DORTON ALLEN FORD PLLC  Firm's EIN ▶ 27-3858252  Phone no (859) 255-2341		<b>     </b>	Print/Type preparer's name	Preparer's signature		Date				
Jse Only Firm's address ▶ 106 W VINE STREET SUITE 600 Phone no (859) 255-2341		er	self-employed							
			Firm's address ► 106 W VINE STREET SUITE 600 Phone no (859) 255-23					5-2341		
							, 11, 12			

## **Additional Data**

Software ID:

**Software Version:** 

**EIN:** 47-1724575

Name: WOODFORD FORWARD INC

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

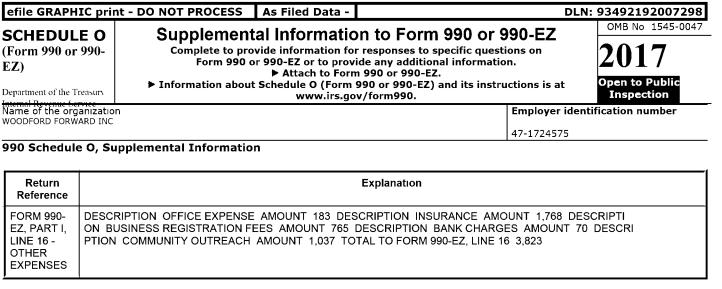
Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.	` (c	Expenses (Required for section 501 (c)(3) and 501(c)(4) organizations; optional for others.)	
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  (Grants \$ 0)  If this amount includes foreign grants, check here	28a	42,974	

Expenses (Required for section 501 Describe the organization's program service accomplishments for each of its three largest program (c)(3) and 501(c)(4) services, as measured by expenses. In a clear and concise manner, describe the services provided, the organizations; optional number of persons benefited, and other relevant information for each program title. for others.) 29 29a 10,743

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

THE ORGANIZATION IS DEDICAT	FED TO WORKING WITH STATE REPRESENTATIVES ON ISSUES SUCH AS	•
PROPOSED NATURAL GAS LIQUI	DS PIPELINE, CONSTRUCTION OF THE NORTHWEST CONNECTOR AROUND	
VERSAILLES, COUNTY PURCHASI	ES 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)	If this amount includes foreign grants, check here $\ . \ . \ . \ lacktriangler$	

DLN: 93492192007298 TY 2017 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.



Return Explanation
Reference

990 Schedule O, Supplemental Information

FORM 990- DESCRIPTION DUES RECEIVABLE BEG OF YEAR AMOUNT 31,050 END OF YEAR AMOUNT 28,745

EZ, PART II,

LINE 24 
OTHER

ASSETS