efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93492280006219 Short Form OMB No 1545-1150 Form 990EZ Return of Organization Exempt From Income Tax 2018 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Open to Do not enter social security numbers on this form as it may be made public. Department of the Public Treasury ▶ Go to <u>www.irs.gov/Form990EZ</u> for the latest information. Inspection Internal Revenue Service A For the 2018 calendar year, or tax year beginning 06-01-2018 and ending 05-31-2019 B Check if applicable D Employer identification number C Name of organization WOODFORD FORWARD INC ☐ Address change 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 EAST 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** ☐ Cash ☑ Accrual Other (specify) ► 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 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) 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 1 2 Program service revenue including government fees and contracts 2 3 Membership dues and assessments 39,737 4 4 5a Gross amount from sale of assets other than inventory 5b h Less cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . 5c c 6 Gaming and fundraising events Revenue Gross income from gaming (attach Schedule G if greater than \$15,000) 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 Less direct expenses from gaming and fundraising events 6с d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d 7a Gross sales of inventory, less returns and allowances . . . b Less cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) C 7c 8 Other revenue (describe in Schedule O) 8 9 **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . 9 39,737 10 Grants and similar amounts paid (list in Schedule O) 10 13,004 11 Benefits paid to or for members 11 12 Salaries, other compensation, and employee benefits . 12 20,719 13 13 Professional fees and other payments to independent contractors 1,000 14 14 Occupancy, rent, utilities, and maintenance . . 2,360 15 Printing, publications, postage, and shipping 15 411 16 Other expenses (describe in Schedule O) 16 3,918 17 17 Total expenses. Add lines 10 through 16 41,412 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 -1,675 Net Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 end-of-year figure reported on prior year's return) 37,174 20 Other changes in net assets or fund balances (explain in Schedule O) 20 -28,745 21 Net assets or fund balances at end of year Combine lines 18 through 20 21 6,754 For Paperwork Reduction Act Notice, see the separate instructions. Cat No 10642I Form 990-EZ (2018)

orm 990-EZ	(2018)					Page 2
Part II	Balance Sheets (see the instru					
	Check if the organization used Sch	nedule O to respond to any q				
22.6			(A) B	eginning of year	22	(B) End of year
	vings, and investments			8,429	23	6,754
	sets (describe in Schedule O)			28,745		0
25 Total as	,			37,174		6,754
	bilities (describe in Schedule O).			0	26	0,731
	ets or fund balances (line 27 of c			37,174	_	6,754
Part Ⅲ	Statement of Program Serv	. , ,		•	T	Expenses
WOODFORD ADVOCATE F AGRICULTUF WORKING W ADVOCACY F NFRASTRUC THROUGHOL BETWEEN Q REDEVELOPP Describe the measured by benefited, an R R Grants \$)	ional Data Table	OF CITIZENS, BUSINESS OW ROMOTE THE HIGHEST AND D THROUGHOUT WOODFOR THE COMMUNITY, WOODFOR SEES, AND THE AGRICULTUISTHESS EFFORTS, WOODFOR EVELOPMENT VALUES * INNITIAL INFRASTRUCTURE* PRODUCTION PRODUCTION COMPLISHMENTS FOR Each of its manner, describe the services.	BEST USE OF URBAN L D COUNTY, KENTUCKY DRD FORWARD PROVID R URBAN AREAS, ADEQ RAL USE OF PRODUCTI' RD FORWARD WILL PRO OVATIVE DEVELOPMEN' CTIVE FARMLAND CON S three largest program s provided, the number	AND AND THE VISION BY ES LAND USE UATE VE FARMLANDS DMOTE THE LINK I AND SERVATION SERVICES, as	org	and 501(c)(4) panizations, optional for
Grants \$)	If this a	ımount ıncludes foreign gran	its. check here	. ▶ □		
	ogram services (describe in Schedu			· · <u>-</u> ·		
Grants \$)	If this a	mount includes foreign gran	ts, check here	. ▶ 🗆	31a	
Part IV	List of Officers, Directors, Trus Check if the organization used Sch (a) Name and title		(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid,	(d) Health ben	efits, nploye and	(e) Estimated amount of other compensation
BENNY WILL	IAMS	1 00	enter -0-)			0 0
CHAIR CYLE FANNII	V	0 00	0			0 0
	•					
DIRECTOR	NIIO CON	0.00				
1EAGAN NIC	HOLSON	0 00	0		(0
SECRETARY						
OM BIEDER	MANN	0 00	0		(0
DIRECTOR						
MICHAEL DU	CKWORTH	0 00	0		(0 0
DIRECTOR						
IKE HALL		0 00	0			0 0
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DIRECTOR		0.00				
CLARK FRYE		0 00	0		'	0
REASURER						
AMES HICK	5	0 00	0		(0
DIRECTOR						
ARRY JOHN	SON	0 00	0		(0 0
NIBECTOD						
OIRECTOR ACE HEINLE		12 50	7,500			0 0
			,,550		•	-
CEO		12.50				-
CHASE MILN	EK	12 50	13,219		(0
ORMER CEC)					

Pa	Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V			
	instructions for Fart V) Check if the organization used Schedule O to respond to any question in this Fart 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	Yes	No 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		
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			
ь	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 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
ь	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b	-		
39		1		
	Initiation fees and capital contributions included on line 9 39a			
	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		
70a	section 4911 \(\bigsigma\), section 4912 \(\bigsigma\), section 4955 \(\bigsigma\)			
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 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			
	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
 42a	List the states with which a copy of this return is filed •			
	e organization's books are in care of ▶ THE ORGANIZATION Telephone no ▶	(859)	846-403	3
	Located at ▶ 103 EAST MAIN STREET SUITE H MIDWAY , KY ZIP + 4 ▶	<u>40347</u>		
			Yes	No
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 5	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			
			Yes	No
	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	44ь		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		
45°	explanation in Schedule O	44u 45a		No
	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning			.,,,
0	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
	the organization engage, directly or indire			of or in opposition to			
		,			46		No
Part VI	Section 501(c)(3) organization All section 501(c)(3) organization		ions 47- 49b and 52	2, and complete the tabl	es for lir	nes 50	and
	51. Check if the organization used Schedu	le O to respond to any q	question in this Part VI			[_
	<u>, </u>	, ,	•			Yes	No
	the organization engage in lobbying activi /es," complete Schedule C, Part II	ities or have a section 50	01(h) election in effect	during the tax year?	47		
∣8 Isth	ne organization a school as described in se	ection 170(b)(1)(A)(ii)?	If "Yes," complete Sch	edule E	48		
19a Did	the organization make any transfers to ar	n exempt non-charitable	related organization?		49a		
b If "Y	es," was the related organization a sectio	n 527 organization? .			49b		
	nplete this table for the organization's five				and key	employ	ees)
	each received more than \$100,000 of collaboration each received more than \$100,000 of collaboration.	mpensation from the org	ganization If there is r	one, enter "None " (d) Health benefits,	(e) Est	ımated	amour
	, manic and the or each employee	hours per week devoted to position	compensation (Forms W-2/1099- MISC)	contributions to employed benefit plans, and deferred compensation			
f To	tal number of other employees paid over	\$100,000			<u> </u>		
51 Com	nplete this table for the organization's five	highest compensated in		· · · · · ►s who each received more t	:han \$100),000 of	
51 Com	nplete this table for the organization's five pensation from the organization. If there	highest compensated ir is none, enter "None "	·				
51 Com	nplete this table for the organization's five	highest compensated ir is none, enter "None "	·		than \$100		
51 Com	nplete this table for the organization's five pensation from the organization. If there	highest compensated ir is none, enter "None "	·				
51 Com	nplete this table for the organization's five pensation from the organization. If there	highest compensated ir is none, enter "None "	·				
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51 Com	nplete this table for the organization's five pensation from the organization. If there	highest compensated ir is none, enter "None "	·				
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d To 52 D cc nder pen- nowledge as any kr lere	nplete this table for the organization's five pensation from the organization. If there (a) Name and business address of tal number of other independent contracted the organization complete Schedule A? completed Schedule A	highest compensated in is none, enter "None " each independent contr ors each receiving over NOTE. All section 501(a	\$100,000 c)(3) organizations mu	st attach a nedules and statements, and is based on all information 2019-08-28 Date	► Vestor Yes do to the bit of which	nsation	
d To	tal number of other independent contracted the organization of the organization of the organization of the organization of the organization completed of the organization completed of the organization completed of the organization completed of the organization of the	nighest compensated in is none, enter "None " each independent control over each receiving over NOTE. All section 501(minned this return, include Declaration of preparation of prepara	\$100,000 c)(3) organizations mu	(b) Type of service (constitution of the constitution of the const	Yes d to the to of which	nsation	
d To com d To com sign lere	nplete this table for the organization's five pensation from the organization. If there (a) Name and business address of tal number of other independent contracted in the organization complete. Schedule A? completed Schedule A	nighest compensated in is none, enter "None " each independent contr ors each receiving over NOTE. All section 501(a mined this return, inclusite Declaration of prepa	\$100,000 c)(3) organizations mu	(b) Type of service (constitution of the constitution of the cons	Yes d to the to of which	nsation	

Page **4**

Form 990-EZ (2018)

Additional Data

Software ID:

Software Version:

EIN: 47-1724575

Name: WOODFORD FORWARD INC

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

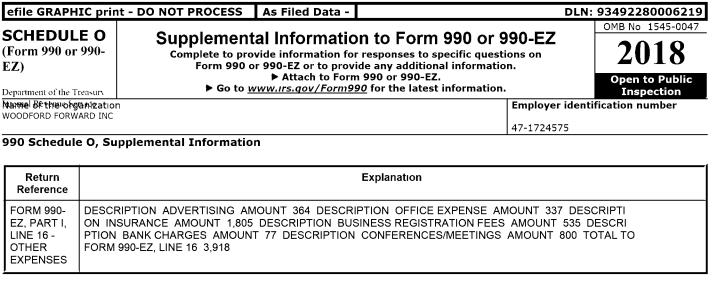
Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.		Expenses (Required 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	33,130		

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 8,282 THE ORGANIZATION IS DEDICATED TO WORKING WITH STATE REPRESENTATIVES ON ISSUES SUCH AS

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

PROPOSED NATURAL G/	AS LIQUIDS PIPELINE, CONSTRUCTION OF THE NORTHWEST CONNECTOR AROUND
VERSAILLES, COUNTY P	URCHASES OF DEVELOPMENT RIGHTS BY THE WOODFORD COUNTY RURAL LAND
MANAGEMENT BOARD,	AND TAX INCREMENT FINANCING PROGRAMS TO ENCOURAGE BUSINESSES TO LOCATE IN
THE COUNTY	
(C	15 blue a second male des ferrors arrobe about home
(Grants \$ 0)	If this amount includes foreign grants, check here 🕨 📙

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -DLN: 934922800062 TY 2018 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 PRIOR PERIOD ADJUSTMENT AMOUNT -28,745

EZ, PART I,

LINE 20
OTHER

CHANGES

IN NET

ASSETS

Return Explanation
Reference

990 Schedule O, Supplemental Information

FORM 990- DESCRIPTION DUES RECEIVABLE BEG OF YEAR AMOUNT 28,745 END OF YEAR AMOUNT 0

EZ, PART II,

LINE 24
OTHER

ASSETS