

Form **990EZ**
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.

▶ Go to www.irs.gov/Form990EZ for the latest information.

OMB No 1545-1150
2018
Open to Public Inspection

A For the 2018 calendar year, or tax year beginning 06-01-2018, and ending 05-31-2019

- 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) ▶ _____

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) ◀ (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) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 39,737

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Check if the organization used Schedule O to respond to any question in this Part I

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

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
22 Cash, savings, and investments	8,429	22 6,754
23 Land and buildings		23
24 Other assets (describe in Schedule O)	28,745	24 0
25 Total assets	37,174	25 6,754
26 Total liabilities (describe in Schedule O).	0	26 0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	37,174	27 6,754

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 **28a**

29 See Additional Data Table

(Grants \$) If this amount includes foreign grants, check here **29a**

30

(Grants \$) If this amount includes foreign grants, check here **30a**

31 Other program services (describe in Schedule O)

(Grants \$) If this amount includes foreign grants, check here **31a**

32 Total program service expenses (add lines 28a through 31a) **32** 41,412

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
BENNY WILLIAMS CHAIR	1 00	0	0	0
KYLE FANNIN DIRECTOR	0 00	0	0	0
MEAGAN NICHOLSON SECRETARY	0 00	0	0	0
TOM BIEDERMANN DIRECTOR	0 00	0	0	0
MICHAEL DUCKWORTH DIRECTOR	0 00	0	0	0
MIKE HALL DIRECTOR	0 00	0	0	0
CLARK FRYE TREASURER	0 00	0	0	0
JAMES HICKS DIRECTOR	0 00	0	0	0
LARRY JOHNSON DIRECTOR	0 00	0	0	0
ACE HEINLE CEO	12 50	7,500	0	0
CHASE MILNER FORMER CEO	12 50	13,219	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 columns. Rows include questions 33 through 41e regarding organizational activities, financials, and tax shelter status.

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

Table with columns for question number, question text, and Yes/No columns. Rows include questions 42b and 42c regarding foreign accounts and offices.

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

Table with columns for question number, question text, and Yes/No columns. Rows include questions 44a through 45b regarding donor advised funds, hospital facilities, and controlled entities.

		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	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

		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	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		

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 "

(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 "

(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 ACE HEINLE CEO Type or print name and title	2019-08-28 Date
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Paid Preparer Use Only	Print/Type preparer's name ALLISON C CARTER	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P01242412
	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

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.)	
<p>28</p> <p>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) If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	28a	33,130

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

<p>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.</p>	<p>Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)</p>	
<p>29 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) If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	<p>29a</p>	<p>8,282</p>

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.

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

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018**Open to Public Inspection**

Department of the Treasury

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 364 DESCRIPTION OFFICE EXPENSE AMOUNT 337 DESCRIPTION INSURANCE AMOUNT 1,805 DESCRIPTION BUSINESS REGISTRATION FEES AMOUNT 535 DESCRIPTION BANK CHARGES AMOUNT 77 DESCRIPTION CONFERENCES/MEETINGS AMOUNT 800 TOTAL TO FORM 990-EZ, LINE 16 3,918

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 20 - OTHER CHANGES IN NET ASSETS	DESCRIPTION PRIOR PERIOD ADJUSTMENT AMOUNT -28,745

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART II, LINE 24 - OTHER ASSETS	DESCRIPTION DUES RECEIVABLE BEG OF YEAR AMOUNT 28,745 END OF YEAR AMOUNT 0