

Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2017

Department of the Treasury Internal Revenue Service

- Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990EZ for instructions and the latest information

Open to Public Inspection

1806

A For the 2017 calendar year, or tax year beginning 3/01, 2017, and ending 6/30, 2018

B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending. C SHAWNEE FORWARD, INC. 231 N BELL SHAWNEE, OK 74801. D Employer identification number 82-3127939. E Telephone number 405-273-6092. F Group Exemption Number

G Accounting Method: Cash, Accrual, Other. H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: WWW.SHAWNEEFORWARD.COM

J Tax-exempt status (check only one) - 501(c)(3), 501(c)(6), 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. \$ 16,687.

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 for revenue and expenses. Line 1: 16,668. Line 4: 19. Line 9: 16,687. Line 17: 7,372. Line 18: 9,315. Line 19: 0. Line 21: 9,315. Includes a 'RECEIVED' stamp dated OCT 21 2019 from QGDEN, UT.

SCANNED NOV 20 2019

BAA For Paperwork Reduction Act Notice, see the separate instructions. Form 990-EZ (2017)

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		22 9,315.
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24
25 Total assets	0.	25 9,315.
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)	0.	27 9,315

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? SEE SCHEDULE O

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

28 <u>SEE SCHEDULE O</u>		
(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	28 a	
29 -----		
(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	29 a	
30 -----		
(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	30 a	
31 Other program services (describe in Schedule O)		
(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	31 a	
32 Total program service expenses (add lines 28a through 31a)	32	

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
SEE SCHEDULE O		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

	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		X
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) SEE SCHEDULE O	X	
35 a 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)?		X
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		
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		X
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		X
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions 37 a 0.		
b Did the organization file Form 1120-POL for this year?		X
38 a 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?		X
b If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38 b N/A		
39 Section 501(c)(7) organizations Enter		
a Initiation fees and capital contributions included on line 9 39 a N/A		
b Gross receipts, included on line 9, for public use of club facilities 39 b N/A		
40 a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 39 a N/A, section 4912 39 b N/A, section 4955 39 c N/A		
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		
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 40 c 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 40 d 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 40 e		X
41 List the states with which a copy of this return is filed 41 OK		

42 a The organization's books are in care of **FINLEY & COOK, PLLC** Telephone no **405-878-7300**
 Located at **1421 E 45TH SHAWNEE OK** ZIP + 4 **74804**

	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)? If 'Yes,' enter the name of the foreign country		X
42 c At any time during the calendar year, did the organization maintain an office outside the United States? If 'Yes,' enter the name of the foreign country		X

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** N/A

	Yes	No
44 a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X
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		X
c Did the organization receive any payments for indoor tanning services during the year?		X
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 44 d		
45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b 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) 45 b		X

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

	Yes	No
46		X

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

	Yes	No
47		
48		
49 a		
49 b		

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E

49 a 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'

(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'

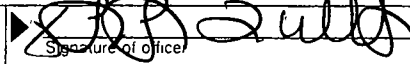
(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

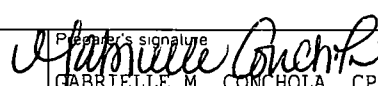
d Total number of other independent contractors each receiving over \$100,000

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:  Date: 10-10-19
 TRACY QUALLS PRESIDENT & CEO

Paid Preparer Use Only: Print/Type preparer's name: GABRIELLE M CONCHOLA, CPA
 Preparer's signature:  Date: 10/04/19
 Check if self employed PTIN: P01220238
 Firm's name: CBEW PROFESSIONAL GROUP LLP - CUSHING
 Firm's address: 206 N HARRISON AVE, CUSHING, OK 74023-3302
 Firm's EIN: 73-0721487
 Phone no: (918) 225-4216

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

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.

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

OMB No 1545-0047

2017

**Open to Public
Inspection**

Name of the organization

SHAWNEE FORWARD, INC.

Employer identification number

82-3127939

FORM 990-EZ, PART I, LINE 16
OTHER EXPENSES

BANK CHARGES	\$	63.
CONTRACT SERVICES		5,250.
INSURANCE		1,895.
TRAVEL		164.
TOTAL	\$	7,372

FORM 990-EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

SHAWNEE FORWARD, INC. IS A NON-STOCK, NON-PROFIT BUSINESS ASSOCIATION THAT PROMOTES A REGIONAL VISION. THIS NEW CORPORATION HAS A COMMON VISION TO SERVE THE INTERESTS OF THE GREATER SHAWNEE AREA. TO THE EXTENT CONSISTENT WITH THE ABOVE GENERAL PURPOSES, THE SPECIFIC PURPOSES FOR THIS CORPORATION ALSO INCLUDE. (A) TO GENERATE JOBS AND INVESTMENT; (B) TO DEVELOP AND MAINTAIN A GREATER SHAWNEE, OKLAHOMA AREA PROGRAM TO ASSIST EXISTING BUSINESSES AND ENTREPRENEURS; (C) TO ATTRACT NEW BUSINESSES IN ORDER TO IMPROVE THE ECONOMIC WELL-BEING OF AREA RESIDENTS; (D) TO CULTIVATE TALENT AND LEADERSHIP; (E) TO PROMOTE AND DEVELOP THE RESOURCES OF THE GREATER SHAWNEE, OKLAHOMA AREA AND OF ITS COMPONENT MUNICIPALITIES; AND (F) TO ENHANCE THE QUALITY OF LIFE CONCERNS THAT HAS AN IMPACT ON ECONOMIC GROWTH AND DEVELOPMENT IN THE AREA.

FORM 990-EZ, PART III, LINE 28 - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

(A) TO GENERATE JOBS AND INVESTMENT; (B) TO DEVELOP AND MAINTAIN A GREATER SHAWNEE, OKLAHOMA AREA PROGRAM TO ASSIST EXISTING BUSINESSES AND ENTREPRENEURS; (C) TO ATTRACT NEW BUSINESSES IN ORDER TO IMPROVE THE ECONOMIC WELL-BEING OF AREA RESIDENTS; (D) TO CULTIVATE TALENT AND LEADERSHIP; (E) TO PROMOTE AND DEVELOP THE RESOURCES OF THE GREATER SHAWNEE, OKLAHOMA AREA AND OF ITS COMPONENT MUNICIPALITIES; AND (F) TO ENHANCE THE QUALITY OF LIFE CONCERNS THAT HAS AN IMPACT ON ECONOMIC GROWTH AND DEVELOPMENT IN THE AREA.

Name of the organization

SHAWNEE FORWARD, INC.

Employer identification number

82-3127939

FORM 990-EZ, PART IV
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND TITLE	AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	HEALTH BENEFITS & CONTRIB- UTION TO EBP & DC	ESTIMATED AMOUNT OF OTHER COMPEN
MIKE ADCOCK MEMBER	0	\$ 0.	\$ 0.	\$ 0.
CASEY BELL MEMBER	0	0.	0.	0.
LARRY BRIGGS MEMBER	0	0.	0.	0.
JIM COLLARD MEMBER	0	0.	0.	0.
MELISSA DENNIS VICE PRESIDENT	0	0.	0.	0.
RICHARD FINLEY TREASURER	0	0.	0.	0.
JOE FORD MEMBER	0	0.	0.	0.
MITCH HALE MEMBER	0	0.	0.	0.
KATIE LANDES MEMBER	0	0.	0.	0.
RACHEL MELOT MEMBER	0	0.	0.	0.
ANGI MOHR MEMBER	0	0.	0.	0.
CARL PACKWOOD MEMBER	0	0.	0.	0.
JIM STUART MEMBER	0	0.	0.	0.
JOSH TRIMBLE MEMBER	0	0.	0.	0.
JOE VORNDRAN PRESIDENT	0	0.	0.	0.
	TOTAL	\$ 0.	\$ 0.	\$ 0.

FORM 990-EZ, PART V, LINE 34 - CHANGES TO ORGANIZING OR GOVERNING DOCUMENTS

EXECUTED NEW BY-LAWS FOR THE NEWLY FORMED ORGANIZATION.