

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

For calendar year 2018 or other tax year beginning JUL 1, 2018 and ending JUN 30, 2019

2018

Go to www.irs.gov/Form990T for instructions and the latest information

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3)

Open to Public Inspection for 501(c)(3) Organizations Only

Part I: Name of organization (FORWARD SERVICE CORPORATION), Employer identification number (39-1342890), Address (4600 AMERICAN PARKWAY, NO. 301, MADISON, WI 53718)

Part G: Group exemption number, Check organization type (501(c) corporation)

Part H: Enter the number of the organization's unrelated trades or businesses (1) Describe the only (or first) unrelated trade or business here (MANAGEMENT SERVICE FEES)

Part I: During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? (No)

Part J: The books are in care of (MICHELLE SZABROWICZ) Telephone number (608-244-3526)

Table with 4 columns: (A) Income, (B) Expenses, (C) Net. Rows include Gross receipts or sales (1,671,860), Total (1,671,860)

Part II: Deductions Not Taken Elsewhere (See instructions for limitations on deductions)

Table with 2 columns: Description, Amount. Rows include Compensation of officers (266,081), Total deductions (1,671,860), Unrelated business taxable income before net operating loss deduction (0)

SCANNED JUL 22 2020

SEE STATEMENT 1 29

Part III Total Unrelated Business Taxable Income

Table with 3 columns: Line number, Description, Amount. Includes lines 33-38 for Unrelated Business Taxable Income.

Part IV Tax Computation

Table with 3 columns: Line number, Description, Amount. Includes lines 39-44 for Tax Computation.

Part V Tax and Payments

Table with 3 columns: Line number, Description, Amount. Includes lines 45a-51g for Tax and Payments.

Part VI Statements Regarding Certain Activities and Other Information

Table with 3 columns: Question number, Question text, Yes/No response. Includes questions 56-58 regarding foreign activities and tax-exempt interest.

Sign Here: Declaration of preparer, Signature of officer (John Hemming), Date (02/21/2020), Title (Chief Financial Officer).

Paid Preparer Use Only: Print/Type preparer's name (JOHN HEMMING), Preparer's signature, Date (02/20/20), Check self-employed, PTIN (P00856805), Firm's name (WIPFLI LLP), Firm's EIN (39-0758449), Firm's address (MADISON, WI 53708-8700), Phone no (608.274.1980).

**Schedule A - Cost of Goods Sold.** Enter method of inventory valuation ► **N/A**

1	Inventory at beginning of year	1		6	Inventory at end of year	6	
2	Purchases	2		7	Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7	
3	Cost of labor	3					
4a	Additional section 263A costs (attach schedule)	4a					
b	Other costs (attach schedule)	4b		8	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
5	<b>Total.</b> Add lines 1 through 4b	5					

**Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)**  
(see instructions)

1 Description of property

(1)  
(2)  
(3)  
(4)

2. Rent received or accrued		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	
(1)		
(2)		
(3)		
(4)		
Total	0.	Total 0.

(c) **Total income.** Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ► 0.

(b) **Total deductions.** Enter here and on page 1, Part I, line 6, column (B) ► 0.

**Schedule E - Unrelated Debt-Financed Income** (see instructions)

1 Description of debt-financed property	2 Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property		
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)	
(1)				
(2)				
(3)				
(4)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adjusted basis of or allocable to debt-financed property (attach schedule)	6 Column 4 divided by column 5	7 Gross income reportable (column 2 x column 6)	8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
<b>Totals</b>			Enter here and on page 1, Part I line 7, column (A) ► 0.	Enter here and on page 1, Part I, line 7, column (B) ► 0.
<b>Total dividends-received deductions</b> included in column 8			►	0.

**Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations** (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

**Nonexempt Controlled Organizations**

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
<b>Totals</b>			Add columns 5 and 10 Enter here and on page 1, Part I, line 8, column (A)	Add columns 6 and 11 Enter here and on page 1, Part I, line 8, column (B)
			0.	0.

**Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)				
(2)				
(3)				
(4)				
<b>Totals</b>		Enter here and on page 1, Part I, line 9, column (A)		Enter here and on page 1, Part I, line 9, column (B)
		0.		0.

**Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
<b>Totals</b>		Enter here and on page 1, Part I line 10, col (A)	Enter here and on page 1, Part I line 10, col (B)			Enter here and on page 1, Part II, line 26
		0.	0.			0.

**Schedule J - Advertising Income** (see instructions)

**Part I Income From Periodicals Reported on a Consolidated Basis**

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
<b>Totals (carry to Part II, line (5))</b>		0.	0.			0.

**Part III** **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis )

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
<b>Totals from Part I</b>	<b>0.</b>	<b>0.</b>				<b>0.</b>
<b>Totals, Part II (lines 1-5)</b>	<b>0.</b>	<b>0.</b>				<b>0.</b>

**Schedule K - Compensation of Officers, Directors, and Trustees** (see instructions)

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4) <b>SEE STATEMENT 2</b>		%	
<b>Total</b> Enter here and on page 1, Part II, line 14			<b>266,081.</b>

FORM 990-T

OTHER DEDUCTIONS

STATEMENT 1

DESCRIPTION	AMOUNT
PROFESSIONAL FEES	119,955.
ADVERTISING	18.
OFFICE EXPENSE	46,193.
INFORMATION TECHNOLOGY	3,043.
OCCUPANCY EXPENSE	119,858.
TRAVEL	23,006.
CONFERENCES, CONVENTIONS, MEETINGS	1,881.
INSURANCE	44,672.
BOARD EXPENSE	157,318.
MISCELLANEOUS EXPENSE	1,538.
SUBSCRIPTIONS & PUBLICATIONS	1,178.
MEMBERSHIP DUES	23.
TOTAL TO FORM 990-T, PAGE 1, LINE 28	518,683.

FORM 990-T

SCHEDULE K - COMPENSATION OF OFFICERS,  
DIRECTORS AND TRUSTEES

STATEMENT 2

NAME	TITLE	PERCENT	COMPENSATION
MARCIA CHRISTIANSEN	CHIEF EXECUTIVE OFFICER	50.00%	142,400.
MICHELLE SZABROWICZ	CHIEF FINANCIAL OFFICER	50.00%	79,782.
SANDRA BECKWITH	CHIEF HUMAN RESOURCE OFFICER	50.00%	43,899.
TOTAL TO FORM 990-T, SCHEDULE K			266,081.