		29 39	3064	40001
Form 990-T	E	Exempt Organization Business Income Tax R	eturn	4 0 0 3 1 6 OMB No 1545-002
No.		(and proxy tax under section 6033(e)) lendar year 2019 or other tax year beginning JUL 1, 2019 and ending JUN 30	ν_{ν}	1 0040
Department of the Treasury	10,0	Go to www.irs.gov/Form990T for instructions and the latest information.	, 202	
Internal Revenue Service		Do not enter SSN numbers on this form as it may be made public if your organization is a		Open to Public Inspection for 501(c)(3) Organizations Only D Employer identification number
A Check box if address changed	ĺ	Name of organization (Check box if name changed and see instructions.)		(Employees' trust, see instructions)
B Exempt under section	Print	FORWARD SERVICE CORPORATION	_	39-1342890
X 501(c)(3 0)3	or Type	Number, street, and room or suite no. If a P.O. box, see instructions.		E Unrelated business activity code (See instructions)
408(e) 220(e) 408A 530(a)		4600 AMERICAN PARKWAY, NO. 301 City or town, state or province, country, and ZIP or foreign postal code		
529(a)		MADISON, WI 53718		561000
C Book value of all assets at end of year	4.4	F Group exemption number (See instructions.)		
12,583,1		G Check organization type ► X 501(c) corporation 501(c) trust tion's unrelated trades or businesses. ► 1 Describe the only	401(a)	
	-	NAGEMENT SERVICE FEES . If only one, complete		
describe the first in the b	lank spa	ce at the end of the previous sentence, complete Parts I and II, complete a Schedule M for ea		
business, then complete				
		oration a subsidiary in an affiliated group or a parent-subsidiary controlled group? Ifying number of the parent corporation.		Yes X No
·			ber ▶ 6	08-244-3526
) Expenses	(C) Net
1 a Gross receipts or sale		1,547,841.		
b Less returns and allow		c Balance ► 1c 1,547,841.		
2 Cost of goods sold (S3 Gross profit. Subtract		4 5 4 5 0 4 4 24 70 70 70		1,547,841.
4 a Capital gain net incom		h Schedule D) 4a /		
b Net gain (loss) (Form	4797, P	art II, line 17) (attach Form 4797)		A COMPANY
c Capital loss deduction		(0,4F2 15t V(0),0F		
5 Income (loss) from a 6 Rent income (Schedul	•	hip or an S corporation (attach statement) 5 6		
7 Unrelated debt-finance		 		
8 Interest, annuities, roy	alties, ai	nd rents from a controlled organization (Schedule F)		
		n 501(c)(7), (9), or (17) organization (Schedule G)		
10 Exploited exempt active 11 Advertising income (S	-			
11 Advertising income (S 12 Other income (See ins		201 (APC St		
13 Total. Combine lines	3 throu	ph 12 13 1,547,841.		1,547,841.
		t Taken Elsewhere (See instructions for limitations on deductions) e directly connected with the unrelated business income.)		
		ectors, and trustees (Schedule K)	<u></u>	14 240,877.
15 Salaries and wages		RECEIVED		15 31,557.
16 Repairs and maintena	ance		3	16
17 Bad debts18 Interest (attach schei	dula) (ca	me instructions) MAR 1 7 2021	5	17
19 Taxes and licenses	יסו (פוטנ	/	≚ † †	19 17,714.
20 Depreciation (attach	Form 45	$OGD_{\overline{k}N}, UT_{26}$,080.	
•	ımed on	Schedule A and elsewhere on return		21b 26,080.
22 Depletion '			}	22 161 190
23 Contributions to defe24 Employee benefit pro		npensation plans	-	23 161,180. 24 585,376.
25 Excess exempt exper	-	hedule I)	ŀ	25
26 Excess readership co	-	edule J)		26
27 Other deductions (att		7	T 1	27 485,056.
28 Total deductions Ac			}	28 1,547,840.
		come before net operating loss deduction. Subtract line 28 from line 13 ss arising in tax years beginning on or after January 1, 2018	}	29 1.
(see instructions)		SEE STATEMEN	т 2	30 0.
31 Unrelated business ta		come Subtract line 30 from line 29		31 1.
923701 01-27-20 LHA Fo	r Paperv	work Reduction Act Notice, see instructions		Form 990-T (2019)

		FORWARD SERVICE COR				39	-1342890 Page 2
Part		Total Unrelated Business Taxa	ble Income	174			her
32	Total o	f unrelated business taxable income computed	from all unrelated trades or businesses (see instructions)		32	1.
33	Amoun	its paid for disallowed fringes				33	
34	Charita	ble contributions (see instructions for limitation	on rules)			34	0.
• 35	Total u	nrelated business taxable income before pre-20	018 NOLs and specific deduction Subtrac	t line 34 from the sum o	of lines 32 and 33	35	1.
36		ion for net operating loss arising in tax years t	•		STMT 3	36	1.
37		f unrelated business taxable income before sp				37	
38		c deduction (Generally \$1,000, but see line 38			8	38.	1,000.
39	•	ted business taxable income. Subtract line 3	· · ·	ne 37.	_		
		ne smaller of zero or line 37	Ğ	•		39	0.
Part	·IV _I	Tax Computation		·	-		
10		zations Taxable as Corporations. Multiply lin	e 39 by 21% (0.21)		>	40	0.
41	-	Taxable at Trust Rates. See instructions for t		nt on line 39 from;			
	T	ax rate schedule or Schedule D (Form	1 1041)		>	41	
42	Proxy t	ax. See instructions	,		>	42	
43	_	tive minimum tax (trusts only)				43	
44		Noncompliant Facility Income. See instruction	ons			44	
45		Add lines 42, 43, and 44 to line 40 or 41, which				45	0.
Part		Tax and Payments					
46 a	Foreign	tax credit (corporations attach Form 1118; tri	usts attach Form 1116)	46a			
b	_	redits (see instructions)	,	46b			
C		I business credit. Attach Form 3800		46c			
d		or prior year minimum tax (attach Form 8801	or 8827)	46d			
		redits. Add lines 46a through 46d	•			46e	
47		ct line 46e from line 45				47	0.
48	Other to	axes. Check if from: Form 4255	Form 8611 Form 8697 Form	n 8866 🔲 Other	(attach schedule)	48	
49	Total ta	ax. Add lines 47 and 48 (see instructions)				49	0.
50		et 965 tax liability paid from Form 965-A or Fo	rm 965-B, Part II, column (k), line 3			50	0.
51 a		nts. A 2018 overpayment credited to 2019		51a		7.7	
		stimated tax payments		51b			
		posited with Form 8868		51c			
d	Foreign	organizations. Tax paid or withheld at source	(see instructions)	51d	-		
е	Backup	withholding (see instructions)	•	51e			
f	Credit f	or small employer health insurance premiums	(attach Form 8941)	51f			
		· · · · · · · · · · · · · · · · · · ·	orm 2439				
•	F	orm 4136 🔲 0	ther Total	▶ 51g			
52	Total p	ayments. Add lines 51a through 51g				52	
53	Estimat	ed tax penalty (see instructions) Check if Fori	m 2220 is attached 🕨 🛄			53	
54	Tax du	e. If line 52 is less than the total of lines 49, 50), and 53, enter amount owed		>	54	
55	Overpa	yment. If line 52 is larger than the total of line	es 49, 50, and 53, enter amount overpaid		>	55	
56		ne amount of line 55 you want: Credited to 20			efunded 🕨	56	
Part	: ال ا لا	Statements Regarding Certain	Activities and Other Informa	ition (see instru	uctions)		
57	At any	time during the 2019 calendar year, did the org	ganization have an interest in or a signatur	e or other authority			Yes No
	over a f	inancial account (bank, securities, or other) in	a foreign country? If "Yes," the organization	on may have to file			- 5
	FinCEN	Form 114, Report of Foreign Bank and Financ	ial Accounts. If "Yes," enter the name of th	e foreign country			
	here	>			<u> </u>		X
58	During	the tax year, did the organization receive a dis	tribution from, or was it the grantor of, or	transferor to, a fore	ign trust?		X
	If "Yes,"	see instructions for other forms the organizat	tion may have to file.				
59	Enter th	ne amount of tax-exempt interest received or a	ccrued during the tax year 🕨 💲				
٥.	U	nder penalties of perjury, I declare that I have examined prect, and complete. Declaration of preparer (other than	this return, including accompanying schedules an	d statements, and to the	e best of my knowle se	dge and b	elief, it is true,
Sign	"	40 - 701 - 00 00 0	CHIEF	FINANCIA	\ I	av the IRS	discuss this return with
Here		TYLCHULU Shabrowed	6 3 5 202 OFFIC	ER	th	e preparer	shown below (see
		Signature of officer	J Date Title	,	ın	structions)? X Yes No
		Print/Type preparer's name	Preparer's signature	Date	Check	f PTII	1
Paid					self- employed		
	arer	JOHN HEMMING	JOHN HEMMING	03/04/21			00856805
	Only	Firm's name ► WIPFLI LLP			Firm's EIN ▶	3.	9-07 <u>58449</u>
		PO BOX 870					
		Firm's address ► MADISON, W	I 53708-8700		Phone no. 6	08.2	274.1980
923711 (01-27-20	-					Form 990-T (2019)

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	
3 Cost of labor 3 from line 5. Enter here and in Part I,	
4 a Additional section 263A costs line 2	
(attach schedule) 4a 8 Do the rules of section 263A (with respect to	Yes No
b Other costs (attach schedule) 4b property produced or acquired for resale) apply to	
5 Total. Add lines 1 through 4b 5 the organization?	
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	
(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) 3(a) Deductions directly connected we columns 2(a) and 2(b) (attack to personal property exceeds 50% or if the rent is based on profit or income)	ith the income in i schedule)
(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) (b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	0.
Schedule E - Unrelated Debt-Financed Income (see instructions)	
3. Deductions directly connected with o to debt-financed property	r allocable
	Other deductions attach schedule)
(1)	
(2)	-
(3)	
(4)	
4. Amount of average acquisition 5. Average adjusted basis 6. Column 4 divided 7. Gross income 8, /	Allocable deductions nn 6 x total of columns 3(a) and 3(b))
(1) %	
(2) %	
(3) %	
(4) %	
Enter here and on page 1, Enter	here and on page 1, , line 7, column (B)
Totals 0.	0.
Total dividends-received deductions included in column 8	0.

Schedule F - Interest,	Annuities	, Royalt	ies, and	Rents	From Co	ntrolle	d Organiza	ntions	(see ins	tructions	s)
•				Exempt	Controlled O	rganızat	ions				
1. Name of controlled organizat	tion	2. Emp identific numl	ation	3. Net unr (loss) (see	related income e instructions)		olal of specified ments made	include	t of column 4 to ed in the contration's gross i	olling	6. Deductions directly connected with income in column 5
(1)	-							<u> </u>			
(2)								ļ			
							-				
(3)						-		 		-	-
(4) Nonexempt Controlled Organi	zations		I			l			_		
<u>-</u>	ī ———		- (loss)		of appoiled pair		10. Part of colu	mn O that	us unstruded	11 Dod	uctions directly connected
7. Taxable Income	8. Net un	related incom e instructions)	g. rotar	of specified payr made	nems	in the controlli	ing organ s income	ization's		income in column 10
(1)		 						-			
(2)											
(3)	-					-					
(4)	<u> </u>										· · · · · · · · · · · · · · · · · · ·
(1)	1						Add colun Enter here and line 8, 0		1, Part I,	Enter he	d columns 6 and 11 are and on page 1, Part I, line 8, column (B)
Totals						_			0.		0.
Schedule G - Investme	nt Incom	e of a S	action F	501/c)/7	7) (9) or (17) Or	nanization		<u> </u>		
(see insti		ie oi a s	ection c	001(0)(1), (3), 01 (17, 01	garnzation				
	ription of incom	ne		. <u>.</u>	2. Amount of	ıncome	3. Deduction directly conne (attach sched	cted	4. Set-a		5. Total deductions and set-asides (col 3 plus col 4)
(1)										-	
(2)									<u> </u>		
(3)											"
(4)											·
_					Enter here and e Part I, line 9, co						Enter here and on page 1, Part I, line 9, column (B)
Totals Schedule I - Exploited	Exempt /	Activity	Income.	Other	Than Adv			**************************************	WY DELICON AND AND AND AND AND AND AND AND AND AN	Books Block ANT X	<u> </u>
(see instru	•	•	•	,							
Description of exploited activity	2. Gr unrelated b income trade or bi	from	3. Expedirectly consults produced of unrelabusiness	nnected Suction lated	4. Net incomfrom unrelated business (cominus columination) gain, compute through	trade or lumn 2 n 3) If a e cols 5	5. Gross inco from activity t is not unrelat business inco	hat ed	6. Exp attributa colun	able to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)											
(2)											
(3)											
(4)	Enter here page 1, line 10, c	Part I,	Enter here page 1, I line 10, c	Part I,							Enter here and on page 1, Part II, line 25
Totals •		0.		0.					Carlotte A	NIE S	0.
Schedule J - Advertisir											
Partil Income From I	Periodica	ils Repo	rted on	a Cons	solidated	Basis					
1. Name of periodical		2. Gross advertising income		. Direct tising costs	4. Advert or (loss) (co col 3) If a ga cols 5 th	ol 2 minus iin, compu irough 7	te income		6. Reade costs		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)										£365	
(2)							<u> </u>				
(3)							<u> </u>			3	
(4)											
Totals (carry to Part II, line (5))		<u> </u>		. 0							0.
rotats (carry to rait ii, line (3))		· · · · · ·		· · ·	•.1		<u> </u>			1	Form 990-T (2010)

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	Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						<u> </u>
(4)						
Totals from Part I	▶ 0.	0.				0
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 26
Totals, Part II (lines 1-5)	▶ 0.	0.				0

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

1. Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)	CHIEF EXECUTIVE	%	
(2) MARCIA CHRISTIANSEN	OFFICER	50.00%	142,838.
(3)	CHIEF FINANCIAL	%	
(4) MICHELLE SZABROWICZ	OFFICER	50.00%	98,039.
Total. Enter here and on page 1, Part II, line 14		•	240,877.

Form 990-T (2019)

	ORM 990-T OTHER DEDUCTIONS						
DESCRIPTION				AMOUNT			
PROFESSIONAL	L FEES			101,617			
OFFICE EXPEN				43,695			
INFORMATION	TECHNOLOGY			2,569			
OCCUPANCY EX	XPENSE			130,761			
TRAVEL				9,305			
-	, CONVENTIONS, MEE	TINGS		4,137			
INSURANCE				15,710			
BOARD EXPENS				163,326			
MISCELLANEOU				476			
MEMBERSHIP I				178			
			12,434 848				
				040			
LEGAL EXPENS		LINE 27		485,056			
ACCOUNTING ELEGAL EXPENS TOTAL TO FOR	SE RM 990-T, PAGE 1,	LINE 27 OPERATING LOSS D	EDUCTION				
LEGAL EXPENS	SE RM 990-T, PAGE 1,		EDUCTION LOSS REMAINING	485,056			
LEGAL EXPENS TOTAL TO FOR	SE RM 990-T, PAGE 1, NET	OPERATING LOSS D LOSS PREVIOUSLY	LOSS	485,056 STATEMENT 2 AVAILABLE			

FORM 990-T	NET	OPERATING LOSS	DEDUCTION	STATEMENT 3
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/18	27,966.	0.	27,966.	27,966.
NOL CARRYO	VER AVAILABLE THIS	YEAR	27,966.	27,966.