فيدا		•			,	00	005423
Form 990-T	E	AMENDED RETURN SECTION	ine	ss Income T	LUAL		OMB No 1545-0687
		lendar year 2018 or other tax year beginning		, and ending	1800	_	2018
Department of the Treasury		► Go to www.irs.gov/Form990T for in				_	Open to Public Inspection for
Internal Revenue Service		Do not enter SSN numbers on this form as it may	be ma	de public if your organiz	ation is a 501(c)(3).		501(c)(3) Organizations Only over identification number
A Check box if address changed		Name of organization (Check box if name of	hanged	and see instructions.)		Empl	loyees' trust, see lotions)
B Exempt under section	Print	THE FORWARD ASSOCIATION	N. 1	INC.		1	3-0623590
X 501(c)(3)	or	Number, street, and room or suite no. If a P.O. box					ated business activity code
408(e) 220(e)	Туре	125 MAIDEN LANE	.000,				
408A 530(a)			511110				
529(a)	L	NEW YORK, NY 10038				PIT	110
at end of year		F Group exemption number (See instructions.) G Check organization type ▶. X 501(c) corp	onration	501(c) trust	401(a)	trust	Other trust
H Enter the number of the	ornaniza	tion's unrelated trades or businesses.	Julation		the only (or first) un		
	•	VERTISING IN PUBLICATION	NS		complete Parts I-V.		
		ice at the end of the previous sentence, complete Pa					
business, then complete							
• •	•	oration a subsidiary in an affiliated group or a parer	nt subsi	idiary controlled group?	▶ [Yo	s No
		tifying number of the parent corporation.			. 5 2	10	000 0000
J The books are in care of		ALAN BENDICH de or Business Income		(A) Income	one number > 2 (B) Expenses		889-8200 (C) Net
F. J. AC 257.		de of Business income	Ι	(A) income	With the state of		Correspondent de la composition della compositio
1a Gross receipts or sale b Less returns and allow		c Balance ▶	1c				
2 Cost of goods sold (S			2		THE STATES	<u> </u>	经验的证据
3 Gross profit. Subtract			3		感觉的「解说物		
4a Capital gain net incon	ne (attac	th Schedule D)	4a		克路 [4] 第一种自		
b Net gain (loss) (Form	4797, F	Part II, line 17) (attach Form 4797)	4b		路和技術問題		· · · · · · · · · · · · · · · · · · ·
c Capital loss deduction			4c		是,那样是自然的能力 多在完一种中的代码		
, ,	•	ship or an S corporation (attach statement)	5	REC		1	
6 Rent income (Schedu	•	ma (Sahadula E)	<u>6</u> 7		VEIVEL)	+	
7 Unrelated debt-financ 8 Interest, annuities, roy		ne (Schedule E) nd rents from a controlled organization (Schedule F)	8	8	0 4 0000	- ,	
•		on 501(c)(7), (9), or (17) organization (Schedule G)	9	S FEB	2 4 2020		· · · · · · · · · · · · · · · · · · ·
10 Exploited exempt acti			10				
11 Advertising income (S	Schedul	e J)	11	OGD	EN UT		
12 Other income (See in:		•	12		established to be the constitution of	光期期	
13 Total. Combine lines			13	0.			
		ot Taken Elsewhere (See instructions fourtions, deductions must be directly connected			income)		
- 		——————————————————————————————————————		The difficulties business		14	
14 Compensation of off15 Salaries and wages	icers, ui	rectors, and trustees (Schedule K)				15	
16 Repairs and mainter	nance			•		16	
17 Bad debts						17	
18 Interest (attach sche	dule) (s	ee instructions)				18	
19 Taxes and licenses						19	468.
		e instructions for limitation rules)		1 1		20	
21 Depreciation (attach		•		21		14.35 00b	•
•	aimed o	n Schedule A and elsewhere on return		_22a		22b 23	
23 Depletion24 Contributions to def	arrad co	mnaneation plans				24	·
25 Employee benefit pro		impensation plans				25	
26 Excess exempt expe	-	chedule I)				26	
27 Excess readership o		•				27	
28 Other deductions (a		•			^ -d	28	
29 Total deductions. A				·	28	29	468.
		ncome before net operating loss deduction. Subtrac				30	-168.
		loss arising in tax years beginning on or after Janua	ry 1, 20	018 (see instructions)	31	31	-468.
		ncome. Subtract line 31 from line 30			<u> </u>	32	Form 990-T (2018)
823701 01-09-19 LHA F	or Pape	rwork Reduction Act Notice, see instructions.					(2010)

Form 990-1	(2018) THE FORWARD ASSOCIATION, INC.	13-062	3590	Page 2
Part I	Ii₁ Total Unrelated Business Taxable Income			
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see insti	ructions)	33	-468.
34	Amounts paid for disallowed fringes		34	
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions	s) STMT 2	35	0.
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of			
	lines 33 and 34		36	-468.
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	38	37	1,000.
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,			
	enter the smaller of zero or line 36	39	38	-468.
Part I	V Tax Computation	- 1		
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	•	39	0.
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line	e 38 from;		
	Tax rate schedule or Schedule D (Form 1041)	•	40	
41	Proxy tax. See instructions	•	41	
42	Alternative minimum tax (trusts only)		42	
43	Tax on Noncompliant Facility Income. See instructions		43	
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies		44	0.
Part \	✓ Tax and Payments			
45 a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1		
b	Other credits (see instructions) 45)		
C	General business credit. Attach Form 3800 450			
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	<u> </u>		
е	Total credits. Add lines 45a through 45d	(45e	
46	Subtract line 45e from line 44		46	0.
47	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866	Other (attach schedule)	47	
48	Total tax. Add lines 46 and 47 (see instructions)		48	0.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	1	49	0.
	Payments: A 2017 overpayment credited to 2018		'	
	2018 estimated tax payments 50t			
	Tax deposited with Form 8868			
	Foreign organizations: Tax paid or withheld at source (see instructions)			
е	Backup withholding (see instructions) 50e			
f	Credit for small employer health insurance premiums (attach Form 8941)			
9	Other credits, adjustments, and payments: Form 2439 Form 4136 X Other 3,731. Total 50g	3,731.		
-4	A_L _L		E1	3,731.
51 50	Total payments. Add lines 50a through 50g Estimated tax penalty (see instructions). Check if Form 2220 is attached	MINI I	51 52	3,731.
52 53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed		53	
53 54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid		54	3,731.
55	Enter the amount of line 54 you want: Credited to 2019 estimated tax	Refunded 4	55	3,731.
Part \	· · · · · · · · · · · · · · · · · · ·	see instructions)	V	<u> </u>
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or oth	ner authority		Yes No
•	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may			· 1
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign			
	here >			
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transfer	ror to, a foreign trust?		
	If "Yes," see instructions for other forms the organization may have to file.			
58	Enter the amount of tax-exempt interest received or accrued during the tax year >\$			
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statement correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has a	ts, and to the best of my knowled	ige and belief,	it is true
Sign			y the IRS disc	uss this return with
Here		UBLISHER the	preparer sho	wn below (see
	Signature of officer Date Title	ins	structions)?	X Yes No
	Print/Type preparer's name Preparer's signature Date	Check	PTIN	
Paid		self- employed		500000
Prepa	arer ISRAEL TANNENBAUM	/ -		589203
Use C	Only Firm's name ► MAZARS USA LLP	Fır <u>m's EIN</u> ►	13-	1459550
	135 WEST 50TH STREET		2121	010.7000
	Firm's address ► NEW YORK, NY 10020-0002	Phone no. (812-7000
823711 01	1-09-19		Fo	orm 990-T (2018)

THE FORWARD ASSOCIATION, INC.

13-1623590

FORM 990-T

STATEMENT 2

DESCRIPTION

THE FOLLOWING LINES WERE AMENDED TO REFLECT THE RETROACTIVE REPEAL OF SECTION 512(A)(7):

LINE 34, 53, 54, 55

FORM 990-7	г отн	ER CREDITS AND PA	YMENTS	STATEMENT 1
DESCRIPTIO	NC			AMOUNT
TAX PAID V ESTIMATED	1,891. 1,840.			
TOTAL INC	LUDED ON FORM 990-T	, PAGE 2, PART V,	LINE 50G	3,731
FORM 990-	T NET	OPERATING LOSS D	EDUCTION	STATEMENT 2
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/12 12/31/13 12/31/14 12/31/15	250. 250. 250. 250.	0. 0. 0.	250. 250. 250. 250.	250. 250. 250. 250.
12/31/16 12/31/17	250. 250.	0. 0.	250. 250.	250. 250.
NOL CARRYO	OVER AVAILABLE THIS	YEAR	1,500.	1,500.