Form **990-EZ**

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)

OMB No. 1545-0047 2020

▶ 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

Α	For the 2	2020 calenda	r year, or tax year beginning ,	2020, and	l ending				, 20	
В	Check if ap	plicable:	C Name of organization			D	Employ	er ide	ntification nur	nber
	Address ch	change FIVE FORWARD FOUNDATION, INC					84-	385		
	Name char	nge	Number and street (or P.O. box if mail is not delivered to street address)		Room/suite	E	Telepho	one nur	mber	
	Initial return	n								
	Final return	/terminated	304 S JONES BLVD		1166					
	Amended r	eturn	City or town, state or province, country, and ZIP or foreign postal code			F	Group E	Exemp	tion	
	Application	pending	Las Vegas, NV 89107				Numbe	r ►		
G	Accounti	ng Method:	X Cash			H Ch	eck ► [if th	he organizatio	n is not
ı	Website	: ► FIVE	GRAPPLING.COM			rec	uired to	attach	Schedule B	
J	Tax-exe	mpt status (check only one) - ☐ 501(c)(3)	4947(a)(1) o	r 527	(Fo	orm 990,	990-E2	Z, or 990-PF).	
K	Form of	organization:		Other		,				
		•	7b to line 9 to determine gross receipts. If gross receipts are \$200		nore, or if t	otal ass	ets			
			\$500,000 or more, file Form 990 instead of Form 990-EZ					. ▶ \$		c
	art I		e, Expenses, and Changes in Net Assets or Fund							
			the organization used Schedule O to respond to any ques		•				•	🗆
	1		s, gifts, grants, and similar amounts received					1		
	2		vice revenue including government fees and contracts				T T	2		
	3	-	dues and assessments				+	3		
	4		ncome				T T	4		
	5a	Gross amou	nt from sale of assets other than inventory	!	5a					
			rother basis and sales expenses	1	5b					
			s) from sale of assets other than inventory (subtract line 5b from lir	_				5c		
	6	Gaming and	fundraising events:	ŕ						
	а		ne from gaming (attach Schedule G if greater than							
ā				6	Sa					
Revenue	b	Gross incom	ne from fundraising events (not including \$	of co	ntributions					
Ş.			sing events reported on line 1) (attach Schedule G if the							
		sum of such	gross income and contributions exceeds \$15,000)	6	Sb di					
	С		expenses from gaming and fundraising events	1	ic					
			or (loss) from gaming and fundraising events (add lines 6a and 6b		ract					
								6d		
	7a	Gross sales	of inventory, less returns and allowances	7	7a					
			goods sold		7b					
			or (loss) from sales of inventory (subtract line 7b from line 7a)	_				7c		
	8		ue (describe in Schedule O)				t	8		
	9	Total reven	ue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8				▶ [9		
	10		similar amounts paid (list in Schedule O)					10		
	11		d to or for members				I	11		
	12	Salaries, oth	er compensation, and employee benefits					12		
Expenses	13	Professional	fees and other payments to independent contractors					13		
ë	14	Occupancy,	rent, utilities, and maintenance					14		
X	15	Printing, pub	lications, postage, and shipping					15		
	16	Other expen	ses (describe in Schedule O)					16		
	17	•	ses. Add lines 10 through 16					17		
_	18		leficit) for the year (subtract line 17 from line 9)					18		
şţ	19		or fund balances at beginning of year (from line 27, column (A)) (m				İ			
SSE			figure reported on prior year's return)	•				19		
Net Assets	20	-	es in net assets or fund balances (explain in Schedule O)				- t	20		
2	21	•	or fund halances at end of year. Combine lines 18 through 20					21		

Balance Sheets (see

Part II

FORWARD FOUNDATION, INC	84-2	333385	Page 2
the instructions for Part II)			
on used Schedule O to respond to any question in this Part I	I		🗌
	(A) Beginning of year	(B) End	of year

	Check if the organization used Schedule O	to respond to any qu	estion in this Part	(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			, , ,	22	0
	Land and buildings			0		0
	Other assets (describe in Schedule O)			0		0
	Total assets			0		0
	Total liabilities (describe in Schedule O)			0		0
	Net assets or fund balances (line 27 of column (B) must			0		0
	art III Statement of Program Service Accompli	-				
	Check if the organization used Schedule O	•		•		Expenses
Wh	at is the organization's primary exempt purpose? DEDICA					uired for section
	501(0	c)(3) and 501(c)(4)				
De	orgar	nizations; optional for				
	measured by expenses. In a clear and concise manner, desc sons benefited, and other relevant information for each progr		lea, the number of		other	s.)
	NOTHING YET	u				
	MOTHER THE					
	(Grants \$) If this amo	ount includes foreign gra	ints chack hara	▶ □	28a	0
29	(Crains v) in this arm	Junt includes foreign gre	inis, criccit ricic .		200	-
23						
	(Grants \$) If this amo	ount includes foreign gra	unta abaak bara		29a	
30	(Glants \$) in this arm	ount includes loreign gra	inis, check here .	▶ 📋	ZJa	
30						
	(Create ©) If this area		ata ahaalahasa		20-	
24	· · · · · · · · · · · · · · · · · · ·	ount includes foreign gra			30a	
31	Other program services (describe in Schedule O)					
	·	ount includes foreign gra			31a	
_	Total program service expenses (add lines 28a through				32	0
	List of Officers, Directors, Trustees, and Key					
	Check if the organization used Schedule O to res	spond to any question in			• • •	
		(b) Average	(c) Reportable compensation	(d) Health benefits, contributions to employe	ae (e) Estimated amount of
	(a) Name and title	hours per week devoted to position	(Forms W-2/1099-MISC)			other compensation
		devoted to position	(if not paid, enter -0-)	deferred compensation		
	AWN FOWLER		_			
DI	RECTOR	0.00	0	()	0
					\perp	
					\perp	
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					+	
					+	

	90-EZ (2020) FIVE FORWARD FOUNDATION, INC 84-23333	85	F	Page
Par				
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V			<u>. LL</u>
			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	33		Х
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			
2E -	change on Schedule O. See instructions	34		Х
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business	250		3.5
h	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a 35b		Х
	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,	330		
·	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		х
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets			Λ
	during the year? If "Yes," complete applicable parts of Schedule N	36		х
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions			
	Did the organization file Form 1120-POL for this year?	37b		х
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were	0.10		
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		х
b	If "Yes," complete Schedule L, Part II, and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities			
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			
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	40b		х
С	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			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line			
	40c reimbursed by the organization			
е	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	40e		X
41	List the states with which a copy of this return is filed			
42 a	The organization's books are in care of ► SHAWN FOWLER Telephone no. ► 619-9	22-3	174	
	Located at ► 1534 APACHE DR UNIT A, Chula Vista, CA ZIP+4 ► 91910		V	NI -
D	At any time during the calendar year, did the organization have an interest in or a signature or other authority over	401-	Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		Х
	If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and			
	Financial Accounts (FBAR).			
c	At any time during the calendar year, did the organization maintain an office outside the United States?	42c		v
·	If "Yes," enter the name of the foreign country	420		Х
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here			Г
70	and enter the amount of tax-exempt interest received or accrued during the tax year			
	40		Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be		. 55	113
	completed instead of Form 990-EZ	44a		х
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	44b		х

			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	44a		х
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	44b		х
С	Did the organization receive any payments for indoor tanning services during the year?	44c		х
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	44d		
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		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	45b		х

84-2333385

									Yes	No
46		organization engage, directly or indirectly, in		• • • • • • • • • • • • • • • • • • • •						
		idates for public office? If "Yes," complete S				<u></u>		46		х
Pai		Section 501(c)(3) Organizations								
		All section 501(c)(3) organizations	must answer questi	ons 47 - 49b and 52	2, and cor	nplete the	table	es for	lines	
		50 and 51.				,,				
		Check if the organization used Sch	edule O to respond	to any question in t	nis Part v	<u> </u>	• • •			<u>. L.</u>
									Yes	No
47		organization engage in lobbying activities of	· ,	•						
	-	"Yes," complete Schedule C, Part II						47		-
48		rganization a school as described in section	. , . , . , . ,	•				48		
49 a		organization make any transfers to an exem		=				49a		
b		was the related organization a section 527	-				• •	49b		<u> </u>
50		te this table for the organization's five highes				-				
	employe	ees) who each received more than \$100,000	of compensation from the	e organization. If there is	none, enter	"None."				
			(b) Average	(c) Reportable	(d) Health	benefits, to employee	(e)	Estimate	d amour	nt of
		(a) Name and title of each employee	hours per week	compensation	benefit plans,	and deferred	1 ' '	other con		
			devoted to position	(Forms W-2/1099-MISC)	compe	ensation				
f	Total nu	umber of other employees paid over \$100,00	0							
51		te this table for the organization's five highes		ent contractors who each	received mo	ore than				
		00 of compensation from the organization. If								
	*,-	, , , , , , , , , , , , , , , , , , ,	· · · · · · · · · · · · · · · · · · ·							
	(a)	Name and business address of each independent contra-	ctor	(b) Type of service	Э	(6	c) Com	pensation	1	
	Total nu	umber of other independent contractors each	receiving over \$100 000	•						
52 52		organization complete Schedule A? Note:	•	-						
J <u>Z</u>		ted Schedule A	(, (,)			ı	. г	Yes	x	No
Lindo	•	s of perjury, I declare that I have examined this retu								140
	•	nd complete. Declaration of preparer (other than o	, , , , ,	,		•	ruge ai	iu bellel	, 11 13	
iiue,	correct, an	SHAWN FOWLER	incer) is based on an informa	ation of which preparer has a	IIIy Kilowiedge	··				
Sig	n	Signature of officer		Date						
Sig Her					_ 2.0					
ııcı		SHAWN FOWLER, DIRECTOR Type or print name and title								
		7	Preparer's signature	Date	T		PTI	IN		
Do:	4		roparor o orginature			Check if				
Pai		Andrew Bisaha		05-07-20		self-employed	P0:	10664	79	
	parer	Firm's name • andrew bisaha			Firm's	EIN ►				
USE	Only	Firm's address ► 2106 calle buena				_	. –			
		Oceanside CA 920			Phone	no. 760-	450-	7441	E-7	
May	the IRS of	discuss this return with the preparer shown a	bove? See instructions			1	▶	Yes	X	No

andrew bisaha

2106 calle buena ventura Oceanside, CA 92056 andrew182@aol.com Phone: (760)450-7441 | Fax:

May 07, 2021

FIVE FORWARD FOUNDATION, INC 304 S JONES BLVD, STE 1166 Las Vegas, NV 89107

FIVE FORWARD FOUNDATION, INC:

Enclosed is the 2020 federal return for a tax-exempt organization, prepared for FIVE FORWARD FOUNDATION, INC from the information provided. The return will be e-filed with the IRS once we receive a signed Form 8879-EO, IRS e-file Signature Authorization for an Exempt Organization.

The federal return reflects neither a refund nor a balance due.

Thank you for the opportunity to be of service. For further assistance with the organization's tax return needs, contact our office at (760)450-7441.

Sincerely,

Andrew Bisaha andrew bisaha