990-**E7**

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)

2020

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury

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Net / 20 ▶ 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. Internal Revenue Service . 20 , 2020, and ending A For the 2020 calendar year, or tax year beginning D Employer identification number C Name of organization B Check if applicable: 82-4394689 FORT BEND HELPING HEROES CHARITY Address change E Telephone number Room/suite Number and street (or P.O. box if mail is not delivered to street address) Name change 2813447967 3322 NEEDVILLE AVE. Initial return F Group Exemption City or town, state or province, country, and ZIP or foreign postal code Final return/terminated Number > Amended return NEEDVILLE, TX 77461 Application pending H Check ▶ X if the organization is not Other (specify) Accrual X Cash G Accounting Method: required to attach Schedule B I Website: ▶ (Form 990, 990-EZ, or 990-PF).) ◀ (insert no.) ☐ 4947(a)(1) or J Tax-exempt status (check only one) — X 501(c)(3) 501(c) (Association Other X Corporation Trust K Form of organization: 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 30,459. 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 30,459. 1 2 Program service revenue including government fees and contracts 2 3 Membership dues and assessments 3 4 Investment income 4 Gross amount from sale of assets other than inventory 5a 5b Less: cost or other basis and sales expenses . . . Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) . 5c Gaming and fundraising events: 6 Gross income from gaming (attach Schedule G if greater than Revenue of contributions Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . Less: direct expenses from gaming and fundraising events . . . 6c Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract 6d 7a Gross sales of inventory, less returns and allowances 7a 7b b 7c Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a) . . C 8 8 30,459. 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 Grants and similar amounts paid (list in Schedule O) 10 11 Benefits paid to or for members 11 12 Salaries, other compensation, and employee benefits 12 13 Professional fees and other payments to independent contractors 13 370. 14 15 15 21,942 16

Total expenses. Add lines 10 through 16

Excess or (deficit) for the year (subtract line 17 from line 9)

Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with

end-of-year figure reported on prior year's return)

Other changes in net assets or fund balances (explain in Schedule O)

17

19

20

21

22,312.

8,147.

2,619.

10,766.

Part	Balance Sheets (see the instructions for	r Fait ii)	augustion in this Pa	rt II		📙
	Balance Sheets (see the instructions to Check if the organization used Schedule (to respond to any	question in this ra	Beginning of year		(B) End of year
				-	22	10,766.
22	Cash, savings, and investments				23	•
23	Land and buildings				24	
24	Other assets (describe in Schedule O)			2,619.	25	10,766.
25	Total assets			,	26	
26	Total liabilities (describe in Schedule O)	(P) must agree with I	ine 21)	2,619.	27	10,766.
27	Net assets or fund balances (line 27 of column Statement of Program Service Accomp	lichments (see the	instructions for Pa	rt III)		
Part	Check if the organization used Schedule	O to respond to any	question in this P	art III , 🖂		Expenses
	is the organization's primary exempt purpose?	Soo Part III S	tmt.		(Req	uired for section c)(3) and 501(c)(4)
Desc	ribe the organization's program service accomplis	hments for each of anner, describe the	te three largest pro	ogram services, the number of	orga	nizations; optional for
norce	one benefited, and other relevant information for ea	chi program uno.	48		7	
28	THE CHARITY ORGANIZED FUNDRAISERS BILLS, TREATMENT COST, ETC FOR THE FOLLOWING FAMILIES: BURCIAGA, VARGAS, BRADS	HAW, MAGAMA, KUKI BENU EMS, SCOI	1, KIVERSIDE CHOKCH OF CHATCH	**************************************	28a	20,490.
	(Grants \$ 0.) If this amount	includes foreign gran	ts, check here .		200	20,450.
29						
					298	4
	(Grants \$) If this amount	includes foreign grai	its, crieck fiere .			
30	(Cramo ¢					
	\ If this amount	includes foreign gran	nts, check here	•	30	а
	Other program services (describe in Schedule O)	Includes lordight gran				
31		includes foreign gran	nts, check here .	🕨 🗆	31	
	(1111 - 200 -	through 21a			32	
.5.7	I ATAI BENDERM SELVICE EXPENSES (and mice Ex					
	List of Officers Directors Trustees and Ke	v Employees (list each	one even it not comp	ensaleu—see ine	instru	uctions for Part IV)
	List of Officers Directors Trustees and Ke	v Employees (list each	one even if not comp y question in this	Part IV		uctions for Part IV)
	List of Officers, Directors, Trustees, and Ker Check if the organization used Schedule (a) Name and title	v Employees (list each	one even it not comp	Part IV (d) Health benefits contributions to employ	yee (e	uctions for Part IV)
Pai	Check if the organization used Schedule (a) Name and title	y Employees (list each O to respond to ar (b) Average hours per week	y question in this (c) Reportable compensation (Forms W-2/1099-MISC)	Part IV (d) Health benefits contributions to employeement benefit plans, and	yee (e	e) Estimated amount of
Pal	Check if the organization used Schedule (a) Name and title BURCIAGA	y Employees (list each e O to respond to an (b) Average hours per week devoted to position	y question in this (c) Reportable compensation (Forms W-2/1099-MISC)	Cart IV	yee (e	e) Estimated amount of
AL DI	List of Officers, Directors, Trustees, and Ker Check if the organization used Schedule (a) Name and title BURCIAGA RECTOR/PRESIDENT	y Employees (list each O to respond to ar (b) Average hours per week	y question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	Cart IV	oyee (e	e) Estimated amount of other compensation
AL DI CH	Check if the organization used Schedule (a) Name and title BURCIAGA RECTOR/PRESIDENT RIS LACOURSE	y Employees (list each e O to respond to an (b) Average hours per week devoted to position	y question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	Part IV	oyee (e	e) Estimated amount of other compensation
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AL DI CH DI DE	List of Officers, Directors, Trustees, and Ker Check if the organization used Schedule (a) Name and title BURCIAGA RECTOR/PRESIDENT RIS LACOURSE RECTOR/PRESIDENT ANNA BURCIAGA	y Employees (list each o O to respond to an (b) Average hours per week devoted to position	y question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	Part IV	oyee (e	e) Estimated amount of other compensation
AL DI CH DI DE	List of Officers, Directors, Trustees, and Ker Check if the organization used Schedule (a) Name and title BURCIAGA RECTOR/PRESIDENT RIS LACOURSE RECTOR/PRESIDENT ANNA BURCIAGA EASURER	(b) Average hours per week devoted to position 15.00	y question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	Part IV	oyee (sion	e) Estimated amount of other compensation 0. 0.
AL DI CH DI DE TR ME	List of Officers, Directors, Trustees, and Ker Check if the organization used Schedule (a) Name and title BURCIAGA RECTOR/PRESIDENT RIS LACOURSE RECTOR/PRESIDENT ANNA BURCIAGA EASURER LISSA LACOURSE	(b) Average hours per week devoted to position 15.00	y question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	Part IV	oyee (sion	e) Estimated amount of other compensation 0.
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AL DI CH DI TR ME SE NO	List of Officers, Directors, Trustees, and Kercheck if the organization used Schedule (a) Name and title BURCIAGA RECTOR/PRESIDENT RIS LACOURSE RECTOR/PRESIDENT ANNA BURCIAGA EASURER LISSA LACOURSE CRETARY RMAN WILLIAMSON	(b) Average hours per week devoted to position 15.00	one even if not comply question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	Part IV (d) Health benefits contributions to emplo benefit plans, and deferred compensation	oyee (sion	© Estimated amount of other compensation 0. 0. 0.
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	-EZ (2020)	in the	9	
Part \	Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	Part '	٧.	
			Yes	No
	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		×
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	34		×
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business	35a 35b		×
b c	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O 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	35c		×
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of the during the year? If "Yes." complete applicable parts of Schedule N	36		×
37a	Enter amount of political expenditures, direct of indirect, as described in the internal control of political expenditures, direct of indirect, as described in the internal control of political expenditures, direct of indirect, as described in the internal control of political expenditures, direct of indirect, as described in the internal control of political expenditures, direct of indirect, as described in the indirect of indirect o	37b		×
b 38a	Did the organization file Form 1120-POL for this year?	38a		×
b	If "Yes," complete Schedule L, Part II, and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9			
a b	is the included on line Q for public use of club facilities			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year arrays. : 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		×
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,			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line			
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		×
41	List the states with which a copy of this return is filed ► Telephone no. ► (28)	1)34	14-	7967
42a	The organization's books are in case of the organization shows a construction of the organization of the organization shows a construction of the organization	61-0	000)
b	At any time during the calendar year, did the organization have an interest in or a signature of carbon dark account; a financial account, in a foreign country (such as a bank account, securities account, or other financial account)?	42t	Ye	s No
	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 (FRAR)	200000000		
С	At any time during the calendar year, did the organization maintain an office outside the United States?	420	C _	× ► [
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		Y	es No
	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be			
44a	1 - (F 000 E 7		a	×
k	Did the organization operate one or more hospital facilities during the year? If Yes, Form 990 Hast be	ļ.,	$\overline{}$	×
	Did the organization receive any payments for indoor tanning services during the year?	44		×
	explanation in Schedule ()	45	_	×
45a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the	f		
	Form 990-F7. See instructions	-10		EZ (20)
_		Form 9	737LJ-	LE (20)

46	Did the organization engage, directly or into candidates for public office? If "Yes," or	directly, in political ca omplete Schedule C,	ampaign activities on t Part I	enait of or in t		46		×
Part	VI Section 501(c)(3) Organizations All section 501(c)(3) organizations					les fo	r line	s
	50 and 51. Check if the organization used Sch	nedule O to respond	to any question in th	nis Part VI .	<u></u>	• •		
					ng the tay		Yes	No
47	Did the organization engage in lobbying year? If "Yes," complete Schedule C, Par	11			ng the tax	47		×
48		section 170(h)(1)(A)(i	i)? If "Yes," complete S	Schedule E .	4 .	48 49a	Þ	×
49a b 50	Is the organization a school as described in Did the organization make any transfers to If "Yes," was the related organization a second to the organization as the complete this table for the organization's employees) who each received more than	ection 527 organization	on?	er than officers	directors.	49b	es, an one."	d key
	(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 ber contributions to e benefit plans, and compensat	employee (e) E deferred of	Estimate her com	d amoı	unt of
NON	Е							
		-						
51	f Total number of other employees paid o Complete this table for the organization \$100,000 of compensation from the organization	n's five highest companization. If there is n	pensated independent			ceived		e than
	(a) Name and business address of each independent	ndent contractor	(b) Type of ser	VICE				
NOI	NE							
						nê.		
52	L. L. O. In a dude A	dule A? Note: All	section 501(c)(3) Org] No
Lind			and state	ments, and to the l	pest of my knov	vledge a	nd beli	ef, it is
true	er penalties of perjury, I declare that I have examined the correct, and complete. Declaration of preparer (other t	han officer) is based on all	information of which prepare		27/2021			
Sig	re ALBERT BURCIAGA, PR	ESIDENT		Date				
_	Type or print name and title	Preparer's signature		Date	Check it	PTIN		
Pa	Print/Type preparer's name GAIL LLAMAS, EA	GAIL LLAMAS	s, EA	09/27/2021	self-employe	d P00	785	ე77
	eparer BOOKKEEPING	SERVICES PLUS	INC	Firm	's EIN ▶ 76-	04306	525	26
	Se Uniy	RICHMOND, TX 7	77406	Pho	ne no. (28	1)232	2-34 es [∠6 ∃ No
Ma	y the IRS discuss this return with the prepa	arer shown above? Se	ee instructions			-	AND DESCRIPTION OF THE PARTY.	EZ (202