# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information. Inspection A For the 2020 calendar year or tay year beginning 09/01 anan and anding

_	TOT THE ZUZ	to calendar year, or tax year beginning	na enaing		0/31, 20 21
В	Check If applicable	C Name of organization  LENA POPE HOME, INC.	44	D Employer identifi 75-60035	
	Address	Doing business as			
	Name change	Number and street (or P.O. box if mail is not delivered to street address)	toom/suite	E Telephone numbe	r
	Initial return	3200 SANGUINET ST		(817) 255-	2500
	Final return/ terminated	City or town, state or province, country, and ZIP or foreign postal code			
	Amended return	FORT WORTH, TX 76107		G Gross receipts \$	20,338,301.
	Application pending	F Name and address of principal officer: ASHLEY ELGIN		H(a) Is this a group re	
	pending	3200 SANGUINET ST, FORT WORTH, TX 76107		subordinates?  H(b) Are all subordinates	
1	Tax-exempt :		527		a list. See instructions
J	Website:	- WWW.LENAPOPE.ORG	1 1021	H(c) Group exemption	
ĸ		anization: X Corporation Trust Association Other	I Vear of forma	tion: 1930 M Stat	The second secon
	A STATE OF THE PERSON NAMED IN	ummary	L Tear of Joinia	tion. 1990 W Stat	e or regar dominate. IA
		ly describe the organization's mission or most significant activities: THE MIS	STON OF IE	NA PODE HOM	F TNC
	A 100 100	ENA POPE) IS TO HELP CREATE HOPE, HAPPINESS AND			E, INC.
ü	CHI	ILDREN AND FAMILIES	SUCCESS FC	N.	
T.	2 Cha		e contract here	olawor a try tip	
Activities & Governance	2 Chec	ck this box  if the organization discontinued its operations or disposed			1 27
8	3 Num	ber of voting members of the governing body (Part VI, line 1a)		3	37.
8	4 Num	ber of independent voting members of the governing body (Part VI, line 1b)		4	37.
Vit	5 Total	number of individuals employed in calendar year 2020 (Part V, line 2a)	25122444		266.
cti	6 Total	number of volunteers (estimate if necessary) ,		6	77.
4	/ a lotal	unrelated business revenue from Part VIII, column (C), line 12		7a	0.
_	b Net I	unrelated business taxable income from Form 990-T, Part I, line 11	*******		
	0.16-7			Prior Year	Current Year
9	8 Cont	ributions and grants (Part VIII, line 1h)		11,223,920.	13,258,253.
Revenue	9 Prog	ram service revenue (Part VIII, line 2g)		4,074,697.	4,543,084.
Sev	10 Inves	stment income (Part VIII, column (A), lines 3, 4, and 7d)		177,436.	112,123.
-	11 Othe	r revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		2,099,625.	2,355,831.
	12 Total	revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		17,575,678.	20,269,291.
	13 Gran	ts and similar amounts paid (Part IX, column (A), lines 1-3)		9,366.	8,193.
	14 Bene	fits paid to or for members (Part IX, column (A), line 4)		0.	0.
82	4 F 20 1	ries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		13,163,636.	14,148,728.
Expenses	16a Profe	essional fundraising fees (Part IX, column (A), line 11e)		0.	0.
X De	b Total	fundraising expenses (Part IX, column (D), line 25) ▶ 822, 674.	100		
ш	17 Othe	r expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	Ccc 17.	4,667,295.	4,752,288.
	18 Total	expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		17,840,297.	18,909,209.
	19 Reve	nue less expenses. Subtract line 18 from line 12		-264,619.	1,360,082.
P 28	20 Total 21 Total 22 Net a			ning of Current Year	End of Year
lan	20 Total	assets (Part X, line 16)		40,349,246.	41,084,860.
Ass 1Ba	21 Total	liabilities (Part X, line 26).		9,716,013.	7,600,181.
ē,ē	22 Net a	ssets or fund balances. Subtract line 21 from line 20		30,633,233.	33,484,679.
Pa	rtii si	gnature Block	- F Ny 1-	2.310.23.25.20.20.22.2	
		of perjury, I declare that I have examined this return, including accompanying schedules to complete. Declaration of preparer (other than officer) is based on all information of which	and statements, a	nd to the best of my	knowledge and belief, it is
true	e, correct, and	complete. Declaration of preparer (other than officer) is based on all information of which	preparer has any kr	lowledge.	Example Malany PA
				07/13/2	022
Sig		Signature of officer		Date	-
He	re	TODD TUDOR CFO			
		Type or print name and title			
d i	Print	/Type preparer's name   Preparer's signature //	Date	Loneste Lie	PTIN
Paid	TAM		07/13/202	CHECK II	P00839244
	parer	Sname ▶BDO USA, LLP		Firm's EIN ▶ 13-5	
Jse	Only	4		017	-738-2400
Mar		saddress >301 COMMERCE STREET, SUITE 2000 FORT WORTH, TX 76102 discuss this return with the preparer shown above? (see instructions).		A ATENIA TOPE	
or	raperwork	Reduction Act Notice, see the separate instructions.			Form 990 (2020)

116	Checklist of Required Schedules		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	х	98.
2	Is the organization required to complete Schedule B, Schedule of Contributors See instructions?	2	X	-
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	10.0	- ~	x
4	candidates for public office? If "Yes," complete Schedule C, Part I	3		18
5	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
6	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If	5		X
7	"Yes," complete Schedule D, Part I	6		X
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	1111	X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	7		Λ.
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10	Δ	F
a	VII, VIII, IX, or X as applicable.  Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
b	complete Schedule D, Part VI	11a	Х	-
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	х	
c	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more			v
d	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		х	
b	Schedule D, Parts XI and XII	12a	A	
40	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	-	X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	-	X
	fundralsing, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	145		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV			х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	15		
17	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
18	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions	17		X
10	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	x	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		Х
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х

77.5	Checklist of Required Schedules (continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	x	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated			
24a	employees? If "Yes," complete Schedule J	23	X	
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?  If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	1	x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			v
1	conservation contributions? If "Yes," complete Schedule M	30	-	X
31 32	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	31		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	x	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	38	х	
Part	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
	Officer if deficience of contains a response of flote to any fine in this Fair V 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1	• • •	Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1c	x	
SA E 1030			990	(202

Pai	tV Statements Regarding Other IRS Filings and Tax Compliance (continued)		1	
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			1111
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 266			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		100
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,	111		
4.6	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
b	If "Yes," enter the name of the foreign country >	1.57		
7	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		x
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	- 50		
ou	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
h		Va		
	If "Yes," did the organization include with every solicitation an express statement that such contributions or	6b		
7	gifts were not tax deductible?	OD		
-0.0	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	7-	х	
	and services provided to the payor?	7a	X	-
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Α.	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7-		X
	required to file Form 8282?	7c		^
a	If "Yes," indicate the number of Forms 8282 filed during the year			v
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	_	X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	_	Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	-	
124	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	_	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	2	1	
(2)	sponsoring organization have excess business holdings at any time during the year?	8	_	_
9	Sponsoring organizations maintaining donor advised funds.	2		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	_	_
2127	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the Instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand			1
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		
-	If "Yes," complete Form 4720, Schedule O.	351		

1,5		14-1	37		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar	1a	31		П	
	committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent	1b	37			
b		1577	CCC 1 7/70			
2	Did any officer, director, trustee, or key employee have a family relationship or a business re	lations	mp with	2	x	
•	any other officer, director, trustee, or key employee?		on office as		2.5	1
3	Did the organization delegate control over management duties customarily performed by or u			3		x
~	supervision of officers, directors, trustees, or key employees to a management company or other			4		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was f			-		X
5	Did the organization become aware during the year of a significant diversion of the organization's			5		-
6	Did the organization have members or stockholders?			6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to e	lect or	appoint	195		42
	one or more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval			100		63
	stockholders, or persons other than the governing body?			7b		Х
8	Did the organization contemporaneously document the meetings held or written actions und					
	the year by the following:		10.2000	. 4	10.0	
9	The governing body?			8a	х	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot					
9	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	Dele	acried at	9	- 11	X
Soct	ion B. Policies (This Section B requests information about policies not required by the Inte			Code	1	-
Jeci	IOIT B. Policies (This Section & requests information about policies not required by the mix	ziriai i	torondo	oouo	Yes	N
24	Contract the statement of the contract the statement of the contract the statement of the s			10a	10000	X
10a	Did the organization have local chapters, branches, or affiliates?			Iva		**
b	If "Yes," did the organization have written policies and procedures governing the activities of					
	affiliates, and branches to ensure their operations are consistent with the organization's exempt p			10b	37	-
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before f	iling the	form?.	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				42	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		44.4	12a	Х	_
b	Were officers, directors, or trustees, and key employees required to disclose annually interests	that co	ould give	530		1
	rise to conflicts?			12b	X	
C	Did the organization regularly and consistently monitor and enforce compliance with the p					
	describe in Schedule O how this was done			12c	X	
13	Did the organization have a written whistleblower policy?			13	X	
14	Did the organization have a written document retention and destruction policy?			14	X	
15	Did the process for determining compensation of the following persons include a review as					
15	independent persons, comparability data, and contemporaneous substantiation of the deliberation					
	The organization's CEO, Executive Director, or top management official	i dila c	COSION	15a	X	
a	HT (1986) [1884] [1884] 이 선생님께서 되었습니다. 이 1984] [18		1411	15b	Х	
b	Other officers or key employees of the organization			.00		
ros.	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		To the state of			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar	r arra	ngement	40-		x
	with a taxable entity during the year?			16a		Λ
b	If "Yes," did the organization follow a written policy or procedure requiring the organization					
	participation in joint venture arrangements under applicable federal tax law, and take steps to			000		
	organization's exempt status with respect to such arrangements?		44.8	16b		_
Sect	ion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ▶					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable). (3)s only) available for public inspection. Indicate how you made these available. Check all that applicable in the control of the contro	ply.		(Sec	tion 5	501
	Own website X Another's website X Upon request Other (explain on So		100000000000000000000000000000000000000			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents	nents,	conflict o	finte	est p	oolio
	and financial statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's room rubor 3200 sanguiner of the person who possesses the organization's room rubor 3200 sanguiner of the person who possesses the organization's	books	and record	s Þ		

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - · List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

  See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or true	stee.
--	-------

(A) Name and title	(B) Average hours per week	box,	untes	Pos heck ss pe	erson	e than o	an	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and related organizations
(1)MARY ELGIN	40.00									1 - 1 - 6
CEO	0.	-		х		100		268,363.	0.	13,082.
(2) TODD TUDOR	40.00			177						20/000
CFO	0.			x				142,030.	0.	26,648.
(3) SHNEASE WEBB	40.00				-	1				
C00	0.			x				145,787.	0.	17,014.
(4) VICTORIA PEREZ-SENDEJO	40.00			-						2.7.157
ASST SUPERINTENDENT	0.	Ш		П		X		104,778.	0.	31,655.
(5)BARBARA CLARK	40.00								7	
CAO	0.			X				87,794.	0.	13,458.
(6) CATHERINE SHEFFIELD	40.00			71						
CAO	0.			X		11.0		25,000.	0.	13,122.
(7) ALEX ARMSTRONG	1.20			N.						
PRESIDENT	0.	х		х				0.	0.	0.
(8)MARK DENTON	1.20	1								
VICE-PRESIDENT	0.	X		X				0.	0.	0.
(9) COREY SCOTT	1.20	1.71		1,11		77.41			91.1	
TREASURER	0.	X		X				0.	0.	0.
(10) JONI HORTON	1.20									
SECRETARY	0.	X		X				0.	0.	0.
(11) CARLO ANDREANI	.40									
BOARD MEMBER	0.	X						0.	0.	0.
(12) KAYDEE BAILEY	.40									
BOARD MEMBER	0.	Х						0.	0.	0.
(13) JOE BREEDLOVE	.40									
BOARD MEMBER	0.	X						0.	o.	0.
(14) GLENN DARDEN	.40					2 27				
BOARD MEMBER	0.	X						0.	0.	0.

Form 990 (2020)

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	art VII Section A. Officers, Directors, (A)  Name and title	(B) Average hours per week (list any hours for	(do r box,	not ch unles	Pos neck ss pe	c) ition more erson tirect	e than o	one an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	E ar com	(F) stimated nount of other spensal	of tion
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	org an	om the anization d relate anization	on ed
15	) JONATHAN DEWEESE	.40		-		-							-17
37	BOARD MEMBER	0.	Х					, l	0	0.	_		(
16	) JIM ESTILL	.40	7.1				1		1				
	BOARD MEMBER	0.	Х						0	0.			(
17	) ROSALIND EVANS	.40	7							10000			
	BOARD MEMBER	0.	X						0	0.			(
18	) MARY CAROLYN GATZKE	.40	, AL						1				
	BOARD MEMBER	0.	X						0	0.			(
19	) SARAH GENTRY	.40							-				
	BOARD MEMBER	0.	X						0	0.			(
20	) PAMELA GILCHRIST	.40			-		7						
	BOARD MEMBER	0.	X						0	0.			(
21	) RUDY JACKSON	.40			-								
	BOARD MEMBER	0.	X						0	0.			1
22		.40			T I								
	BOARD MEMBER	0.	X						0.	0.			(
23		.40									-		
	BOARD MEMBER	0.	X						0	0.			(
24		.40											_
	BOARD MEMBER	0.	х				V		0	0.			(
25		.40			-								
	BOARD MEMBER	0.	X						0.	0.			
11	h Sub-total		-						773,752.	0.	- 7	114,	979
	c Total from continuation sheets to Part VII	Section A						-	0.	0.			0
	d Total (add lines 1b and 1c)		655			11		-	773,752.	0.		114,	979.
	Total number of individuals (including but neportable compensation from the organiza	ot limited to t			d al	bove	e) who	re					
									Survey Street Per	Cototona Admi		Yes	No
3	Did the organization list any former of												
	employee on line 1a? If "Yes," complete School	edule J for suc	ch ind	ividu	ıal						3		Х
4	organization and related organizations	greater than	\$15	0,0	00?	If	"Yes	,"	complete Schedu	sation from the le J for such	4	x	
5	Individual	or accrue co	mpen	satio	on t	fron	any	un	related organization		5	*	x
0	ection B. Independent Contractors	res, compre		reuu	10 0	101	Such	per			1 0		1.75
1	Complete this table for your five highest compensation from the organization. Report year.	ompensated in t compensation	ndepe on for	nde the	nt ca	con	tracto lar ye	rs t ar e	hat received more ending with or with	than \$100,000 on the organization	of on's tax		
	(A) Name and business	address							(B) Description of se	ervices	(C) Compen		
		address								ervices			

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ 0.

Part VII Section A. Officers, Directors, Tr (A)  Name and title	(B) Average hours per week (list any hours for	(do box,	not c	Pos heck ss pe	C) sition more	e than o	one an tee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	n a	(F) Estimate amount other mpensa	of
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	a	from th rganizat and relat ganizati	tion ted
26) ERMA LEE	.40					-					_	_
BOARD MEMBER	0.	X						0.	O.			
27) MARTY LEONARD	.40			-	11							
BOARD MEMBER	0.	Х						0.	0.			
28) JUSTIN MALONE	.40	15										
BOARD MEMBER	0.	X		1 (				0.	0.			
29) JOANN MEANS	.40	100										
BOARD MEMBER	0.	X				5.11		0.	0,			
30) ELLEN MESSMAN	.40	10.1										
BOARD MEMBER	0.	Х						0.	0.			
31) BELVIA MOODY	.40	7.4						1	Gr.			
BOARD MEMBER	0.	Х						0.	0.			
32) JUDY NEEDHAM BOARD MEMBER	.40	**							12.			
33) JULIE PIGGOTT	0.	Х	-				-	0.	0.			
BOARD MEMBER	.40	х						0	8			4
34) PAMELA PIGMAN	.40	V	-	-		-	-	0.	0.			
BOARD MEMBER	0.	х						0.	0			
35) TONY POMPA	.40	Α.	$\dashv$	-			-	0.	0.		_	
BOARD MEMBER	0.	х				-		0.	0.			,
36) ROBIN REED	.40						-	0.	0,			
BOARD MEMBER	0.	х						0.	0.			1
1b Sub-total c Total from continuation sheets to Part VII, S							<b>A A</b>	0.	0.			0
d Total (add lines 1b and 1c)	limited to th	ose I	isted	ab	ove	) who	re	ceived more than \$	100,000 of			
									1.00		Yes	No
3 Did the organization list any former offic	er, director	r, or	tru	stee	. k	ey e	mpl	oyee, or highest	compensated			100
employee on line 1a? If "Yes," complete Schedu	ule J for suc	h indi	vidu	al .			٠.			3	1	X
4 For any individual listed on line 1a, is the s	sum of rep	ortabl	e c	omp	ens	ation	an	d other compensa	ation from the			
organization and related organizations gre	eater than	\$15	0,00	00?	If	"Yes,	" c	complete Schedule	J for such	100		-
individual			٠.							4	Х	_
5 Did any person listed on line 1a receive or	accrue con	npens	atio	n fr	om	any	unr	elated organization	n or individual	1.3	THE REAL PROPERTY.	-
for services rendered to the organization? If "Ye Section B. Independent Contractors	ss, complete	e Sch	eaui	e J	ior .	sucn	pers	on		5		X
Complete this table for your five highest com- compensation from the organization. Report of year.	pensated in ompensatio	depe n for	nder the	nt c	onti	actor ar yea	s th	nat received more nding with or withi	than \$100,000 on the organization	of n's tax		
(A) Name and business add	ress							(B) Description of serv	rices (	(C) Compen	sation	
Total number of independent contractors (in more than \$100,000 in compensation from the	cluding but	not	limi	ted	to	those	e lis	ted above) who r	eceived			

Part VII Section A. Officers, Directors, T (A) Name and title	(B)  Average hours per week (list any hours for	(do r	not ch	Posi neck i is per	tion more	than o	ne an ee)	(D) Reportable compensation from the	(E)  Reportable compensation related organization	from	Es	(F) dimated nount of other pensati	of
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-M		orga and	om the anization frelate anization	on ed
37) AUSTIN REILLY	.40									61			
BOARD MEMBER	0.	Х			_			0		0.			0
38) ABBY ROGERS BOARD MEMBER	.40	х				. 44		0.		0.			
39) OMAR ROSALES	.40	- 1						-			_		
BOARD MEMBER	0.	х		Ш	Ш			0.	3-2	0.			0
40) MARK SHELTON	.40						T						
BOARD MEMBER	0.	X						0.		0.			(
41) MARCE WARD	.40	101											
BOARD MEMBER	0.	Х						0.		0.			(
42) LAURA WOOD	.40							0		0			.0
BOARD MEMBER	.40	Х	-	-	-		-	0.		0.			
43) STEPHEN ZIMMER BOARD MEMBER	0.	x			Н			0.		0.			(
					П					771			
					L								
1b Sub-total c Total from continuation sheets to Part VII,	Section A .		:::				4 4 4	0.		0.			0
d Total (add lines 1b and 1c)	t limited to t		iste		ove	) who	re	ceived more than	\$100,000 of				
Teportable compensation from the organization	011			_	-					-		Yes	No
3 Did the organization list any former off employee on line 1a? If "Yes," complete Sche											3		x
For any individual listed on line 1a, is the organization and related organizations g	sum of rep	ortab	le c	omp	pen	sation	ar	nd other compens	sation from the	ne			
Individual											4	X	
5 Did any person listed on line 1a receive of for services rendered to the organization? If "	r accrue co	mpen	satio	on f	rom	any	uni	related organization	on or individu	ıal	5		х
Section B. Independent Contractors								and a polytopical by	A SERVICE OF	92			-
<ol> <li>Complete this table for your five highest concompensation from the organization. Report year.</li> </ol>	mpensated in compensation	ndepe on for	the	nt c	end	racto lar ye	rs t ar e	hat received more ending with or with	than \$100,0 nin the organi	00 of zation	's tax		
(A) Name and business a	ddress							(B) Description of se	ervices	Co	(C) ompens	ation	
The same of the sa									A				

# Part VIII Statement of Revenue

					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue exclude from tax under sections 512-5
uts	1a	Federated campaigns	1a	67,750.				
8	b	Membership dues	1b	1000				
Am	c	Fundraising events	1c					
ar	d	Related organizations	1d	693,846.				
Ē	e	Government grants (contributions)	1e	9,495,808.				
and Other Similar Amounts	f	All other contributions, gifls, grants, and similar amounts not included above .	1f	3,000,849.				
and Of	9	Noncash contributions included in lines 1a-1f			11.000.000			
	h	Total. Add lines 1a-1f	• • • •	Business Code	13,258,253.			200
	2a	LENA POPE EARLY LEARNING CENTER		624410	2,075,115.	2,075,115.		
e	ь	COUNSELING & SUBSTANCE ABUSE TREA	CMENT	624100	2,063,741.	2,063,741.		
/en	c	COMMUNITY CHAPEL/CONFERENCE CTR	-	713900	369,589.	369,589.		
Revenue	d e	CHAPEL HILL ACADEMY CHARTER SCHOOL		611600	34,639.	34,639.		
91	f	All other program service revenue						
+	g	Total. Add lines 2a-2f			4,543,084.			
	3	Investment income (including divid			12224			On Tree by
		other similar amounts)			137,501.			137,50
	5	Income from investment of tax-exemp			0.			
	0	Royalties		(ii) Personal	60,170.			60,17
- 10		A STATE OF THE STA		(ii) Personal				
	6a		6,348.					
	b	Less: rental expenses 6b						
	d		5,348.		2 920 402			
	7a	Net rental income or (loss)  Gross amount from (l) Secundary sales of assets		(ii) Other	1,456,348.			1,456,34
D .	b	other than inventory 7a  Less; cost or other basis	- 1					
enuasau	55	and sales expenses 7b		25,378.				
é	c	Gain or (loss) 7c		-25,378.				
	d	Net gain or (loss)			-25,378.	-25,378.		
Office	8a	Gross income from fundraising events (not including \$						
		of contributions reported on line 1c). See Part IV, line 18	8a	327,104.				
	ь	Less: direct expenses	8b	43,632.				
	c	Net income or (loss) from fundraising e	events.		283,472.			283,47
	9a	Gross income from gaming activities. See Part IV, line 19		0.				
	b	Less: direct expenses	9b	0.				
1	C	Net income or (loss) from gaming acti	vities.		0.			
1	l0a	Gross sales of inventory, less returns and allowances		0.				
	ь	Less: cost of goods sold	10b	0.	0.			
			-	Business Code				
Revenue	1a b	MISCELLANEOUS INCOME	-	900099	555,841.			555,841
é	c							
-		All other revenue						
		Total Add lines 11a-11d			555,841.	1,400,110,000		
1	2	Total revenue. See instructions			20,269,291.	4,517,706.		2,493,332

# Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a respo Do not include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and general expenses	(D) Fundraising
8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	0.			
2 Grants and other assistance to domestic individuals. See Part IV, line 22	8,193.	8,193.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	773,752.	721,404.	21,051.	31,297.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	10,002,526.	9,325,807.	272,137.	404,582.
Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	425,273.	396,502.	11,570.	17,201.
9 Other employee benefits	2,405,579.	2,242,830.	65,448.	97,301.
10 Payroll taxes	541,598.	504,956.	14,735.	21,907.
11 Fees for services (nonemployees):		7.5		
a Management	0.			
b Legal	38,619.	34,196.	1,660.	2,763.
c Accounting	86,571.	76,656.	3,721.	6,194.
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17.	0.		120 552	
f Investment management fees	129,557.		129,557.	
9 Other, (If line 11g amount exceeds 10% of line 25, column	498,304.	441,234.	21,420.	35,650.
(A) amount, list line 11g expenses on Schedule O.)	141,695.	133,083.	3,248.	5,364.
12 Advertising and promotion	106,251.	102,116.	432.	3,703.
13 Office expenses	166,015.	153,132.	3,947.	8,936.
14 Information technology	0.	100,102,	3,541.	0,550.
15 Royalties	1,213,499.	1,091,963.	98,973.	22,563.
16 Occupancy	27,372.	21,927.	4,514.	931.
17 Travel	0.			- 1.0
	59,146.	55,060.	1,688.	2,398.
	232,369.	199,546.	14,860.	17,963.
20 Interest	0.	77.3 ( 2 2 2 2 2 2		
22 Depreciation, depletion, and amortization	1,229,540.	1,055,861.	78,631.	95,048.
23 Insurance	8,604.	7,389.	550.	665.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
aLICENSING	59,441.	52,633.	2,555.	4,253.
bFOOD	216,129.	207,717.	879.	7,533.
cWEBSITE	15,510.	14,567.	356.	587.
dMEMBERSHIP DUES	71,285.	52,221.	8,643.	10,421.
e All other expenses	452,381.	407,116.	19,851.	25,414.
25 Total functional expenses. Add lines 1 through 24e	18,909,209.	17,306,109.	780,426.	822,674.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here   if following SOP 98-2 (ASC 958-720)	0.			
12 (No.) 11 8 (2 22 22 22 22 22 22 22 22 22 22 22 22				Form 990 (2020

#### Part X Balance Sheet

		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	4,422,749.	1	4,762,373.
2	Savings and temporary cash investments	0.	2	0
3	Pledges and grants receivable, net	90,253.	3	43,709.
4	Accounts receivable, net	553,508.	4	569,539.
5	Loans and other receivables from any current or former officer, director,			
100	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons	0.	5	0.
6	Loans and other receivables from other disqualified persons (as defined		-	
V (S)	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).	0.	6	0.
7	Notes and loans receivable, net	0.	7	0.
8	Inventories for sale or use	0.	8	0.
7 8 9	Prepaid expenses and deferred charges	0.	9	0.
1000	Land, buildings, and equipment: cost or other		9	<u> </u>
02.7	basis. Complete Part VI of Schedule D 10a 37, 962, 377.			
b	Less: accumulated depreciation 10b 13,964,017.	24,913,086.		23,998,360.
11	Investments - publicly traded securities	4,529,081.		5,726,830.
12	Investments - other securities. See Part IV, line 11	5,650,636.	11	
13	Investments - program-related. See Part IV, line 11.	0.	12	5,694,033.
14	Integrable accets	0.	13	0.
15	Intangible assets	189,933.	14	
16	Other assets. See Part IV, line 11		15	290,016.
17	Total assets. Add lines 1 through 15 (must equal line 33)	40,349,246.	16	41,084,860.
100000	Accounts payable and accrued expenses	1,035,224.	17	934,543.
18	Grants payable	0.	18	0.
19	Deferred revenue	286,328.	19	248,010.
20	Tax-exempt bond liabilities ,	0.	20	0.
21	Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0.
22	Loans and other payables to any current or former officer, director,			
	trustee, key employee, creator or founder, substantial contributor, or 35%	4	100	
22	controlled entity or family member of any of these persons	0.	22	0.
23	Secured mortgages and notes payable to unrelated third parties	0.	23	0.
24	Unsecured notes and loans payable to unrelated third parties	5,740,106.	24	5,506,553.
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X	3.526.000	44	
22	of Schedule D	2,654,355.	25	911,075.
26	Total liabilities. Add lines 17 through 25	9,716,013.	26	7,600,181.
	Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.			
27	Net assets without donor restrictions	20,215,160.	27	21,800,708.
28	Net assets with donor restrictions	10,418,073.	28	11,683,971.
	Organizations that do not follow FASB ASC 958, check here ▶ and complete lines 29 through 33.			
29	Capital stock or trust principal, or current funds		29	
30	Paid-in or capital surplus, or land, building, or equipment fund		30	
31	Retained earnings, endowment, accumulated income, or other funds		31	
1	Total net assets or fund balances		32	33,484,679.
32	Total fiet assets of fully balances			
27 28 29 30 31 32 33	Total liabilities and net assets/fund balances.		33	41,084,860.

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the

required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.

Schedule O.

X 3a

X

Form 990 (2020)

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#### SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public

Name of the organization		7			Employer identifi	Collection to the second
	anity Chatra /All		1	4- 40-1		
Part Reason for Public Ch The organization is not a private fo A church, convention of cl A school described in sec A hospital or a cooperativ A medical research organ hospital's name, city, and section 170(b)(1)(A)(iv). ( A federal, state, or local gray An organization that norm described in section 170(b) A community trust describe An agricultural research or or university or a non-land	undation because thurches, or association 170(b)(1)(A)(i) the hospital service dization operated in state:  for the benefit of Complete Part II.) povernment or governally receives a surplication 170(rganization describited)	it is: (For lines 1 throught is: (For lines 1 throught). (Attach Schedule Eorganization described a conjunction with a hour of a college or universelemental unit descributes and the libstantial part of its solete Part II.)  (b)(1)(A)(vi). (Completed in section 170(b)(	ugh 12. c cribed in E (Form S d in secti ospital do lity owned ed in secti upport f te Part II. 1)(A)(ix)	section 170(bescribed in 170 rom a go	y one box.)  170(b)(1)(A)(i).  0-EZ).)  v)(1)(A)(iii).  in section 170(b)(1)(A)  erated by a governme  (b)(1)(A)(v).  overnmental unit or fro	s.  (iii). Enter the ental unit described in the general publication and grant college
university:  An organization that norm receipts from activities rel support from gross investi acquired by the organizati	on after June 30, 1	1975. See section 509	3(a)(2). (	Complete	e Part III.)	ip fees, and gross 1 331/3 % of its businesses
11 An organization organized 12 An organization organized						
of one or more publicly so Check the box in lines 12a  Type I. A supporting org the supported organization.  Type II. A supporting org control or management organization(s). You mus  Type III functionally inte its supported organizatio  Type III non-functionally that is not functionally inte requirement (see instruct Check this box if the org functionally integrated, o  Enter the number of supported g Provide the following informational	upported organization through 12d that organization operated on (s) the power to You must complete ganization supervises to complete Part IV organization of the supporting of the supporting of the support on (s) (see instruction or integrated. A support of the support or Type III non-function organizations, in about the support of the	tions described in sections describes the type of sections the type of sections and controlled in coorganization vested in Coorganization vested in Coorganization vested in Coorganization operates). You must complete porting organization operates organization generally multiple of the complete part IV, Sectionally integrated supported organization(s).	stion 50% supporting rolled by elect a m A and B. connection the sam ated in co ete Part coperated st satisfy tions A a con from to poorting	e(a)(1) or ng organis its supp najority or n with its ne persor connection IV, Section in connection and D, and the IRS the organizat	r section 509(a)(2). So zation and complete line corted organization(s), of the directors or trusted as supported organizations that control or manager with, and functionall ons A, D, and E. ection with its supported part V. hat it is a Type I, Type II tion.	tee section 509(a)(3) thes 12e, 12f, and 12g typically by giving typically by giving typically by giving typically by giving typically by having typically having typically integrated with, the organization(s) that attentiveness the supported typically integrated with, the organization(s) that attentiveness the supported with, the organization(s) that attentiveness
(i) Name of supported organization	(ii) EIN	<ul><li>(iii) Type of organization (described on lines 1-10 above (see instructions))</li></ul>	listed in you	organization our governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
(A)			Yes	No		2,000,000,000
(B)						
(c)						
(D)						
(E)						
Total						

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2020

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

1 2 3	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")  Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  The value of services or facilities furnished by a governmental unit to the organization without charge	(a) 2016 10,469,343.	(b) 2017	(c) 2018 10,883,292.	(d) 2019	(e) 2020 13,258,253.	(f) Total
2	membership fees received. (Do not include any "unusual grants.")	10,469,343.	10,841,331.	10,883,292.	11,223,920.	13,258,253.	56,676,139.
3	organization's benefit and either paid to or expended on its behalf						
	furnished by a governmental unit to the						ů.
4	organization without charge		- 72				0.
	Total. Add lines 1 through 3	10,469,343.	10,841,331.	10,883,292,	11,223,920.	13,258,253.	56,676,139.
	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						589,959.
	Public support. Subtract line 5 from line 4						56,086,180.
	ion B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 4	10,469,343.	10,841,331.	10,883,292.	11,223,920.	13,258,253.	56,676,139
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2,186,986.	1,774,986.	1,898,575.	1,675,550.	1,628,641.	9,164,738.
2.0	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . ATCH. 1	231,610.	263,762.	110,021.	138,946.	555,841.	1,300,200.
11	Total support, Add lines 7 through 10 L						67,141,077.
	Gross receipts from related activities, etc. (se					12	16, 421, 956.
17.4	First 5 years. If the Form 990 is for organization, check this box and stop here.			third, fourth, c	or fifth tax year	as a section 5	501(c)(3) ►
	ion C. Computation of Public Supp					- 1	00 50-
	Public support percentage for 2020 (lin					14	83.53% 83.17%
	Public support percentage from 2019 S					15	
	33 1/3 % support test - 2020. If the org						
	box and stop here. The organization qu						
	331/3% support test - 2019. If the orga						
	this box and stop here. The organization			the first contribution of the first of the f			
	10%-facts-and-circumstances test - 20 10% or more, and if the organization Part VI how the organization meets the organization	meets the fact ne facts-and-cir	s-and-circumsta cumstances tes	nces test, che t. The organiza	ck this box and ation qualifies a	d stop here. Ex as a publicly su	plain in
b	10%-facts-and-circumstances test - 20 15 is 10% or more, and if the organiza in Part VI how the organization meets	019. If the organication meets the the facts-and-o	anization did no facts-and-circu circumstances te	t check a box omstances test, est. The organiz	on line 13, 16a check this box ation qualifies	i, 16b, or 17a, a and stop here. as a publicly su	and line Explain pported
18	organization	did not check	a box on line	13, 16a, 16b,	17a, or 17b, o	check this box	and see

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support			Jan Jan Jan	1,000		ATT 10. 12 1
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees						- A L
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities				0.0		
	furnished in any activity that is related to the		i i				
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513 .						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3					1	
	received from other than disqualified			11			
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b		4				
8	Public support. (Subtract line 7c from					-	
	line 6.)						
Sec	tion B. Total Support				AND THE		
Caler	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6					10000	
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on.						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)			19			
14	First 5 years. If the Form 990 is for	the organization	on's first, secon	d, third, fourth,	or fifth tax yea	ar as a section	501(c)(3)
	organization, check this box and stop here.						▶ 🗔
	tion C. Computation of Public Supp	ort Percenta	ge				
	Public support percentage for 2020 (line 8, o					15	%
16	Public support percentage from 2019 Sched				contract.	16	%
	tion D. Computation of Investment	~~~					
17	Investment income percentage for 2020 (line					17	%
	Investment income percentage from 2019 So	chedule A, Part	III, line 17			18	%
19a	33 1/3 % support tests - 2020. If the orga						
	17 is not more than 331/3%, check this						
	33 1/3 % support tests - 2019. If the organ	ization did not	check a box on	line 14 or line 1	9a, and line 16	is more than 331	/3 %, and
	line 18 is not more than 331/3 %, check to	his box and st	op here. The org	ganization qualifie	s as a publicly	supported organiz	zation >
20	Private foundation. If the organization did	not check a	box on line 14	, 19a, or 19b,	check this box	and see instruct	tions >

Page 4

## Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A. D. and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a	- 4	
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	-	
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
10 a	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b		

Pari	V Supporting Organizations (continued)			Page C
47	Application of the control of the co		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and	1/4		
-6	11c below, the governing body of a supported organization?	11a		
ь	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.	1000000		
Sect	ion B. Type I Supporting Organizations	11c		-
3333	The trappering enganizations		Yes	No
1	Did the enversion bady members of the enversion bady effects of the instance of the enversion bady		103	140
	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			_
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).			
Secti	on D. All Type III Supporting Organizations	1		_
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		1100
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		Ī
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.			
Secti	on E. Type III Functionally Integrated Supporting Organizations	3	-	_
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	tructic	ns)	_
a	The organization satisfied the Activities Test. Complete line 2 below.	22555		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (se	e instru	ictions,	)
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3 a	Parent of Supported Organizations. Answer lines 3a and 3b below.  Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga			
1	Check here if the organization satisfied the Integral Part Test as a qualifyin instructions. All other Type III non-functionally integrated supporting organi	g trust on izations n	Nov. 20, 1970 ( <i>expla</i> nust complete Sectio	in in Part VI). See ns A through E.
Se	ction A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Se	ction B - Minimum Asset Amount	=01	(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI):	1e		
	Acquisition indebtedness applicable to non-exempt-use assets	2		
	Subtract line 2 from line 1d.	3		
	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_	Multiply line 5 by 0.035.	6		
	Recoveries of prior-year distributions	7		
	Minimum Asset Amount (add line 7 to line 6)	8		
	ction C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	11		
	Enter 0.85 of line 1.	2		
	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
	Enter greater of line 2 or line 3.	4		
	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	alle Article	
7	Check here if the current year is the organization's first as a non-functional	lly integra	ted Type III supportin	g organization

Schedule A (Form 990 or 990-EZ) 2020

(see instructions).

Pari	V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organiza	tions (continued)		T tage 1
	ion D - Distributions			100	Current Year
1	Amounts paid to supported organizations to accomplish e	exempt purposes		1	
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity	mpt purposes of support	ed	2	
3	Administrative expenses paid to accomplish exempt purp	oses of supported organi	zations	3	
4	Amounts paid to acquire exempt-use assets	and an architecture of San	Lations	4	
5	Qualified set-aside amounts (prior IRS approval required -	provide details in Part VI		5	
6	Other distributions (describe in Part VI). See instructions.	or or rate details in r dit vij		6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which (provide details in Part VI). See instructions.	n the organization is resp	onsive	8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	-
			(11)	110	/!!!\
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2020	ns	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
а	From 2015				
b	From 2016				
C	From 2017	17.			
d	From 2018				
e	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
-1-	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from				
	Section D, line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			-1	
7	Excess distributions carryover to 2021. Add lines 3j and 4c.			1	
8	Breakdown of line 7:			-	
а	Excess from 2016			-	
b	Excess from 2017			-	
C	Excess from 2018			-	
d	Excess from 2019				
e	Excess from 2020			_	
	ENGAGE HAILI EATA! ' 1.1				

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Same With the	A STATE OF THE PARTY OF THE PAR		7		ATTACHMENT 1	
SCHEDULE A, PART I	I - OTHER INCOM	Е				
DESCRIPTION	2016	2017	2018	2019	2020	TOTAL
OTHER INCOME	231,610.	263,782.	110,021.	138,946.	555,841.	1,300,200.
TOTALS	231,610.	263,782.	110,021.	138,946.	555,841.	1,300,200.

#### Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

# Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2020

Name of the organization Employer identification number LENA POPE HOME, INC. 75-6003583 Organization type (check one): Filers of: Section: Form 990 or 990-EZ 501(c)(3 ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See Instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990,

990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. JSA

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Employer identification number 75-6003583

Part I	Contributors (see instructions). Use duplicate cop	pies of Part I if additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_	TEXAS EDUCATION AGENCY  2600 TEXAS DRIVE, #T  DALLAS, TX 75211	\$\$.	Person X Payroll Noncash (Complete Part II for
	DALLAS, IX 70211		noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	LENA POPE FOUNDATION		Person X
	3200 SANGUINET ST	\$693,846.	Payroll Noncash
	FORT WORTH, TX 76107		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3_	WANDA L THOMAS  1501 CONNALLY TER  ARLINGTON, TX 76010	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization LENA POPE HOME, INC.

Employer identification number 75-6003583

Part II	Noncash Property (see instructions). Use duplicate copie	s of Part II if additional space is ne	eded.
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-		<b>\$</b>	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		<u> </u>	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_		<u> </u>	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		<u> </u>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
==		\$	

Name of organization LENA POPE HOME, INC.

Employer identification number

75-6003583

) No.	duplicate copies of Part III if addit	(c) Use of gift	(d) Description of how gift is held
art I		T	
- =			
		DATE CONTROL OF THE	
	Transferee's name, address, a	(e) Transfer of gift and ZIP + 4 Rel	ationship of transferor to transferee
_			
. LE			
) No. rom art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		-	
		(e) Transfer of gift	
	Transferee's name, address, a		ationship of transferor to transferee
	Transferee's name, address, a		ationship of transferor to transferee
	Transferee's name, address, a		ationship of transferor to transferee
om	Transferee's name, address, at		ationship of transferor to transferee  (d) Description of how gift is held
om		nd ZIP + 4 Rel	
om		nd ZIP + 4 Rel	
rom	(b) Purpose of gift	(c) Use of gift  (e) Transfer of gift	(d) Description of how gift is held
rom		(c) Use of gift  (e) Transfer of gift	
) No. rom art I	(b) Purpose of gift	(c) Use of gift  (e) Transfer of gift	(d) Description of how gift is held
om art I	(b) Purpose of gift  Transferee's name, address, a	(c) Use of gift  (e) Transfer of gift  Rel	(d) Description of how gift is held
om art I	(b) Purpose of gift	(c) Use of gift  (e) Transfer of gift	(d) Description of how gift is held
rom	(b) Purpose of gift  Transferee's name, address, a	(c) Use of gift  (e) Transfer of gift  Rel	(d) Description of how gift is held
om art I	(b) Purpose of gift  Transferee's name, address, a	(c) Use of gift  (e) Transfer of gift  Rel	(d) Description of how gift is held

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or

#### SCHEDULE D (Form 990)

Supplemental Financial Statements
► Complete if the organization answered "Yes" on Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

► Go to www.irs.gov/Form990 for instructions and the latest information.

Employer identification number

LE	NA POPE HOME, INC.		75-6003583
P	art   Organizations Maintaining Donor Advi		Is or Accounts.
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 6	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor	advisors in writing that the assets I	held in donor advised
	funds are the organization's property, subject to the		
6	Did the organization inform all grantees, donors, a	nd donor advisors in writing that gra	ant funds can be used
	only for charitable purposes and not for the benef	it of the donor or donor advisor, or	for any other purpose
	conferring impermissible private benefit?		Yes No
P	Conservation Easements.		
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 7	
1	Purpose(s) of conservation easements held by the	organization (check all that apply).	
	Preservation of land for public use (for example,		tion of a historically important land area
	Protection of natural habitat		tion of a certified historic structure
	Preservation of open space		2011 - 1 20 - 20 - 20 - 20 - 20 - 20 - 2
2	Complete lines 2a through 2d if the organization he	ld a qualified conservation contribution	on in the form of a conservation
	easement on the last day of the tax year.	na transmission e di seri Newbit attitutent	Held at the End of the Tax Year
а	Total number of conservation easements	A A A size to all those one of the entire that	
b	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified h	istoric structure included in (a)	2c
d	Number of conservation easements included in (c)	acquired after 7/25/06, and not on	a
	historic structure listed in the National Register		2d
3	Number of conservation easements modified, tran	sferred, released, extinguished, or t	erminated by the organization during the
	tax year ▶	200000000000000000000000000000000000000	enmiated by the organization dailing the
4	Number of states where property subject to conser	vation easement is located >	
5	Does the organization have a written policy rega		pection, handling of
	violations, and enforcement of the conservation eas	ements it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspe	cting, handling of violations, and enforce	cing conservation easements during the year
	A STATE OF THE CASE OF THE STATE OF THE STAT	and constraint an interpretation of the	The state of the s
7	Amount of expenses incurred in monitoring, inspecti	ng, handling of violations, and enforcing	ng conservation easements during the year
	<b>▶</b> \$		9 17/12/31 17/17/17/17/17/17/17/17/17/17/17/17/17/1
8	Does each conservation easement reported on line 2	(d) above satisfy the requirements of s	ection 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports of	onservation easements in its revenue	and expense statement and
	balance sheet, and include, if applicable, the text of	the footnote to the organization's fin	ancial statements that describes the
	organization's accounting for conservation easemen	ts.	
Pa	Organizations Maintaining Collections	of Art, Historical Treasures, or O	ther Similar Assets.
	Complete if the organization answered "	Yes" on Form 990, Part IV, line 8.	100000000000000000000000000000000000000
1a	If the organization elected, as permitted under FAS	SB ASC 958, not to report in its rev	enue statement and balance sheet works
	If the organization elected, as permitted under FAS of art, historical treasures, or other similar assets service, provide in Part XIII the text of the footnote to	held for public exhibition, educati	on, or research in furtherance of public
h	If the escapization elected as permitted under Edit	o its financial statements that describe	es triese items.
b	If the organization elected, as permitted under FAI art, historical treasures, or other similar assets held	SB ASC 958, to report in its revenu	le statement and balance sheet works of
	provide the following amounts relating to these item	s:	research in furtherance of public service,
	(i) Revenue included on Form 990, Part VIII, line 1.		<b>&gt;</b> s
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art		
	following amounts required to be reported under FA	SB ASC 958 relating to these items:	Midness Ball blaside tile
a	Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> s
b	Assets included in Form 990, Part X		<b>&gt;</b> \$
For I	Paperwork Reduction Act Notice, see the Instructions for I	Form 990.	Schedule D (Form 990) 2020

3	Organizations Maintaini								_
а		ng Collections of	Art, Historical T	reasures, or	Other Simila	ar Assets (d	continu	ed)	
а	Using the organization's acquisitio	n, accession, and o	ther records, che	ck any of the	e following the	at make sign	nificant	use c	of its
	collection items (check all that appl	y);							
b	Public exhibition		d Loa	n or exchange	program				
	Scholarly research		e Othe	er					
C	Preservation for future gener	ations				W			-55
4	Provide a description of the organ	ization's collections	and explain how	they further	the organizat	ion's exemp	t purpo	se in	Part
	XIII.								
	During the year, did the organizatio	n solicit or receive d	onations of art, hi	storical treasu	ires, or other s	imilar			
	assets to be sold to raise funds rath						Yes		No
Par									
	Complete if the organiza	tion answered "Ye	s" on Form 990	Part IV. line	9, or reporte	d an amou	nt on F	orm	
	990, Part X, line 21.	2010/04/2010 03	2 (20) Calon Alah						
1a	Is the organization an agent, trust	ee, custodian or of	her intermediary	for contribut	ions or other	assets not	11.00	75 .	-
	included on Form 990, Part X?						Yes		No
h	If "Yes," explain the arrangement in	Part XIII and comp	lete the following	able		2.50	- 377		1
	ii 105, explain the arrangement ii	IT all All alla comp	iono mio teno mio			Amount			
C	Beginning balance			1c		13018200			
	Additions during the year								_
	Distributions during the year								
	[28] 요마일 튀시아다 리티드의 기타 기타 교회의 2010년 2011년			The second secon				_	
	Ending balance				etodial accour	t liability?	Yes		No
	old the organization include an am- if "Yes," explain the arrangement in								110
		Fait All. Check he	are ii the explanati	on has been p	ovided on Fair	Am		-	
Par	Complete if the organiza	tion answered "Ve	e" on Form 990	Part IV line	10				
_	Complete if the organiza			(c) Two yea		ree years back	(e) Fou	r.voore	back
	SCHOOL OF SCHOOL STATE	(a) Current year	(b) Prior year	The Control of the Co	the state of the s	The second secon			
1a	Beginning of year balance	10,309,717.	10,759,799	. 11,353		205,968.	10,	640,	891
b	Contributions					130,000.			
C	Net investment earnings, gains,	2 002 002	37,550,550	1 0 200	1.00		1-3		200
	and losses	2,985,233.	1,662,227	. 1,520	,520. 1,	888,281.	1,	219,	323
d	Grants or scholarships					2007.00			
e	Other expenditures for facilities	100 St. 100 St	20,000,000	01136.5	New Mark	Jan Swee		2.5.25	202
	and programs	1,744,087.	2,112,309	. 2,113	,964. 1,	871,006.		047,	
	Administrative expenses	And the state of t				1.451.55		228,	
	End of year balance	11,550,863.	10,309,717	. 10,759	,799. 11,	353,243.	9,	584,	703
	Provide the estimated percentage	of the current year e	end balance (line 1	g, column (a)	held as:				
	Board designated or quasi-endowm		%	,,,,					
b !	Permanent endowment > 2.4	600 %							
c	Term endowment ▶ 97.5400	%							
	The percentages on lines 2a, 2b, a		00%.						
3a	Are there endowment funds not in	the possession of th	e organization the	at are held an	d administered	for the			-77
	organization by:	And the state of the state of the	D. J. E. Markey, A. S.				12.4	Yes	No
	(i) Unrelated organizations						3a(i)	Х	
	(ii) Related organizations					10000	3a(ii)		X
h	If "Yes" on line 3a(ii), are the relate	d organizations lister	d as required on S	chedule R?.		491414	3b		
	Describe in Part XIII the intended u						-		
4	Land Buildings, and Equ	ipment.	January III	TOTAL TAR YES		0.00	3000	1.06	
_	Complete if the organiza	ation answered "Ye							
4 Par	Description of property	(a) Cost or		st or other basis	(c) Accumulate	d (c	) Book v	atue	
_		(invest		(other)	depreciation				
Par	rawa i			042 781			2.0	42	781
Par 1a	Land			,042,781.	11 096 73	8.4		***	-
Par 1a b	Buildings			,042,781.	11,986,73	34.	20,2	***	-
Par 1a b	Buildings	::::	32	,267,341.			20,2	80,6	507.
1a b c	Buildings		32		11,986,73 1,908,68 68,59	35.	20,2	***	222.

Complete if the organization answered  (a) Description of security or category	(b) Book value	(c) Method of valuation	
(including name of security)	(b) Dook value	Cost or end-of-year market	et value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)MINERAL PROPERTIES	5,694,033.	FMV	
(B)			
(C)			
(D)			
(E)			
(F) (G)			
(H)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) .	5,694,033.		
Part VIII Investments - Program Related.		D-1 IV E 11 - 0 - E 200	
Complete if the organization answered			
(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year marke	on; t value
(1)			
(2)			
(3)	~		
(4)			
(5)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.	"V" F 000 f	D-411/1 - 441 0 5 000	
Complete if the organization answered (a) Des		Part IV, line 11d. See Form 990, I	The state of the s
(1)	сприон		(b) Book value
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 15.)		
Part X Other Liabilities.  Complete if the organization answered 'line 25.	"Yes" on Form 990, F	Part IV, line 11e or 11f. See Form	990, Part X,
1. (a) Description	on of liability		(b) Book value
(1) Federal income taxes (2) ANNUITY PAYABLE			100 100
			427,074
			484,001
(4) PPP LOAN (5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) .			911,075.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII . X

Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	V,	
1	Total revenue, gains, and other support per audited financial statements	1	21,656,476.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d	2e	1,516,742.
3	Subtract line 2e from line 1	3	20,139,734.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	11	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 129, 557.		
b	Other (Describe in Part XIII.)	12	100 557
	Add lines 4a and 4b ,	4c	129,557.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	20,269,291.
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	Captur.
1	Total expenses and losses per audited financial statements	1	18,805,030.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities		
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIII.)	33	05 070
e	Add lines 2a through 2d	2e	25,378.
3	Subtract line 2e from line 1	3	18,779,652.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 129,557.		
b	Other (Describe in Part XIII.)		129,557.
	Add lines 4a and 4b	4c	18,909,209.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	10, 909, 209.
SEE	PAGE 5		
-			

#### Part XIII Supplemental Information (continued)

SCH D, PART V, LINE 4

INTENDED USES OF ORGANIZATION'S ENDOWMENT FUNDS:

THE ASSETS CONSIST OF THREE TRUSTS IN WHICH LENA POPE IS A PARTIAL BENEFICIARY. LENA POPE RECEIVES A PERCENTAGE OF THE INCOME EARNED ON THE THREE TRUSTS, BUT DOES NOT HAVE TITLE TO THE CORPUS.

SCH D, PART X, LINE 2

LENA POPE IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. IN ADDITION, THE INTERNAL REVENUE SERVICE HAS DETERMINED THAT LENA POPE IS NOT A "PRIVATE FOUNDATION" WITHIN THE MEANING OF SECTION 509(A) OF THE CODE.

LENA POPE RECOGNIZES IN ITS FINANCIAL STATEMENTS THE FINANCIAL EFFECT OF A TAX POSITION, IF THAT POSITION IS MORE LIKELY THAN NOT TO BE SUSTAINED UPON EXAMINATION. INCLUDING RESOLUTION OF ANY APPEALS OR LITIGATION PROCESSES, BASED UPON THE TECHNICAL MERITS OF THE POSITION. TAX POSITIONS TAKEN RELATED TO THE LENA POPE'S TAX EXEMPT STATUS FOR THE FEDERAL TAX PURPOSES AND STATE FILING REQUIREMENTS HAVE BEEN REVIEWED, AND MANAGEMENT IS OF THE OPINION THAT MATERIAL POSITIONS TAKEN BY LENA POPE WOULD MORE LIKELY THAN NOT BE SUSTAINED BY EXAMINATION. ACCORDINGLY, LENA POPE HAS NOT RECORDED AN INCOME TAX LIABILITY FOR UNCERTAIN TAX BENEFITS.

PART XI, LINE 2D

CHANGE IN BENEFICIAL INTEREST \$1,241,146

LOSS ON DISPOSAL OF ASSET \$25,378

TOTAL \$1,266,524

# Part XIII Supplemental Information (continued)

PART XII, LINE 2D

LOSS ON DISPOSAL OF ASSET

\$25,378

TOTAL

\$25,378

#### SCHEDULE G (Form 990 or 990-EZ)

### Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047
2020
Open to Public

Department of the Treasury ► Go to www.irs.gov/Form990 for Instructions and the latest information. Internal Revenue Service Inspection Name of the organization Employer identification number LENA POPE HOME, INC. 75-6003583 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations a e Solicitation of non-government grants b Internet and email solicitations f Solicitation of government grants C Phone solicitations g Special fundraising events d In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (iii) Did fundralser have (vi) Amount paid to (i) Name and address of individual (iv) Gross receipts (or retained by) (ii) Activity custody or control of or entity (fundraiser) (or retained by) from activity fundralser listed in contributions? organization col. (i) Yes 1 2 3 5 8 9 10 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule G (Form 990 or 990-EZ) 2020

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List

	(a) Event #1 RESTAURANT WEEK	(b) Event #2 GOLF	(c) Other events	(d) Total events (add col. (a) through
	(event type)	(event type)	(total number)	col. (c))
1 Gross receipts	44,890.	81,230.	200,985.	327,105
2 Less: Contributions	44,890.	81,230.	200,985.	327,105
4 Cash prizes				
5 Noncash prizes		1,746.		1,746
6 Rent/facility costs		5,412.	850.	6,262
7 Food and beverages		629.	4,690.	5,319
8 Entertainment				
9 Other direct expenses	17,559.	5,032.	7,714.	30,305
				43,632 283,473
Gaming, Complete if the ord	anization answered "			
\$ 15,000 OH FORM 990-C2, III		(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
1 Gross revenue	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	bingo/progressive bingo	\$48.080 #1008	cor. (a) unough cor. (c))
2 Cash prizes				
3 Noncash prizes				
4 Rent/facility costs				
The state of the s				
5 Other direct expenses	A/ 1-2-1			
	Yes %	Yes%	Yes%	
5 Other direct expenses	Yes %	No		
5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add line	Yes % No es 2 through 5 in colu	mn (d)	No ►	
5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add lin 8 Net gaming income summary. Su	Yes % No es 2 through 5 in colu	mn (d)	No ►	
5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add lin 8 Net gaming income summary. So Enter the state(s) in which the org Is the organization licensed to con	Yes % No  es 2 through 5 in colu  ubtract line 7 from line anization conducts ga	mn (d)  1, column (d)  ming activities: in each of these state	No ►	Yes No
	1 Gross receipts 2 Less: Contributions 3 Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes 6 Rent/facility costs 7 Food and beverages 8 Entertainment 9 Other direct expenses 10 Direct expense summary. Add line 11 Net income summary. Subtract line 12 Gaming. Complete if the org \$15,000 on Form 990-EZ, line 1 Gross revenue  2 Cash prizes 3 Noncash prizes	RESTAURANT WEEK (ewent type)  1 Gross receipts	(a) Event #1   RESTAURANT   WEEK   GOLF   (event type)	Color   Colo

	dule G (Form 990 or 990-EZ) 2020	1000	Page 3
11 12	Does the organization conduct gaming activities with nonmembers?	ty	
13	Indicate the percentage of gaming activity conducted in:		140
a		13a	9/
b	An outside facility	13b	9/
14	Enter the name and address of the person who prepares the organization's gaming/special events book records:	s and	
	Name ▶		
	Address ►		
15 a			
b	revenue?	L	No.
	amount of gaming revenue retained by the third party ▶ \$	and the	
c	If "Yes," enter name and address of the third party:		
	Name ►	*********	
	Address ►		
16	Gaming manager information:		
	Name ►		
	Gaming manager compensation ▶ \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming pro	ceeds to	
	retain the state gaming license?		No
b	Enter the amount of distributions required under state law to be distributed to other exempt organization's own exempt activities during the tax year > \$	nizations	
Part		(iii) and (v), and nal information	-

Schedule G (Form 990 or 990-EZ) 2020

SCHEDULE

Grants and Other Assistance to Organizations.

2020

OMB No. 1545-0047

Open to Public

Inspection

ication number 3583 No

X Yes

멑

Form 990)	Governments, and Individuals in the United States	
epartment of the Treasury Iternal Revenue Service	► Go to www.irs.gov/Form990 for the latest information.	
ame of the organization	Employer Identif	er identif
LENA POPE HOME, INC.	75-600	-6003
Part I General Inform	General Information on Grants and Assistance	
1 Does the organization	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, a	ance, a
the selection criteria us	the selection criteria used to award the grants or assistance?	
2 Describe in Part IV the	<ol> <li>Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.</li> </ol>	

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990,

Part

Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	t that received	more than \$5	,000. Part II can t	e duplicated if a	dditional space is n	eeded.	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)							
(2)							
(3)							
(4)							
(5)							
(9)							
(2)							
(8)							
(6)							
(10)							

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

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(12)

(11)

4:20:47 PM 0E1288 1,000 33170A M19Y 7/13/2022

V 20-7.24

Schedule I (Form 990) 2020

Page 2

Schedule 1 (Form 990) (2020)

LENA POPE HOME, INC.

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Part III

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 SUMMER CAMP ASSISTANCE.	.05	623.			
2 CLIENT FINANCIAL ASSISTANCE	4	. 200.			
3 CLIENT COLLEGE ASSISTANCE	13,	6,500.			
4 CLIENT SUPPORT ASSISTANCE	ri i	280.			
5 OCHER ASSISTANCE	ij	290.			
9					

intormation.

SCH A, PART I, LINE 2

PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS IN THE UNITED STATES;

LENA POPE MONITORS ITS GRANTS TO ENSURE THAT SUCH FUNDS ARE USED FOR THE

INTENDED PURPOSE AS FOLLOWS: CLIENT SUMMER CAMP ASSISTANCE IS FOR FULL OR

PARTIAL FUNDING OF CAMP FEES. THIS PROVIDED AFTER THE FAMILY HAS WORKED

WITH THE LENA POPE STAFF. CLIENT FINANCIAL ASSISTANCE IS FOR FOOD, RENT,

UTILITIES AND OTHER BASIC NEEDS OF THE FAMILY; OR ASSISTANCE FOR THE

CLIENT SUCH AS FEES, MEDICAL FEES, PRESCRIPTIONS, ETC. THIS IS PROVIDED

AFTER THE FAMILY HAS WORKED WITH THE LENA POPE STAFF. THE STAFF WORK WITH

Schedule I (Form 990) (2020)

Page 2

Schedule 1 (Form 990) (2020)

Part III

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
2					
3					
29					
10					1 414
Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	e the information re	quired in Part I,	line 2, Part III, o	column (b); and any oth	ier additional

THE FAMILY TO EXHAUST OTHER COMMUNITY RESOURCES FOR WHICH THEY MAY BE

ELIGIBLE.

SCH A, PART III, COL (B)

THE 68 RECIPIENTS OF THE GRANTS, SUMMER CAMP ASSISTANCE, FINANCIAL

ASSISTANCE, COLLEGE ASSISTANCE, AND SUPPORT ASSISTANCE WERE ALL CLIENTS

OF OUR PROGRAMS AND WORKING WITH A LENA POPE STAFF.

V 20-7.24

# SCHEDULE J (Form 990)

Compensation Information
For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ► Attach to Form 990.
 ► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

LENA POPE HOME, INC.

Inspection Employer identification number

75-6003583

	Apple to the first of the first		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.  First-class or charter travel Travel for companions Housing allowance or residence for personal use Payments for business use of personal residence Health or social club dues or initiation fees Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line			
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.  Compensation committee  Independent compensation consultant  Form 990 of other organizations  X Written employment contract  Compensation survey or study  Approval by the board or compensation committee	2		
4 a	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:  Receive a severance payment or change-of-control payment?	4a		x
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
c	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
5	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	5a		X
Ь	Any related organization?	5b		X
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	6a		X
b	Any related organization?	6b		X
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe	U		A
9	in Part III	8		X

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2020

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Schedule J (Form 990) 2020

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed

Part II

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (ii) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of W-2 and/	f W-2 and/or 1099-MIS	for 1099-MISC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
MARY ELGIN	0	268,363.	.0	0.		13,082.	281,445.	
1CE0	<b>E</b>	0.	.0	0.				
SHNEASE WEBB	Θ	145,787.	.0	0.	3,682.	13,332.	162,801.	
2000	E	0.	0	0.				
TODD TUDOR	(6)	142,030.	.0	0.	1,731.	24,917.	168,678.	
3CFO	E	0.	.0	0.				
	(0)							
4	(E)							
	0							
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9	•							
	Θ							
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	Θ							
80	(1)							
	(i)							
6	<b>E</b>							
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12	8							
	€							
13	•							
	(3)							
14	(E)							
	(0)							
15	(II)							
	(3)							
· ·	(1)							

Schedule J (Form 990) 2020

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCH J, PART I, LINE 3:

THE PROCESS FOR DETERMINING COMPENSATION OF THE CEO/EXECUTIVE DIRECTOR OF

THE ORGANIZATION IS DETERMINED BY THE EXECUTIVE COMMITTEE OF THE BOARD OF

DIRECTORS. THE EXECUTIVE COMMITTEE REVIEWS COMPENSATION SURVEYS AND OTHER

INDEPENDENT RESOURCES AS A BENCHMARK. THE MEMBERS OF THE EXECUTIVE

COMMITTEE ARE RESPONSIBLE FOR THE WRITTEN EMPLOYMENT AGREEMENT AND HAVE

THE ULTIMATE AUTHORITY TO APPROVE THE COMPENSATION PACKAGE.

Schedule J (Form 990) 2020

### SCHEDULE O (Form 990 or 990-EZ)

# Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

2020 Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Employer identification number 75–6003583

Name of the organization

LENA POPE HOME, INC.

FORM 990, PART III, LINE 4D: SCHOOL AND COMMUNITY BASED SERVICES (SCBS)

(A) COMMUNITY BASED SERVICES: LENA POPE'S COMMUNITY BASED SERVICES PROVIDES COUNSELING, CASE MANAGEMENT, WRAP-AROUND, AND GROUP SERVICES TO FAMILIES WITHIN TARRANT, JOHNSON AND PARKER COUNTIES. THESE PROGRAMS ARE PROVIDED IN THE HOMES AND COMMUNITIES OF THE FAMILIES THEY SERVE. SERVICES ARE PROVIDED THROUGH CONTRACTS WITH TARRANT COUNTY JUVENILE SERVICES, TEXAS JUVENILE JUSTICE DEPARTMENT, THE CITY OF FORT WORTH, THE CITY OF AZLE, FORT WORTH AND ARLINGTON INDEPENDENT SCHOOL DISTRICTS AND MHMR OF TARRANT COUNTY. WRAP-AROUND SERVICES PROVIDE TRAINED FACILITATORS TO WORK WITH THE TRANSITION-AGED YOUTH 16 TO 21 YEARS OLD. COMMUNITY BASED SERVICES PROVIDES A VARIETY OF PROGRAMS TO ADDRESS ADOLESCENT BEHAVIORAL AND LEGAL DIFFICULTIES IN TARRANT COUNTY. THESE PROGRAMS INCLUDE A FIRST OFFENDER PROGRAM TITLED SECOND OPPORTUNITY FOR SUCCESS (A REGISTERED TRADEMARK OF LENA POPE) AND AN IN-HOME EVIDENCE-BASED FAMILY COUNSELING PROGRAM KNOWN AS FUNCTIONAL FAMILY THERAPY. SECOND OPPORTUNITY FOR SUCCESS PROVIDES PARENT AND YOUTH SKILL BUILDING GROUPS PAIRED WITH THREE MONTHS OF POST GROUP FOLLOW UP SERVICES. FUNCTIONAL FAMILY THERAPY WORKS WITH YOUTH AND THEIR FAMILIES TO ADDRESS NEGATIVE THEMES AND DEVELOP BEHAVIORAL INTERACTIONS WITHIN THE FAMILY AND COMMUNITY. THESE PROGRAMS SERVED OVER 1,200 CLIENTS IN FISCAL YEAR 2021. (B) SCHOOL BASED SERVICES: LENA POPE PARTNERS WITH TARRANT COUNTY JUVENILE SERVICES AND FORT WORTH INDEPENDENT SCHOOL DISTRICT TO PROVIDE THE JUVENILE JUSTICE ALTERNATIVE EDUCATION PROGRAM (JJAEP). THIS PROGRAM PROVIDES A UNIQUE

EDUCATIONAL ALTERNATIVE FOR AT-RISK YOUTH. THE STUDENTS ENROLLED IN JJAEP ARE REFERRED BY TARRANT COUNTY AND ARE BETWEEN THE AGES OF 10 AND 18.

THIS ALTERNATIVE EDUCATION PROGRAM PROVIDES A SAFE ENVIRONMENT, WHERE STUDENTS DEVELOP SOCIAL SKILLS AND DECISION-MAKING CAPABILITIES NEEDED TO BE SUCCESSFUL WHEN THEY RETURN TO THEIR HOME CAMPUSES. JJAEP PROMOTES SELF-SUFFICIENCY AND SELF-DISCIPLINE AS A HEALTHY ALTERNATIVE TO ACADEMIC MISCONDUCT AND CRIMINAL ACTIVITY. IN FY21, OVER 150 STUDENTS COMPLETED THE PROGRAM AND, OF THESE, 99% COMPLETED SUCCESSFULLY. KEY OUTCOMES FOR THIS PROGRAM INCLUDE INCREASING SCHOOL ATTENDANCE (DECREASING DROP-OUT RATE); IMPROVING CLASSROOM BEHAVIOR; REDUCING DELINQUENCY RECIDIVISM; AND IMPROVING ACADEMIC PERFORMANCE.

#### MARTY COMMUNITY CHAPEL

THE MARTY LEONARD COMMUNITY CHAPEL, LOCATED ON THE CAMPUS OF LENA POPE,
PROVIDES AN UPLIFTING ENVIRONMENT THAT INSPIRES PEOPLE TO THINK THEIR
HIGHEST AND BEST THOUGHTS. IT IS A PLACE FOR WORSHIP, INSPIRATION,
PRAYER, GUIDANCE, CELEBRATION, JOY, MEDITATION, HOPE, RELAXATION,
RESEARCH, EDUCATION, MUSIC AND SPIRITAUL AND CULTURAL ENRICHMENT. THE
CHAPEL'S PRIMARY PURPOSE IS TO SERVE THE YOUTH AND FAMILIES AND LENA
POPE. A SECONDARY FUNCTION IS TO PROVIDE A SETTING FOR WEDDINGS, RENEWAL
OF VOWS, CHURCH SERVICES AND OTHER LIFE AFFIRMING CEREMONIES.

#### AMON CARTER CONFERENCE CENTER

THE AMON CARTER CENTER, WHICH IS ALSO LOCATED ON THE CAMPUS OF LENA POPE,
IS DESIGEND TO SERVE AS A MEETING AND EVENT SPACE FOR BOTH PUBLIC AND

PRIVATE USE. LENA POPE UTILIZES THE SPACE FOR INTERNAL PROGRAMMING AND THE SPACE IS ALSO AVAILABLE AS A RESOURCE FOR THE COMMUNITY, INCLUDING MANY NOT-FOR-PROFIT AGENCIES.

FORM 990, PART IV, SECTION A, LINE 2:

TWO MEMBERS OF THE BOARD OF DIRECTORS HAVE A

MOTHER-IN-LAW/DAUGHTER-IN-LAW RELATIONSHIP.

NEITHER OF THEM ARE AN OFFICER OF THE ORGANIZATION.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 AND REQUIRED SCHEDULES ARE PREPARED BY THE ACCOUNTING FIRM

OF BDO USA, LLP. THE FINANCIAL STATEMENTS ARE AUDITED BY THE ACCOUNTING

FIRM OF WEAVER AND TIDWELL, LLP AND PROVIDED TO BDO USA, LLP. SUPPORTING

SCHEDULES AND ADDITIONAL INFORMATION IS PROVIDED BY THE CFO AND OTHER

MEMBERS OF THE MANAGEMENT TEAM. THE FORM 990 AND CORRESPONDING SCHEDULES

ARE REVIEWED BY THE FINANCE COMMITTEE OF THE BOARD OF DIRECTORS. A

COMPLETE COPY OF THE FORM 990 AND CORRESPONDING SCHEDULES ARE MADE

AVAILABLE TO ALL THE MEMBERS OF THE ORGANIZATION'S GOVERNING BODY FOR

REVIEW PRIOR TO SUBMISSION TO THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

LENA POPE REGULARLY AND CONSISTENTLY MONITORS AND ENFORCES COMPLIANCE

WITH THE CONFLICT OF INTEREST POLICY. ANNUALLY, THE CONFLICT OF INTEREST

POLICY IS REVIEWED BY THE BOARD OF DIRECTORS. THROUGHOUT THE YEAR, ANY

POSSIBLE CONFLICT OF INTEREST SITUATION ARE REVIEWED AND ASSESSED TO

ENSURE ADHERENCE TO THE POLICY.

FORM 990, PART VI, SECTION B, LINE 15:

THE PROCESS FOR DETERMINING COMPENSATION OF THE CEO/EXECUTIVE DIRECTOR OF THE ORGANIZATION IS DETERMINED BY THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS. THE EXECUTIVE COMMITTEE REVIEWS COMPENSATION SURVEYS AND OTHER INDEPENDENT RESOURCES AS A BENCHMARK. THE MEMBERS OF THE EXECUTIVE COMMITTEE ARE RESPONSIBLE FOR THE WRITTEN EMPLOYMENT CONTRACT AND HAVE THE ULTIMATE AUTHORITY TO APPROVE THE COMPENSATION PACKAGE.

THE PROCESS FOR DETERMINING COMPENSATION OF KEY EMPLOYEES OF THE ORGANIZATION IS CONDUCTED BY THE CEO/EXECUTIVE DIRECTOR AND THE CHIEF OPERATING OFFICER. COMPENSATION IS COMPARED TO BENCHMARKS IN THE FIELD AND THE REGION OF THE COUNTRY. SALARY STUDIES ARE REVIEWED ON AN ANNUAL BASIS FOR ALL POSITIONS TO ENSURE SALARY LEVELS ARE CONSISTENT WITH MARKET RANGES.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST. CERTAIN DOCUMENTS ARE ON THE AGENCY WEBSITE, AS WELL AS OTHER PUBLIC WEBSITES, SUCH AS THE TEXAS EDUCATION AGENCY, GUIDESTAR, AND DUN AND BRADSTREET.

CHANGE IN OVERSIGHT OR SELECTION PROCESS -

THERE HAS BEEN NO CHANGE IN NEITHER THE SELECTION NOR OVERSIGHT PROCESS OF THE INDEPENDENT ACCOUNTANT.

FORM 990, PART XI, LINE 9:

CHANGE IN BENEFICIAL INTEREST IN TRUST

\$1,241,146

Employer identification number 75-6003583

TOTAL

\$1,241,146

ATTACHMENT 1

FORM 990, PART III - PROGRAM SERVICE, LINE 4A

EARLY LEARNING CENTER (ELC) - THE AGENCY OPENED THE LENA POPE EARLY LEARNING CENTER IN SEPTEMBER 2012. THE ELC IS A FAMILY-CENTERED EARLY LEARNING ENVIRONMENT SERVING 114 CHILDREN RANGING IN AGES 6 WEEKS TO 5 YEARS OLD. ITS HOURS OF OPERATION ARE MONDAY THRU FRIDAY FROM 6:30 AM TO 6:00 PM. THE CENTER FOCUSES ON PROVIDING A HIGH QUALITY EARLY LEARNING ENVIRONMENT TO PRIVATE PAY AND CHILD CARE SUBSIDIZED FAMILIES. THE EVIDENCE-BASED CURRICULUM (HIGHSCOPE), EMPHASIZES LEARNING IN ALL DEVELOPMENTAL DOMAINS BASED ON THE INDIVIDUAL INTEREST OF EACH CHILD, CHILDREN ARE ENCOURAGED TO LEARN THROUGH INDIVIDUAL CHOICES, EXPLORATION AND PROBLEM SOLVING. THE HIGHSCOPE CURRICULUM HAS BEEN PROVEN EFFECTIVE IN WORKING ACROSS AGES, GENDERS, ETHNICITIES, AND SOCIO-ECONOMIC LEVELS. THE ELC ALSO WORKS TO DEVELOP SOCIAL EMOTIONAL LEARNING USING THE EVIDENCE-BASED BEHAVIORAL MODEL, CONSCIOUS DISCIPLINE. BASED ON CURRENT RESEARCH ON BRAIN DEVELOPMENT AND FUNCTIONING, CONSCIOUS DISCIPLINE TEACHES SKILLS IN SELF-REGULATION, PROBLEM SOLVING, CONFLICT RESOLUTION, AND PERSONAL ACCOUNTABILITY WHILE PROMOTING AN ATMOSPHERE OF SUPPORT AND COMPASSION BETWEEN PEERS AND ADULTS. STEPS ARE ALSO UNDERWAY TO BECOME CERTIFIED TRAINERS OF CONSCIOUS DISCIPLINE IN ORDER TO SUSTAIN THE MODEL WITHIN THE CENTER AND TO ACHIEVE OUR ULTIMATE GOAL OF FOR EACH CHILD TO BE SOCIALLY, EMOTIONALLY, AND ACADEMICALLY READY FOR FUTURE SCHOOL AND RELATIONAL SUCCESS.

Employer identification number 75-6003583

ATTACHMENT 2

#### FORM 990, PART III - PROGRAM SERVICE, LINE 4B

CHAPEL HILL ACADEMY CHARTER SCHOOL (CHA) - CHA IS A NO TUITION OPEN-ENROLLMENT PUBLIC CHARTER SCHOOL. FISCAL YEAR 2021 (FY21) WAS THE THIRTEENTH YEAR OF OPERATION. CHA'S VISION IS TO INTERVENE EARLY IN A CHILD'S LIFE AND PREPARE THAT CHILD FOR A SUCCESSFUL FUTURE. THE SCHOOL'S GOAL IS TO PROVIDE A STIMULATED CREATIVE ENVIRONMENT THAT PIQUES A CHILD'S CURIOSITY AND ENHANCES THEIR LEARNING EXPERIENCE. CHA IS CURRENTYLY EDUCATING OVER 700 STUDENTS IN ITS THIRTEENTH YEAR, IN GRADES PRE-K THROUGH 6TH GRADE. CHA PROVIDES EQUITY IN EDUCATIONAL ACHIEVEMENT AND 60% OF STUDENTS ARE ECONOMICALLY DISADVANTAGED. THE SCHOOL'S FOCUS IS LITERACY, ONE OF THE KEY BUILDING BLOCKS TO A LIFETIME OF LEARNING. ACADEMIC TECHNOLOGY ALSO PLAYS A MAJOR ROLE IN THE CLASSROOMS, CREATING AN INTERACTIVE LEARNING VENUE. CLASSROOMS IN KINDERGARTEN THROUGH 5TH GRADE ARE EQUIPPED WITH INTERACTIVE WHITE BOARDS, TAKING CLASSROOM INSTRUCTION INTO ANOTHER DIMENSION. IN ADDITION, STUDENTS IN KINDERGARTEN THROUGH 4TH GRADE ARE PROVIDED WITH IPAD TECHNOLOGY TO FURTHER ENRICH THEIR EDUCATION. STUDENTS IN THE 5TH GRADE HAVE INDIVIDUAL CHROMEBOOKS AND ARE ACTIVELY ENGAGED THROUGH ONLINE LEARNING MANAGEMENT SYSTEMS DESIGNED TO PREPARE THEM FOR HIGH SCHOOL AND COLLEGE. STUDENTS IN 3RD THROUGH 5TH GRADE LEARN TECHNOLOGY CONCEPTS RANGING FROM BASIC KEYBOARDING SKILLS TO DESIGNING QR CODES TO CREATING E-BOOKS AND NAVIGATING THROUGH EXCEL AND POWERPOINT PROGRAMS UNDER THE GUIDANCE OF A TECHNOLOGY SPECIALIST WHO COLLABORATES WITH THEIR CONTENT AREA TEACHERS TO CONNECT THEIR CORE WORK TO TECHNOLOGY. STUDENTS RECEIVE NUMEROUS

Employer identification number 75-6003583

ATTACHMENT 2 (CONT'D)

OPPORTUNITIES TO EXPERIENCE CULTURAL AND ACADEMIC ENRICHMENT VIA AFTER-SCHOOL PROGRAMS HOSTED BY TEACHING STAFF, SUCH AS ART CLUB, TAE KWON DO, PERFORMANCE STUDIES, SELECT CHOIR, CHESS CLUB, BASKETBALL TEAM, ARCHITECT CLUB, YOGA CLASS, MAD SCIENCE, RUNNING CLUB, RECYCLING CLUB, PEER TUTORIAL PARTNERSHIPS WITH AREA PRIVATE AND PUBLIC STUDENT GROUPS, AND VARIOUS FAMILY THEMED ACADEMIC FUN NIGHTS THAT EMPOWER PARENTS TO BE ACTIVE PARTICIPANTS IN THEIR CHILD'S LEARNING, PARENT UNIVERSITY OFFERS PARENTS AN EVENING OPPORTUNITY TO LEARN FROM SCHOOL STAFF EXPERTISE ON TOPICS RANGING FROM SOCIAL EMOTIONAL LEARNING, HEALTHY EATING OPTIONS ON A BUDGET, OR HOMEWORK HELP IN THE DIGITAL ERA, WHILE THEIR CHILDREN ARE PROVIDED CHILD CARE. THE OLWEUS ANTI-BULLYING CURRICULUM PROGRAM IS IMPLEMENTED SCHOOL-WIDE IN AN ATTEMPT TO ADDRESS AND DECREASE BULLYING SITUATIONS. THE SECOND STEP PROGRAM FOR SOCIAL AND EMOTIONAL LEARNING AND WELL BEING IS ALSO IMPLEMENTED ACROSS ALL GRADE LEVELS. AN OUTDOOR NATURE EXPLORE CLASSROOM ENCOURAGES STUDENTS' IMAGINTIVE PLAY IN NATURE AND EXPLORATION. ENGAGING STUDENTS THROUGH A MULTI-DIMENSIONAL APPROACH EMPOWERS THEM TO EXPERIENCE ADACEMICS ACROSS A BROAD SPECTRUM, WHILE ACHIEVING THE LENA POPE MISSION OF HELPING CREATE HOPE, HAPPINESS AND SUCCESS. THE LENA POPE BOARD OF DIRECTOS APPROVED AN APPLICATION IN 2017 TO THE TEXAS EDUCATION AGENCY (TEA) TO EXPAND CHAPEL HILL ACADEMY TO ADD 6TH THROUGH 8TH GRADES AND ADD CAPACITY TO LOWER GRADES TO ACCOMMODATE MORE FAMILIES ON THE WAITLIST. TEA APPROVED THE EXPANSION AMENDMENT IN MARCH 2017. LENA POPE COMPLETED A \$6.2 MILLION PRIVATE PLACEMENT TAX-EXEMPT BOND IN JULY 2017 AND

Employer identification number 75-6003583

ATTACHMENT 2 (CONT'D)

SUBSEQUENTLY, AN INTEREST RATE SWAP TO LOCK IN A 3.482% INTEREST RATE ON THE BOND. DURING 2018, AS A RESULT OF THE TAX CUTS AND JOBS ACT OF 2017, CERTAIN PROVISIONS OF THE SWAP AGREEMENT WERE EXERCISED BY THE UNDERLYING LENDER, RESULTING IN AN INCREASE OF THE CURRENT FIXED RATE TO 4.068%. CONSTRUCTION BEGAN IN JULY 2017 AND WAS COMPLETED IN AUGUST 2018. 6TH GRADE WAS ADDED FOR THE 2018-2019 SCHOOL YEAR WITH 7TH AND 8TH GRADES FOLLOWING IN SUBSEQUENT SCHOOL YEARS. AT FINAL CAPACITY, CHA WILL HAVE THE ABILITY TO SERVE OVER 800 STUDENTS IN PK-8TH GRADE.

ATTACHMENT 3

#### FORM 990, PART III - PROGRAM SERVICE, LINE 4C

COUNSELING & SUBSTANCE ABUSE TREATMENT SERVICES (CSATS) - LENA
POPE COUNSELING SERVICES PROVICES HIGH QUALITY MENTAL HEALTH
COUNSELING FOR CHILDREN AND THEIR FAMILIES IN TARRANT, HOOD AND
PARKER COUNTIES. LEAN POPE COUNSELING SERVICES SERVES OVER 2,200
INDIVIDUALS AND THEIR FAMILIES ANNUALLY. SERVICES INCLUDE MENTAL
HEALTH ASSESSMENTS, DIAGNOSTICS, TREATMENT PLANNING, COUNSELING
AND A 24-7 CRISIS LINE FOR CLIENTS. LEAN POPE COUNSELING SERVICES
SPECIALIZES IN PLAY THERAPY; BEHAVIORAL ISSUES; INDIVIDUAL,
FAMILY, AND COUPLE'S THERAPY TO IMPROVE INDIVIDUAL AND FAMILY
FUNCTIONING. LENA POPE ALSO PROVIDES PARENT EDUCATION AND ANGER
MANAGEMENT GROUPS. LEAN POPE UTILIZES LICENSED MASTER'S LEVEL
THERAPISTS OR MASTER'S LEVEL INTERNS SEEKING LICENSURE TO PROVIDE
COUNSELING USING EVIDENCE-BASED PRACTICES. COUNSELING SERVICES ARE

Employer identification number 75-6003583

ATTACHMENT 3 (CONT'D)

PROVIDED IN OFFICES LOCATED IN FORT WORTH, ARLINGTON, GRANBURY,
WEATHERFORD AND NORTHEAST TARRANT COUNTY. THE COUNSELING PROGRAM
HAS CONTRACTS WITH THE TEXAS DEPARTMENT OF FAMILY AND PROTECTIVE
SERVICES, FORT WORTH INDEPENDENT SCHOOL DISTRICT, TARRANT COUNTY
JUVENILE SERVICES AND THE OFFICE OF JUVENILE JUSTICE AND
DELINQUENCY PREVENTION. LENA POPE BILLS MEDICAID, ACCEPTS SEVERAL
THIRD PARTY PRIVATE INSURANCES, AND PRIVATE PAYMENTS. SUBSTANCE
USE TREATMENT SERVICES INCLUDE EDUCATIONAL GROUPS, TREATMENT
GROUPS AND INDIVIDUAL COUNSELING. LENA POPE PROVIDES SUBSTANCE USE
TREATMENT SERVICES THROUGH A CONTRACT WITH THE DEPARTMENT OF STATE
HEALTH AND HUMAN SERVICES. LENA POPE IS LICENSED AS A SUBSTANCE
SBASE TREATMENT PROVIDER THROUGH THE DEPARTMENT OF FAMILY AND
PROTECTIVE SERVICES. LENA POPE PROVIDES TREATMENT SERVICES FOR
ADULTS WITH SUBSTANCE USE DISORDERS AT THEIR FORT WORTH AND
ARLINGTON LOCATIONS.

FORM 990, PART III, LINE 4D - OTHER	PROGRAM SERVICES			ATTACHMENT 4	
DESCRIPTION		GRANTS		EXPENSES	REVENUE
SCHOOL AND COMMUNITY BASED SERVICES	(SCBS)		0.	1,560,271.	369,589.
CHAPEL AND CONFERENCE CENTER			0.	392,329.	
	TOTALS		0.	1,952,600.	369,589.

ATTACHMENT 5

Employer identification number

75-6003583 ATTACHMENT 5 (CONT'D)

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

DESCRIPTION

ENDING BOOK VALUE

COST OR FMV

PUBLICLY TRADED

**FMV** 

TOTALS

5,726,830.

5,726,830.

# SCHEDULE R (Form 990)

LENA POPE HOME, INC.

Name of the organization Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Go to www.irs.gov/Form990 for instructions and the latest information. ► Attach to Form 990.

020	to Public section
2((	Open

OMB No. 1545-0047

Employer identification number 75-6003583

(g) Section 512(b)(13) controlled Schedule R (Form 990) 2020 (f) Direct controlling entity No × Yes Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year. (f) Direct controlling (e) End-of-year assets entity N/A (e)
Public charity status
(if section 501(c)(3)) H LINE 12A, (d) Total income Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (d) Exempt Code section (c) Legal domicile (state or foreign country) 501 (C) (3) (c) Legal domicile (state or foreign country) (b) Primary activity TX SUPPORT ORG Primary activity For Paperwork Reduction Act Notice, see the Instructions for Form 990. 75-2662338 (a) Name, address, and EIN (if applicable) of disregarded entity FORT WORTH, TX 76107 (a) Name, address, and EIN of related organization (1) LENA FORE FOUNDATION, INC. 3200 SANGUINET ST. PartII Partl (4) (9) 3 4 (2) (9) (2) 3 (2) (2) £ (2)

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Page 2

Schedule R (Form 990) 2020

Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year. Part III

Primary activity Legal Direct controlling Income (related from foreign country)  Predominant Income (related from foreign country)  Predominant Income (related from foreign country)  Share of total Share of end-of-income sections 512 - 514)  Share of total Share of end-of-income sections 512 - 514)	Legal Direct controlling Predominant domicile entity income (related from country)  Country)  Predominant income (related from former)  Predominant income entity income tax under from tax under sections 512 - 514)	Legal Direct controlling Predominant Commission (f) Legal Direct controlling Predominant Income Predominant Income Pear assets Income Pear asset In	(c) (d) Predominant (g) (h) Legal Direct controlling Income (state or dend-of- or animator of total or seets) (state or of total or of tot
Direct controlling Predominant Income entity unrelated, unrelated, unrelated, excluded from sections 5 12 - 514)	Direct controlling Predominant Income (1)  Direct controlling Income (related, income year assets income sections 512 - 514)  Predominant Share of total Share of end-of-sections 512 - 514)  Yes	Direct controlling income of total share of end-of-income income (feated, income seculors 512 - 514)  Predominant income of total share of end-of-income income year assets seculors 512 - 514)  Pes No Predominant income year assets seculors 512 - 514)	Direct controlling Predominant Share of total Share of end-of- entity Predominant income (related, branches from the controlling sections 512 - 514)  Direct controlling Predominant income (related, branches) (income year assets amount in box 20 mana sacutors from tax under from tax under from 512 - 514)  Yes No (i) (ii) (iii) Gode V - UBI Gene of end-of- income year assets amount in box 20 mana sections 512 - 514)  Yes No (Form 1065)  Yes
Predominant Income (f) Income (related, unrelated, unrelated, excluded from tax under sections 512 - 514)	Predominant share of total Share of end-of-income (related, income year assets areas sections 512 - 514)  Predominant share of total Share of end-of-income year assets areas sections 512 - 514)  Yes	Predominant (f) (g) (h) redominant income year assets steamen tax under tax under sections 512 - 514)  Predominant income year assets steamen tax under tax	Predominant income Share of total Share of end-of- ownerwees amount in box 20 mans acutions 512 - 514)  Predominant income spear assets are assets amount in box 20 mans asset to a section 512 - 514)  Predominant income year assets amount in box 20 mans of Schedule K-1 part tax under (Form 1065)  Pres No Yes No Yes
Share of total income	Share of total Share of end-of- income year assets areas	Share of total Share of end-of- income year assets search  Yes No	Share of total Share of end-of- our percens amount in box 20 mans income year assets assets of Schedule K-1 (Form 1065)  Yes No Year
	Share of end-of- year assets sizes	Share of end-of- year assets  Yes No  Yes No	Share of end-of-secretary amount in box 20 mans year assets ascertary of Schedule K-1 party (Form 1065)  Yes No Yes
Share of end-of- year assets	Y Secure A	Ves No	Ves No (1) (1) (2) (2) (3) (4) (4) (5) (4) (5) (4) (5) (5) (5) (6) (6) (7) (7) (7) (7) (7) (7) (7) (7) (7) (7
	Outstand	ON O	Code V - UBI General mount in box 20 mana of Schedule K-1 part (Form 1085)

(e)	3	(4)	101			3	1	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	(c) Corp., S corp. or Inust)	Share of total income	Share of Percentage Section end-of-year assets ownership controlled entity?	(h) Percentage ownership	Section 512(b)(13) controlled entity?
(1)								Yes No
(2)								
(3)								+
(4)								+
(5)								
(9)								-
(2)								-

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No Yes

# 10 9 7 1e 10 4 Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36. During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity. Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. Gift, grant, or capital contribution to related organization(s) . . . . . . d Loans or loan guarantees to or for related organization(s) Sale of assets to related organization(s)..... Dividends from related organization(s) Part V

	splots.	2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction three
	18	s Other transfer of cash or property from related organization(s)
	1.	r Other transfer of cash or property to related organization(s)
-		
	19	q Reimbursement paid by related organization(s) for expenses
-		b National Scilician Paris to Colored or Science of Sci
_	ç	
	10	o Sharing of paid employees with related organization(s)
	1	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
+	18	m Performance of services or membership or fundraising solicitations by related organization(s),
-	=	Performance of services or membership or fundraising solicitations for related organization(s)

××

×

× .

Lease of facilities, equipment, or other assets to related organization(s). . . . .

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) LENA POPE FOUNDATION, INC.	U	693,846. BOOK	BOOK
(2)			

3)			
(1)			
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Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37. Part VI

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding explicitly for cortain investment and a related organization. See instructions regarding explicitly for cortain investment and a related organization.

	rimary activity	Legal domicile (state or foreign country)	Predominant income (related, unrelated, excluded from tax under	Are all partners section 501(c)(3) organizations?	Share of total income	Share of end-of-year assets	Disproportionate allocators?	ortionate a	Code V - UBI amount in box 20 of Schedule K-1	(l) General or managing partner?	or Percentage ownership
(1)			sections 512 - 514)	Yes No			Yes	S.	food man	Yes No	0
(2)										40	
(2)											
(3)											
(4)											
(5)											
(9)								+			
(2)											
(8)											
(6)											
(10)											
(11)										3	
(12)								H			-
(13)											
(14)											1
(15)											1
(16)											-

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Part VII

Supplemental Information
Provide additional information for responses to questions on Schedule R. See instructions.