## 990

## **Return of Organization Exempt From Income Tax**

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

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.

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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		return/ nated	City	or tow	n, state	e or provi	ince, c	ountry, a	and ZI	IP or fc	oreign	postal c	code												
	Amer	nded	FO	RT W	VORTI	н, тх	76	107											<b>G</b> G	ross rece	eipts	\$	8	,390	,000.
		cation	F Nam	ne and	addres	s of princ	cipal of	ficer:	S'	TEW	ART	HEN	DEF	RSON					H(a)	Is this a			n for	Yes	X No
	pond	9	32	00 5	SANG	UINET	' STI	REET,	, F	ORT	WOF	RTH,	TX	7610	7				H(b)	subordin Are all su			cluded?	Yes	No.
ī	Tax-ex	empt st	tatus:	X	501(c)(	3)	50	1(c) (	) .	<b>4</b> (	insert	no.)		4947(a)(	(1) or		527			If "No	o," at	tach a l	list. See in:	_ structions	
J	Websi	ite: 🕨	N/A																H(c)	Group e	xemp	ption nu	umber >		
K	Form	of orgar	nization:	X	Corpora	ation	Trus	st .	Asso	ciation	1	Other	•			LY	ear of fo	ormat	ion:	1996	М	State	of legal d	omicile:	TX
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		Briefl	y descr	ibe the	e orga	nization	ı's mis	sion or	r mos	st sigr	nifican	nt activ	ities:	LENA	PC	PE	FOUNI	DAT	ION	WAS	0	RGAI	NIZED		
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Ô	3	Numb	per of v	oting r	memb	ers of th	ne gov	erning	body	/ (Part	t VI, lii	ne 1a)										3			9.
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Activities &	5	Total	numbe	r of in	dividu	als emp	loyed	in cale	endar	year	2020	(Part \	√, lin	e 2a)								5			0.
ž	6					ers (estin																6			0.
ĕ	7a					revenue																7a			0.
	b	Net u	nrelate	d busi	ness t	axable i	ncome	e from F	Form	990-	T, Pai	rt I, line	e 11									7b			
																			Pr	ior Year	•		Cu	rrent Y	'ear
Ф	8	Contr	ibution	s and	grants	(Part VI	III, line	1h) .									L			939,	39	9.		987	,945.
Revenue	9	Progr	am ser	vice re	venue	(Part VI	III, line	2g)														0.			0.
Şe,	10	Invest	tment i	ncome	∍ (Part	VIII, co	lumn /	(A), line	es 3, 4	4, and	d 7d)									843,			1		,042.
	11	Other	reveni	ле (Ра	irt VIII	, columr	า (A), I	ines 5,	6d, 8	3с, 9с	, 10c,	and 1	1e) <b>.</b>							247,					,609.
	12	Total	revenu	e - ad	d lines	8 throu	ugh 11	l (must	equa	al Part	t VIII,	colum	n (A)	, line 12	2)					029,		_			,596.
	13	Grant	ts and s	imilar	amou	nts paid	(Part	IX, colu	umn (	(A), lir	nes 1-	·3)					L		1,	389,	98	9.	1	,560	,000.
	14	Benef	fits paid	l to or	for me	embers (	(Part I	X, colur	mn (/	A), lin	e 4) 🔒						L					0.			0.
es	15					ation, e																0.			0.
Expenses	16 a	Profe	ssional	fundr	aising <sup>1</sup>	fees (Pa	art IX,	column	ı (A),	line 1	1e) .						L					0.			0.
χï				-	•	es (Part		,	,	,	_				0.										
_						column														59,		_			,711.
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- 10	19	Rever	nue les	s expe	enses.	Subtrac	t line	18 from	ı line	12 .										580,		_			,885.
Net Assets or Fund Balances																	ļ.			of Curre		_		d of Ye	
sse 3ala	20					16)													37,	604,			42		<u>,785.</u>
et A	21			`	,	ne 26) .													27	247,		_	4.0		,376.
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Pä			ice Accomplishments s a response or note to any line in this	Part III	x
1	Briefly describe the ATTACHMENT	organization's mis		raitiii	
		<del>-</del>			
2	prior Form 990 or 9	990-EZ?	ignificant program services during the		Yes X No
3	If "Yes," describe the Did the organizat	ese new services of ion cease conduc	on Schedule O. ting, or make significant changes	in how it conducts, any program	Yes X No
4	If "Yes," describe the Describe the orga expenses. Section	nese changes on Somization's program 501(c)(3) and 50	chedule O. service accomplishments for each 1(c)(4) organizations are required to y, for each program service reported.	of its three largest program service	es, as measured by
4a	(Code:ATTACHMENT		1,560,000. including grants of \$	1,560,000. ) (Revenue \$	)
4b	(Code:	_) (Expenses \$	including grants of \$	) (Revenue \$	)
4c	(Code:	_) (Expenses \$	including grants of \$	) (Revenue \$	)
4d	Other program ser (Expenses \$	·		enue \$	
4e	Total program serv	vice expenses >	1,560,000.		

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Part	V Checklist of Required Schedules			- 5 -
			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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors See instructions?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			ĺ
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			ĺ
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			ĺ
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			ĺ
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	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	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			1
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			ĺ
	complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more	1		3,7
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	1		3.5
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	37	X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
Ť	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	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40.	v	ĺ
	Schedule D, Parts XI and XII	12a	Х	
D	Was the organization included in consolidated, independent audited financial statements for the tax year? If	406		Х
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		
D	fundraising, 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	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	170		
13	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	15		
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
• •	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	<u> </u>		
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
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
20 a	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	ĺ

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	art	Checklist of Required Schedules (continued)		V	Na
Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III.  2 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation organizations current and former officers, directors, trustees, key employees, and highest compensation organization have a tax-exempt bond issue with an outstanding principal amount of mon \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer Imtrough 24d and complex Schedule K If "No." go to line 25a.  b Did the organization maintain an escrow account other than a refunding escrow at any time during the to defease any tax-exempt bonds?  c Did the organization maintain an escrow account other than a refunding escrow at any time during the to defease any tax-exempt bonds?  d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  d Did the organization account that it engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I, Part II.  D Did the organization prover that if engaged in an excess benefit transaction with a disqualified person or year and that the transaction has not been reported on any of the organization in year, and that the transaction has not been reported on any of the organization organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributions or organization account of the provider and the preservance of the provider and the provider and the provider and t	••	Did the considering and the AF 000 of contract and the confidering for the confidering the con		Yes	No
<ul> <li>23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation organization's current and former officers, directors, trustees, key employees, and highest compe employees? If "Yes," complete Schedule J.</li> <li>24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of mon \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer Imtrough 24d and complete Schedule K. If "No." go to line 25a.</li> <li>b Did the organization maintain an escrow account other than a refunding escrow at any time during the to defease any tax-exempt bonds?.</li> <li>c Did the organization maintain an escrow account other than a refunding escrow at any time during the to defease any tax-exempt bonds?.</li> <li>d Did the organization as an "on behalf of" issuer for bonds outstanding at any time during the year?.</li> <li>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess it transaction with a disqualified person during the year? If "Yes," complete Schedule J. Part I.</li> <li>b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 9t If "Yes," complete Schedule L. Part I.</li> <li>Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any or former officer, director, trustee, key employee, creator or founder, substantial contribution or employee thereof) or family member of any of these persons? If "Yes," complete Schedule L. Part II.</li> <li>Did the organization aparty to a business transaction with one of the following parties (see Sche Part IV instructions, for applicable filing thresholds, conditions, and exceptions):</li> <li>a A current or former officer, divistor, trustee, key employee, creator or founder, or substantial cont</li></ul>	22		22		Х
organization's current and former officers, directors, trustees, key employees, and highest compe employees? If "Yes," complete Schedule J.  24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of mor \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer in through 24d and complete Schedule K, "In"o." go to line 25a.  b Did the organization maintain an escrow account other than a refunding escrow at any time during the to defease any tax-exempt bonds?  c Did the organization maintain an escrow account other than a refunding escrow at any time during the to defease any tax-exempt bonds?  d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  d Did the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I.  b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in year, and that the transaction has not been reported on any of the organization sprior Forms 990 or 9the "Yes," complete Schedule L, Part II.  Did the organization protory any amount on Part X, line 5 or 22, for receivables from or payables to any or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III.  Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, or substantial contributions, or applicable fling thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, key empl	22		22		
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of mon \$100.000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer link through 24d and complete Schedule K. If "No," go to line 25a.  b Did the organization maintain an escrow account other than a refunding escrow at any time during the to defease any tax-exempt bonds. Of the organization maintain an escrow account other than a refunding escrow at any time during the to defease any tax-exempt bonds?.  d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess it transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I.  b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 91 if "Yes," complete Schedule L, Part I.  26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any or former officer, director, trustee, key employee, creator or founder, substantial contributor or controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II.  27 Did the organization approvide a grant or other assistance to any current or former officer, director, trustee employee, creator or founder, substantial contributor or employee thereof) or family member of any of persons? II" Yes," complete Schedule L, Part III.  28 Was the organization aparty to a business transaction with one of the following parties (see Sche Part I) instructions, for applicable filing thresholds, conditions, and exceptions):  a current or former officer, director, trustee, key employee, creator or founder, or substantial contributions? If "Yes," complete Schedule L, Part IV.  b A family member of any indivi					
<ul> <li>24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of mor \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lim through 24d and complete Schedule K. If "No," go to line 25a</li> <li>b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?</li> <li>c Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the during the defease any tax-exempt bonds?</li> <li>d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?</li> <li>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess it transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I.</li> <li>b Is the organization exert that It engaged in an excess benefit transaction with a disqualified person in year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 9! If "Yes," complete Schedule L, Part II.</li> <li>Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any or former officer, director, trustee, key employee, creator or founder, substantial contributor, or controlled entity of ramily member of any of these persons? If "Yes," complete Schedule L, Part III.</li> <li>Did the organization provide a grant or other assistance to any current or former officer, director, trustee employee, creator or founder, substantial contributor or employee thereof, a grant selection commember, or to a 35% controlled entity (including an employee thereof) or family member of any of persons? If "Yes," complete Schedule L, Part IV.</li> <li>Was the organization aparty to a business transaction with one of the following parties (see Sche Part IV instructions, for applicable filing thresholds, conditions, and exceptions):</li> <li>a A current or former officer, director, t</li></ul>			22		Х
\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lim through 24d and complete Schedule K If "No," go to line 25a.  b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the to defease any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization apage in an excess it transaction with a disqualified person of unity the year?? b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 9! If "Yes," complete Schedule L, Part I  25b Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any or former officer, director, trustee, key employee, creator or founder, substantial contributor, ocontrolled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II  27c Did the organization provide a grant or other assistance to any current or former officer, director, trustee were provided to the presons? If "Yes," complete Schedule L, Part II  28 Was the organization a party to a business transaction with one of the following parties (see Sche Part IV instructions, for applicable filing thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, key employee creator or founder, substantial contributions? If "Yes," complete Schedule L, Part IV  b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV  c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or "Yes," complete Schedule L, Part IV  b A family member of any indiv	24-		23		
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1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable					
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		The state of the s		Yes	No
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c Did the organization comply with backup withholding rules for reportable payments to vendo					
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reportable gaming (gambling) winnings to prize winners?		reportable gaming (gambling) winnings to prize winners?	1c	Х	

Form 990 (2020) Page 5

Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return. 2a 0.			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	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		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
h	If "Yes," enter the name of the foreign country			
-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	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			
va	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or	-		
b	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
а	and services provided to the payor?	7a		Х
h	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7.5		
C		7c		Х
	required to file Form 8282?	70		
		70		Х
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.	7h		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the	8		
•	sponsoring organization have excess business holdings at any time during the year?	0		
	Sponsoring organizations maintaining donor advised funds.	00		
	Did the sponsoring organization make any taxable distributions under section 4966?	9a 9b		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	an		
	Section 501(c)(7) organizations. Enter:			
	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			
	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			
40.	against amounts due or received from them.)	12a		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	120		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a		
а	Is the organization licensed to issue qualified health plans in more than one state?	ısa		
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.			
D	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			
	The engineering meaning and advantage of the engineering and the e			
	Enter the amount of received on hand, [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [	1/2		X
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		- 21
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	4.5		Х
	excess parachute payment(s) during the year?	15		
	If "Yes," see instructions and file Form 4720, Schedule N.	4.0		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Λ
	If "Yes," complete Form 4720, Schedule O.			

75-2662338 Page 6 LENA POPE FOUNDATION, INC. Form 990 (2020) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management 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 committee, explain on Schedule O. 9 Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with Χ 2

Did the organization delegate control over management duties customarily performed by or under the direct

supervision of officers, directors, trustees, or key employees to a management company or other person?....

Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . . .

Did the organization become aware during the year of a significant diversion of the organization's assets? . . . .

/a	one or more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
D	stockholders, or persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
Ü	the year by the following:			
а	The governing body?	8a	X	
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 be reached at			
J	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Secti	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	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 and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		Х
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
sect	ion C. Disclosure			

List the states with which a copy of this Form 990 is required to be filed ▶\_

Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c) 18 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

X Upon request Another's website Other (explain on Schedule O)

Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 19 and financial statements available to the public during the tax year.

State the name, address, and telephone number of the person who possesses the organization's books and records ► TODD TUDOR 3200 SANGUINET STREET FORT WORTH, TX 76107 20

Form **990** (2020)

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#### Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, **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.

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

	1	1						,	, , , , , , , ,	
(A) Name and title	(B) Average hours per week	box,	unles	Pos heck ss pe	rson	e than o is both tor/trust	an	(D) Reportable compensation from the	<b>(E)</b> 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)STEWART HENDERSON	1.00									
PRESIDENT	0.	Х		Х				0.	0.	0
(2) DAN FEEHAN	1.00									
VICE-PRESIDENT	0.	Х		Х				0.	0.	0.
(3) VERN SPURLOCK	1.00									
SECRETARY	0.	Х		Х				0.	0.	0
(4)KEVIN AVONDET	1.00									
BOARD MEMBER	0.	Х						0.	0.	0
(5) DANIEL E. BERCE	1.00									
BOARD MEMBER	0.	Х						0.	0.	0
(6)DAVID FARMER	1.00									
BOARD MEMBER	0.	Х						0.	0.	0
(7) JACK RATTIKAN	1.00									
BOARD MEMBERS	0.	Х						0.	0.	0
(8)BETH RIVERS	1.00									
BOARD MEMBER	0.	Х						0.	0.	0
(9)W. FOREST TEMPEL	1.00									
BOARD MEMBER	0.	Х						0.	0.	0
<u>(10)</u>										
(11)		-								
(12)										
(13)										
(14)										
							1	1		

Form **990** (2020)

	n 990 (2020)													age <b>8</b>
Pa	rt VII Section A. Officers, Directors, Tru	ustees, Ke	y En	plo	ye	es,	and F	lig	hest Compensat	ed Employee	S (co	ntinued	)	
	(A) Name and title	(B) Average hours per week (list any hours for	box, office	unles	Pos heck ss pe	rson lirect	e than o is both or/trust	an ee)	(D)  Reportable compensation from the	(E) Reportable compensation f related organizations	s	Estir amo ot compe		on
		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-MIS	3C)	organ	n the lization related ization	l
		<del> </del>												
1b	Sub-total							<b></b>	0.		0.			0.
c	Total from continuation sheets to Part VII, S	ection A						<b>&gt;</b>	0.		0.			0.
	Total (add lines 1b and 1c)							<b>&gt;</b>	0.		0.			0.
2	Total number of individuals (including but not reportable compensation from the organization		hose 0.		d al	bove	e) who	o re	eceived more than	\$100,000 of				
	reportable compensation from the organization		0.	•									es/	No
2	Did the organization list any former office	or directo	r or	tri	icto	•	kov o	mr	olovoo or highos	componento	4		63	NO
3	employee on line 1a? If "Yes," complete Sched											3		Х
4	For any individual listed on line 1a, is the organization and related organizations gradiately at the state of the state o	eater than	\$15	0,0	00?	l If	"Yes	5,"	complete Schedu	le J for suc	h	4		X
5	individual	accrue co	mpen	sati	on 1	from	n any	un	related organization	on or individua	al	5		X
Se	for services rendered to the organization? If "You ction B. Independent Contractors	es, comple	ie ocr	ieal	iie J	101	Sucn	μer	SUII	<u> </u>		5		
1	Complete this table for your five highest comcompensation from the organization. Report of year.											s tax		
	(A)								(B)			(C)		

(A) Name and business address	(B) Description of services	(C) Compensation

2 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.

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#### Statement of Revenue Part VIII

Check if Schedule O contains a response or note to any line in this Part VIII (A) Total revenue (B) (C) Related or exempt Unrelated Revenue excluded function revenue business revenue from tax under sections 512-514 Contributions, Gifts, Grants and Other Similar Amounts Membership dues **c** Fundraising events 1c d Related organizations 986,154. Government grants (contributions) . . All other contributions, gifts, grants, and similar amounts not included above . 1.791 1f g Noncash contributions included in lines 1a-1f. 1g \$ Total. Add lines 1a-1f 987,945 **Business Code** Program Service Revenue 2a е All other program service revenue 0. Investment income (including dividends, interest, and 1,288,196 1,288,196. Income from investment of tax-exempt bond proceeds . 149,565. 5 149,565. (i) Real (ii) Personal 6a Gross rents 6a **b** Less: rental expenses 6b Rental income or (loss) 6c d Net rental income or (loss) . . . . . . . . . Gross amount from (i) Securities (ii) Other sales of assets 5,964,250. other than inventory 7a b Less: cost or other basis Other Revenue 5,862,404. 7b and sales expenses . . 101,846. c Gain or (loss) 7c 101,846 101,846 d Net gain or (loss) 8a Gross income from fundraising events (not including \$ \_ of contributions reported on line 1c). See Part IV, line 18 0. 8b **b** Less: direct expenses Ω c Net income or (loss) from fundraising events. 9a Gross income from gaming 0. activities. See Part IV, line 19 0. 9b **b** Less: direct expenses 0. c Net income or (loss) from gaming activities.  $\triangleright$ 10a Gross sales of inventory, less Ω returns and allowances 0. Net income or (loss) from sales of inventory 0. **Business Code** Miscellaneous Revenue MISCELLANEOUS REVENUE 900099 44 11a b All other revenue 44 Total, Add lines 11a-11d Total revenue. See instructions 2,527,596. 44 1,539,607.

### Part IX Statement of Functional Expenses

ection 501(c)(3) and 501(c)(4) organizations must col	plete all columns. All other	organizations must com	plete column	(A).
---	------------------------------	------------------------	--------------	------

	Check if Schedule O contains a response or note to any line in this Part IX										
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses						
1	Grants and other assistance to domestic organizations		·								
-	and domestic governments. See Part IV, line 21	1,560,000.	1,560,000.								
2	Grants and other assistance to domestic										
	individuals. See Part IV, line 22	0.									
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	0.									
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	0.									
8	Pension plan accruals and contributions (include	0									
	section 401(k) and 403(b) employer contributions)	0.									
9	Other employee benefits	0.									
10	Payroll taxes	0.									
	Fees for services (nonemployees):	0.									
	Management	1,425.		1,425.							
	Legal	49,656.		49,656.							
	Accounting	49,030.		49,030.							
	Lobbying	0.									
	Professional fundraising services. See Part IV, line 17.	37,440.		37,440.							
	Investment management fees	37,110.		37,110.							
g	Other. (If line 11g amount exceeds 10% of line 25, column	0.									
40	(A) amount, list line 11g expenses on Schedule O.)	0.									
	Advertising and promotion	0.									
13	Office expenses	0.									
14		0.									
15 16	Royalties	0.									
17	Occupancy	0.									
	Travel  Payments of travel or entertainment expenses										
. 0	for any federal, state, or local public officials	0.									
19	Conferences, conventions, and meetings	0.									
20		0.									
21	_	0.									
22		0.									
23		7,363.		7,363.							
24											
	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.)										
а	OTHER EXPENSES	512.		512.							
b	BANK FEES	86,315.		86,315.							
c											
d											
е	All other expenses										
	Total functional expenses. Add lines 1 through 24e	1,742,711.	1,560,000.	182,711.							
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundarising collisitation. Charle here.										
	fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)	0.									
					İ						

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#### Part X Balance Sheet

Cash - non-interest-bearing   (8)   End of year   E			Check if Schedule O contains a response or note to any line in this Pa	art X		
2 Savings and temporary cash investments.						
Pledges and grants receivable, net		1	Cash - non-interest-bearing	1,074,430.	1	541,042.
A Accounts receivable, net.  1		2	Savings and temporary cash investments	0.	2	
A Accounts receivable, net.   22, 489, 4   13,006.		3	Pledges and grants receivable, net		3	
trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		4		22,489.	4	13,006.
Controlled entity or family member of any of these persons.   0		5	Loans and other receivables from any current or former officer, director,			
6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).  7 Notes and loans receivable, net.  8 Inventories for sale or use.  9 Prepaid expenses and deferred charges.  10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.  10b Less: accumulated depreciation.  10b Less: accumulated depreciation.  10b Less: accumulated depreciation.  11 Investments - publicly traded securities. See Part IV, line 11.  12 Investments - program-related. See Part IV, line 11.  13 Investments - program-related. See Part IV, line 11.  14 Intangible assets. See Part IV, line 11.  15 Other assets. See Part IV, line 11.  16 Total assets. Add lines 1 through 15 (must equal line 33).  17 Accounts payable and accrued expenses.  11 1, 10a.  17 Accounts payable and accrued expenses.  11 1, 10a.  17 Accounts payable and accrued expenses.  11 1, 10a.  17 Accounts payable and accrued expenses.  11 1, 10a.  17 Accounts payable and accrued expenses.  10 Tax-exempt bond liabilities.  10 Tax-exempt bond liabilities.  10 Loans and other 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.  21 Escrow or custodial account liability. Complete Part IV of Schedule D.  22 Loans and other payables to unrelated third parties.  23 Secured mortgages and notes payable to unrelated third parties.  24 Unsecured notes and loans payable to unrelated third parties.  25 Other liabilities (including federal cincome tax, payables to related third parties, and other liability complete Part X of Schedule D.  26 Total liabilities and included on lines 17.24). Complete Part X of Schedule D.  27 Organizations that follow FASB ASC 958, check here   28 Organizations that do not follow FASB ASC 958, check here   29 and complete lines 27 28, 32, and 33.  20 Capital stock or trust principal, or current funds.  21 Total ne			trustee, key employee, creator or founder, substantial contributor, or 35%			
Variable			controlled entity or family member of any of these persons	0.	5	0.
7   Notes and loans receivable, net   0.   7   0.		6	Loans and other receivables from other disqualified persons (as defined			
10a			under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			
10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	sts	7	Notes and loans receivable, net		7	
10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	SSE	8	Inventories for sale or use	0.	8	
b Less: accumulated depreciation.   10a   381, 404.     207, 441.   10c   381, 404.     10b   Less: accumulated depreciation.   10b   207, 441.   10c   381, 404.     10b   207, 441.   10c   381, 404.     11b   11b   12b   11b   12b	⋖	9	Prepaid expenses and deferred charges	0.	9	0.
b Less: accumulated depreciation.   10b   207,441   10c   381,404.     11		10 a				
11   Investments - publicly traded securities.   ATCH   3   34,586,374   11   40,377,576   12   Investments - other securities. See Part IV, line 11   1,699,178   12   1,400,561   13   Investments - program-related. See Part IV, line 11   0   13   0   0   14   0   0   14   0   0   15   0   0   14   0   0   15   0   0   14   0   0   15   0   0   15   0   0   15   0   0   15   0   0   14   0   0   0   15   0   0   15   0   0   15   0   0   0   15   0   0   15   0   0   15   0   0   15   0   0   15   0   0   0   15   0   0   0   15   0   0   0   0   0   0   0   0   0			basis. Complete Part VI of Schedule D 10a 381,404.			
12   Investments - other securities. See Part IV, line 11.   1,699,178.   12   1,400,561.     13   Investments - program-related. See Part IV, line 11.   0.   13   0.     14   Intangible assets.   0.   14   0.     15   Other assets. See Part IV, line 11.   14,220.   15   11,196.     16   Total assets. Add lines 1 through 15 (must equal line 33)   37,604,132.   16   42,724,785.     17   Accounts payable and accrued expenses.   11,108.   17   2,900.     18   Grants payable and accrued expenses.   11,108.   17   2,900.     19   Deferred revenue.   76,295.   19   81,503.     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, trustee, key employee, creator or founder, substantial contributor, or 35% 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.   0.   24   0.     25   Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.   24   0.     26   Total liabilities. Add lines 17 through 25.   247,447.   26   270,376.     27   Net assets with donor restrictions.   34,207,936.   27   38,795,554.     28   Net assets with donor restrictions.   3,148,749.   28   3,658,855.     29   Capital stock or trust principal, or current funds   29       29   20   20   20   20   20   20   20		b				
13   Investments - program-related. See Part IV, line 11.		11				
14   Intangible assets.   0. 14   0.		12				
15 Other assets. See Part IV, line 11		13	. •			
16   Total assets. Add lines 1 through 15 (must equal line 33)   37,604,132.   16   42,724,785.     17   Accounts payable and accrued expenses.   11,108.   17   2,900.     18   Grants payable.   0.   18   0.     19   Deferred revenue.   76,295.   19   81,503.     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% controlled entity or family member of any of these persons.   0.   22   0.     23   Secured mortgages and notes payable to unrelated third parties.   0.   24   0.     24   Unsecured notes and loans payable to unrelated third parties, and other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.   160,044.   25   185,973.     26   Total liabilities. Add lines 17 through 25.   247,447.   26   270,376.     27   Organizations that follow FASB ASC 958, check here		14				
17		15	Other assets. See Part IV, line 11			
18   Grants payable   0.   18   0.		16	Total assets. Add lines 1 through 15 (must equal line 33)			
19   Deferred revenue.   76,295.   19   81,503.		17				
Tax-exempt bond liabilities.  Tax-exempt bond liability.  Tax-exempt bond liabilities.  Tax-exempt bond liability.  Tax-exempt bond liabilities.  Tax-exempt bond liability.  Tax-exempt bond liabilities.  Tax-exempt bond labilities.  Tax-exempt bond labilities.  Tax-exempt bond labilities.  Tax-exempt bond labilities.  Tax-exempt bond liabilities.  Tax-exempt bond labilities.  Tax-exempt bond	18			_		
Escrow or custodial account liability. Complete Part IV of Schedule D		-				
Loans and other 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						
trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			_ · · · · · · · · · · · · · · · · · · ·	0.	21	0.
Unsecured notes and loans payable to unrelated third parties.  Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.  Total liabilities. Add lines 17 through 25.  Organizations that follow FASB ASC 958, check here And complete lines 27, 28, 32, and 33.  Net assets without donor restrictions.  Organizations that do not follow FASB ASC 958, check here And complete lines 29 through 33.  Capture of the complete lines 29 through 34.  Capture of the complete lines 29 through 35.  Capture of the complete lines 25 through 35.  Capture of the complete line	ies	22				
Unsecured notes and loans payable to unrelated third parties.  Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.  Total liabilities. Add lines 17 through 25.  Organizations that follow FASB ASC 958, check here And complete lines 27, 28, 32, and 33.  Net assets without donor restrictions.  Organizations that do not follow FASB ASC 958, check here And complete lines 29 through 33.  Capture of the complete lines 29 through 34.  Capture of the complete lines 29 through 35.  Capture of the complete lines 25 through 35.  Capture of the complete line	ij			0		0
Unsecured notes and loans payable to unrelated third parties.  Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.  Total liabilities. Add lines 17 through 25.  Organizations that follow FASB ASC 958, check here And complete lines 27, 28, 32, and 33.  Net assets without donor restrictions.  Organizations that do not follow FASB ASC 958, check here And complete lines 29 through 33.  Capture of the complete lines 29 through 34.  Capture of the complete lines 29 through 35.  Capture of the complete lines 25 through 35.  Capture of the complete line	ja;					
Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	_				_	
parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D				0.	24	0.
of Schedule D       160,044. 25       185,973.         26       Total liabilities. Add lines 17 through 25.       247,447. 26       270,376.         Organizations that follow FASB ASC 958, check here ▶ x and complete lines 27, 28, 32, and 33.         27       Net assets without donor restrictions.       34,207,936. 27       38,795,554.         Net assets with donor restrictions.       3,148,749. 28       3,658,855.         Organizations that do not follow FASB ASC 958, check here ▶ and complete lines 29 through 33.       29       29         Capital stock or trust principal, or current funds.       29         31       Retained earnings, endowment, accumulated income, or other funds.       31         32       Total net assets or fund balances.       37,356,685. 32       42,454,409.         33       Total liabilities and net assets/fund balances.       37,604,132. 33       42,724,785.		25				
Total liabilities. Add lines 17 through 25. 247,447. 26 270,376.  Organizations that follow FASB ASC 958, check here  and complete lines 27, 28, 32, and 33.  Net assets without donor restrictions. 34,207,936. 27 38,795,554.  Net assets with donor restrictions. 3,148,749. 28 3,658,855.  Organizations that do not follow FASB ASC 958, check here  and complete lines 29 through 33.  Capital stock or trust principal, or current funds. 29  Paid-in or capital surplus, or land, building, or equipment fund. 30  Retained earnings, endowment, accumulated income, or other funds. 31  Total net assets or fund balances 37,356,685. 32 42,454,409.  Total liabilities and net assets/fund balances 37,604,132. 33 42,724,785.				160 044	٥.	185 973
Organizations that follow FASB ASC 958, check here And complete lines 27, 28, 32, and 33.  Net assets without donor restrictions.  Net assets with donor restrictions.  Organizations that do not follow FASB ASC 958, check here And complete lines 29 through 33.  Capital stock or trust principal, or current funds.  Paid-in or capital surplus, or land, building, or equipment fund.  Retained earnings, endowment, accumulated income, or other funds.  Total net assets or fund balances.  Total liabilities and net assets/fund balances.  Organizations that follow FASB ASC 958, check here And and a system of the funds.  Total liabilities and net assets/fund balances.		26				
and complete lines 27, 28, 32, and 33.  27 Net assets without donor restrictions.  28 Net assets with donor restrictions.  31, 207, 936.  27 38, 795, 554.  28 Net assets with donor restrictions.  31, 148, 749.  28 3, 658, 855.  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 Paid-in or capital surplus, or land, building, or equipment fund.  30 Retained earnings, endowment, accumulated income, or other funds.  31 Total net assets or fund balances.  37, 356, 685.  32 42, 454, 409.  33 Total liabilities and net assets/fund balances.  37, 604, 132.  33 42, 724, 785.		20		21,,11,	20	27075701
133 Total liabilities and net assets/rund balances	ces					
133 Total liabilities and net assets/rund balances	lan	27	-	34,207,936.	27	38,795,554.
133 Total liabilities and net assets/rund balances	Ва					
133 Total liabilities and net assets/rund balances	pur					
133 Total liabilities and net assets/rund balances 137,004,132. 33 42,724,765.	ř Ę					
133 Total liabilities and net assets/rund balances 137,004,132. 33 42,724,765.	S		<b>-</b>		29	
133 Total liabilities and net assets/rund balances	set		· · · · · · · · · · · · · · · · · · ·			
133 Total liabilities and net assets/rund balances	As		<b>_</b>		_	
133 Total liabilities and net assets/rund balances	det				_	
	_	33	Total liabilities and net assets/fund balances	37,604,132.	33	42,724,785.

Form **990** (2020)

Form 990 (2020) Page **12** 

01111 3	(2020)				ı a	gc • <b>-</b>
Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		2,5	27,5	596.
2	Total expenses (must equal Part IX, column (A), line 25)	2			42,7	
3	Revenue less expenses. Subtract line 2 from line 1	3			84,8	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		37,3		
5	Net unrealized gains (losses) on investments	5		4,3	12,8	339.
6	Donated services and use of facilities	6				0.
7	Investment expenses	7				0.
8	Prior period adjustments	8				0.
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10	•	42,4	54,4	109.
Part	·					
	Check if Schedule O contains a response or note to any line in this Part XII					X
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," e	explain	in			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were cor	npiled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were aud	ited or	n a			
	separate basis, consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	ersight	t of			
	the audit, review, or compilation of its financial statements and selection of an independent accounts	ant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, e	xplain	on			
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set fo	rth in	the			
	Single Audit Act and OMB Circular A-133?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	dergo	the			
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a	udits .		3b		

Form **990** (2020)

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

#### **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.

OMB No. 1545-0047 Open to Public Inspection

Employer identification number

75-2662338

Department of the Treasury Internal Revenue Service Name of the organization

LENA POPE FOUNDATION, INC.

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

Pa	rt I	Reason for Public Cha	rity Status. (All	organizations must o	complet	te this p	art.) See instructions	S.
		anization is not a private fou	ndation because it	is: (For lines 1 through	gh 12, ch	eck only	one box.)	
1		A church, convention of chu	urches, or associa	tion of churches desci	ribed in <b>s</b>	ection 1	70(b)(1)(A)(i).	
2		A school described in secti	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)					
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).						
4		A medical research organiz	zation operated in	conjunction with a hos	spital de	scribed in	n section 170(b)(1)(A)	(iii). Enter the
		hospital's name, city, and st	tate:					
5		An organization operated t	for the benefit of	a college or universit	y owned	d or ope	erated by a governme	ntal unit described in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)					
6		A federal, state, or local go	vernment or gove	rnmental unit describe	d in <b>sect</b>	ion 170(	b)(1)(A)(v).	
7		An organization that norma	ally receives a sub	stantial part of its su	pport fro	om a go	vernmental unit or fro	om the general public
	_	described in section 170(b)	(1)(A)(vi). (Compl	ete Part II.)				
8		A community trust describe			-			
9		An agricultural research org	=			-		
		or university or a non-land-	grant college of ag	griculture (see instruct	ions). Ei	nter the	name, city, and state of	the college or
		university:						
0		An organization that norma receipts from activities rela support from gross investm	ted to its exempt f	unctions, subject to c	ertain ex	ceptions	s: and (2) no more than	331/3 % of its
	_	acquired by the organizatio	n after June 30, 1	975. See <b>section 509</b> (	(a)(2). (C	Complete	Part III.)	
1		An organization organized	•	•	-			
2	X	An organization organized		-	-			
		of one or more publicly su	· ·					
		Check the box in lines 12a t	=			_	•	=
а	L	$\stackrel{ ext{X}}{}$ <b>Type I.</b> A supporting orga	•		•		•	,, , , , ,
		the supported organization				ajority of	f the directors or truste	es of the
_	Г	supporting organization.						
b	L	<b>Type II.</b> A supporting org	•					
		control or management of			the sam	e persor	ns that control or man	age the supported
	Г	organization(s). You must	-				206	L. Cata amata da 20h
С	L	Type III functionally integ						ly integrated with,
	Г	its supported organization		· ·				end pragnization(s)
d	L	Type III non-functionally			•			= ::
		that is not functionally into requirement (see instruct	-		-		•	i an alteritiveness
_	Г	Check this box if the orga	•	-				I Type III
·	_	functionally integrated, or						і, турс ііі
f	Er	nter the number of supported	* *			•		
g		ovide the following information						
		Name of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) Amount of
				(described on lines 1-10 above (see instructions))		ur governing ment?	support (see instructions)	other support (see instructions)
I	ATT.	ACHMENT 1		above (see instructions))	Yes	No	instructions)	matructions)
<b>A</b> )								
^)								
B)								
C)								
D)								
-,								
E)								
_								
Γota	al						1,560,000.	

Page 2 Schedule A (Form 990 or 990-EZ) 2020

Par	Complete only if you checket Part III. If the organization fai	d the box on	line 5, 7, or 8	of Part I or if the	ne organizatio	n failed to qua	
500	tion A. Public Support	is to quality at	naci tric tests	noted below, p	icase comple	to r art iii.)	
	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	<b>(e)</b> 2020	(f) Total
Caic	indar year (or riscar year beginning in)	(a) 2010	(6) 2017	(6) 2010	(u) 2013	(6) 2020	(i) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5 6	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)  Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support		'			•	
	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	<b>(e)</b> 2020	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (s	see instructions)				12	
13	First 5 years. If the Form 990 is for						
	organization, check this box and stop here						▶
	tion C. Computation of Public Sup						
	Public support percentage for 2020 (li		•				<u>%</u>
15	Public support percentage from 2019						%
16a	331/3% support test - 2020. If the organization of						
h	box and <b>stop here</b> . The organization q 331/3% support test - 2019. If the organization q	•		-			
b	this box and <b>stop here.</b> The organization						
17a	10%-facts-and-circumstances test - 2			_			
1 7 G	10% or more, and if the organization		_				
	Part VI how the organization meets					•	•
	organization			<del>-</del>	-		
b	10%-facts-and-circumstances test - 2						
	15 is 10% or more, and if the organization		_				
	in Part VI how the organization meets					-	
	organization			_	· ·	· · · · · · · · · · · · · · · · · · ·	
18	Private foundation. If the organization	n did not ched	ck a box on lin	e 13, 16a, 16b	, 17a, or 17b,	check this box	and see
	instructions	<u>.</u>	<u></u>		<u> </u>		▶ ∟

Schedule A (Form 990 or 990-EZ) 2020

#### 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			, ı	'	,	
Cale	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	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					<u>                                      </u>	
b	Amounts included on lines 2 and 3						
	received from other than disqualified persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year_						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	<b>(b)</b> 2017	(c) 2018	<b>(d)</b> 2019	(e) 2020	(f) Total
9	Amounts from line 6						
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						
С	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.)		<u> </u>				
14	First 5 years. If the Form 990 is for	-			•		` ` ` `
	organization, check this box and stop here.			<u> </u>			▶ 🔃
	tion C. Computation of Public Supp			mn (f))		45	0/
15	Public support percentage for 2020 (line 8,					15	<u>%</u>
16 Soc	Public support percentage from 2019 Schettion D. Computation of Investment					16	<u>%</u>
				12 column (f))		17	0/
17	Investment income percentage for 2020 (lin					17	<u>%</u>
18	Investment income percentage from 2019 S					18	%
туа	331/3% support tests - 2020. If the org	_					. $\square$
	17 is not more than 331/3%, check this	-	-	•			
b	331/3% support tests - 2019. If the orga				·		
20	line 18 is not more than 331/3 %, check <b>Private foundation.</b> If the organization d		•	•			H-1
20	i iivate iouniuation. Ii the organization o	iu not check a	A DOX OIL IIIIE I	τ, ισα, Οι 19D,	CHECK THIS DOX	and see mstruc	LIUI IO

#### 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.)

#### Section A. All Supporting Organizations

- 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.
- 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).
- **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.
- **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.
- 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.
- 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.
- **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.
- 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.
- 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).
- **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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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.**
- 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).
- 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).
- 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.**
- **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.**
- 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.**
- 10 a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - 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.)

		Yes	No
l /			
	1	Х	
; /			
•	2		Х
r	3a		Х
  -			
)	3b		
	3с		
f	4a		X
1			
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	5a		X
'	5b		
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	6		X
	7		X
)	8		X
) }			
	9a		X
l	9b		Х
İ	9с		X
ı İ			
)	10a		X
_	10b		

Page 5 Schedule A (Form 990 or 990-EZ) 2020

	C A (1 of the 250 of 250 E2) 2225			age <b>C</b>
Part	Supporting Organizations (continued)		V -	<b>N</b> 1.
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and	44-		Х
<b>h</b>	11c below, the governing body of a supported organization?	11a		X
	A family member of a person described in line 11a above?  A 35% controlled entity of a person described in line 11a or 11b above? If "Vee" to line 11a, 11b, or 11a, provide	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.	11c		Х
Secti	on B. Type I Supporting Organizations	110		
	on on the supportant of the supportant of the support of the suppo		Yes	No
1	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 <b>Part VI</b> 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	Х	
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		X
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 <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).			
2 o o ti	.,,	1		
secu	on D. All Type III Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		162	NO
	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		
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 <b>Part VI</b> how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
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.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	tructi	ons).	
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	e instr		
2	Activities Test. Answer lines 2a and 2b below.		Yes	NO
а	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	0-		
	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			
	<b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2h		
_	-	2b		
3	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i> Did the experimental base the power to regularly experiment or elect a majority of the efficiency directors or			
а	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 <b>Part VI.</b>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ju		
D	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

Pa	art V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nization	s	
1	Check here if the organization satisfied the Integral Part Test as a qualifying			
	instructions. All other Type III non-functionally integrated supporting organi	zations r	nust complete Sectio	ns A through E.
Se	ction A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain			
2	Recoveries of prior-year distributions	2		
3	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		(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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
_ е	Discount claimed for blockage or other factors (explain in detail in Part VI):	1e		
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	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		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Se	ction C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	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		
7	Check here if the current year is the organization's first as a non-functional	ly integra	ited Type III supporting	g organization
	(see instructions).	_		

Schedule A (Form 990 or 990-EZ) 2020

<b>Part</b>	V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	t <b>ions</b> (continued)		
Sect	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish e	xempt purposes		1	
2	Amounts paid to perform activity that directly furthers exer				
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpo	oses of supported organi	zations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - p	provide details in <b>Part VI</b> )		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which	the organization is resp	onsive		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2020	าร	(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				
С	From 2017				
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	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				
С	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 <b>Part VI.</b> See instructions.				

Schedule A (Form 990 or 990-EZ) 2020

6

Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in* 

Excess distributions carryover to 2021. Add lines 3j

Part VI. See instructions.

Breakdown of line 7:

Excess from 2016 . . .

Excess from 2017 . . .

Excess from 2018 . . .

Excess from 2019 . . .

Excess from 2020 . . .

and 4c.

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.)

				ATTACHMENT :	1
SCHEDULE A, PART I - INFORMATION ABOUT	SUPPORTED C	RGANIZATIO	NS		
		(III) TYPE OF	(IV)	(V) AMOUNT OF	(VI) OTHER
(I) NAME OF SUPPORTED ORGANIZATION	(II) EIN	ORGANIZATION	YES NO	SUPPORT	SUPPORT AMOUNT
LENA POPE HOME, INC.	75-6003583	7	X	1,560,000.	0.
TOTAL AMOUNT OF SUPPORT				1,560,000.	0.

#### Schedule B (Form 990, 990-EZ,

or 990-PF)
Department of the Treasury

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

Service

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

Schedule of Contributors

OMB No. 1545-0047

**2020** 

Internal Revenue Service **Employer identification number** Name of the organization LENA POPE FOUNDATION, INC. 75-2662338 Organization type (check one): Filers of: Section: X 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**  $\lfloor exttt{X} 
floor$  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.

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

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

Name of organization LENA POPE FOUNDATION, INC.

Employer identification number 75-2662338

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
1_	LENA POPE HOME, INC.  3200 SANGUINET STREET  FORT WORTH, TX 76107	\$\$ 986,154.	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.)				
(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.)				

Name of organization LENA POPE FOUNDATION, INC.

Employer identification number 75-2662338

art II	Noncash Property	(see instructions)	). Use duplicate co	pies of Part II if additiona	I space is needed.

(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
		\$	
(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
		\$	
(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
		\$	

Page 4 Schedule B (Form 990, 990-EZ, or 990-PF) (2020) Name of organization LENA POPE FOUNDATION, INC. **Employer identification number** 75-2662338 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶\$ Use duplicate copies of Part III if additional space is needed. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held from Part I (e) Transfer of gift

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

Relationship of transferor to transferee

Transferee's name, address, and ZIP + 4

#### **SCHEDULE D** (Form 990)

Department of the Treasury

## 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.

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

OMB No. 1545-0047 **Open to Public** 

Internal Revenue Service Name of the organization LENA POPE FOUNDATION, INC.

Inspection Employer identification number 75-2662338

Total number at end of year	Pa	rt I	Organizations Maintaining Donor Advi		or Accounts.
1 Total number at end of year 2 Aggregate value of contributions to (during year) 3 Aggregate value of contributions to (during year) 4 Aggregate value at end of year. 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organizations property, subject to the organization's exclusive legal control? 6 Did the organization inform all grantees donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?  Portal Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.  1 Purpose(g) of conservation be assements held by the organization (check all that apply).  Preservation of land for public use for exemple, recreation or education.  Preservation of land for public use for exemple, recreation or education.  Preservation of open space 2 Complete intens 2 at through 2 dif the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.  1 Total number of conservation easements. 2 Complete intens 2 at through 2 dif the organization held a qualified conservation contribution in the form of a conservation easements on a certified historic structure included in (a).  2 2 2 3 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3			Complete if the organization answered	"Yes" on Form 990, Part IV, line 6.	
2 Aggregate value of contributions to (during year) 4 Aggregate value at end of year. 5 Did the organization inform all donors and donors and donors and some the organization inform all donors and some donors do the organization inform all grantees, donors, and donor advisors in writing that the assets held in donor advisor or for any other purpose conferring impermissible private benefit?  Part II Conservation Easements Complete if the organization answered "Yes" on Form 990, Part IV, line 7.  1 Purposets) of conservation easements held by the organization (check all that apply).  Preservation of a donor for public use for example, recreation or education.  Preservation of a pen space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.  a Total number of conservation easements.  b Total acreage restricted by conservation easements.  c Number of conservation easements included in (a) acquired after 7725/06, and not on a historic structure listed in the National Register.  Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year P  Number of states where property subject to conservation easements in block?  Number of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements though and section 170(h)(4)(B)(f)  no hard section 170(h)(4)(B)(f)  no hard section 170(h)(4)(B)(f)(f)  no hard section 170(h)(4)(B)(f)(f)  no hard section 170(h)(4)(B)(f)(f) and section 170(h)(4)(B)(f)(f) and section 170(h)(f)(B)(f)(f)(f)(f)(f)(f)(f)(f)(f)(f)(f)(f)(f)				(a) Donor advised funds	(b) Funds and other accounts
Aggregate value of grants from (during year).  Aggregate value of grants from (during year).  Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?  Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?  Conservation Easements.  Complete if the organization answered "Yes" on Form 990, Part IV, line 7.  Purpose(9) of conservation easements held by the organization (check all that apply).  Preservation of land for public use (for example, recreation or education) Preservation of a certified historic structure Preservation of open space  Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.  Total number of conservation easements on a certified historic structure included in (a) 2c  Number of conservation easements on a certified historic structure included in (a) 2c  Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year the structure listed in the National Register.  Number of states where property subject to conservation easements is located ▶  Number of states where property subject to conservation easements in conditions, and enforcement of the conservation easements it holds?  Number of states where property subject to conservation easements in located ▶  No staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶  No 1Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footno	1	Total	number at end of year		
A Aggregate value at end of year.  Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?  Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?  Complete if the organization answered "Yes" on Form 990, Part IV, line 7.  Purpose(s) of conservation easements held by the organization (check all that appty).  Preservation of land for public use (for example, received or education)  Preservation of natural habitat  Protection of conservation easements  Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.  Total number of conservation easements  Number of conservation easements on a certified historic structure included in (a).  Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year   Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year   Number of states where property subject to conservation easement is located \( \)  Number of states where property subject to conservation easement is located \( \)  Number of states where property subject to conservation easements is holds?  Number of states where property subject to conservation easements is located \( \)  No in Part XIII, describe how the organization reports conservation easements in lot requirements of section 170(h)(4)(B)(f)  Pose seach conservation easement reporte	2	Aggre	gate value of contributions to (during year)		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization property, subject to the organization's exclusive legal control?	3	Aggre	gate value of grants from (during year)		
tunds are the organization's property, subject to the organization's exclusive legal control?	4	Aggre	gate value at end of year		
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?    Part III	5	Did th	ne organization inform all donors and donor	advisors in writing that the assets held	d in donor advised
Part II Conservation Easements.  Complete if the organization answered "Yes" on Form 990, Part IV, line 7.  Purpose(s) of conservation easements held by the organization (check all that apply).  Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Preservation of open space  Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.  Total number of conservation easements.  Number of conservation easements on a certified historic structure included in (a).  Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year  Number of states where property subject to conservation easements is located  Number of states where property subject to conservation easements is located  Number of states where property subject to conservation easements in holds?  Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcement of the conservation easements it holds?  Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year   Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year   Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year   Should be a violation of the property subject to the forth of the toth of the toth of the property subject to the organization frage conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the forth of the toth of organization frage and the property of the forth of the toth organization frage and the scribes the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balanc		funds	are the organization's property, subject to the	e organization's exclusive legal control?	Yes No
Conferring impermissible private benefit?  Part III 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, recreation or education) Preservation of a historically important land area Protection of natural habitat  Preservation of land for public use (for example, recreation or education) Preservation of a certified historic structure Preservation of open space  2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.  a Total number of conservation easements on a certified historic structure included in (a).  b Total acreage restricted by conservation easements  c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register.  No Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶  No Winder of states where property subject to conservation easement is located ▶  Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements during the year ▶  Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶  S Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ii)  and section 170(h)(4)(B)(iii)  and section 170(h)(4)(B)(iii)  and section 170(h)(4)(B)(iii)  Part IIII describe how the organization answered "Yes" on Form 990, Part IV, line 8.  1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education	6	Did th	e organization inform all grantees, donors, a	and donor advisors in writing that grant	funds can be used
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, recreation or education) Preservation of a historically important land area Protection of natural habitat  Preservation of open space  2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the taxyear.  a Total number of conservation easements.  b Total acreage restricted by conservation easements  c Number of conservation easements included in (s) acquired after 7725/06, and not on a historic structure lested in the National Register.  3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶  Number of states where property subject to conservation easement is located ▶  Number of states where property subject to conservation easement is located ▶  Number of states where property subject to conservation easement is located ▶  Number of states where property subject to conservation easement is located ▶  Number of states where property subject to conservation easement is located ▶  Number of states where property subject to conservation easement is located ▶  Number of states where property subject to conservation easement is located ▶  No Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements where the property of the property of the property of violations and enforcing conservation easements during the year ▶  S Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)		only f	or charitable purposes and not for the benef	fit of the donor or donor advisor, or for	any other purpose
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, recreation or education) Preservation of a historically important land area Protection of natural habitat  Preservation of open space  2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the taxyear.  a Total number of conservation easements.  b Total acreage restricted by conservation easements  c Number of conservation easements included in (s) acquired after 7725/06, and not on a historic structure lested in the National Register.  3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶  Number of states where property subject to conservation easement is located ▶  Number of states where property subject to conservation easement is located ▶  Number of states where property subject to conservation easement is located ▶  Number of states where property subject to conservation easement is located ▶  Number of states where property subject to conservation easement is located ▶  Number of states where property subject to conservation easement is located ▶  Number of states where property subject to conservation easement is located ▶  No Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements where the property of the property of the property of violations and enforcing conservation easements during the year ▶  S Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)		confe	rring impermissible private benefit?		Yes No
Purpose(s) of conservation easements held by the organization (check all that apply).    Preservation of land for public use (for example, recreation or education)   Preservation of a historically important land area Protection of natural habitat   Preservation of open space   Preservation of open space   Preservation of open space   Preservation of open space   Preservation of the last day of the tax year.   Preservation of a centified historic structure easement on the last day of the tax year.   Held at the End of the Tax Year	Pa	rt II			
Preservation of land for public use (for example, recreation or education)  Proservation of a historically important land area Proservation of open space  Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.  Total number of conservation easements.  District of conservation easements.  Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register.  Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register.  Number of states where property subject to conservation easement is located by Violations, and enforcement of the conservation easements in holds?  Number of states where property subject to conservation easement is located by Violations, and enforcement of the conservation, inspecting, handling of violations, and enforcement of the conservation easements in holds?  Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  S and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  S and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  No and section 170(h)(4)(B)(iii)?  In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.  Part III Organization Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.  Complete if the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasur					
Preservation of natural habitat Preservation of a certified historic structure Preservation of open space  2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.  a Total number of conservation easements	1	Purpo			
Preservation of open space  Complete lines 2a through 2 dif the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.  a Total number of conservation easements.  b Total acreage restricted by conservation easements.  c Number of conservation easements on a certified historic structure included in (a).  d Number of conservation easements on a certified historic structure included in (a).  d Number of conservation easements on a certified historic structure included in (a).  3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶  Number of states where property subject to conservation easement is located ▶  Number of states where property subject to conservation easement is located ▶  No staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcement of the conservation easements it holds?  Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶  Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶  Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶  Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶  B Dees each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ii)  and section 170(h)(4)(B)(iii)?  P Yes No  In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.  Part III Organizations Maintaining Collections of Ar		Щ	Preservation of land for public use (for example	, recreation or education) Preservation	n of a historically important land area
Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.  a Total number of conservation easements			Protection of natural habitat	Preservation	n of a certified historic structure
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c Number of conservation easements on a certified historic structure included in (a)	а				2a
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	b				2b
historic structure listed in the National Register	С				2c
Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶	d				
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(i) Revenue included on Form 990, Part VIII, line 1					search in furtherance of public service,
<ul> <li>(ii) Assets included in Form 990, Part X</li></ul>					
<ul> <li>If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:</li> <li>a Revenue included on Form 990, Part VIII, line 1</li></ul>					
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a Revenue included on Form 990, Part VIII, line 1	-		<u> </u>		access to manda gain, provide the
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For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2020

Schedule D (Form 990) 2020 Page f 2

	rt    Organizations Maintaini	ng Collections o	f Art. Histo	orical Tre	easures, o	r Other	Similar Assets (	continued)
3	Using the organization's acquisition						<u>'</u>	
	collection items (check all that app				,		g triat mane e.g	
а	Public exhibition	.37.	d	Loan	or exchang	e prograr	n	
b	Scholarly research		e	Other	_	o p. og. a.		
С	Preservation for future gene	rations		_				
4	Provide a description of the organ		s and expl	ain how t	thev furthe	r the ord	nanization's exemp	t purpose in Part
-	XIII.						,aa	. pa.pooo a
5	During the year, did the organization	on solicit or receive	donations of	of art. histo	orical treas	ures, or o	other similar	
	assets to be sold to raise funds rath							Yes No
Pa	rt IV Escrow and Custodial A				<u>.                                    </u>			
	Complete if the organiza		es" on For	m 990, F	Part IV, line	e 9, or re	eported an amou	nt on Form
	990, Part X, line 21.						•	
1 a	Is the organization an agent, trus	tee, custodian or	other intern	nediary fo	or contribu	tions or	other assets not	
	included on Form 990, Part X?							Yes No
b	If "Yes," explain the arrangement i	n Part XIII and com	plete the fo	llowing tak	ole:			
							Amoun	t
С	Beginning balance				10	:		
	Additions during the year					I		
е	Distributions during the year							
f	Ending balance							
2a	Did the organization include an am	ount on Form 990,	Part X, line	21, for e	escrow or c	ustodial	account liability?	Yes No
b	If "Yes," explain the arrangement i	n Part XIII. Check I	nere if the e	xplanation	has been p	orovided (	on Part XIII	
Pa	rt V Endowment Funds.							
	Complete if the organiza	ation answered "Y	es" on For	m 990, F	Part IV, line	e 10.		
		(a) Current year	<b>(b)</b> Prio	or year	(c) Two ye	ars back	(d) Three years back	(e) Four years back
1a	Beginning of year balance	3,148,748.	2,62	4,411.	2,833	3,151.	2,449,233.	2,290,966.
	Contributions							
	Net investment earnings, gains,							
	and losses	510,107.	52	4,337.	-208	3,740.	457,091.	205,397.
d	Grants or scholarships						73,173.	47,130.
	Other expenditures for facilities							
	and programs							
f	Administrative expenses							
q	End of year balance	3,658,855.	3,14	8,748.	2,624	1,411.	2,833,151.	2,449,233.
2	Provide the estimated percentage	of the current year	end balanc	e (line 1a.	column (a)	) held as:	:	
а	Board designated or quasi-endown	nent <b>&gt;</b>	%	, ,,,	,	,		
b	Permanent endowment ► 28.8							
С	Term endowment ► 71.1500							
	The percentages on lines 2a, 2b, a	and 2c should equal	100%.					
3a	Are there endowment funds not in	the possession of	the organiza	ation that	are held a	nd admin	istered for the	
	organization by:							Yes No
	(i) Unrelated organizations							3a(i) X
	(ii) Related organizations							3a(ii) X
b	If "Yes" on line 3a(ii), are the relate	•	•					3b
4	Describe in Part XIII the intended u		ation's endo	wment fu	nds.			
Pa	rt VI Land, Buildings, and Equ Complete if the organize	<b>.lipment.</b> ation answered "\	/es" on Fo	rm 990	Part IV lin	e 11a S	See Form 990 Pa	art X line 10
	Description of property		or other basis		or other basis	1		d) Book value
		(inve	stment)		ther)		eciation	<u></u>
1 a	Land	· · · · · <del>  </del>	381,404.					381,404.
b	Buildings							
С	Leasehold improvements							
d	Equipment							
	Other							
<b>Fota</b>	I Add lines 1a through 1e (Column	i (d) must equal Fo	rm uu∩ Parl	x colum	n (R) line 1	(IC)		381.404.

Schedule D (Form 990) 2020

Page 3 Schedule D (Form 990) 2020

Part VII	Investments - Other Securities.			
	Complete if the organization answered	"Yes" on Form 990	, Part IV, line 11b. See Form 990	, Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	<b>(c)</b> Method of valuat Cost or end-of-year mark	
(1) Financia	al derivatives			
(2) Closely	held equity interests			
(3) Other _				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	n (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related. Complete if the organization answered	l "Yes" on Form 990	Part IV line 11c See Form 990	Part X line 13
	(a) Description of investment	(b) Book value	(c) Method of valuat Cost or end-of-year mark	ion:
(4)			Cost of end-of-year mark	.et value
<u>(1)</u>				
(2)				
(3) (4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.  Complete if the organization answered	l "Yes" on Form 990	, Part IV, line 11d. See Form 990	, Part X, line 15.
		scription		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	umn (b) must equal Form 990, Part X, col. (B) I	ine 15.)	<u></u>	
Part X	Other Liabilities.  Complete if the organization answered line 25.	l "Yes" on Form 990	, Part IV, line 11e or 11f. See For	m 990, Part X,
1.		tion of liability		(b) Book value
(1) Feder	al income taxes	·		
	TO RELATED PARTY			185,973.
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	nn (b) must equal Form 990, Part X, col. (B) line 25.)			185,973.
2. Liability fo	or uncertain tax positions. In Part XIII, provide the	text of the footnote to	the organization's financial statements the	nat 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 . 

| Schedule D (Form 990) 2020 09860S M19Y 11/4/2021 4:15:18 PM V 20-7.5F PAGE 2

Schedule D (Form 990) 2020 Page 4

	(1 dilii 330) 2020		r age -
Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	6,840,435.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	-	
b C	Donated services and use of facilities	-	
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	4,312,839.
3	Subtract line 2e from line 1	3	2,527,596.
4 a	Amounts included on Form 990, Part VIII, line 12, but not on line 1:  Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)		
c	Add lines 4a and 4b	4c	2,527,596.
5 Part	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	jrn.	2,527,590.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	1,742,711.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:  Donated services and use of facilities		
a b	Donated services and use of facilities	-	
C	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e 3	1,742,711.
3 4	Subtract line <b>2e</b> from line <b>1</b>	3	
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
C	Add lines 4a and 4b	4c 5	1,742,711.
5 Part	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	3	1,/12,/11.
Provid	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F	Part V,	line 4; Part X, line
	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	nation.	
SEE	PAGE 5		

#### Part XIII Supplemental Information (continued)

SCH D, PART V, LINE 4

THE ENDOWMENT FUNDS OF THE ORGANIZATION ARE INTENDED TO PROVIDE FOR ASSISTANCE AND MAINTENANCE OF THE MARTY LEONARD COMMUNITY CHAPEL AT LENA POPE HOME, INC.

SCH D, PART X, LINE 2

THE FOUNDATION RECOGNIZES IN ITS CONSOLIDATED 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 FOUNDATION'S TAX EXEMPT STATUS FOR FEDERAL TAX PURPOSES AND STATE FILING REQUIREMENTS HAVE BEEN REVIEWED, AND MANAGEMENT IS OF THE OPINION THAT MATERAL POSITIONS TAKEN BY THE FOUNDATION WOULD MORE LIKELY THAN NOT BE SUSTAINED BY EXAMINATION.

ACCORDINGLY, THE FOUNDATION HAS NOT RECORDED AN INCOME TAX LIABILITY FOR UNCERTAIN TAX BENEFITS.

#### **SCHEDULE F** (Form 990)

#### **Statement of Activities Outside the United States**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. ► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

75-2662338

Employer identification number

LENA POPE FOUNDATION, INC	•			75-26623	38
<b>General Information o</b> Form 990, Part IV, line 14		Outside the	United States. Compl	ete if the organization a	inswered "Yes" or
1 For grantmakers. Does the orgother assistance, the grantees' award the grants or assistance?	eligibility for t	he grants or	assistance, and the selec	ction criteria used to	Yes No
2 For grantmakers. Describe in loutside the United States.	Part V the org	anization's pro	ocedures for monitoring t	the use of its grants and	d other assistance
3 Activities per Region. (The follow	ving Part I, line	3 table can be	e duplicated if additional sp	pace is needed.)	
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) CENTRAL AMERICA/CARIBBEAN	0.	0.	INVESTMENTS		951,871.
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Subtotal					951,871.
<b>b</b> Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					951,871.

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

Schedule F (Form 990) 2020

LENA POPE FOUNDATION, INC. 75-2662338

Schedule F (Form 990) 2020 Page 2

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	<b>(c)</b> Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									
exe	er total number of recipient or mpt 501(c)(3) organization by the er total number of other organiz	he IRS, or for which the	e grantee or counsel has	provided a sec	tion 501(c)(3) equiv	alency letter	▶		

LENA POPE FOUNDATION, INC. 75-2662338

Schedule F (Form 990) 2020

#### Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III Part III can be duplicated if additional space is needed. (a) Type of grant or assistance (b) Region (c) Number of (d) Amount of (e) Manner of (h) Method of (f) Amount of (g) Description valuation (book, FMV, recipients cash grant cash noncash of noncash disbursement assistance assistance appraisal, other) (1) (2) (3) \_(4) (5) (6) (7) (8) (9) (10)(11) (12)(13)(14)(15)(16) (17) (18)

Schedule F (Form 990) 2020 Page **4**Part IV Foreign Forms

Part	v Foreign Forms			
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	X	Yes	☐ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)		Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	X	Yes	☐ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)		Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	X	Yes	No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)		Yes	X No

Schedule F (Form 990) 2020

Page 5 Schedule F (Form 990) 2020

## Part V

Supplemental Information
Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

Schedule F (Form 990) 2020

#### **SCHEDULE I** (Form 990)

#### **Grants and Other Assistance to Organizations,** Governments, and Individuals in the United States

2020

OMB No. 1545-0047

**Open to Public** Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

► Go to www.irs.gov/Form990 for the latest information. Name of the organization Employer identification number

LENA POPE FOUNDATION, INC.						75-266233	8
Part I General Information on Grants a	nd Assistanc	е				•	
<ol> <li>Does the organization maintain records to the selection criteria used to award the gra</li> <li>Describe in Part IV the organization's proc</li> <li>Part II Grants and Other Assistance to</li> </ol>	nts or assistanded	e? nitoring the use	of grant funds in th	e United States.			X Yes No
Part IV, line 21, for any recipient		•					oo on romi ooo,
(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) LENA POPE HOME, INC.							
3200 SANGUINET STREET FORT WORTH, TX 76107	75-6003583	501(C)(3)	1,560,000.		CASH		PROGRAM SUPPORT
(2)							
(3)							
(4)							
(5)							
(7)							
(8)							
(9)							
(10)							
(12)							
2 Enter total number of section 501(c)(3) and	d government	organizations lis	sted in the line 1 tal	ble			
3 Enter total number of other organizations l	•	•					

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

Schedule I (Form 990) 2020

LENA POPE FOUNDATION, INC. 75-2662338

Schedule I (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
1					
1					

**Part IV** Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

PART I, LINE 2

LENA POPE FOUNDATION WAS ORGANIZED EXCLUSIVELY FOR THE BENEFIT OF LENA

POPE HOME, INC. GRANTS ARE MADE TO THIS ORGANIZATION AS A RESULT OF SAID

RELATIONSHIP. LENA POPE HOME PROVIDES ON-GOING REPORTING OF THEIR

OPERATIONS AND THE BENEFITS OF THOSE FUNDS.

#### 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.

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number

75-2662338

LENA POPE FOUNDATION, INC.

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

FORM 990 AND CORRESPONDING SCHEDULES ARE PREPARED BY THE BDO USA TAX

DEPARTMENT. WEAVER AND TIDWELL, LLP IS THE INDEPENDENT ACCOUNTING FIRM

THAT ISSUES THE AUDIT REPORT. THE FORMS ARE THEN REVIEWED BY THE LENA

POPE HOME'S CFO. UPON THE CFO'S APPROVAL, THE FORM AND CORRESPONDING

SCHEDULES ARE MADE AVAILABLE TO ALL BOARD MEMBERS. UPON THEIR REVIEW AND

APPROVAL, THE DOCUMENT IS SUBMITTED TO THE IRS.

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

THE ORGANIZATION REGULARLY AND CONSISTENTLY MONITORS AND ENFORCES

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

OF INTEREST DISCLOSURE FORM IS COMPLETED BY THE BOARD OF DIRECTORS.

THROUGHOUT THE YEAR, ANY POSSIBLE CONFLICT OF INTEREST SITUATIONS ARE

ASSESSED AND REVIEWED TO ENSURE COMPLIANCE.

FORM 990, PART VI, SECTION C, LINE 19

IF THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY,

AND/OR FINANCIAL STATEMENTS ARE REQUESTED BY THE PUBLIC, THEN THE BOARD

WOULD CONSIDER THE REQUEST AND SHARE ACCORDINGLY.

FORM 990, PART XII, LINE 12

THE ORGANIZATION'S BOARD OF DIRECTORS ASSUME RESPONSIBILITY FOR THE

OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS, INCLUDING THE

SELECTION OF THE INDEPENDENT ACCOUNTANTS. NEITHER PROCESS HAS CHANGED

Name of the organization LENA POPE FOUNDATION, INC.

Employer identification number 75-2662338

SINCE LAST YEAR.

ATTACHMENT 1

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

LENA POPE FOUNDATION, INC. WAS ORGANIZED EXCLUSIVELY FOR THE BENEFIT OF LENA POPE HOME, INC. LENA POPE'S MISSION IS TO HELP CREATE HOPE, HAPPINESS AND SUCCESS FOR CHILDREN AND FAMILIES. THEY IMPACT OVER 20,000 INDIVIDUALS IN NORTH TEXAS, WITH A FOCUS ON FOUR KEY AREAS: PREVENTION, EARLY INTERVENTION, COUNSELING, AND EDUCATION.

ATTACHMENT 2

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

CONTRIBUTIONS TO LENA POPE HOME ARE USED TO SUPPORT THEIR 5 CORE PROGRAMS AS FOLLOWS:

- 1. CHAPEL HILL ACADEMY: 600+ STUDENT ELEMENTARY PUBLIC CHARTER SCHOOL OFFERING A STIMULATING AND CREATIVE ENVIRONMENT WHOSE VISION IS TO PREPARE THEM FOR A FUTURE THAT IS COLLEGE-BOUND.
- 2. COUNSELING AND SUBSTANCE ABUSE TREATMENT: OFFERING HIGH QUALITY MENTAL HEALTH SERVICES, SUCH AS PLAY THERAPY, BEHAVIORAL HEALTH COUNSELING, INDIVIDUAL, FAMILY AND MARRIAGE COUNSELING, AND PARENTING CLASSES.
- 3. SCHOOL AND COMMUNITY BASED SERVICES: PROVIDING COUNSELING AND WRAPAROUND SERVICES IN THE HOME, SCHOOL, AND COMMUNITIES WITH A FOCUS ON JUVENILE JUSTICE ISSUES.
- 4. EARLY LEARNING CENTER: A FAMILY CENTERED EARLY LEARNING
  ENVIRONMENT FOR 6 WEEK OLD TO 5 YEAR OLDS, OFFERING A CONSCIOUS
  DISCIPLICE MODEL TO DEVELOP SOCIAL EMOTIONAL LEARNING.
- 5. MARTY LEONARD COMMUNITY CHAPEL: LOCATED ON OUR CAMPUS TO

Employer identification number Name of the organization LENA POPE FOUNDATION, INC. 75-2662338

ATTACHMENT 2 (CONT'D)

PROVIDE AN UPLIFTING ENVIRONMENT THAT INSPIRES PEOPLE TO THINK

THEIR HIGHEST AND BEST THOUGHTS.

ATTACHMENT 3

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

ENDING COST DESCRIPTION BOOK VALUE OR FMV

PUBLICLY TRADED SECURITIES 40,377,576. FMV

> TOTALS 40,377,576.

#### SCHEDULE R (Form 990)

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.

► Attach to Form 990.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

LENA POPE FOUNDATION, INC.

Employer identification number 75-2662338

Name, address, a	(a) and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)						
(2)						
3)						
4)						
5)						
(6)						

Part II 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.

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	conti	g) 512(b)(13) rolled ity?
						Yes	No
(1) LENA POPE HOME, INC. 75-6003583							
3200 SANGUINET STREET FORT WORTH, TX 76107	SOCIAL SERV	TX	501(C)(3)	LINE 7	N/A		X
(2)							
(3)	-						
(4)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2020

Schedule R (Form 990) 2020 Page **2** 

Part III Identification of because it had	of Related Organizations one or more related org	s Taxable anization	e as a Partnersl as treated as a p	hip. Complete if the eartnership during th	e organization a e tax year.	answered "Yes"	on '	Form	n 990, Part IV,	line	34,													
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of- year assets	Dispro	h) portionate ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	x 20 managin K-1 partner?		General o		General or		General or managing		General or managing		General or managing		General or managing		(k) Percentage ownership
		country)		300010110 012 011)			Yes	No		Yes No														
(1)																								
(2)																								
(3)																								
(4)																								
(5)																								
(6)																								
(7)																								

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

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes No
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								

Page 3

Part V	Transactions With Related Organizations. Complete if the organization answered "Ye	es" on Form 990, Pa	rt IV, line 34, 35b, or 36.				
Note: (	complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No
1 Du	ring the tax year, did the organization engage in any of the following transactions with one or more	related organizations lis	sted in Parts II-IV?				
	ceipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	•			1a		Х
	t, grant, or capital contribution to related organization(s)				1b	X	
	t, grant, or capital contribution from related organization(s)				1c	X	
	ans or loan guarantees to or for related organization(s)				1d		Х
	ans or loan guarantees by related organization(s)				1e		X
f Di	vidends from related organization(s)				1f		
	le of assets to related organization(s)				1g		Х
h Pu	rchase of assets from related organization(s)				1h		Х
i Ex	change of assets with related organization(s)				1i		Х
j Le	ase of facilities, equipment, or other assets to related organization(s)				1j		X
<b>k</b> Le	ase of facilities, equipment, or other assets from related organization(s)				1k		Х
	rformance of services or membership or fundraising solicitations for related organization(s)				11		Х
	rformance of services or membership or fundraising solicitations by related organization(s)				1m		Χ
	aring of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		Х
	aring of paid employees with related organization(s)				10		X
	Sub-reserve to a State and the substant areas of a Control Control				1p		Х
-	imbursement paid to related organization(s) for expenses				1g		X
<b>q</b> Re	imbursement paid by related organization(s) for expenses				14		- 21
- 0	por transfer of each or property to related organization(a)				1r		Х
r O	her transfer of cash or property to related organization(s)				1s		X
2 If	he answer to any of the above is "Yes," see the instructions for information on who must complete	this line including cove	ered relationships and trans	action thre			
	(a)	(b)	(c)		(d)		
	Name of related organization	Transaction type (a-s)	Amount involved	Method amou	of dete		g
(1) L	ENA POPE HOME, INC.	В	1,560,000.	CASH			
(2) L	ENA POPE HOME, INC.	С	986,154.	CASH			

Schedule R (Form 990) 2020

(3)

(4)

(5)

Page 4

Schedule R (Form 990) 2020

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

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 exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	Are all sec 501 organiz	e) partners ction (c)(3) cations?	(f) Share of total income	(g) Share of end-of-year assets	Disprop	(h) portionate ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man part	ner?	(k) Percentage ownership
			sections 512 - 514)	Yes	No			Yes	No	,	Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(40)													
(16)													

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#### Part VII Supplemental Information

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

Department of the Treasury Internal Revenue Service

# Return by a U.S. Transferor of Property to a Foreign Corporation • Go to www.irs.gov/Form926 for instructions and the latest information.

▶ Attach to your income tax return for the year of the transfer or distribution.

OMB No. 1545-0026

Attachment Sequence No. **128** 

Part U.S. Transferor Information (see instruct								
Name of transferor LENA POPE FOUNDATION,	Identifying number (see instructions)							
	75-2662338							
1 Is the transferee a specified 10%-owned foreign co	orporation that	is not a controlled foreign co	prporation?	Yes	X	No		
2 If the transferor was a corporation, complete quest		_	,					
<b>a</b> If the transfer was a section 361(a) or (b) transfer,	_		n 368(c)) by					
five or fewer domestic corporations?				Yes	X	No		
<b>b</b> Did the transferor remain in existence after the trans				Yes		No		
				163		INO		
If not, list the controlling shareholder(s) and their id	ientilying numi	Jer(s).						
Controlling shareholder		ldent	ifying number					
c If the transferor was a member of an affiliated				1	_			
corporation?  If not, list the name and employer identification num	nber (EIN) of th	ne parent corporation.		Yes		No		
Name of parent corporation			arent corporation					
Name of parent corporation		Eliv or p	areni corporation					
d Have basis adjustments under section 367(a)(4) bed	en made?			Yes		No		
3 If the transferor was a partner in a partnership the complete questions 3a through 3d.	nat was the a	ctual transferor (but is not	treated as such u	nder sed	ction	ı 367),		
a List the name and EIN of the transferor's partnership	ρ.							
Name of partnership		EIN (	of partnership					
<b>b</b> Did the partner pick up its pro rata share of gain or	n the transfer of	f partnership assets?		Yes	$T^{-1}$	No		
c Is the partner disposing of its entire interest in the				Yes		No		
<b>d</b> Is the partner disposing of an interest in a limited						,		
securities market?				Yes		No		
Part II Transferee Foreign Corporation Informa	ition (see ins	tructions)						
4 Name of transferee (foreign corporation)	(		5a Identifying nu	mber. if	anv			
CRESTLINE OPPORTUNITY FUND I	98-13		-					
6 Address (including country)	5b Reference ID							
27 HOSPITAL ROAD			(see instructions)					
GRAND CAYMAN CAYMAN ISLANDS C	T KV1_00	108	,					
7 Country code of country of incorporation or organize								
	(500 1115							
CJ  8 Foreign law characterization (see instructions)								
, , ,								
EXEMPTED COMPANY	roign corner-t	ion?	77	Vs -	$\overline{}$	NI-		
<b>9</b> Is the transferee foreign corporation a controlled for	n eign corporat	IUII!	<u> X</u>	Yes		No		

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		g Transfer of Property	(see instru	ctions)			
Type of property	(a)  Date of transfer	· · · · · · · · · · · · · · · · · · ·		Cost or other	(e) Gain recognized on transfer		
Cash	12/31/2020	property		86,026.	240.0	ti di loco.	
If "Yes," sk		Part III and go to Part IV.			07(4)	X Yes No	
Type of property							
Stock and	transfer	property	date	of transfer	basis	transfer	
securities Inventory							
Other property (not listed under another category)							
Property with built-in loss							
 Totals							
foreign corner or foreign corn	poration?  to line 12b.  ansferor a domestical branch that is a foreign time 12c. If the transferoreign corporation?  antinue to line 12d. If the transferoreign corporation?	corporation that transfereign disregarded entity) to "No," skip lines 12c and er, was the domestic co	rred substanto a specified 12d, and go orporation a go to line 13 ome as requ	tially all of the at 10%-owned for the 13.  In U.S. sharehold the control of the 13.  In U.S. sharehold the control of the 13.	led entity) transferred assets of a foreign breign corporation?	ranch Yes No	
Section C - Inta	ngible Property :	Subject to Section 367	(d)				
Type of property	(a) Date of transfer	<b>(b)</b> Description of property	(c) Useful life	(d) Arm's length price on date of transfer		(f) Income inclusion for year of transfer (see instructions)	
Property described in sec. 367(d)(4)							
Totals							

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14a b c d	Did the transferor transfer any intangible property that, at the time of the transfer, had a useful life reasonably anticipated to exceed 20 years?  At the time of the transfer, did any of the transferred intangible property have an indefinite useful life?  Did the transferor choose to apply the 20-year inclusion period provided under Regulations section 1.367(d)-1(c)(3)(ii) for any intangible property?  If the answer to line 14c is "Yes," enter the total estimated anticipated income or cost reduction attributable to the intangible property's, or properties', as applicable, use(s) beyond the 20-year period described in Regulations section 1.367(d)-1(c)(3)(ii)   Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at an time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)?	Yes Yes Yes Yes	No No No
3upp	lemental Part III Information Required To Be Reported (see instructions)		
Dort	Additional Information Regarding Transfer of Property (see instructions)		
Part	Additional information Regarding Transfer of Property (see instructions)		
4.0	Enter the transference interest in the transferre fereign corneration before and after the transfer		
16	Enter the transferor's interest in the transferee foreign corporation before and after the transfer.  (a) Before . 4323 % (b) After . 4318 %		
4-7			
17	Type of nonrecognition transaction (see instructions) ► IRC SECTION 351	_	
18	Indicate whether any transfer reported in Part III is subject to any of the following.	□ v	X No
a	Gain recognition under section 904(f)(3)		
b	Gain recognition under section 904(f)(5)(F)		
C	Recapture under section 1503(d)		
d	Exchange gain under section 987		X No
19	Did this transfer result from a change in entity classification?		X No
20 a	Did a domestic corporation make a distribution of property covered by section 367(e)(2)? See instructions.	Yes	X No
	If "Yes," complete lines 20b and 20c.		
b	Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b) ▶ \$		
С	Did the domestic corporation not recognize gain or loss on the distribution of property because the		
	property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)?	. Yes	No
21	Did a domestic corporation make a section 355 distribution of stock in a foreign controlled corporation	۱	
	covered by section 367(e)(1)? See instructions	Yes	X No
		Form <b>926</b> (Re	ev. 11-2018)

JSA