Form **990**

Department of the Treasury Internal Revenue Service

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.

2021
Open to Public

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

Open to Public Inspection

OMB No. 1545-0047

Α	For t	he 2021 calendar year, or tax year beginning 09/01/2021 ar	nd ending		08/	/31/2022	
		C Name of organization		D Employer ide	entificat	tion number	
В	Check it	LENA POPE HOME, INC.		<u>'</u>			
	Add	dress Doing business as		75-600	3583		
	_		oom/suite	E Telephone n			
	Init	ial return 3200 SANGUINET ST		(817)2	55-2	2500	
		al return/ City or town, state or province country and ZIP or foreign postal code		(017)2	00 2	2000	
	Am	ninated FORT WORTH, TX 76107		G Gross receip	s S	19,936	156
		F Name and address of principal officer:		H(a) Is this a gro	100.00		X No
_	pen	3200 SANGUINET ST, FORT WORTH, TX 76107		subordinate H(b) Are all subor	s?	H	H
_	Tay-c		1 507			ist. See instructions	
÷		exempt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or site: ► WWW.LENAPOPE.ORG	527				,
<u>к</u>		of organization: X Corporation Trust Association Other	I Voor of f	H(c) Group exert ormation: 1930 M		<u>_</u>	mx
	art I		L rear or i	ormation: 1930 W	State	n legal domicile:	TX
	1		CCTON O	TENA DODE	HOME	TNC	
ď					HOME	, INC.	
ŭ		(LENA POPE) IS TO HELP CREATE HOPE, HAPPINESS AND S	SUCCESS	FUR			
Governance	,	Chalable has No FAMILIES		050/ 61/			
Š	2	Check this box if the organization discontinued its operations or disposed o			T I		2.4
		Number of voting members of the governing body (Part VI, line 1a)			3		38
es	4	Number of independent voting members of the governing body (Part VI, line 1b)			4		38
Activities &	2	Total number of individuals employed in calendar year 2021 (Part V, line 2a)			5		288
Act	6	Total number of volunteers (estimate if necessary)			6		76
	10	Total unrelated business revenue from Part VIII, column (C), line 12			7a		
-	1	Net unrelated business taxable income from Form 990-T, Part I, line 11	· · · · · ·		7b		
	_	0	-	Prior Year		Current Y	
ne	8	Contributions and grants (Part VIII, line 1h)		13,258,2		12,802	
Revenue	9	Program service revenue (Part VIII, line 2g)		4,543,0		4,559	
Re		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		112,13			,037.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		2,355,83		2,426	2000 0000 0000
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		20,269,29		19,838	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		8,1		53	,213.
	14	Benefits paid to or for members (Part IX, column (A), line 4)			ONE		NONE
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		14,148,72		14,383	
ens	16 a	Professional fundraising fees (Part IX, column (A), line 11e)		N ₁	ONE	12.00	NONE
Ä	_ b	Total fundraising expenses (Part IX, column (D), line 25) ▶930, 992.			STA IN		ENGLISH.
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		4,752,28		6,011	
	1	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		18,909,20		20,448	
<u> </u>	19	Revenue less expenses. Subtract line 18 from line 12		1,360,08			,006.
ts o	20 21 22		В	eginning of Current		End of Yea	
sse 3ala	20	Total assets (Part X, line 16)		41,084,86		44,073	
at A	21	Total liabilities (Part X, line 26)		7,600,18		6,362	
		Net assets or fund balances. Subtract line 21 from line 20		33,484,67	9.	37,710	<u>,488.</u>
	rt II	Signature Block					
true	der pei e, corre	nalties of perjury, I declare that I have examined this return, including accompanying schedules a ect, and complete. Declaration of prepager (other than officer) is based on all information of which pi	and statemer reparer has a	its, and to the best of ny knowledge.	my kn	owledge and be	elief, it is
		1/1/1/1/					
Sig	n	Signature of officer	-	07/2	14/20	023	
Hei				Date			
		TODD TUDOR CFO					
		Type or print name and title	5.4		Loz	INI	
Paid	İ	The state of the s	Date	Check	if PTI		
	arer	Total In the Control State of	07/14/2	self-employe	1 - '	00839244	
	Only	Firm's name ► BDO USA, P.A.		Firm's EIN ▶		-5381590	
		Firm's address 301 COMMERCE STREET, SUITE 2000 FORT WORTH, TX 76102		Phone no.	817	7-738-240	00
		IRS discuss this return with the preparer shown above? See instructions				X Yes	No
For	Paper	rwork Reduction Act Notice, see the separate instructions.				Form 990	(2021)

Form 990 (2021) Page **2**

Pa	Statement of Program Service Accomplishments
_	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	THE MISSION OF LENA POPE HOME, INC. (LENA POPE) IS TO HELP CREATE
	HOPE, HAPPINESS AND SUCCESS FOR CHILDREN AND FAMILIES. WE IMPACT OVER
	20,000 INDIVIDUALS IN NORTH TEXAS, WITH A FOCUS ON FOUR KEY AREAS:
	PREVENTION, EARLY INTERVENTION, COUNSELING AND EDUCATION.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ? Yes X No
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
•	services? Yes X No
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by
7	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others the total expenses, and revenue, if any, for each program service reported.
	(Code:) (Expenses \$ 3,942,302. including grants of \$) (Revenue \$ 2,295,143.)
тu	SEE SCHEDULE O
	SEE SCHEDOLE O
4b	(Code:) (Expenses \$9,635,187. including grants of \$) (Revenue \$38,680)
	SEE SCHEDULE O
10	(Code:) (Expenses \$2,706,691. including grants of \$) (Revenue \$1,808,677)
70	
	SEE SCHEDULE O
4d	Other program services (Describe on Schedule O.) SEE SCHEDULE O
	(Expenses \$ 2,335,314. including grants of \$) (Revenue \$ 416,657.)
4e	Total program service expenses ► 18.619.494.

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Form **990** (2021)

Form 990 (2021) Page 3
Part IV Checklist of Required Schedules

Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
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)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Х
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		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	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,"			
	complete Schedule D, Part VI	11a	Х	
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	Х	
С	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	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			
	Schedule D, Parts XI and XII.	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"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		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	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			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
4.0	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	4.	ι.	
4.0	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?			
00 -	If "Yes," complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	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			3.7
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

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Form 990 (2021)
Part IV Chocklist of Poquired Schodules (continued)

Par	t IV Checklist of Required Schedules (continued)		V	Na
	Did the consciention were there OF 000 of weeks on other posistence to be for demostic individuals and		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		3.7	
00	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	Х	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	· · · · · · · · · · · · · · · · · · ·			X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		-
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,			
	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
-	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
0.7	or IV, and Part V, line 1	34	х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	21	X
	of If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	JJa		
J	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	335		
50	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		
37	and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		v
20		31		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and	20	₹.	
Dav	19? Note: All Form 990 filers are required to complete Schedule O	38	Х	
Part				
	Check if Schedule O contains a response or note to any line in this Part V		Vac	. L
	Enterthe number recented in heavy of Ferry 1000. False 0. Wasternally 11.		Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	Χ	

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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 288								
b	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?								
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.								
	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							
4a	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					
b	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). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?								
	 b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 								
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		X					
	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								
	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								
	and services provided to the payor?	7a	Х						
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х						
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was								
	required to file Form 8282?								
d	d If "Yes," indicate the number of Forms 8282 filed during the year								
е	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?								
f									
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?								
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?								
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the								
	sponsoring organization have excess business holdings at any time during the year?	8							
9	Sponsoring organizations maintaining donor advised funds.	0-							
	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?	90							
10	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								
	Gross income from members or shareholders								
	Gross income from other sources. (Do not net amounts due or paid to other sources								
	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?	12a							
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
а	Is the organization licensed to issue qualified health plans in more than one state?	13a							
	Note: See the instructions for additional information the organization must report on Schedule O.								
b	Enter the amount of reserves the organization is required to maintain by the states in which								
	the organization is licensed to issue qualified health plans								
	Enter the amount of reserves on hand								
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X					
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule</i> O	14b							
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	15							
	excess parachute payment(s) during the year?	15							
4.0	If "Yes," see the instructions and file Form 4720, Schedule N.	16							
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	10							
17									
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17							
	If "Yes." complete Form 6069.	-							

Form 990 (2021) 75-6003583 LENA POPE HOME, INC. Р

art VI	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and	for a	"No"
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See in	struct	ions.
	Check if Schedule O contains a response or note to any line in this Part VI		X
ection A	. Governing Body and Management		
		Yes	No

Sect	ion A. Governing Body and Management			Λ
0000	ion A. Governing Body and Management		Yes	No
10	Enter the number of voting members of the governing body at the end of the tax year 38			
Id	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	-		
b	committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2	Х	
3	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?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		_X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	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	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses on Schedule O</i>	9		Х
Secti	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	_	
		4.0	Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	10b		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	11a	X	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	Ha	Λ	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	12a	Х	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	124	- 1	
D	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	12b	Х	
•	rise to conflicts?			
С	describe on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
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 on 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		X
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			
Scat	organization's exempt status with respect to such arrangements?	16b		<u> </u>
17	List the states with which a copy of this Form 990 is required to be filed ►	Γ /αας	ior F	01/2
18	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website X Another's website X Upon request Other (explain on Schedule O)	i (Seci	.1011 5	01(6)
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of	of inter	est n	olicv.
-	and financial statements available to the public during the tax year.			- ,,
20	State the name, address, and telephone number of the person who possesses the organization's books and record TODD TUDOR 3200 SANGUINET ST FORT WORTH, TX 76107	ls ▶		

817-255-2514

Form **990** (2021)

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.s
- 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 the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week	box,	not ch unles	Pos neck ss pe	rson	e than o is both or/trust	an	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(1) ASHLEY ELGIN	40.00									
CEO	NONE			Х				283,083.	NONE	25,402.
(2) SHNEASE WEBB	40.00									
COO	NONE			Х				183,043.	NONE	26,546.
(3) TODD TUDOR	40.00									
CFO	NONE			Х				162,322.	NONE	37,257.
(4) VICTORIA PEREZ-SENDEJO	40.00									
CES	NONE			Х				128,595.	NONE	32,564.
(5) CATHERINE SHEFFIELD	40.00									
CAO	NONE			Х				140,419.	NONE	13,719.
(6) ALEX ARMSTRONG	0.40									
BOARD MEMBER	NONE	X						NONE	NONE	NONE
(7) MARK DENTON	1.20									
PRESIDENT	NONE	X		Х				NONE	NONE	NONE
(8) COREY SCOTT	1.20									
VICE-PRESIDENT	NONE	X		Х				NONE	NONE	NONE
(9) JONI HORTON	1.20									
TREASURER	NONE	Х		Х				NONE	NONE	NONE
(10) CARLO ANDREANI	1.20									
SECRETARY	NONE	X		Х				NONE	NONE	NONE
(11) KAYDEE BAILEY	0.40									
BOARD MEMBER	NONE	X						NONE	NONE	NONE
(12) JOE BREEDLOVE	0.40									
BOARD MEMBER	NONE	X						NONE	NONE	NONE
(13) GLENN DARDEN	0.40									
BOARD MEMBER	NONE	X						NONE	NONE	NONE
(14) NANNY CHRISTIE	NONE									
BOARD MEMBER	NONE	X						NONE	NONE	NONE

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Part VII Section A. Officers, Directors, T	rustees, Ke	y En	plc	ye	es,	and F	lig	hest Compensat	ed Employees (c	ontinued)
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average				sition			Reportable	Reportable	Estimated
	hours per	,				e than o		compensation	compensation from	amount of
	week (list any	1				is both or/truste		from	related	other
	hours for related							the	organizations (W-2/1099-MISC)	compensation from the
	organizations	di Vi	Stit	Officer	эу е	Highest co employee	Forme	organization (W-2/1099-MISC)	(00-2/1099-101130)	organization
	below dotted	dua	ļ ji	4	mp	est c	P.	(**-2/1033-141100)		and related
	line)	Individual trustee or director	Institutional trustee		Key employee	ön				organizations
		stee	SILIS		Ф) en				
			ee			compensated e				
1E\ TIM BORTIT	0.40					<u>ā</u>				
15) JIM ESTILL	<u>0.40</u>							NONE	310318	NONE
BOARD MEMBER	NONE	X						NONE	NONE	NONE
16) ROSALIND EVANS	0.40	4								
BOARD MEMBER	NONE	X						NONE	NONE	NONE
17) SARAH GENTRY	0.40									
BOARD MEMBER	NONE	X						NONE	NONE	NONE
18) PAMELA GILCHRIST	0.40									
BOARD MEMBER	NONE	X						NONE	NONE	NONE
19) JULIE KLEBERG	0.40									
BOARD MEMBER	NONE	X						NONE	NONE	NONE
20) VANESSA LAGATTA	0.40									
BOARD MEMBER	NONE	X						NONE	NONE	NONE
21) JODY LANCARTE	0.40							110112		110111
BOARD MEMBER	NONE	X						NONE	NONE	NONE
22) RAVEN LANCARTE	0.40	25						NONE	NONE	IVOIVE
	-+	- v						NONE	NIONIE	NONE
BOARD MEMBER	NONE	X						NONE	NONE	NONE
23) ERMA LEE	0.40	┤								
BOARD MEMBER	NONE	X						NONE	NONE	NONE
24) MARTY LEONARD	0.40	4								
BOARD MEMBER	NONE	X						NONE	NONE	NONE
25) JUSTIN MALONE	0.40									
BOARD MEMBER	NONE	X						NONE	NONE	NONE
1b Sub-total							\blacktriangleright	897,462.	NONE	135,488.
c Total from continuation sheets to Part VII,	Section A						\blacktriangleright	NONE	NONE	NONE
d Total (add lines 1b and 1c)							\blacktriangleright	897,462.	NONE	135,488.
2 Total number of individuals (including but no				d a	bove	e) who	o re	ceived more than	\$100,000 of	
reportable compensation from the organization	on 🕨					5				
										Yes No
3 Did the organization list any former off	icar directo	or or	tri	ıcta	Δ	kov o	mn	Novee or highes	t companyated	
employee on line 1a? If "Yes," complete Sche										3
4 For any individual listed on line 1a, is the	sum of rep	portab	ole d	com	per	sation	ı aı	nd other compen-	sation from the	
organization and related organizations g										4
individual										4
5 Did any person listed on line 1a receive o										_
for services rendered to the organization? If "	res," comple	te Scl	nedu	ile J	tor	such	per	son		5
Section B. Independent Contractors										

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(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 ▶

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (c										
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average				sition			Reportable	Reportable	Estimated
	hours per	,				e than o is both		compensation	compensation from	amount of
	week (list any hours for					tor/trus		from	related	other compensation
	related			_				the organization	organizations (W-2/1099-MISC)	from the
	organizations	divic	#	Officer	Key employee	hes	Forme	(W-2/1099-MISC)	(11 2) 1000 111100)	organization
	below dotted	ual	l gi	-	nplc	st cc	7			and related
	line)	Individual trustee or director	Institutional trustee		yee	ğ				organizations
		tee	uste			ens				
			ď			Highest compensated employee				
26) JOANN MEANS	0.40									
BOARD MEMBER	NONE	Х						NONE	NONE	NON!
27) ELLEN MESSMAN	0.40									
BOARD MEMBER	NONE	Х						NONE	NONE	NON
28) JUDY NEEDHAM	0.40									
BOARD MEMBER	NONE	Х						NONE	NONE	NON
29) JULIE PIGGOTT	0.40									
BOARD MEMBER	NONE	Х						NONE	NONE	NON!
30) PAMELA PIGMAN	0.40									
BOARD MEMBER	NONE	Х						NONE	NONE	NON!
31) TONY POMPA	0.40									
BOARD MEMBER	NONE	X						NONE	NONE	NON!
32) ROBIN REED	0.40									
BOARD MEMBER	NONE	Х						NONE	NONE	NON!
33) AUSTIN REILLY	0.40									
BOARD MEMBER	NONE	X						NONE	NONE	NON
34) ABBY ROGERS	0.40									
BOARD MEMBER	NONE	X						NONE	NONE	NON
35) OMAR ROSALES	0.40									
BOARD MEMBER	NONE	X						NONE	NONE	NON!
36) MARK SHELTON	-1 - 0.40									
BOARD MEMBER	NONE	X						NONE	NONE	NON!
1b Sub-total										
c Total from continuation sheets to Part VII, S	Section A						>			
d Total (add lines 1b and 1c)							<u> </u>	L		
2 Total number of individuals (including but not		hose	liste	ed al	bov	e) wh	o re	eceived more than	\$100,000 of	
reportable compensation from the organization	on ▶									126 1 24
										Yes No
3 Did the organization list any former offi										
employee on line 1a? If "Yes," complete Scheo										3
4 For any individual listed on line 1a, is the	sum of rep	oortab	ole d	com	per	nsatio	n a	nd other compens	sation from the	
organization and related organizations gr										
individual										4
5 Did any person listed on line 1a receive or										_
for services rendered to the organization? <i>If "Section B. Independent Contractors</i>	res, comple	ie SCI	ieal	iie J	ıor	sucn	per	SUII		5
Section B. independent Contractors										

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(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 ▶

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_		
	Dogo Q	

Part VII Section A. Officers, Directors, Tru	ustees, Ke	y En	nplo	ye	es,	and F	ligl	hest Compensat	ed Employees (d	ontinu	ied)	
(A)	(B)			((C)			(D)	(E)		(F)	
Name and title	Average hours per week (list any hours for	Position (do not check more box, unless person officer and a direct			k more than one person is both an director/trustee)			Reportable compensation from the	Reportable compensation from related organizations	а	stimated mount o other npensati	of
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	or aı	from the ganization nd related ganization	on d
37) MARCE WARD	0.40											
BOARD MEMBER	NONE	X						NONE	NONE			NONE
38) LAURA WOOD	0.40											
BOARD MEMBER	NONE	X						NONE	NONE			NONE
39) STEPHEN ZIMMER	0.40											
BOARD MEMBER	NONE	Х						NONE	NONE			NONE
40) CHAD CLINE	NONE											
BOARD MEMBER	NONE	Х						NONE	NONE			NONE
41) BRIAN DIXON	0.40											
BOARD MEMBER	NONE	Х						NONE	NONE			NONE
42) KATIE HOWER	0.40											
BOARD MEMBER	NONE	X						NONE	NONE			NONE
43) SONYA WIERZOWECKI	0.40											
BOARD MEMBER	NONE	X						NONE	NONE			NONE
	 											
1b Sub-total c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	ection A						* * *					
Total number of individuals (including but not reportable compensation from the organization)		hose	liste	d al	bov	e) who	re	ceived more than	\$100,000 of			
3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched										3	Yes	No X
4 For any individual listed on line 1a, is the organization and related organizations groups	sum of repeater than	oortab \$15	ole c 50,00	om 00?	per	satior "Yes	n aı	nd other compens	sation from the le J for such		77	
individual										4	X	
5 Did any person listed on line 1a receive or for services rendered to the organization? <i>If "Y. Section B. Independent Contractors</i>										5		Х

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(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 ▶ NONE

Part VIII Statement of Revenue

Par	t VIII	Statement of Revenue Check if Schedule O contains a respo	inse or note to an	/ line in this Part \	/111		
		Grieck if Genedule O contains a respo	ilise of flote to any	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts	1a	Federated campaigns 1a	70,000.				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b					
, T	С	Fundraising events 1c					
ifts ar /	d	Related organizations 1d	183,806.				
ni,G	е	Government grants (contributions) 1e	8,256,866.				
ons	f	All other contributions, gifts, grants,					
uti		and similar amounts not included above . 1f	4,292,067.				
Q. is	g	Noncash contributions included in					
ont		lines 1a-1f 1g	\$ 35,328.				
<u>a</u>	h	Total. Add lines 1a-1f	▶	12,802,739.			
			Business Code				
Program Service Revenue	2a	LENA POPE EARLY LEARNING CENTER	624410	2,295,143.	2,295,143.		
erv	b	COUNSELING & SUBSTANCE ABUSE TREATMENT	624100	1,808,677.	1,808,677.		
n S en	С	COMMUNITY CHAPEL/CONFERENCE CTR	713900	416,657.	416,657.		
ran ?ev	d	CHAPEL HILL ACADEMY CHARTER SCHOOL	611600	38,680.	38,680.		
Pog F	е						
₫	f	All other program service revenue					
	g	Total. Add lines 2a-2f	<u> ▶ </u>	4,559,157.			
	3	Investment income (including dividends,	interest, and				
		other similar amounts)	▶	50,037.			50,037.
	4	Income from investment of tax-exempt bone		NONE			
	5	Royalties		143,869.			143,869.
		(i) Real	(ii) Personal				
	6a	Gross rents 6a 1,425,116					
	b	Less: rental expenses 6b					
	С	Rental income or (loss) 6c 1,425,116					
	d	Net rental income or (loss)		1,425,116.			1,425,116.
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets					
		other than inventory 7a					
ne	b	Less: cost or other basis					
venue		and sales expenses 7b					
a a	С	Gain or (loss)					
e	d	Net gain or (loss)		NONE			
Other R	8a	Gross income from fundraising					
		events (not including \$					
		of contributions reported on line					
		1c). See Part IV, line 18 8a	506,344.				
	b	Less: direct expenses					
	С	Net income or (loss) from fundraising events	·	408,416.			408,416.
	9a	Gross income from gaming					
		activities. See Part IV, line 19 9a					
		Less: direct expenses 9b					
	С	Net income or (loss) from gaming activities		NONE			
	10a	Gross sales of inventory, less					
		returns and allowances					
	b	Less: cost of goods sold 10b	NONE				
	С	Net income or (loss) from sales of inventory.		NONE			
sno		MIGGRIA IMPONG TYCOUR	Business Code	440 304			440.504
Miscellaneous Revenue	11a	MISCELLANEOUS INCOME	900099	449,194.			449,194.
llaı ⁄en	b						
sce Re	С						
Miss.	d	All other revenue					
	e	Total revenue See instructions		449,194.	4 550 455		2 456 535
JSA	12	Total revenue. See instructions		19,838,528.	4,559,157.		2,476,632. Form 990 (2021)

Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a response	onse or note to any line	e 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	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	NONE			
2	Grants and other assistance to domestic individuals. See Part IV, line 22	53,213.	53,213.		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	NONE			
4	Benefits paid to or for members	NONE			
5	Compensation of current officers, directors, trustees, and key employees	897,462.	830,133.	25,521.	41,808.
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	NONE			
7	Other salaries and wages	8,400,740.	7,770,502.	238,888.	391,350.
	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	437,332.	404,523.	12,436.	20,373.
9	Other employee benefits	4,071,657.	3,766,194.	115,784.	189,679.
10	Payroll taxes	576,640.	533,379.	16,398.	26,863.
11	Fees for services (nonemployees):				
а	Management	NONE			
b	Legal	33,184.	31,304.	946.	934.
c	Accounting	97,107.	91,606.	2,768.	2,733.
d	Lobbying	NONE			
	Professional fundraising services. See Part IV, line 17.	NONE			
1	f Investment management fees	212,908.		212,908.	
g	Other. (If line 11g amount exceeds 10% of line 25, column	1 005 001	1 005 040	21 052	20.000
	(A), amount, list line 11g expenses on Schedule O.)	1,097,201.	1,035,048.	31,273.	30,880.
	Advertising and promotion	123,780.	115,120.	3,163.	5,497.
13	Office expenses	179,046. 239,807.	155,424. 223,841.	368. 5,425.	23,254. 10,541.
14	Information technology	NONE	223,041.	5,425.	10,541.
15	Royalties	1,348,726.	1,211,224.	106,696.	30,806.
16 17	Occupancy	31,084.	25,937.	2,647.	2,500.
18	Payments of travel or entertainment expenses	31,001.	23,737.	2,017.	2,300.
10	for any federal, state, or local public officials	NONE			
19	Conferences, conventions, and meetings	168,160.	153,147.	7,575.	7,438.
20	Interest	222,579.	197,601.	13,024.	11,954.
21	Payments to affiliates	NONE	, ,	, -	,
22	Depreciation, depletion, and amortization	1,297,267.	1,151,688.	75,909.	69,670.
23	Insurance	183,582.	162,981.	10,742.	9,859.
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A), amount, list line 24e expenses on Schedule O.)				
а	LICENSING	30,393.	28,672.	866.	855.
b	FOOD	284,331.	246,819.	584.	36,928.
c	WEBSITE	26,989.	25,101.	690.	1,198.
d	MEMBERSHIP DUES	72,740.	56,693.	8,180.	7,867.
е	All other expenses	362,606.	349,344.	5,257.	8,005.
	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs	20,448,534.	18,619,494.	898,048.	930,992.
	from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				
	- , , , , , , , , , , , , , , , , , , ,				= 000 (2221)

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Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this P	art X		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	4,762,373.	1	3,481,873.
	2	Savings and temporary cash investments	NONE	2	NONE
	3	Pledges and grants receivable, net	43,709.	3	85,000.
	4	Accounts receivable, net	569,539.	4	804,886.
	5	Loans and other receivables from 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	NONE	5	NONE
	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)	NONE	6	NONE
ß	7	Notes and loans receivable, net	NONE	7	NONE
Assets	8	Inventories for sale or use	NONE		NONE
As	9	Prepaid expenses and deferred charges	NONE		NONE
	_	Land, buildings, and equipment: cost or other	110112		110111
	1.00	basis. Complete Part VI of Schedule D 10a 38,960,568.			
	h	Less: accumulated depreciation	23,998,360.	100	23,773,854.
	11	Investments - publicly traded securities SEE SCHEDULE .O	5,726,830.	11	5,240,702.
	12	· · · · ·	5,694,033.		10,225,324.
	13	Investments - other securities. See Part IV, line 11		12	
	14	Investments - program-related. See Part IV, line 11	NONE		NONE
		Intangible assets	NONE		NONE
	15	Other assets. See Part IV, line 11	290,016.	15	461,438.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	41,084,860.	16	44,073,077.
	17	Accounts payable and accrued expenses	934,543.	17	1,055,394.
	18	Grants payable	NONE		NONE
	19	Deferred revenue	248,010.	19	606,238.
	20	Tax-exempt bond liabilities	NONE		NONE
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	NONE	21	NONE
Liabilities	22	Loans and other payables to any current or former officer, director,			
Ħ		trustee, key employee, creator or founder, substantial contributor, or 35%			
jak		controlled entity or family member of any of these persons	NONE		NONE
_	23	Secured mortgages and notes payable to unrelated third parties	NONE		NONE
	24	Unsecured notes and loans payable to unrelated third parties	5,506,553.	24	4,264,577.
	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	911,075.	25	436,380.
	26	Total liabilities. Add lines 17 through 25	7,600,181.	26	6,362,589.
ces		Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.			
alar	27	Net assets without donor restrictions	21,800,708.	27	21,826,049.
ä	28	Net assets with donor restrictions	11,683,971.	28	15,884,439.
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here ▶ and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
\ss	31	Retained earnings, endowment, accumulated income, or other funds		31	
¥ /	32	Total net assets or fund balances	33,484,679.	32	37,710,488.
ž	33	Total liabilities and net assets/fund balances	41,084,860.	33	44,073,077.
_			11,001,000.		Form 990 (2021)

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Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					. X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1	9,8	38,	<u>528</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	2	0,4	48,	<u>534</u>
3	Revenue less expenses. Subtract line 2 from line 1	3		-6	10,	006
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3	3,4	84,	679
5	Net unrealized gains (losses) on investments	5		5	77,	744
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9		4,2	58,	071
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10	3	7,7	10,	488
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
	<u>_</u>				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," ex	plain	on			
	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 con	piled	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	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audi					
	separate basis, consolidated basis, or both:					
	X Separate basis 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	rsight	of			
	the audit, review, or compilation of its financial statements and selection of an independent accounta	_		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, ex					
	Schedule O.	•				
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	th in t	the			
	Single Audit Act and OMB Circular A-133?			3a	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	ergo	the			
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a			3b	X	

Form **990** (2021)

SCHEDULE A (Form 990)

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

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number LENA POPE HOME, 75-6003583 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(y). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross 10 receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 331/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of 12 one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV. Sections A. D. and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Typ functionally integrated, or Type III non-functionally integrated supporting organization. Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (v) Amount of monetary (iv) Is the organization (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) instructions) document? instructions) Yes No (A) (B) (C) (D) (E)

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

Schedule A (Form 990) 2021

Total

Schedule A (Form 990) 2021 Page 2

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	10,841,331.	10,883,292.	11,223,920.	13,258,253.	12,802,739.	59,009,535.	
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						NONE	
3	The value of services or facilities furnished by a governmental unit to the organization without charge						NONE	
4	Total. Add lines 1 through 3	10,841,331.	10,883,292.	11,223,920.	13,258,253.	12,802,739.	59,009,535.	
5	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)						217,723.	
6	Public support. Subtract line 5 from line 4						58,791,812.	
	tion B. Total Support						30,731,012.	
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total	
7	Amounts from line 4	10,841,331.	10,883,292.	11,223,920.	13,258,253.	12,802,739.	59,009,535.	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,774,986.	1,898,575.	1,675,550.	1,628,641.	1,619,022.	8,596,774.	
9	Net income from unrelated business activities, whether or not the business is regularly carried on						NONE	
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)SEE .SUPP .PAGE	263,782.	110,021.	138,946.	555,841.	449,194.	1,517,784.	
11	Total support. Add lines 7 through 10						69,124,093.	
12	Gross receipts from related activities, etc. (s	see instructions) .				12	15,009,219.	
13	First 5 years. If the Form 990 is for organization, check this box and stop here	<u> </u>						
Sec	tion C. Computation of Public Sup							
14	Public support percentage for 2021 (li		•			14	85.05 %	
15	Public support percentage from 2020					15	83.53 %	
16a	331/3% support test - 2021. If the org	=						
	box and stop here. The organization q	-		-				
b	331/3% support test - 2020. If the org	=						
	this box and stop here. The organization	-		-				
17a	10%-facts-and-circumstances test - 2	_						
	10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported							
	-			=			upported	
	organization						and line	
b	10%-facts-and-circumstances test - 2	-	-					
	15 is 10% or more, and if the organization most					-		
	in Part VI how the organization meets			•	•			
10	organization							
18	Private foundation. If the organization							
	instructions						<u> – </u>	

Schedule A (Form 990) 2021 Page **3**

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						
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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						
7 a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
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						
<u></u>	line 6.)						
	tion B. Total Support	(a) 2017	(b) 2019	(a) 2010	(4) 2020	(a) 2021	(f) Total
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 10 a	Amounts from line 6. 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						
12	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
14	and 12.)	the organizat	ion's first secon	d third fourth	or fifth tax v	ar as a section	501(c)(3)
14	organization, check this box and stop here .	_					
Sec	tion C. Computation of Public Supp						
15	Public support percentage for 2021 (line 8,		_	mn (f))		15	%
16	Public support percentage from 2020 Sche		•			16	<u> </u>
	tion D. Computation of Investment						/0
<u> </u>	Investment income percentage for 2021 (lin			13. column (f))		17	%
18	Investment income percentage from 2020 S						// 0
	331/3% support tests - 2021. If the or						
. J u	17 is not more than 331/3%, check this	-					
h	331/3% support tests - 2020. If the orga	-	-	•			
IJ	line 18 is not more than 331/3 %, check						. \square
20	Private foundation. If the organization of		•	•			. —

Schedule A (Form 990) 2021 Page 4

Part IV **Supporting Organizations**

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

Section A. All Supporting Organizations

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

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Part	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а				
L	11c below, the governing body of a supported organization?	11a		
b C	A family member of a person described on line 11a above? A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,	11b		
C	provide detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations	110		
	,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,,		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 Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1	162	NO
Secti	on D. All Type III Supporting Organizations			
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	Yes	No
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on 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	Yes	
2	Activities Test. Answer lines 2a and 2b below.		103	110
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 that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3 a	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i> 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? <i>If "Yes" or "No," provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If</i> "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990) 2021

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Par	Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	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 organ	nizations r	nust complete Sectio	
Sect	tion A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
_5 I	Depreciation and depletion	5		
6 I	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		
Sec	tion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
	Aggregate fair market value of all non-exempt-use assets (see nstructions for short tax year or assets held for part of year):			
_ a /	Average monthly value of securities	1a		
_ b /	Average monthly cash balances	1b		
_ c	Fair market value of other non-exempt-use assets	1c		
d ⁻	Total (add lines 1a, 1b, and 1c)	1d		
e l	Discount claimed for blockage or other factors			
((explain in detail in Part VI):			
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 I	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
<u>8</u> I	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	tion 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	ncome tax imposed in prior year	5		
6 I	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-functiona	ılly integra	ated Type III supporting	g organization
	(and instructions)			

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021 Page **7**

Part	V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	ions (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	mpt purposes of support	ed		
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpo	oses of supported organi	zations	3	
4	4 Amounts paid to acquire exempt-use assets				
5	5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)			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.				
9	9 Distributable amount for 2021 from Section C, line 6				
10	10 Line 8 amount divided by line 9 amount			10	
		(i)	(ii)	_	(iii)

Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2021			
а	From 2016			
b	From 2017			
С	From 2018			
d	From 2019			
е	From 2020			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2021 distributable amount			
i	Carryover from 2016 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2021 distributable amount			
С	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2021. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2022. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2017			
b	Excess from 2018			
С	Excess from 2019			
d	Excess from 2020			
е	Excess from 2021			

Schedule A (Form 990) 2021

Schedule A (Form 990 or 990-EZ) 2021

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.)

SCHEDULE A, PART II - OTHER INCOME						
DESCRIPTION	2017	2018	2019	2020	2021	TOTAL
OTHER INCOME	263,782.	110,021.	138,946.	555,841.	449,194.	1,517,784.
TOTALS	263,782.	110,021.	138,946.	555,841.	449,194.	1,517,784.

Part VI

Schedule B (Form 990)

Department of the Treasury

Internal Revenue Service

Schedule of Contributors

► Attach to Form 990 or Form 990-PF.

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

Scriedule of Contributors

OMB No. 1545-0047

2021

Employer identification number Name of the organization LENA POPE HOME, INC 75-6003583 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** 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), 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), 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

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

2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2021)

Name of organization

Employer identification number

	LENA POPE HOME, INC.		75-6003583
Part I	Contributors (see instructions). Use duplicate cop	pies of Part I if additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	TEXAS EDUCATION AGENCY 2600 TEXAS DRIVE, #T DALLAS, TX 75211	\$6,416,125	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.)

Schedule B (Form 990) (2021) Page 3

name of organization		Employer identification number
	LENA POPE HOME, INC.	75-6003583

Noncash Property (see instructions). Use duplicate copies of	Part II if additional space is ne	eded.
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	- - - - \$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	- - - - - - - - - - - - - -	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	 \$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	- - - - - - - - - - -	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	 \$	
	(b) Description of noncash property given Description of noncash property given S	

Schedule B (Form 990) (2021) Page **4**

LENA POPE HOME, INC. 75-6003583 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. (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. 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 Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

Employer identification number

Name of organization

SCHEDULE D (Form 990)

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

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

► Attach to Form 990.

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

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

IValli	ile of the organization	Employer identification number
LE	NA POPE HOME, INC.	75-6003583
Pa	art I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Funds or Other Funds or	counts.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
	Did the organization inform all donors and donor advisors in writing that the assets held in	donor advised
5		
•	funds are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant fund only for charitable purposes and not for the benefit of the donor or donor advisor, or for any	
	conferring impermissible private benefit?	
Pa	art II 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).	
		a historically important land area
		a certified historic structure
_	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the	
	easement on the last day of the tax year.	Held at the End of the Tax Year
а	Total number of conservation easements	
b	Total acreage restricted by conservation easements	
С	Number of conservation easements on a certified historic structure included in (a)	С
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a	
	historic structure listed in the National Register	•
3	Number of conservation easements modified, transferred, released, extinguished, or terminal	ted by the organization during the
	tax year 🕨	
4	Number of states where property subject to conservation easement is located ▶	
5	Does the organization have a written policy regarding the periodic monitoring, inspection	-
	violations, and enforcement of the conservation easements it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing cor	nservation easements during the year
	>	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing cons	ervation easements during the year
	> \$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section	170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?	Yes No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and ex	
	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.	
Pa	art III Organizations Maintaining Collections of Art, Historical Treasures, or Other S	imilar Assets.
	Complete if 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 s	tatement and balance sheet works
	of art, historical treasures, or other similar assets held for public exhibition, education, or service, provide in Part XIII the text of the footnote to its financial statements that describes thes	research in furtherance of public
L	•	
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue state art, historical treasures, or other similar assets held for public exhibition, education, or resear	ch in furtherance of public service
	provide the following amounts relating to these items:	on in familiariance of public service,
	(i) Revenue included on Form 990, Part VIII, line 1	▶ \$
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar ass	
_	following amounts required to be reported under FASB ASC 958 relating to these items:	5.5 751 manda gam, provide the
а	Revenue included on Form 990, Part VIII, line 1	> \$
	Assets included in Form 990 Part X	> \$

Pa	rt III Organizations Maintaini	ng Collections		rical Tre	easures, c	or Other	Similar A		continu		age <u> </u>
3	Using the organization's acquisition										of its
	collection items (check all that app			•	,		J	J			
а	Public exhibition	• /	d	Loan	or exchang	ge progra	m				
b	Scholarly research		e	Other	_						
С	Preservation for future gene	rations									
4	Provide a description of the organ		ons and explain	ain how t	they furthe	er the or	ganization's	s exemp	t purpos	se in	Part
	XIII.				•		•	·			
5	During the year, did the organization	n solicit or receiv	e donations o	of art, hist	orical treas	sures, or	other simila	ar			
	assets to be sold to raise funds rath	ner than to be ma	intained as pa	art of the	organizatio	on's colle	ction?	[Yes		No
Pa	rt IV Escrow and Custodial A	rrangements.	-		_			<u></u>		,	
	Complete if the organiza		Yes" on For	m 990, F	Part IV, lin	e 9, or r	eported ar	n amour	nt on Fo	orm	
	990, Part X, line 21.										
1a	Is the organization an agent, trus	tee, custodian or	other intern	nediary fo	or contribu	utions or	other asse	ets not			
	included on Form 990, Part X?							[Yes		No
b	If "Yes," explain the arrangement is	n Part XIII and co	mplete the fo	llowing tal	ole:						
								Amount			
С	Beginning balance				10	С					
d	Additions during the year				10	d					
е	Distributions during the year				10	е					
f	Ending balance										
2a	Did the organization include an am							_	Yes		No
	If "Yes," explain the arrangement in	n Part XIII. Check	here if the e	xplanation	has been	provided	on Part XIII				
Pa	rt V Endowment Funds.										
	Complete if the organiza										
		(a) Current year	(b) Prid	or year	(c) Two ye	ears back	(d) Three ye	ears back	(e) Four	years	back
1 a	Beginning of year balance	11,550,863.	10,3	09,717.	10,759	,799.	11,35	3,243.	11,	205,9	68.
b	Contributions									130,0	00.
С	Net investment earnings, gains,										
	and losses	7,322,775.	2,9	85,233.	1,662	,227.	1,52	0,520.	1,	888,2	81.
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs	3,189,827.	1,7	44,087.	2,112	,309.	2,11	3,964.	1,	871,0	06.
f	Administrative expenses										
g	End of year balance	15,683,811.	11,5	50,863.	10,309	,717.	10,75	9,799.	11,	353,2	43.
2	Provide the estimated percentage			e (line 1g,	column (a)) held as): :				
a	Board designated or quasi-endown		%								
b	Permanent endowment 1.8										
С	Term endowment ► 98.1900	•	1.4000/								
•	The percentages on lines 2a, 2b, a			. C O t				d			
3a	Are there endowment funds not in	the possession o	t the organiza	ation that	are neid a	ına aamır	nistered for	tne	Г	Yes	No
	organization by:								$\overline{}$		140
	(i) Unrelated organizations								3a(i)	Х	37
	(ii) Related organizations If "Yes" on line 3a(ii), are the relate								3a(ii) 3b		Х
_	().	•	•						30		
4	rt VI Land, Buildings, and Equ		ization's endo	wment lui	nas.						
Га	Complete if the organiza	ation answered	"Yes" on Fo	rm 990, l	Part IV, lir	ne 11a. S	See Form	990, Pa	rt X, lin	e 10	
	Description of property		t or other basis vestment)		or other basis		cumulated reciation	(d	l) Book va	lue	
1a	Land	,	vestifierit)	· ·)42,781.		eciation		2,04	.2 79	R 1
b	Buildings				310,882.		68,617.		19,94		
C	Leasehold improvements			52,0	, _ 0 , 0 0 2 .	12,0	00,011.		±2,25	, \	
d	Equipment.			4 0	13,557.	2 2	41,922.		1,77	11.6	35
e	Other			1,0	93,348		76,175.			7,1	
	I. Add lines 1a through 1e. (Column		orm 990, Part	X, colum					23,77		

Schedule D (Form 990) 2021

Schedule D (Form 990) 2021 LENA POPE HOME	, INC.	7.	5-6003583 Page
Part VII Investments - Other Securities.	I "Voo" on Form 000	Part IV line 11h See Form 000	Dort V line 12
Complete if the organization answered (a) Description of security or category	(b) Book value	(c) Method of valuation	ion:
(including name of security)		Cost or end-of-year mark	cet value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other(A) OTHER SECURITIES	10,225,324.	FMV	
(B)	10,223,324.	I PIV	
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	10,225,324.		
Part VIII Investments - Program Related. Complete if the organization answered	I "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 valuate Cost or end-of-year mark	
(1)		,	
(2)			
(3)			
(4)			
(5)			
(6)			
<u>(7)</u>			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets. Complete if the organization answered	I "Yes" on Form 990	, Part IV, line 11d. See Form 990	, Part X, line 15.
(a) De	scription		(b) Book value
<u>(1)</u>			
(2)			
(3)			
(4)			
(5)			
<u>(6)</u>			
<u>(7)</u> <u>(8)</u>			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) la	ine 15.)		
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. (a) Descrip	tion of liability		(b) Book value
(1) Federal income taxes			
(2)ANNUITY PAYABLE			436,380.
(3)			
(4)			
(5)			
(6)			
<u>(7)</u> (8)			
(0)			

(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 436,380. 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	24,461,435.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIII.) 2d 4,258,071.		
e	Add lines 2a through 2d	2e	4,835,815.
3	Subtract line 2e from line 1	3	19,625,620.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		. , ,
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a 212,908.		
b	Other (Describe in Part XIII.)		
C	Add lines 4a and 4b	4c	212,908.
5	Total revenue. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 12.</i>)	5	19,838,528.
Part			
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	20,235,626.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	20,235,626.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)	_	
C	Add lines 4a and 4b	4c	212,908.
5	Total expenses. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 18.</i>)	5	20,448,534.
Provid 2; Par	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Ft XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	Part V, nation	line 4; Part X, line
SEE	SUPPLEMENTAL PAGE		

SCH D, PART V, LINE 4

INTENDED USES OF ORGANIZATION'S ENDOWMENT FUNDS:

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

SCH D, PART X, LINE 2

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

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

Part XIII Supplemental Information (continued)

PART XI, LINE 2D

CHANGE IN BENEFICIAL INTEREST

\$4,258,071

SCHEDULE G (Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

Inspection Name of the organization Employer identification number LENA POPE HOME, Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. 1 Mail solicitations Solicitation of non-government grants а Internet and email solicitations f Solicitation of government grants Phone solicitations Special fundraising events C g In-person solicitations d Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (iii) Did fundraiser have (vi) Amount paid to (i) Name and address of individual (iv) Gross receipts (or retained by) custody or control of (or retained by) (ii) Activity or entity (fundraiser) from activity fundraiser listed in organization contributions? col. (i) Yes No 1 2 3 6 8 9 10 Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

(a) Event #1 (b) Event #2 (c) Other events (add col. (a) through col. (c))

RESTAURANT WEEK FIESTA 2 (color or vents) (add col. (a) through col. (c))

1 Gross receipts 125,893. 233,105. 147,346. 506,344.

			RESTAURANT WEEK (event type)	FIESTA (event type)	(total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1	Gross receipts	125,893.		147,346.	506,344.
Re		Less: Contributions	, , , , ,	, , , , ,	,	
		Gross income (line 1 minus line 2)	125,893.	233,105.	147,346.	506,344.
	_			255,155	11, 70101	5557511.
	4	Cash prizes				
	5	Noncash prizes			8,165.	8,165.
Direct Expenses	6	Rent/facility costs		5,621.	15,334.	20,955.
t Exp	7	Food and beverages		1,424.	2,645.	4,069.
Direc	8	Entertainment				
	9	Other direct expenses	29,331.	6,498.	28,910.	64,739.
	10 11 rt	Direct expense summary. Add lin Net income summary. Subtract lii Gaming. Complete if the org \$15,000 on Form 990-EZ, lin	ne 10 from line 3, colu anization answered ""	ımn (d)		97,928. 408,416. reported more than
<u>a</u>		\$15,000 on Form 990-E2, iiii		(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Re	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
_	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes% No	Yes% No	
	7	Direct expense summary. Add lin	es 2 through 5 in colu	mn (d)	▶	
	8	Net gaming income summary. Su	ubtract line 7 from line	1, column (d)	>	
9 a k	l	Enter the state(s) in which the orgalis the organization licensed to con If "No," explain:		in each of these state	os?	Yes No
10a		Were any of the organization's gamino If "Yes," explain:	g licenses revoked, susp		ring the tax year?	Yes No

Schedule G (Form 990) 2021

Sched	ule G (Form 990 or 990-EZ) 2021 LENA POPE HOME, INC. 75-	-6003583	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity		
	formed to administer charitable gaming?	Yes	No
13	Indicate the percentage of gaming activity conducted in:		
а	The organization's facility		%
b	An outside facility		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and		
	records:		
	Name ►		
	Address ►		
15 a	Does the organization have a contract with a third party from whom the organization receives gaming		
	revenue?	. Yes	No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the)	
	amount of gaming revenue retained by the third party ▶ \$		
С	If "Yes," enter name and address of the third party:		
	Name ►		
	Address		
16	Coming manager information:		
16	Gaming manager information:		
	Name ►		
	Name ▶		
	Gaming manager compensation ► \$		
	Description of services provided ▶		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds		
	retain the state gaming license?	. Yes	No
b	Enter the amount of distributions required under state law to be distributed to other exempt organization	ns	
_	or spent in the organization's own exempt activities during the tax year \$ \$	1//	
Par	Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) an Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional info		
	(see instructions).	Jilliauon	
	(occ monactions).		

Schedule G (Form 990 or 990-EZ) 2021

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SCHEDULE I (Form 990)

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

2021

OMB No. 1545-0047

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.

Open to Public Inspection

Schedule I (Form 990) 2021

Name of the organization						Employer identification number	
LENA POPE HOME, INC.						75-6003583	
Part I General Information on Grants a	nd Assistanc	е				•	
 Does the organization maintain records to the selection criteria used to award the gra Describe in Part IV the organization's proc 	nts or assistand	e?					X Yes No
Part II Grants and Other Assistance to	Domestic Or	ganizations ar	nd Domestic Gov	vernments. Com	plete if the organiz	ation answered "Y	es" on Form 990,
Part IV, line 21, for any recipient	that received	more than \$5	,000. Part II can I	be duplicated if	additional space is r	needed.	
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
_(1)							
(2)							
(3)							
(4)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
2 Enter total number of section 501(c)(3) and3 Enter total number of other organizations l	-	-					

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

Schedule I (Form 990) (2021) LENA POPE HOME, INC. 75-6003583 Page **2**

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 SUMMER CAMP ASSISTANCE	113	23,354.					
2CLIENT COLLEGE ASSISTANCE	22	11,000.					
3 CLIENT SUPPORT ASSISTANCE	191	18,821.					
4 other assistance	1	38.					
5							
6							
7							

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

SCH A, PART I, LINE 2

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

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

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

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

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

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

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

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

Schedule I (Form 990) (2021) LENA POPE HOME, INC. 75-6003583 Page **2**

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					
_2					
3					
4					
5					
6					
7					

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

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

SCH A, PART III, COL (B)

THE 327 RECIPIENTS OF THE GRANTS, SUMMER CAMP ASSISTANCE, FINANCIAL

ASSISTANCE, COLLEGE ASSISTANCE, AND SUPPORT ASSISTANCE WERE ALL CLIENTS

OF OUR PROGRAMS AND WORKING WITH A LENA POPE STAFF.

SCHEDULE J (Form 990)

Compensation InformationFor certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

LENA POPE HOME, INC.

Employer identification number

75-6003583

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

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

Schedule J (Form 990) 2021

Schedule J (Form 990) 2021 LENA POPE HOME, INC. 75-6003583 Page **2**

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

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

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

		(B) Breakdown of W-2 a	ind/or 1099-MISC and/or	1099-NEC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
ASHLEY ELGIN	(i)	283,083.				25,402.	308,485.	
1 CEO	(ii)							
SHNEASE WEBB	(i)	183,043.			12,827.	13,719.	209,589.	
2 COO	(ii)							
TODD TUDOR	(i)	162,322.			11,605.	25,652.	199,579.	
3 CFO	(ii)							
CATHERINE SHEFFIELD	(i)	140,419.				13,719.	154,138.	
4 CAO	(ii)							
VICTORIA PEREZ-SENDEJO	(i)					32,564.	161,159.	
5 CES	(ii)							
	(i)							
_ 6	(ii)							
	(i)							
_ 7	(ii)							
	(i)							
_ 8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

Schedule J (Form 990) 2021 LENA POPE HOME, INC. 75-6003583 Page **3**

Part | Supplemental Information

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

SCH J, PART I, LINE 3:

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

SCHEDULE M (Form 990)

Noncash Contributions

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

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

OMB No. 1545-0047

2021

Open to Public

Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

LENA POPE HOME,

Employer identification number

75-6003583

Par	Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method of noncash conti			
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household							
3	goods							
6	Cars and other vehicles							
-								
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC,							
	or trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation							
	contribution - Historic							
	structures							
14	Qualified conservation							
	contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ►(SEE SUPP PAGE)		34.	35,328.				
26	Other ►()							
27	Other ►()							
28	Other ►(
29	Number of Forms 8283 received	by the org	anization during the tax y	ear for contributions for				
	which the organization completed F	Form 8283,	Part V, Donee Acknowledge	ement	29			
							Yes	No
30a	During the year, did the organizat	ion receive	by contribution any prope	rty reported in Part I, line	s 1 through			
	28, that it must hold for at least the	hree years f	rom the date of the initial	contribution, and which is	sn't required			
	to be used for exempt purposes for	the entire h	olding period?			30a		Х
b	If "Yes," describe the arrangement i	n Part II.						
31	Does the organization have a	gift accep	tance policy that require	es the review of any	nonstandard			
	contributions?					31]	Х
32a	Does the organization hire or use				r			
	contributions?	-		-		32a		Х
b	If "Yes," describe in Part II.	•						
33	If the organization didn't report an	amount in c	column (c) for a type of pro	perty for which column (a)) is checked.			
	describe in Part II.		(-)	, , : ::: ::::::::: (5)	, ,			

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

Schedule M (Form 990) 2021

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I	OTHER N	ONCASH CONTRIBUTION	S -	
DESCRIPTION	(A) CHECK	(B) NUMBER OF CONTRIBUTIONS	(C) REVENUES REPORTED	(D) METHOD OF DETERMINING
FOOD AND BEVERA ASSORTED GOODS	X X	1 33	17,564. 17,764.	FMV FMV
TOTALS	_	34.	35,328.	

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

2021

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 75-6003583_

LENA POPE HOME, INC.

FORM 990, PART III, LINE 4D:

SCHOOL AND COMMUNITY BASED SERVICES (SCBS)

(A) COMMUNITY BASED SERVICES: LENA POPE'S COMMUNITY BASED SERVICES PROVIDES COUNSELING, CASE MANAGEMENT, WRAP-AROUND, AND GROUP SERVICES TO FAMILIES WITHIN TARRANT, JOHNSON AND PARKER COUNTIES. THESE PROGRAMS ARE PROVIDED IN THE HOMES AND COMMUNITIES OF THE FAMILIES THEY SERVE. SERVICES ARE PROVIDED THROUGH CONTRACTS WITH TARRANT COUNTY JUVENILE SERVICES, TEXAS JUVENILE JUSTICE DEPARTMENT, THE CITY OF FORT WORTH, THE CITY OF AZLE, FORT WORTH AND ARLINGTON INDEPENDENT SCHOOL DISTRICTS AND MHMR OF TARRANT COUNTY. WRAP-AROUND SERVICES PROVIDE TRAINED FACILITATORS TO WORK WITH THE TRANSITION-AGED YOUTH 16 TO 21 YEARS OLD. COMMUNITY BASED SERVICES PROVIDES A VARIETY OF PROGRAMS TO ADDRESS ADOLESCENT BEHAVIORAL AND LEGAL DIFFICULTIES IN TARRANT COUNTY. THESE PROGRAMS INCLUDE A FIRST OFFENDER PROGRAM TITLED SECOND OPPORTUNITY FOR SUCCESS (A REGISTERED TRADEMARK OF LENA POPE) AND AN IN-HOME EVIDENCE-BASED FAMILY COUNSELING PROGRAM KNOWN AS FUNCTIONAL FAMILY THERAPY. SECOND OPPORTUNITY FOR SUCCESS PROVIDES PARENT AND YOUTH SKILL BUILDING GROUPS PAIRED WITH THREE MONTHS OF POST GROUP FOLLOW UP SERVICES. FUNCTIONAL FAMILY THERAPY WORKS WITH YOUTH AND THEIR FAMILIES TO ADDRESS NEGATIVE THEMES AND DEVELOP BEHAVIORAL INTERACTIONS WITHIN THE FAMILY AND COMMUNITY. THESE PROGRAMS SERVED OVER 1,200 CLIENTS IN FISCAL YEAR 2022. (B) SCHOOL BASED SERVICES: LENA POPE PARTNERS WITH TARRANT COUNTY JUVENILE SERVICES AND FORT WORTH INDEPENDENT SCHOOL DISTRICT TO PROVIDE THE JUVENILE JUSTICE ALTERNATIVE EDUCATION PROGRAM (JJAEP). THIS PROGRAM PROVIDES A UNIQUE EDUCATIONAL ALTERNATIVE FOR AT-RISK YOUTH. THE STUDENTS ENROLLED IN JJAEP

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

2021

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. Inspection is at www.irs.gov/form990.

75-6003583

LENA POPE HOME, INC.

ARE REFERRED BY TARRANT COUNTY AND ARE BETWEEN THE AGES OF 10 AND 18.

THIS ALTERNATIVE EDUCATION PROGRAM PROVIDES A SAFE ENVIRONMENT, WHERE

STUDENTS DEVELOP SOCIAL SKILLS AND DECISION-MAKING CAPABILITIES NEEDED

TO BE SUCCESSFUL WHEN THEY RETURN TO THEIR HOME CAMPUSES. JJAEP PROMOTES

SELF-SUFFICIENCY AND SELF-DISCIPLINE AS A HEALTHY ALTERNATIVE TO ACADEMIC

MISCONDUCT AND CRIMINAL ACTIVITY. IN FY22, OVER 150 STUDENTS COMPLETED

THE PROGRAM AND, OF THESE, 98% COMPLETED SUCCESSFULLY. KEY OUTCOMES FOR

THIS PROGRAM INCLUDE INCREASING SCHOOL ATTENDANCE (DECREASING DROP-OUT

RATE); IMPROVING CLASSROOM BEHAVIOR; REDUCING DELINQUENCY RECIDIVISM; AND

IMPROVING ACADEMIC PERFORMANCE.

MARTY COMMUNITY CHAPEL

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

AMON CARTER CONFERENCE CENTER

THE AMON CARTER CENTER, WHICH IS ALSO LOCATED ON THE CAMPUS OF LENA POPE,

IS DESIGEND TO SERVE AS A MEETING AND EVENT SPACE FOR BOTH PUBLIC AND

PRIVATE USE. LENA POPE UTILIZES THE SPACE FOR INTERNAL PROGRAMMING AND

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.

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Department of the Treasury Internal Revenue Service

Name of the organization

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Employer identification number 75-6003583

LENA POPE HOME, INC

THE SPACE IS ALSO AVAILABLE AS A RESOURCE FOR THE COMMUNITY, INCLUDING MANY NOT-FOR-PROFIT AGENCIES.

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

TWO MEMBERS OF THE BOARD OF DIRECTORS HAVE A MOTHER-IN-LAW/DAUGHTER-IN-LAW RELATIONSHIP.

NEITHER OF THEM ARE AN OFFICER OF THE ORGANIZATION.

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

THE FORM 990 AND REQUIRED SCHEDULES ARE PREPARED BY THE ACCOUNTING FIRM OF BDO USA, LLP. THE FINANCIAL STATEMENTS ARE AUDITED BY THE ACCOUNTING FIRM OF WEAVER AND TIDWELL, LLP AND PROVIDED TO BDO USA, LLP. SUPPORTING SCHEDULES AND ADDITIONAL INFORMATION IS PROVIDED BY THE CFO AND OTHER MEMBERS OF THE MANAGEMENT TEAM. THE FORM 990 AND CORRESPONDING SCHEDULES ARE REVIEWED BY THE FINANCE COMMITTEE OF THE BOARD OF DIRECTORS. A COMPLETE COPY OF THE FORM 990 AND CORRESPONDING SCHEDULES ARE MADE AVAILABLE TO ALL THE MEMBERS OF THE ORGANIZATION'S GOVERNING BODY FOR REVIEW PRIOR TO SUBMISSION TO THE IRS.

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

LENA POPE REGULARLY AND CONSISTENTLY MONITORS AND ENFORCES COMPLIANCE
WITH THE CONFLICT OF INTEREST POLICY. ANNUALLY, THE CONFLICT OF INTEREST
POLICY IS REVIEWED BY THE BOARD OF DIRECTORS. THROUGHOUT THE YEAR, ANY
POSSIBLE CONFLICT OF INTEREST SITUATION ARE REVIEWED AND ASSESSED TO
ENSURE ADHERENCE TO THE POLICY.

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

THE PROCESS FOR DETERMINING COMPENSATION OF THE CEO/EXECUTIVE DIRECTOR OF THE ORGANIZATION IS DETERMINED BY THE EXECUTIVE COMMITTEE OF THE BOARD OF

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

2021

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. Inspection is at www.irs.gov/form990.

75-6003583

LENA POPE HOME, INC.

DIRECTORS. THE EXECUTIVE COMMITTEE REVIEWS COMPENSATION SURVEYS AND OTHER INDEPENDENT RESOURCES AS A BENCHMARK. THE MEMBERS OF THE EXECUTIVE COMMITTEE ARE RESPONSIBLE FOR THE WRITTEN EMPLOYMENT CONTRACT AND HAVE THE ULTIMATE AUTHORITY TO APPROVE THE COMPENSATION PACKAGE.

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

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

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

CHANGE IN OVERSIGHT OR SELECTION PROCESS -

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

FORM 990, PART XI, LINE 9:

CHANGE IN BENEFICIAL INTEREST IN TRUST \$4,258,071

TOTAL \$4,258,071

Name of the organization

LENA POPE HOME, INC.

Final policy identification number 75–6003583

FORM 990, PART III - PROGRAM SERVICE

LINE 4A, PROGRAM SERVICE

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

LINE 4B, PROGRAM SERVICE

CHAPEL HILL ACADEMY CHARTER SCHOOL (CHA) - CHA IS A NO TUITION OPEN-ENROLLMENT PUBLIC CHARTER SCHOOL. FISCAL YEAR 2022 (FY22) WAS THE THIRTEENTH YEAR OF OPERATION. CHA'S VISION IS TO INTERVENE EARLY IN A CHILD'S LIFE AND PREPARE THAT CHILD FOR A SUCCESSFUL FUTURE. THE SCHOOL'S GOAL IS TO PROVIDE A STIMULATED CREATIVE ENVIRONMENT THAT PIQUES A CHILD'S CURIOSITY AND ENHANCES THEIR LEARNING EXPERIENCE. CHA IS CURRENTYLY EDUCATING OVER 650 STUDENTS IN ITS FOURTEENTH YEAR, IN GRADES PRE-K THROUGH 8TH GRADE. CHA PROVIDES EQUITY IN EDUCATIONAL ACHIEVEMENT AND 62% OF STUDENTS ARE ECONOMICALLY DISADVANTAGED. THE SCHOOL'S FOCUS IS LITERACY, ONE OF THE KEY BUILDING BLOCKS TO A LIFETIME OF LEARNING. ACADEMIC TECHNOLOGY ALSO PLAYS A MAJOR ROLE IN THE CLASSROOMS, CREATING AN INTERACTIVE LEARNING VENUE. CLASSROOMS IN KINDERGARTEN THROUGH 5TH

Name of the organization

LENA POPE HOME, INC.

Employer identification number

75-6003583

FORM 990, PART III - PROGRAM SERVICE

GRADE ARE EQUIPPED WITH INTERACTIVE WHITE BOARDS, TAKING CLASSROOM INSTRUCTION INTO ANOTHER DIMENSION. IN ADDITION, STUDENTS IN KINDERGARTEN THROUGH 8TH GRADE ARE PROVIDED WITH CHROME BOOK TECHNOLOGY TO FURTHER ENRICH THEIR EDUCATION. STUDENTS IN THE 5TH THROUGH 8TH GRADES HAVE INDIVIDUAL CHROMEBOOKS AND ARE ACTIVELY ENGAGED THROUGH ONLINE LEARNING MANAGEMENT SYSTEMS DESIGNED TO PREPARE THEM FOR HIGH SCHOOL AND COLLEGE. STUDENTS IN 3RD THROUGH 8TH GRADE LEARN TECHNOLOGY CONCEPTS RANGING FROM BASIC KEYBOARDING SKILLS TO DESIGNING OR CODES TO CREATING E-BOOKS AND NAVIGATING THROUGH EXCEL AND POWERPOINT PROGRAMS UNDER THE GUIDANCE OF A TECHNOLOGY SPECIALIST WHO COLLABORATES WITH THEIR CONTENT AREA TEACHERS TO CONNECT THEIR CORE WORK TO TECHNOLOGY. STUDENTS RECEIVE NUMEROUS OPPORTUNITIES TO EXPERIENCE CULTURAL AND ACADEMIC ENRICHMENT VIA AFTER-SCHOOL PROGRAMS HOSTED BY TEACHING STAFF, SUCH AS ART CLUB, TAE KWON DO, PERFORMANCE STUDIES, SELECT CHOIR, CHESS CLUB, BASKETBALL TEAM, ARCHITECT CLUB, YOGA CLASS, MAD SCIENCE, RUNNING CLUB, RECYCLING CLUB, PEER TUTORIAL PARTNERSHIPS WITH AREA PRIVATE AND PUBLIC STUDENT GROUPS, AND VARIOUS FAMILY THEMED ACADEMIC FUN NIGHTS THAT EMPOWER PARENTS TO BE ACTIVE PARTICIPANTS IN THEIR CHILD'S LEARNING. PARENT UNIVERSITY OFFERS PARENTS AN EVENING OPPORTUNITY TO LEARN FROM SCHOOL STAFF EXPERTISE ON TOPICS RANGING FROM SOCIAL EMOTIONAL LEARNING, HEALTHY EATING OPTIONS ON A BUDGET, OR HOMEWORK HELP IN THE DIGITAL ERA, WHILE THEIR CHILDREN ARE PROVIDED CHILD CARE. THE OLWEUS ANTI-BULLYING CURRICULUM PROGRAM IS IMPLEMENTED SCHOOL-WIDE IN AN ATTEMPT TO ADDRESS AND DECREASE BULLYING SITUATIONS. THE SECOND STEP PROGRAM FOR SOCIAL AND EMOTIONAL LEARNING AND WELL BEING IS ALSO IMPLEMENTED ACROSS ALL GRADE LEVELS. AN OUTDOOR NATURE EXPLORE CLASSROOM ENCOURAGES STUDENTS' IMAGINTIVE PLAY IN NATURE AND EXPLORATION. ENGAGING STUDENTS THROUGH A MULTI-DIMENSIONAL APPROACH EMPOWERS THEM TO EXPERIENCE ADACEMICS ACROSS A BROAD SPECTRUM, WHILE ACHIEVING THE LENA POPE MISSION OF HELPING CREATE HOPE, HAPPINESS AND SUCCESS. CHA HAS THE ABILITY TO SERVE OVER 800 STUDENTS IN PK-8TH GRADE.

LINE 4C, PROGRAM SERVICE

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COUNSELING & SUBSTANCE USE TREATMENT SERVICES (CSUS) - LENA POPE COUNSELING SERVICES PROVICES HIGH QUALITY MENTAL HEALTH COUNSELING FOR CHILDREN AND THEIR FAMILIES IN TARRANT, HOOD AND PARKER COUNTIES. LEAN POPE COUNSELING SERVICES SERVES OVER 2,200 INDIVIDUALS AND THEIR FAMILIES ANNUALLY. SERVICES INCLUDE MENTAL

Name of the organization

LENA POPE HOME, INC.

Employer identification number

75-6003583

FORM 990, PART III - PROGRAM SERVICE

HEALTH ASSESSMENTS, DIAGNOSTICS, TREATMENT PLANNING, COUNSELING AND A 24-7 CRISIS LINE FOR CLIENTS. LEAN POPE COUNSELING SERVICES SPECIALIZES IN PLAY THERAPY; BEHAVIORAL ISSUES; INDIVIDUAL, FAMILY, AND COUPLE'S THERAPY TO IMPROVE INDIVIDUAL AND FAMILY FUNCTIONING. LENA POPE ALSO PROVIDES PARENT EDUCATION AND ANGER MANAGEMENT GROUPS. LEAN POPE UTILIZES LICENSED MASTER'S LEVEL THERAPISTS OR MASTER'S LEVEL INTERNS SEEKING LICENSURE TO PROVIDE COUNSELING USING EVIDENCE-BASED PRACTICES. COUNSELING SERVICES ARE PROVIDED IN OFFICES LOCATED IN FORT WORTH, ARLINGTON, GRANBURY, WEATHERFORD AND NORTHEAST TARRANT COUNTY. THE COUNSELING PROGRAM HAS CONTRACTS WITH THE TEXAS DEPARTMENT OF FAMILY AND PROTECTIVE SERVICES, FORT WORTH INDEPENDENT SCHOOL DISTRICT, TARRANT COUNTY JUVENILE SERVICES AND THE OFFICE OF JUVENILE JUSTICE AND DELINQUENCY PREVENTION. LENA POPE BILLS MEDICAID, ACCEPTS SEVERAL THIRD PARTY PRIVATE INSURANCES, AND PRIVATE PAYMENTS. SUBSTANCE USE TREATMENT SERVICES INCLUDE EDUCATIONAL GROUPS, TREATMENT GROUPS AND INDIVIDUAL COUNSELING. LENA POPE PROVIDES SUBSTANCE USE TREATMENT SERVICES THROUGH A CONTRACT WITH THE DEPARTMENT OF STATE HEALTH AND HUMAN SERVICES. LENA POPE IS LICENSED AS A SUBSTANCE SBASE TREATMENT PROVIDER THROUGH THE DEPARTMENT OF FAMILY AND PROTECTIVE SERVICES. LENA POPE PROVIDES TREATMENT SERVICES FOR ADULTS WITH SUBSTANCE USE DISORDERS AT THEIR FORT WORTH AND ARLINGTON LOCATIONS.

Name of the organization	Employer identification number
LENA POPE HOME, INC.	75-6003583

FORM 990, PART III, LINE 4D - OTHER PROGRAM SER	VICES		
DESCRIPTION	GRANTS	EXPENSES	REVENUE
SCHOOL AND COMMUNITY BASED SERVICES (SCB CHAPEL AND CONFERENCE CENTER		1,833,999. 501,315.	416,657.
TOTALS		2,335,314.	416,657.

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Name of the organization

LENA POPE HOME, INC.

Employer identification number
75-6003583

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

DESCRIPTION BOOK VALUE OR FMV

PUBLICLY TRADED 5,240,702. FMV

TOTALS 5,240,702.

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 Open to Public Inspection

Name of the organization Employer identification number 75-6003583 LENA POPE HOME, INC.

(a) Name, address, 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
1)					
2)					
3)					
4)					
5)					
6)					

(a) Name, address, and EIN of related organization	(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	Section 5	g) 512(b)(13) rolled iity?
						Yes	No
(1) LENA POPE FOUNDATION, INC. 75-2662338							
3200 SANGUINET ST. FORT WORTH, TX 76107	SUPPORT ORG	TX	501(C)(3)	LINE 12A, I	N/A		Х
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2021

Schedule R (Form 990) 2021 LENA POPE HOME, INC. 75-6003583 Page **2**

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

(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	(h) Disproportionate allocations?		Disproportionate		Disproportionate		Disproportionate		Disproportionate		Disproportionate		Disproportionate		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man	(j) eral or laging tner?	(k) Percentage ownership
		oou,		,			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) Primary activity	(c) Legal domicile (state or foreign country)	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(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)							

Schedule R (Form 990) 2021 LENA POPE HOME, INC. 75-6003583 Page **3**

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No				
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?										
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity										
b	Gift, grant, or capital contribution to related organization(s)										
С	Gift, grant, or capital contribution from related organization(s)										
	d Loans or loan guarantees to or for related organization(s)										
	e Loans or loan guarantees by related organization(s)										
f	Dividends from related organization(s)				1f						
g	g Sale of assets to related organization(s)										
h	h Purchase of assets from related organization(s)										
i	Exchange of assets with related organization(s)				1i		Х				
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		Х				
k	k Lease of facilities, equipment, or other assets from related organization(s)										
I	I Performance of services or membership or fundraising solicitations for related organization(s)										
m	m Performance of services or membership or fundraising solicitations by related organization(s)										
n	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)										
	Sharing of paid employees with related organization(s)				10		X				
p Reimbursement paid to related organization(s) for expenses							X				
q Reimbursement paid by related organization(s) for expenses											
r	Other transfer of cash or property to related organization(s)				1r		X				
S	Other transfer of cash or property from related organization(s)				1s		Х				
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete t	· · · · · · · · · · · · · · · · · · ·		action thre		s.					
	(a) Name of related organization	(b) Transaction	(c) Amount involved	Method	(d)	rminin	a				
	Hamo of Totalog organization	type (a-s)	/ innount innounce		unt invo		9				
(4)	THE PORT TOTAL TWO		102.006	Doore							
(1)	LENA POPE FOUNDATION, INC.	C	183,806.	BOOK							
(2)											
(2)											
(3)											
(3)											
(4)											
(5)											
(6)											

Schedule R (Form 990) 2021 LENA POPE HOME, INC. 75-6003583 Page **4**

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	(b) (c) Primary activity Legal domicile (state or foreign country)		from tax under organizations		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
			sections 512 - 514)	Yes No			Yes	No	,	Yes	No		
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
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(15)													
(16)													