

Return of Organization Exempt From Income Tax

2020

Open to Public Inspection

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

Do not enter social security numbers on this form as it may be made public.

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

Department of the Treasury Internal Revenue Service

A For the 2020 calendar year, or tax year beginning 09/01, 2020, and ending 08/31, 20 21

B Check if applicable: C Name of organization LENA POPE HOME, INC. D Employer identification number 75-6003583 E Telephone number (817) 255-2500 G Gross receipts \$ 20,338,301. H(a) Is this a group return for subordinates? Yes X No H(b) Are all subordinates included? Yes No H(c) Group exemption number J Website: WWW.LENAPOPE.ORG K Form of organization: X Corporation L Year of formation: 1930 M State of legal domicile: TX

Part I Summary

Table with 3 columns: Line number, Description, and Amount. Rows include: 1 Briefly describe the organization's mission... 3 Number of voting members... 4 Number of independent voting members... 5 Total number of individuals employed... 6 Total number of volunteers... 7a Total unrelated business revenue... 7b Net unrelated business taxable income... 8 Contributions and grants... 9 Program service revenue... 10 Investment income... 11 Other revenue... 12 Total revenue... 13 Grants and similar amounts paid... 14 Benefits paid... 15 Salaries, other compensation... 16a Professional fundraising fees... 16b Total fundraising expenses... 17 Other expenses... 18 Total expenses... 19 Revenue less expenses... 20 Total assets... 21 Total liabilities... 22 Net assets or fund balances.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here Signature of officer TODD TUDOR CFO Date 07/13/2022

Paid Preparer Use Only Print/Type preparer's name JAMIE EVERSOLE Preparer's signature Date 07/13/2022 Check self-employed if PTIN P00839244 Firm's name BDO USA, LLP Firm's EIN 13-5381590 Firm's address 301 COMMERCE STREET, SUITE 2000 FORT WORTH, TX 76102 Phone no. 817-738-2400

May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No

For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2020)

**Part III** Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III  X

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  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  No  
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by 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.

4a (Code: ) (Expenses \$ 3,747,084. including grants of \$ ) (Revenue \$ 2,075,115. )

ATTACHMENT 1

4b (Code: ) (Expenses \$ 8,705,598. including grants of \$ ) (Revenue \$ 34,639. )

ATTACHMENT 2

4c (Code: ) (Expenses \$ 2,900,827. including grants of \$ ) (Revenue \$ 2,063,741. )

ATTACHMENT 3

4d Other program services (Describe on Schedule O.) ATTACHMENT 4  
(Expenses \$ 1,952,600. including grants of \$ 0. ) (Revenue \$ 369,589. )

4e Total program service expenses 17,306,109.

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various organizational requirements and financial reporting.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

Table with 3 columns: Question, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 16 regarding employee reporting, tax shelter transactions, and charitable contributions.

Part 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 instructions. Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

Table with columns for question number, description, and Yes/No checkboxes. Includes questions 1a-1b, 2-9 regarding governing body members, relationships, and documentation.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with columns for question number, description, and Yes/No checkboxes. Includes questions 10a-16b regarding local chapters, conflict of interest, whistleblower policies, and joint ventures.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection.
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 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 records

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

Check if Schedule O contains a response or note to any line in this Part VII

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MARY ELGIN CEO	40.00 0.			X			268,363.	0.	13,082.	
(2) TODD TUDOR CFO	40.00 0.			X			142,030.	0.	26,648.	
(3) SHNEASE WEBB COO	40.00 0.			X			145,787.	0.	17,014.	
(4) VICTORIA PEREZ-SENDEJO ASST SUPERINTENDENT	40.00 0.					X	104,778.	0.	31,655.	
(5) BARBARA CLARK CAO	40.00 0.			X			87,794.	0.	13,458.	
(6) CATHERINE SHEFFIELD CAO	40.00 0.			X			25,000.	0.	13,122.	
(7) ALEX ARMSTRONG PRESIDENT	1.20 0.	X	X				0.	0.	0.	
(8) MARK DENTON VICE-PRESIDENT	1.20 0.	X	X				0.	0.	0.	
(9) COREY SCOTT TREASURER	1.20 0.	X	X				0.	0.	0.	
(10) JONI HORTON SECRETARY	1.20 0.	X	X				0.	0.	0.	
(11) CARLO ANDREANI BOARD MEMBER	.40 0.	X					0.	0.	0.	
(12) KAYDEE BAILEY BOARD MEMBER	.40 0.	X					0.	0.	0.	
(13) JOE BREEDLOVE BOARD MEMBER	.40 0.	X					0.	0.	0.	
(14) GLENN DARDEN BOARD MEMBER	.40 0.	X					0.	0.	0.	

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
15) JONATHAN DEWEESE BOARD MEMBER	.40 0.	X					0.	0.	0.	
16) JIM ESTILL BOARD MEMBER	.40 0.	X					0.	0.	0.	
17) ROSALIND EVANS BOARD MEMBER	.40 0.	X					0.	0.	0.	
18) MARY CAROLYN GATZKE BOARD MEMBER	.40 0.	X					0.	0.	0.	
19) SARAH GENTRY BOARD MEMBER	.40 0.	X					0.	0.	0.	
20) PAMELA GILCHRIST BOARD MEMBER	.40 0.	X					0.	0.	0.	
21) RUDY JACKSON BOARD MEMBER	.40 0.	X					0.	0.	0.	
22) JULIE KLEBERG BOARD MEMBER	.40 0.	X					0.	0.	0.	
23) VANESSA LAGATTA BOARD MEMBER	.40 0.	X					0.	0.	0.	
24) JODY LANCARTE BOARD MEMBER	.40 0.	X					0.	0.	0.	
25) RAVEN LANCARTE BOARD MEMBER	.40 0.	X					0.	0.	0.	
<b>1b Sub-total</b>							773,752.	0.	114,979.	
<b>c Total from continuation sheets to Part VII, Section A</b>							0.	0.	0.	
<b>d Total (add lines 1b and 1c)</b>							773,752.	0.	114,979.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **4**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

**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 **0.**



**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
26) ERMA LEE BOARD MEMBER	.40 0.	X						0.	0.	0.
27) MARTY LEONARD BOARD MEMBER	.40 0.	X						0.	0.	0.
28) JUSTIN MALONE BOARD MEMBER	.40 0.	X						0.	0.	0.
29) JOANN MEANS BOARD MEMBER	.40 0.	X						0.	0.	0.
30) ELLEN MESSMAN BOARD MEMBER	.40 0.	X						0.	0.	0.
31) BELVIA MOODY BOARD MEMBER	.40 0.	X						0.	0.	0.
32) JUDY NEEDHAM BOARD MEMBER	.40 0.	X						0.	0.	0.
33) JULIE PIGGOTT BOARD MEMBER	.40 0.	X						0.	0.	0.
34) PAMELA FIGMAN BOARD MEMBER	.40 0.	X						0.	0.	0.
35) TONY POMPA BOARD MEMBER	.40 0.	X						0.	0.	0.
36) ROBIN REED BOARD MEMBER	.40 0.	X						0.	0.	0.
<b>1b Sub-total</b>								0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **4**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

**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

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
37) AUSTIN REILLY BOARD MEMBER	.40 0.	X					0.	0.	0.	
38) ABBY ROGERS BOARD MEMBER	.40 0.	X					0.	0.	0.	
39) OMAR ROSALES BOARD MEMBER	.40 0.	X					0.	0.	0.	
40) MARK SHELTON BOARD MEMBER	.40 0.	X					0.	0.	0.	
41) MARCE WARD BOARD MEMBER	.40 0.	X					0.	0.	0.	
42) LAURA WOOD BOARD MEMBER	.40 0.	X					0.	0.	0.	
43) STEPHEN ZIMMER BOARD MEMBER	.40 0.	X					0.	0.	0.	
<b>1b Sub-total</b>							0.	0.	0.	
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **4**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

**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 **▶**

**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	1a	Federated campaigns . . . . .	1a 67,750.				
	b	Membership dues . . . . .	1b				
	c	Fundraising events . . . . .	1c				
	d	Related organizations . . . . .	1d 693,846.				
	e	Government grants (contributions) . . . . .	1e 5,495,808.				
	f	All other contributions, gifts, grants, and similar amounts not included above . . . . .	1f 3,000,849.				
	g	Noncash contributions included in lines 1a-1f. . . . .	1g \$ 13,556.				
	h	<b>Total. Add lines 1a-1f . . . . .</b>		13,258,253.			
	<b>Program Service Revenue</b>	2a	LENA POPE EARLY LEARNING CENTER	Business Code 624410	2,075,115.	2,075,115.	
b		COUNSELING & SUBSTANCE ABUSE TREATMENT	624100	2,063,741.	2,063,741.		
c		COMMUNITY CHAPEL/CONFERENCE CTR	713900	369,589.	369,589.		
d		CHAPEL HILL ACADEMY CHARTER SCHOOL	611600	34,639.	34,639.		
e							
f		All other program service revenue . . . . .					
g		<b>Total. Add lines 2a-2f . . . . .</b>		4,543,084.			
<b>Other Revenue</b>	3	Investment income (including dividends, interest, and other similar amounts). . . . .		137,501.		137,501.	
	4	Income from investment of tax-exempt bond proceeds . . . . .		0.			
	5	Royalties . . . . .		60,170.		60,170.	
	6a	Gross rents . . . . .	(i) Real	1,456,348.			
			(ii) Personal				
			6a				
	b	Less: rental expenses	6b				
	c	Rental income or (loss)	6c	1,456,348.			
	d	Net rental income or (loss). . . . .		1,456,348.		1,456,348.	
	7a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
			7a				
			b	Less: cost or other basis and sales expenses . . . . .	7b	25,378.	
	c	Gain or (loss) . . . . .	7c	-25,378.			
	d	Net gain or (loss) . . . . .		-25,378.	-25,378.		
8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . .	8a	327,104.				
		b	Less: direct expenses . . . . .	8b	43,632.		
		c	Net income or (loss) from fundraising events. . . . .		283,472.		283,472.
9a	Gross income from gaming activities. See Part IV, line 19 . . . . .	9a	0.				
		b	Less: direct expenses . . . . .	9b	0.		
		c	Net income or (loss) from gaming activities. . . . .		0.		
10a	Gross sales of inventory, less returns and allowances . . . . .	10a	0.				
		b	Less: cost of goods sold . . . . .	10b	0.		
		c	Net income or (loss) from sales of inventory. . . . .		0.		
<b>Miscellaneous Revenue</b>	11a	MISCELLANEOUS INCOME	Business Code 900099	555,841.		555,841.	
	b						
	c						
	d	All other revenue . . . . .					
	e	<b>Total. Add lines 11a-11d . . . . .</b>		555,841.			
12	<b>Total revenue. See instructions . . . . .</b>		20,269,291.	4,517,706.		2,493,332.	

**Part IX Statement of Functional Expenses**

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

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 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 . . . . .	0.			
2 Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	8,193.	8,193.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .	0.			
4 Benefits paid to or for members . . . . .	0.			
5 Compensation of current officers, directors, trustees, and key employees . . . . .	773,752.	721,404.	21,051.	31,297.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0.			
7 Other salaries and wages . . . . .	10,002,526.	9,325,807.	272,137.	404,582.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	425,273.	396,502.	11,570.	17,201.
9 Other employee benefits . . . . .	2,405,579.	2,242,830.	65,448.	97,301.
10 Payroll taxes . . . . .	541,598.	504,956.	14,735.	21,907.
11 Fees for services (nonemployees):				
a Management . . . . .	0.			
b Legal . . . . .	38,619.	34,196.	1,660.	2,763.
c Accounting . . . . .	86,571.	76,656.	3,721.	6,194.
d Lobbying . . . . .	0.			
e Professional fundraising services. See Part IV, line 17.	0.			
f Investment management fees . . . . .	129,557.		129,557.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . . . .	498,304.	441,234.	21,420.	35,650.
12 Advertising and promotion . . . . .	141,695.	133,083.	3,248.	5,364.
13 Office expenses . . . . .	106,251.	102,116.	432.	3,703.
14 Information technology . . . . .	166,015.	153,132.	3,947.	8,936.
15 Royalties . . . . .	0.			
16 Occupancy . . . . .	1,213,499.	1,091,963.	98,973.	22,563.
17 Travel . . . . .	27,372.	21,927.	4,514.	931.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0.			
19 Conferences, conventions, and meetings . . . . .	59,146.	55,060.	1,688.	2,398.
20 Interest . . . . .	232,369.	199,546.	14,860.	17,963.
21 Payments to affiliates . . . . .	0.			
22 Depreciation, depletion, and amortization . . . . .	1,229,540.	1,055,861.	78,631.	95,048.
23 Insurance . . . . .	8,604.	7,389.	550.	665.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a LICENSING . . . . .	59,441.	52,633.	2,555.	4,253.
b FOOD . . . . .	216,129.	207,717.	879.	7,533.
c WEBSITE . . . . .	15,510.	14,567.	356.	587.
d MEMBERSHIP DUES . . . . .	71,285.	52,221.	8,643.	10,421.
e All other expenses . . . . .	452,381.	407,116.	19,851.	25,414.
25 Total functional expenses. Add lines 1 through 24e . . . . .	18,909,209.	17,306,109.	780,426.	822,674.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .	0.			

**Part X Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year			
Assets	1	Cash - non-interest-bearing	4,422,749.	1	4,762,373.		
	2	Savings and temporary cash investments	0.	2	0.		
	3	Pledges and grants receivable, net	90,253.	3	43,709.		
	4	Accounts receivable, net	553,508.	4	569,539.		
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0.	5	0.		
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0.	6	0.		
	7	Notes and loans receivable, net	0.	7	0.		
	8	Inventories for sale or use	0.	8	0.		
	9	Prepaid expenses and deferred charges	0.	9	0.		
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	37,962,377.			
	b	Less: accumulated depreciation	10b	13,964,017.			
				24,913,086.	10c	23,998,360.	
	11	Investments - publicly traded securities	ATCH	5	4,529,081.	11	5,726,830.
	12	Investments - other securities. See Part IV, line 11		5,650,636.	12	5,694,033.	
	13	Investments - program-related. See Part IV, line 11		0.	13	0.	
	14	Intangible assets		0.	14	0.	
15	Other assets. See Part IV, line 11		189,933.	15	290,016.		
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 33)		40,349,246.	16	41,084,860.		
Liabilities	17	Accounts payable and accrued expenses	1,035,224.	17	934,543.		
	18	Grants payable	0.	18	0.		
	19	Deferred revenue	286,328.	19	248,010.		
	20	Tax-exempt bond liabilities	0.	20	0.		
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0.		
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0.	22	0.		
	23	Secured mortgages and notes payable to unrelated third parties	0.	23	0.		
	24	Unsecured notes and loans payable to unrelated third parties	5,740,106.	24	5,506,553.		
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	2,654,355.	25	911,075.		
	26	<b>Total liabilities.</b> Add lines 17 through 25		9,716,013.	26	7,600,181.	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.						
	27	Net assets without donor restrictions	20,215,160.	27	21,800,708.		
	28	Net assets with donor restrictions	10,418,073.	28	11,683,971.		
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.						
	29	Capital stock or trust principal, or current funds		29			
	30	Paid-in or capital surplus, or land, building, or equipment fund		30			
	31	Retained earnings, endowment, accumulated income, or other funds		31			
32	<b>Total net assets or fund balances</b>		30,633,233.	32	33,484,679.		
33	<b>Total liabilities and net assets/fund balances</b>		40,349,246.	33	41,084,860.		

**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	20,269,291.
2	Total expenses (must equal Part IX, column (A), line 25)	2	18,909,209.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,360,082.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	30,633,233.
5	Net unrealized gains (losses) on investments	5	250,218.
6	Donated services and use of facilities	6	0.
7	Investment expenses	7	0.
8	Prior period adjustments	8	0.
9	Other changes in net assets or fund balances (explain on Schedule O)	9	1,241,146.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	33,484,679.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII.

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . . If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? . . . . . If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? . . . . . If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .	X	
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits . . . . .	X	

Form 990 (2020)

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

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2020**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization

LENA POPE HOME, INC.

Employer identification number

75-6003583

**Part I 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 or 990-EZ).)
- 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.)
- 6  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public 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: \_\_\_\_\_
- 10  An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3 % 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.)
- 11  An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **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.
  - 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.
  - 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.
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations . . . . .

**g Provide the following information about the supported organization(s).**

	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				Yes	No		
(A)							
(B)							
(C)							
(D)							
(E)							
<b>Total</b>							

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

Schedule A (Form 990 or 990-EZ) 2020

JSA  
0E1210 0.030

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

Section A. Public Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities; 10 Other income; 11 Total support; 12 Gross receipts from related activities; 13 First 5 years.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2020 (83.53%); 15 Public support percentage from 2019 Schedule A (83.17%); 16a 33 1/3% support test - 2020 (checked); 16b 33 1/3% support test - 2019; 17a 10%-facts-and-circumstances test - 2020; 17b 10%-facts-and-circumstances test - 2019; 18 Private foundation.



**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . .						
3 Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
5 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
6 Total. Add lines 1 through 5 . . . . .						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
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 . . . . .						
c Add lines 7a and 7b. . . . .						
8 Public support. (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6. . . . .						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
c Add lines 10a and 10b . . . . .						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. . . . .						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
13 Total support. (Add lines 9, 10c, 11, and 12.) . . . . .						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. . . . .

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) . . . . .	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15. . . . .	16	%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)). . . . .	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17 . . . . .	18	%

19a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization . ▶

b 33 1/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶

**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**

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

**Part IV Supporting Organizations (continued)**

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?	11a	
b	A family member of a person described in line 11a above?	11b	
c	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.	11c	

**Section B. Type I Supporting Organizations**

		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	

**Section 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	

**Section D. All Type III Supporting Organizations**

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in 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 in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3	

**Section 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 instructions).		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2	Activities Test. Answer lines 2a and 2b below.	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a	
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b	
3	Parent of Supported Organizations. Answer lines 3a and 3b below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section 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	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):	1e	
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> 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-functionally integrated Type III supporting organization (see instructions).

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)**

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2020		
a	From 2015 . . . . .		
b	From 2016 . . . . .		
c	From 2017 . . . . .		
d	From 2018 . . . . .		
e	From 2019 . . . . .		
f	<b>Total of lines 3a through 3e</b>		
g	Applied to underdistributions of prior years		
h	Applied to 2020 distributable amount		
i	Carryover from 2015 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2020 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2020 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	<b>Excess distributions carryover to 2021.</b> Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2016 . . . .		
b	Excess from 2017 . . . .		
c	Excess from 2018 . . . .		
d	Excess from 2019 . . . .		
e	Excess from 2020 . . . .		

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

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2016	2017	2018	2019	2020	TOTAL
OTHER INCOME	231,610.	263,782.	110,021.	138,946.	555,841.	1,300,200.
<b>TOTALS</b>	<u>231,610.</u>	<u>263,782.</u>	<u>110,021.</u>	<u>138,946.</u>	<u>555,841.</u>	<u>1,300,200.</u>

Schedule of Contributors

2020

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization

LENA POPE HOME, INC.

Employer identification number

75-6003583

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust not treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year . . . . . ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization LENA POPE HOME, INC.

Employer identification number  
75-6003583

**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<u>TEXAS EDUCATION AGENCY</u> <u>2600 TEXAS DRIVE, #T</u> <u>DALLAS, TX 75211</u>	\$ <u>7,062,207.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<u>LENA POPE FOUNDATION</u> <u>3200 SANGUINET ST</u> <u>FORT WORTH, TX 76107</u>	\$ <u>693,846.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<u>WANDA L THOMAS</u> <u>1501 CONNALLY TER</u> <u>ARLINGTON, TX 76010</u>	\$ <u>305,238.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization **LENA POPE HOME, INC.**

Employer identification number

75-6003583

**Part II** Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization LENA POPE HOME, INC.

Employer identification number  
75-6003583

**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 Part I	(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 Part I	(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 Part I	(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 Part I	(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
_____	_____
_____	_____
_____	_____

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Name of the organization

LENA POPE HOME, INC.

Employer identification number

75-6003583

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 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 funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated 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, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation 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)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items., 1b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (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 assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1., b Assets included in Form 990, Part X.

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

Schedule D (Form 990) 2020

JSA 0E1268 1.000

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
a Public exhibition
b Scholarly research
c Preservation for future generations
d Loan or exchange program
e Other
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?
b If "Yes," explain the arrangement in Part XIII and complete the following table:
Table with columns: Amount, 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include: 1a Beginning of year balance, b Contributions, c Net investment earnings, gains, and losses, d Grants or scholarships, e Other expenditures for facilities and programs, f Administrative expenses, g End of year balance.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment %
b Permanent endowment 2.4600 %
c Term endowment 97.5400 %
The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) Unrelated organizations
(ii) Related organizations
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

Table with 2 columns: Yes, No. Rows: 3a(i), 3a(ii), 3b

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Table with 4 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely held equity interests . . . . .		
(3) Other		
(A) MINERAL PROPERTIES	5,694,033.	FMV
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) . ▶	5,694,033.	

**Part VIII Investments - Program Related.**

Complete if the organization answered "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 valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) . ▶		

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) . . . . . ▶	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ANNUITY PAYABLE	427,074.
(3) INTEREST RATE SWAP	484,001.
(4) PPP LOAN	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) . . . . . ▶	911,075.

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



**Part XIII** Supplemental Information (continued)

SCH D, PART V, LINE 4

INTENDED USES OF ORGANIZATION'S ENDOWMENT FUNDS:

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

SCH D, PART X, LINE 2

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

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

PART XI, LINE 2D

CHANGE IN BENEFICIAL INTEREST	\$1,241,146
LOSS ON DISPOSAL OF ASSET	\$25,378
TOTAL	\$1,266,524

**Part XIII** Supplemental Information *(continued)*

PART XII, LINE 2D

LOSS ON DISPOSAL OF ASSET \$25,378

TOTAL \$25,378





**Part II 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	(d) Total events	
		RESTAURANT WEEK (event type)	GOLF (event type)	1. (total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts	44,890.	81,230.	200,985.	327,105.
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	44,890.	81,230.	200,985.	327,105.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes		1,746.		1,746.
	6	Rent/facility costs		5,412.	850.	6,262.
	7	Food and beverages		629.	4,690.	5,319.
	8	Entertainment				
	9	Other direct expenses	17,559.	5,032.	7,714.	30,305.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				
11	Net income summary. Subtract line 10 from line 3, column (d)					283,473.

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
Revenue	1	Gross revenue				
Direct Expenses	2	Cash prizes				
	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes _____ % No _____ %	Yes _____ % No _____ %	Yes _____ % No _____ %	
	7	Direct expense summary. Add lines 2 through 5 in column (d)				
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_  
 a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No  
 b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No  
 b If "Yes," explain: \_\_\_\_\_

- 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:
 

a The organization's facility	13a	%
b An outside facility	13b	%
- 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 ▶ \$ \_\_\_\_\_
- c If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV** Supplemental information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

**SCHEDULE I  
(Form 990)**

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

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](http://www.irs.gov/Form990) for the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization

LENA POPE HOME, INC.

Employer identification number

75-6003583

**2020**

**Open to Public  
Inspection**

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is 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 non-cash assistance	(h) Purpose of grant or assistance
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶
- 3 Enter total number of other organizations listed in the line 1 table . . . . . ▶

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule I (Form 990) 2020

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

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1	SUMMER CAMP ASSISTANCE	50.	623.			
2	CLIENT FINANCIAL ASSISTANCE	1.	500.			
3	CLIENT COLLEGE ASSISTANCE	13.	6,500.			
4	CLIENT SUPPORT ASSISTANCE	3.	280.			
5	OTHER ASSISTANCE	1.	290.			
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

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

ASSISTANCE, COLLEGE ASSISTANCE, AND SUPPORT ASSISTANCE WERE ALL CLIENTS

OF OUR PROGRAMS AND WORKING WITH A LENA POPE STAFF.

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

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

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

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**2020**

**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 I Questions Regarding Compensation**

	Yes	No								
<p><b>1a</b> 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.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (such as maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (such as maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (such as maid, chauffeur, chef)									
<p><b>b</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 . . . . .</p>	<b>1b</b>									
<p><b>2</b> 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? . . . . .</p>	<b>2</b>									
<p><b>3</b> 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.</p> <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input checked="" type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<p><b>4</b> 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:</p>										
<p><b>a</b> Receive a severance payment or change-of-control payment? . . . . .</p>	<b>4a</b>	X								
<p><b>b</b> Participate in or receive payment from a supplemental nonqualified retirement plan? . . . . .</p>	<b>4b</b>	X								
<p><b>c</b> Participate in or receive payment from an equity-based compensation arrangement? . . . . .</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	<b>4c</b>	X								
<p><b>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b></p>										
<p><b>5</b> 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:</p>										
<p><b>a</b> The organization? . . . . .</p>	<b>5a</b>	X								
<p><b>b</b> Any related organization? . . . . .</p> <p>If "Yes" on line 5a or 5b, describe in Part III.</p>	<b>5b</b>	X								
<p><b>6</b> 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:</p>										
<p><b>a</b> The organization? . . . . .</p>	<b>6a</b>	X								
<p><b>b</b> Any related organization? . . . . .</p> <p>If "Yes" on line 6a or 6b, describe in Part III.</p>	<b>6b</b>	X								
<p><b>7</b> 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. . . . .</p>	<b>7</b>	X								
<p><b>8</b> 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 . . . . .</p>	<b>8</b>	X								
<p><b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? . . . . .</p>	<b>9</b>									

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

Schedule J (Form 990) 2020

**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.

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
MARY ELGIN							
1 CEO	(i) 268,363.	(ii) 0.	(iii) 0.		13,082.	281,445.	
SHNEASE WEBB							
2 COO	(i) 145,787.	(ii) 0.	(iii) 0.	3,682.	13,332.	162,801.	
TODD TUDOR							
3 CFO	(i) 142,030.	(ii) 0.	(iii) 0.	1,731.	24,917.	168,678.	
4							
5							
6							
7							
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9							
10							
11							
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13							
14							
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16							



**Part III 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 O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

LENA POPE HOME, INC.

**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.

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

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

Employer identification number

75-6003583

FORM 990, PART III, LINE 4D:

SCHOOL AND COMMUNITY BASED SERVICES (SCBS)

(A) COMMUNITY BASED SERVICES: LENA POPE'S COMMUNITY BASED SERVICES

PROVIDES COUNSELING, CASE MANAGEMENT, WRAP-AROUND, AND GROUP SERVICES TO  
FAMILIES WITHIN TARRANT, JOHNSON AND PARKER COUNTIES. THESE PROGRAMS ARE  
PROVIDED IN THE HOMES AND COMMUNITIES OF THE FAMILIES THEY SERVE.

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

Name of the organization LENA POPE HOME, INC.	Employer identification number 75-6003583
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EDUCATIONAL ALTERNATIVE FOR AT-RISK YOUTH. THE STUDENTS ENROLLED IN JJAEP ARE REFERRED BY TARRANT COUNTY AND ARE BETWEEN THE AGES OF 10 AND 18. THIS ALTERNATIVE EDUCATION PROGRAM PROVIDES A SAFE ENVIRONMENT, WHERE STUDENTS DEVELOP SOCIAL SKILLS AND DECISION-MAKING CAPABILITIES NEEDED TO BE SUCCESSFUL WHEN THEY RETURN TO THEIR HOME CAMPUSES. JJAEP PROMOTES SELF-SUFFICIENCY AND SELF-DISCIPLINE AS A HEALTHY ALTERNATIVE TO ACADEMIC MISCONDUCT AND CRIMINAL ACTIVITY. IN FY21, OVER 150 STUDENTS COMPLETED THE PROGRAM AND, OF THESE, 99% COMPLETED SUCCESSFULLY. KEY OUTCOMES FOR THIS PROGRAM INCLUDE INCREASING SCHOOL ATTENDANCE (DECREASING DROP-OUT RATE); IMPROVING CLASSROOM BEHAVIOR; REDUCING DELINQUENCY RECIDIVISM; AND IMPROVING ACADEMIC PERFORMANCE.

#### MARTY COMMUNITY CHAPEL

THE MARTY LEONARD COMMUNITY CHAPEL, LOCATED ON THE CAMPUS OF LENA POPE, PROVIDES AN UPLIFTING ENVIRONMENT THAT INSPIRES PEOPLE TO THINK THEIR HIGHEST AND BEST THOUGHTS. IT IS A PLACE FOR WORSHIP, INSPIRATION, PRAYER, GUIDANCE, CELEBRATION, JOY, MEDITATION, HOPE, RELAXATION, RESEARCH, EDUCATION, MUSIC AND SPIRITUAL 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 DESIGNED TO SERVE AS A MEETING AND EVENT SPACE FOR BOTH PUBLIC AND

Name of the organization LENA POPE HOME, INC.	Employer identification number 75-6003583
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PRIVATE USE. LENA POPE UTILIZES THE SPACE FOR INTERNAL PROGRAMMING AND THE SPACE IS ALSO AVAILABLE AS A RESOURCE FOR THE COMMUNITY, INCLUDING MANY NOT-FOR-PROFIT AGENCIES.

FORM 990, PART IV, SECTION A, LINE 2:  
TWO MEMBERS OF THE BOARD OF DIRECTORS HAVE A MOTHER-IN-LAW/DAUGHTER-IN-LAW RELATIONSHIP.  
NEITHER OF THEM ARE AN OFFICER OF THE ORGANIZATION.

FORM 990, PART VI, SECTION B, LINE 11B:  
THE FORM 990 AND REQUIRED SCHEDULES ARE PREPARED BY THE ACCOUNTING FIRM OF BDO USA, LLP. THE FINANCIAL STATEMENTS ARE AUDITED BY THE ACCOUNTING FIRM OF WEAVER AND TIDWELL, LLP AND PROVIDED TO BDO USA, LLP. SUPPORTING SCHEDULES AND ADDITIONAL INFORMATION IS PROVIDED BY THE CFO AND OTHER MEMBERS OF THE MANAGEMENT TEAM. THE FORM 990 AND CORRESPONDING SCHEDULES ARE REVIEWED BY THE FINANCE COMMITTEE OF THE BOARD OF DIRECTORS. A COMPLETE COPY OF THE FORM 990 AND CORRESPONDING SCHEDULES ARE MADE AVAILABLE TO ALL THE MEMBERS OF THE ORGANIZATION'S GOVERNING BODY FOR REVIEW PRIOR TO SUBMISSION TO THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:  
LENA POPE REGULARLY AND CONSISTENTLY MONITORS AND ENFORCES COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY. ANNUALLY, THE CONFLICT OF INTEREST POLICY IS REVIEWED BY THE BOARD OF DIRECTORS. THROUGHOUT THE YEAR, ANY POSSIBLE CONFLICT OF INTEREST SITUATION ARE REVIEWED AND ASSESSED TO ENSURE ADHERENCE TO THE POLICY.

Name of the organization LENA POPE HOME, INC.	Employer identification number 75-6003583
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FORM 990, PART VI, SECTION B, LINE 15:

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

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

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

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

CHANGE IN OVERSIGHT OR SELECTION PROCESS -

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

FORM 990, PART XI, LINE 9:

CHANGE IN BENEFICIAL INTEREST IN TRUST                      \$1,241,146

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

TOTAL \$1,241,146

ATTACHMENT 1

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

EARLY LEARNING CENTER (ELC) - THE AGENCY OPENED THE LENA POPE EARLY LEARNING CENTER IN SEPTEMBER 2012. THE ELC IS A FAMILY-CENTERED EARLY LEARNING ENVIRONMENT SERVING 114 CHILDREN RANGING IN AGES 6 WEEKS TO 5 YEARS OLD. ITS HOURS OF OPERATION ARE MONDAY THRU FRIDAY FROM 6:30 AM TO 6:00 PM. THE CENTER FOCUSES ON PROVIDING A HIGH QUALITY EARLY LEARNING ENVIRONMENT TO PRIVATE PAY AND CHILD CARE SUBSIDIZED FAMILIES. THE EVIDENCE-BASED CURRICULUM (HIGHSOPE), 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 HIGHSOPE 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.

Name of the organization LENA POPE HOME, INC.	Employer identification number 75-6003583
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ATTACHMENT 2

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

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CHAPEL HILL ACADEMY CHARTER SCHOOL (CHA) - CHA IS A NO TUITION OPEN-ENROLLMENT PUBLIC CHARTER SCHOOL. FISCAL YEAR 2021 (FY21) WAS THE THIRTEENTH YEAR OF OPERATION. CHA'S VISION IS TO INTERVENE EARLY IN A CHILD'S LIFE AND PREPARE THAT CHILD FOR A SUCCESSFUL FUTURE. THE SCHOOL'S GOAL IS TO PROVIDE A STIMULATED CREATIVE ENVIRONMENT THAT PIQUES A CHILD'S CURIOSITY AND ENHANCES THEIR LEARNING EXPERIENCE. CHA IS CURRENTLY EDUCATING OVER 700 STUDENTS IN ITS THIRTEENTH YEAR, IN GRADES PRE-K THROUGH 6TH GRADE. CHA PROVIDES EQUITY IN EDUCATIONAL ACHIEVEMENT AND 60% OF STUDENTS ARE ECONOMICALLY DISADVANTAGED. THE SCHOOL'S FOCUS IS LITERACY, ONE OF THE KEY BUILDING BLOCKS TO A LIFETIME OF LEARNING.

ACADEMIC TECHNOLOGY ALSO PLAYS A MAJOR ROLE IN THE CLASSROOMS, CREATING AN INTERACTIVE LEARNING VENUE. CLASSROOMS IN KINDERGARTEN THROUGH 5TH GRADE ARE EQUIPPED WITH INTERACTIVE WHITE BOARDS, TAKING CLASSROOM INSTRUCTION INTO ANOTHER DIMENSION. IN ADDITION, STUDENTS IN KINDERGARTEN THROUGH 4TH GRADE ARE PROVIDED WITH IPAD TECHNOLOGY TO FURTHER ENRICH THEIR EDUCATION. STUDENTS IN THE 5TH GRADE HAVE INDIVIDUAL CHROMEBOOKS AND ARE ACTIVELY ENGAGED THROUGH ONLINE LEARNING MANAGEMENT SYSTEMS DESIGNED TO PREPARE THEM FOR HIGH SCHOOL AND COLLEGE. STUDENTS IN 3RD THROUGH 5TH GRADE LEARN TECHNOLOGY CONCEPTS RANGING FROM BASIC KEYBOARDING SKILLS TO DESIGNING QR CODES TO CREATING E-BOOKS AND NAVIGATING THROUGH EXCEL AND POWERPOINT PROGRAMS UNDER THE GUIDANCE OF A TECHNOLOGY SPECIALIST WHO COLLABORATES WITH THEIR CONTENT AREA TEACHERS TO CONNECT THEIR CORE WORK TO TECHNOLOGY. STUDENTS RECEIVE NUMEROUS

Name of the organization LENA POPE HOME, INC.	Employer identification number 75-6003583
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ATTACHMENT 2 (CONT'D)

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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' IMAGINATIVE PLAY IN NATURE AND EXPLORATION. ENGAGING STUDENTS THROUGH A MULTI-DIMENSIONAL APPROACH EMPOWERS THEM TO EXPERIENCE ADACEMICS ACROSS A BROAD SPECTRUM, WHILE ACHIEVING THE LENA POPE MISSION OF HELPING CREATE HOPE, HAPPINESS AND SUCCESS. THE LENA POPE BOARD OF DIRECTOS APPROVED AN APPLICATION IN 2017 TO THE TEXAS EDUCATION AGENCY (TEA) TO EXPAND CHAPEL HILL ACADEMY TO ADD 6TH THROUGH 8TH GRADES AND ADD CAPACITY TO LOWER GRADES TO ACCOMMODATE MORE FAMILIES ON THE WAITLIST. TEA APPROVED THE EXPANSION AMENDMENT IN MARCH 2017. LENA POPE COMPLETED A \$6.2 MILLION PRIVATE PLACEMENT TAX-EXEMPT BOND IN JULY 2017 AND



Name of the organization

LENA POPE HOME, INC.

Employer identification number

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ATTACHMENT 2 (CONT'D)

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

ATTACHMENT 3

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

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

Name of the organization LENA POPE HOME, INC.	Employer identification number 75-6003583
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ATTACHMENT 3 (CONT'D)

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

ATTACHMENT 4

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES

<u>DESCRIPTION</u>	<u>GRANTS</u>	<u>EXPENSES</u>	<u>REVENUE</u>
SCHOOL AND COMMUNITY BASED SERVICES (SCBS)	0.	1,560,271.	369,589.
CHAPEL AND CONFERENCE CENTER	0.	392,329.	
TOTALS	0.	1,952,600.	369,589.

ATTACHMENT 5

Name of the organization

LENA POPE HOME, INC.

Employer identification number

75-6003583

ATTACHMENT 5 (CONT'D)

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

<u>DESCRIPTION</u>	<u>ENDING BOOK VALUE</u>	<u>COST OR FMV</u>
PUBLICLY TRADED	5,726,830.	FMV
TOTALS	<u>5,726,830.</u>	

**SCHEDULE R**  
**(Form 990)**

**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.

Department of the Treasury  
Internal Revenue Service

Name of the organization

LENA POPE HOME, INC.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Employer identification number

75-6003583

Open to Public  
Inspection

**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

	(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 entity
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

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

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

Schedule R (Form 990) 2020

**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?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							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)	(d) Direct controlling entity	(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)									

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

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?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity . . . . .		X
b Gift, grant, or capital contribution to related organization(s) . . . . .		X
c Gift, grant, or capital contribution from related organization(s) . . . . .	X	
d Loans or loan guarantees to or for related organization(s) . . . . .		X
e Loans or loan guarantees by related organization(s) . . . . .		X
f Dividends from related organization(s) . . . . .		
g Sale of assets to related organization(s) . . . . .		X
h Purchase of assets from related organization(s) . . . . .		X
i Exchange of assets with related organization(s) . . . . .		X
j Lease of facilities, equipment, or other assets to related organization(s) . . . . .		X
k Lease of facilities, equipment, or other assets from related organization(s) . . . . .		X
l Performance of services or membership or fundraising solicitations for related organization(s) . . . . .		
m Performance of services or membership or fundraising solicitations by related organization(s) . . . . .		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .		X
o Sharing of paid employees with related organization(s) . . . . .		X
p Reimbursement paid to related organization(s) for expenses . . . . .		X
q Reimbursement paid by related organization(s) for expenses . . . . .		X
r Other transfer of cash or property to related organization(s) . . . . .		X
s Other transfer of cash or property from related organization(s) . . . . .		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	LENA POPE FOUNDATION, INC.	C	693,846.	BOOK
(2)				
(3)				
(4)				
(5)				
(6)				

**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.

(1) Name, address, and EIN of entity	(2) Primary activity	(3) Legal domicile (state or foreign country)	(4) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(5) Are all partners section 501(c)(3) organizations?		(6) Share of total income	(7) Share of end-of-year assets	(8) Disproportionate allocations?		(9) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(10) General or managing partner?		(11) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

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**Part VII** Supplemental Information

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

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