

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

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

OMB No. 1545-0047

2024

Open to Public
Inspection

A For the 2024 calendar year, or tax year beginning 07/01/24, and ending 06/30/25

B Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization

Hope Restorations, Inc.

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

P. O. Box 1656

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

Kinston

NC 28503

F Name and address of principal officer:

Christopher Jenkins

6046 J D Sutton Rd

Grifton

NC 28530

D Employer identification number

47-4619038

E Telephone number

252-341-7042

G Gross receipts \$ 1,573,563

H(a) Is this a group return for subordinates? ☐ Yes ☒ NoH(b) Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. See instructions

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: N/A

H(c) Group exemption number

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation: 2015 M State of legal domicile: NC

Part I Summary

| | | | |
|--|--|--|--------------|
| Activities & Governance | 1 Briefly describe the organization's mission or most significant activities: | | |
| | Acquiring houses to be renovated by employed adults recovering from addictions and then to be rented or sold to struggling families in our area. | | |
| | 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. | | |
| | 3 Number of voting members of the governing body (Part VI, line 1a) | 3 | 9 |
| | 4 Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 9 |
| | 5 Total number of individuals employed in calendar year 2024 (Part V, line 2a) | 5 | 40 |
| | 6 Total number of volunteers (estimate if necessary) | 6 | 0 |
| Revenue | 7a Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 0 |
| | b Net unrelated business taxable income from Form 990-T, Part I, line 11 | 7b | 0 |
| | 8 Contributions and grants (Part VIII, line 1h) | Prior Year | Current Year |
| | 9 Program service revenue (Part VIII, line 2g) | 812,271 | 917,398 |
| | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 143,076 | 344,465 |
| | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 66,628 | |
| | 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 217,133 | 234,097 |
| | 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 1,172,480 | 1,562,588 |
| | 14 Benefits paid to or for members (Part IX, column (A), line 4) | | 0 |
| | Expenses | 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | |
| 16a Professional fundraising fees (Part IX, column (A), line 11e) | | 690,355 | 802,878 |
| b Total fundraising expenses (Part IX, column (D), line 25) | | | 0 |
| 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | | 0 | |
| 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | | 556,356 | 336,561 |
| 19 Revenue less expenses. Subtract line 18 from line 12 | | 1,246,711 | 1,139,439 |
| | | -74,231 | 423,149 |
| Net Assets or Fund Balances | 20 Total assets (Part X, line 16) | Beginning of Current Year | End of Year |
| | 21 Total liabilities (Part X, line 26) | 930,792 | 1,315,149 |
| | 22 Net assets or fund balances. Subtract line 21 from line 20 | 66,339 | 27,547 |
| | | 864,453 | 1,287,602 |

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

Date

Christopher Jenkins

Executive Director

Type or print name and title

Paid

Preparer Use Only

Preparer's name

Preparer's signature

Date

Check ☐ if

PTIN

JEFF HALE

JEFF HALE

11/07/25

self-employed

P01405628

Firm's name

Jeff Hale, CPA, PA

Firm's EIN

56-1529965

Firm's address

1100 Hardee Rd., Suite 102

Kinston, NC 28504

Phone no.

252-523-9061

May the IRS discuss this return with the preparer shown above? See instructions

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

DAA

Form 990 (2024)