

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

OMB No. 1545-0047

2023
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2023 calendar year, or tax year beginning **07/01/23**, and ending **06/30/24**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <p align="center">Hope Restorations, Inc.</p> 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	D Employer identification number 47-4619038 E Telephone number 252-341-7042 G Gross receipts \$ 1,185,202
--	--	---

F Name and address of principal officer: Christopher Jenkins 6046 J D Sutton Rd Grifton NC 28530	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions
---	---

I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	J Website: N/A H(c) Group exemption number
--	---

K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other	L Year of formation: 2015	M State of legal domicile: NC
---	---	---

Part I Summary

Activities & Governance	<p>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.</p> <p>2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.</p> <p>3 Number of voting members of the governing body (Part VI, line 1a) 3 9</p> <p>4 Number of independent voting members of the governing body (Part VI, line 1b) 4 9</p> <p>5 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 5 21</p> <p>6 Total number of volunteers (estimate if necessary) 6 0</p> <p>7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0</p> <p>b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0</p>
------------------------------------	---

		Prior Year	Current Year
Revenue	8 Contributions and grants (Part VIII, line 1h)	397,623	812,271
	9 Program service revenue (Part VIII, line 2g)	82,984	143,076
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	49,078	0
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	169,748	217,133
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	699,433	1,172,480

Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	540,471	690,355
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) 0		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	570,146	556,356
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,110,617	1,246,711
	19 Revenue less expenses. Subtract line 18 from line 12	-411,184	-74,231

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	1,001,051	930,792
	21 Total liabilities (Part X, line 26)	62,367	66,339
	22 Net assets or fund balances. Subtract line 21 from line 20	938,684	864,453

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 Christopher Jenkins Type or print name and title	Date 10/2/24
------------------	--	------------------------

Paid Preparer Use Only	Print/Type preparer's name JEFF HALE	Preparer's signature JEFF HALE	Date 10/02/24	Check <input type="checkbox"/> if self-employed	PTIN 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