

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.

Department of the Treasury
 Internal Revenue Service

A For the **2022** calendar year, or tax year beginning **06/01/22**, and ending **05/31/23**

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 JUNIOR LEAGUE OF THE PALM BEACHES, INC.	D Employer identification number 59-6138209
	Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 470 COLUMBIA DRIVE, BLDG. F	
	City or town, state or province, country, and ZIP or foreign postal code WEST PALM BEACH FL 33409	
	F Name and address of principal officer: CHELSEA BELLEW 470 COLUMBIA DR BLDG F WEST PALM BEACH FL 33409	

E Telephone number: 561-689-7590
G Gross receipts \$: 230,559

H(a) Is this a group return for subordinates? Yes No
H(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: JLPB.ORG **H(c)** Group exemption number

K Form of organization: Corporation Trust Association Other
L Year of formation: 1960 **M** State of legal domicile: FL

Part I Summary			
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O		
	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	10
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	10
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	0
	6 Total number of volunteers (estimate if necessary)	6	0
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
7b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	144,134	137,755
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	29,547	23,750
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	106,553	69,054
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)	188	0
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25)	37,473	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	230,587	255,476
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	230,775	255,476
19 Revenue less expenses. Subtract line 18 from line 12	49,459	-24,917	
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)	1,713,618	1,637,572
	22 Net assets or fund balances. Subtract line 21 from line 20	92,978	106,787
		1,620,640	1,530,785

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: 3/29/24
	Type or print name and title KATHRYN SEXTON TREASURER	

Paid Preparer Use Only	Print/Type preparer's name CONSTANCE BROOKS, CPA	Preparer's signature CONSTANCE BROOKS, CPA	Date 03/15/24	Check <input type="checkbox"/> if self-employed	PTIN P01278175
	Firm's name HAFER LLC			Firm's EIN 33-1122194	
	Firm's address 251 ROYAL PALM WAY STE 350 PALM BEACH, FL 33480			Phone no. 561-655-8700	

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

SEE SCHEDULE O

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 \$ 167,826 including grants of \$) (Revenue \$)

IN 2019 JLPB FOUNDED THE ALLIANCE FOR PERIOD SUPPLIES AT THE JUNIOR LEAGUE OF THE PALM BEACHES TO ADDRESS THE GLOBAL ISSUE OF PERIOD POVERTY. THROUGH THE JLPB PERIOD POVERTY SUPPLY BANK JLPB RECEIVES, PACKAGES AND DISTRIBUTES PERIOD SUPPLIES TO LOCAL COMMUNITY PARTNERS. IN 2022-2023 YEAR JLPB DISTRIBUTED OVER 212,000 PERIOD SUPPLIES TO 24 COMMUNITY PARTNERS SUCH AS THE HOMELESS COALITION OF PALM BEACH COUNTY, DRESS FOR SUCCESS, AND EDNA T. RUNNER TUTORIAL CENTER TO NAME A FEW. IN ADDITION 72,000 PERIOD SUPPLIES WERE DONATED IN NOVEMBER 2022 TO THE WEST COAST OF FLORIDA FOR THOSE IMPACTED BY HURRICANE IAN. FINALLY IN FEBRUARY 2023, OVER 50,000 PERIOD SUPPLIES WERE DONATED TO THE PALM BEACH COUNTY FOOD BANK TO BE INCLUDED IN THEIR COMMUNITY DISTRIBUTION BOXES.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

JLPB LITTLE LIBRARY PROGRAM: THE JLPB LITTLE LIBRARY PROGRAM STARTED IN 2021 AND AIMS TO PROMOTE LITERACY AND READING AMONG ELEMENTARY AGED STUDENTS WHO ATTEND TITLE 1 OR LOW INCOME SCHOOLS IN PALM BEACH COUNTY. BY THE END OF THE 2022-2023 LEAGUE YEAR 5 LITTLE LIBRARIES WERE ESTABLISHED AND MAINTAINED AT ELEMENTARY SCHOOLS ACROSS PALM BEACH COUNTY. THESE LIBRARIES PROVIDE ACCESS TO FREE AGE APPROPRIATE BOOKS TO FOSTER LEARNING AND A LOVE FOR READING.

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

SEE SCHEDULE O

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 167,826

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
c	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X

Part IV Checklist of Required Schedules (continued)

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	X	

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

		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		

1a	0
1b	0

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a			X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	Organizations that may receive deductible contributions under section 170(c).				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a			X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	Section 501(c)(7) organizations. Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15			X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16			X
17	Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17			

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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included on line 1a, above, who are independent; 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?; 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe on Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NONE
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. Indicate how you made these available. Check all that apply. [] Own website [] Another's website [X] Upon request [] Other (explain on Schedule O)
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

TREASURER 470 COLUMBIA DRIVE, BLDG F WEST PALM BEACH FL 33409 561-689-7590

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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) MARCELLE BURKE	0.00									
PRESIDENT	0.00	X		X				0	0	0
(2) CHELSEA BELLEW	0.00									
PRESIDENT ELECT	0.00	X		X				0	0	0
(3) KRISTEN LARAIA	0.00									
EXEC VICE PRESIDENT	0.00	X		X				0	0	0
(4) DANICA SUN	0.00									
EXECUTIVE VP ELECT	0.00	X		X				0	0	0
(5) ASHLEY COSTA	0.00									
SECRETARY	0.00	X		X				0	0	0
(6) MELINDA BARWICK	0.00									
TREASURER	0.00	X		X				0	0	0
(7) KATHRYN SEXTON	0.00									
TREASURER	0.00	X		X				0	0	0
(8) LISSEN ELLINGTON	0.00									
NORMINATING CHAIR	0.00	X						0	0	0
(9) DANA HAGAN	0.00									
BOARD MEMBER	0.00	X						0	0	0
(10) ANGELA SARLO-COLIO	0.00									
BOARD MEMBER	0.00	X						0	0	0
(11) KAT MCGINLEY	0.00									
BOARD MEMBER	0.00	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/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(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			
(12) MARIA PUMAREJO	0.00									
BOARD MEMBER	0.00	X						0	0	
(13) KELLY DUNLAP	0.00									
NOM. CHAIR ELECT	0.00	X						0	0	
(14) KASIA MARCZYK	0.00									
BOARD MEMBER	0.00	X						0	0	
1b Subtotal										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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 **0**

	Yes	No
3 Did the organization list any former officer, director, 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 of compensation from the organization **0**

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	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a						
	b Membership dues	1b	99,811					
	c Fundraising events	1c						
	d Related organizations	1d						
	e Government grants (contributions)	1e						
	f All other contributions, gifts, grants, and similar amounts not included above	1f	37,944					
	g Noncash contributions included in lines 1a-1f	1g	\$ 21,559					
	h Total. Add lines 1a-1f			137,755				
	Program Service Revenue	2a	Business Code					
b								
c								
d								
e								
f All other program service revenue								
g Total. Add lines 2a-2f								
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			23,750	23,750			
	4 Income from investment of tax-exempt bond proceeds							
	5 Royalties							
	6a Gross rents	6a	(i) Real	(ii) Personal				
			b Less: rental expenses	6b				
			c Rental inc. or (loss)	6c				
	d Net rental income or (loss)							
	7a Gross amount from sales of assets other than inventory	7a	(i) Securities	(ii) Other				
			b Less: cost or other basis and sales exps.	7b				
			c Gain or (loss)	7c				
	d Net gain or (loss)							
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a			66,429			
			b Less: direct expenses	8b				
			c Net income or (loss) from fundraising events			66,429		
	9a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses			9b					
c Net income or (loss) from gaming activities								
10a Gross sales of inventory, less returns and allowances	10a							
		b Less: cost of goods sold	10b					
		c Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11a OTHER INCOME	Business Code		900099	2,625	2,625		
	b							
	c							
	d All other revenue							
	e Total. Add lines 11a-11d				2,625			
12 Total revenue. See instructions				230,559	26,375	0	0	

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				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	6,900		6,900	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion				
13 Office expenses	4,211		4,211	
14 Information technology				
15 Royalties				
16 Occupancy	9,890		740	9,150
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	2,267	2,267		
20 Interest				
21 Payments to affiliates	25,521	25,521		
22 Depreciation, depletion, and amortization	10,408		10,408	
23 Insurance	20,653	10,327	5,163	5,163
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 PROGRAM EXPENSES	139,871	120,823		19,048
b COMMON AREA MAINTENANCE	16,448	8,224	4,112	4,112
c BANK FEE	7,021		7,021	
d EQUIPT, SOFTWARE MAINT	4,648		4,648	
e All other expenses	7,638	664	6,974	
25 Total functional expenses. Add lines 1 through 24e	255,476	167,826	50,177	37,473
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)				

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	640,888	1	632,318
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	4,020	4	
	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		5	
	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)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	12,318	9	1,080
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	627,959		
	10b	Less: accumulated depreciation	512,131	10c	115,828
	11	Investments—publicly traded securities	930,158	11	888,346
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 33)	1,713,618	16	1,637,572	
Liabilities	17	Accounts payable and accrued expenses	24,448	17	32,179
	18	Grants payable		18	
	19	Deferred revenue	66,713	19	72,841
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	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		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	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	1,817	25	1,767
	26	Total liabilities. Add lines 17 through 25	92,978	26	106,787
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	1,415,549	27	1,326,618
	28	Net assets with donor restrictions	205,091	28	204,167
	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	Total net assets or fund balances	1,620,640	32	1,530,785	
33	Total liabilities and net assets/fund balances	1,713,618	33	1,637,572	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	230,559
2	Total expenses (must equal Part IX, column (A), line 25)	2	255,476
3	Revenue less expenses. Subtract line 2 from line 1	3	-24,917
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,620,640
5	Net unrealized gains (losses) on investments	5	-64,938
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	1,530,785

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 on 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 checked="" 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 Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		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		

SCHEDULE A
(Form 990)

Public Charity Status and Public Support

OMB No. 1545-0047

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

2022

Department of the Treasury
Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

Name of the organization

JUNIOR LEAGUE OF THE PALM BEACHES, INC.

Employer identification number

59-6138209

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).)
- 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 on 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)						
Total						

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: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (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: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (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. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10.

12 Gross receipts from related activities, etc. (see instructions) 12
13 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

14 Public support percentage for 2022 (line 6, column (f) divided by line 11, column (f)) 14 %
15 Public support percentage from 2021 Schedule A, Part II, line 14 15 %
16a 33 1/3% support test—2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization
b 33 1/3% support test—2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization
17a 10%-facts-and-circumstances test—2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization
b 10%-facts-and-circumstances test—2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	327,689	171,174	185,953	144,134	137,755	966,705
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	344,298	290,135	146,203	136,100	92,804	1,009,540
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	671,987	461,309	332,156	280,234	230,559	1,976,245
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.)						1,976,245

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6	671,987	461,309	332,156	280,234	230,559	1,976,245
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	13,821	15,446	12,029	29,547	23,750	94,593
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	13,821	15,446	12,029	29,547	23,750	94,593
11 Net income from unrelated business activities not included on 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.)	685,808	476,755	344,185	309,781	254,309	2,070,838
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 <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	15	95.43 %
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	98.21 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17	5 %
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	2 %

- 19a 33 1/3% support tests—2022.** 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—2021.** 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 on 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 Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <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).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</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 on 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 on 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 on lines 11b and 11c below, the governing body of a supported organization?		
11a		
b A family member of a person described on line 11a above?		
11b		
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
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? <i>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.</i>		
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? <i>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.</i>		
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)? <i>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).</i>		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
2		
3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
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. <i>Complete line 2 below.</i>			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
c <input type="checkbox"/> The organization supported a governmental entity. <i>Describe in Part VI how you supported a governmental entity (see instructions).</i>			
2 Activities Test. <i>Answer lines 2a and 2b below.</i>			
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? <i>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.</i>			
2a			
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i>			
2b			
3 Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i>			
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? <i>If "Yes" or "No," provide details in Part VI.</i>			
3a			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>			
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	Adjusted Net Income (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	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
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	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> 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 Total annual distributions. 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 2022 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-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2022			
a From 2017			
b From 2018			
c From 2019			
d From 2020			
e From 2021			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2023. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018			
b Excess from 2019			
c Excess from 2020			
d Excess from 2021			
e Excess from 2022			

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization

JUNIOR LEAGUE OF THE PALM BEACHES, INC.

Employer identification number

59-6138209

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 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, and questions about donor advisement.

Part II Conservation Easements.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of conservation easements, total number of easements, and questions about monitoring and reporting.

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 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting art and historical treasures.

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? Yes No

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? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

- c** Beginning balance
- d** Additions during the year
- e** Distributions during the year
- f** Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

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.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance		1,013,237	779,727	772,276	636,517
b Contributions					150,000
c Net investment earnings, gains, and losses		-83,079	233,510	7,451	-14,241
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance		930,158	1,013,237	779,727	772,276

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
- c** Term endowment

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

	Yes	No
3a(i)		X
3a(ii)		X
3b		

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

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.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		31,518		31,518
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		596,441	512,131	84,310
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				115,828

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)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

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) OTHER LIABILITIES	1,767
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	1,767

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	230,559
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	230,559
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	230,559

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	255,476
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	255,476
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	255,476

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

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**SCHEDULE G
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization

**JUNIOR LEAGUE OF THE PALM
BEACHES, INC.**

Employer identification number

59-6138209

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total							

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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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
		FUNDRAISING (event type)	(event type)	NONE (total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	66,429			66,429
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	66,429			66,429
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d)				
11 Net income summary. Subtract line 10 from line 3, column (d)				66,429	

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	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> 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

15a 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 explanations 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 O
(Form 990)**

Department of the Treasury
Internal Revenue Service

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 Form 990-EZ.

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

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Name of the organization JUNIOR LEAGUE OF THE PALM BEACHES, INC.	Employer identification number 59-6138209
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FORM 990 - ORGANIZATION'S MISSION

THE JUNIOR LEAGUE OF THE PALM BEACHES IS AN ORGANIZATION OF WOMEN WHOSE MISSION IS TO ADVANCE WOMEN'S LEADERSHIP FOR MEANINGFUL COMMUNITY IMPACT THROUGH VOLUNTEER ACTION, COLLABORATION, AND TRAINING. THE PURPOSE IS EXCLUSIVELY EDUCATIONAL AND CHARITABLE. ALSO THE JUNIOR LEAGUE WELCOMES ALL WOMEN WHO VALUE THE MISSION STATEMENT. THE LEAGUE IS COMMITTED TO INCLUSIVE ENVIRONMENTS OF DIVERSE INDIVIDUALS, ORGANIZATIONS, AND COMMUNITIES

FORM 990, PART III, LINE 4C - THIRD ACCOMPLISHMENT

THE PUBLIC AFFAIRS COMMITTEE SUPPORTS AND TRAINS OUR MEMBERS TO SERVE THE COMMUNITY AND STATE THROUGH PUBLIC POLICY ADVOCACY, HELPING TO GIVE A GREATER VOICE TO OUR COMMUNITY PARTNERS, LEGISLATIVE PRIORITIES AND LEADS LEGISLATIVE AGENDA TO IMPROVE THE LIVES OF WOMEN AND CHILDREN THROUGHOUT FLORIDA. IN THE YEAR, THE COMMITTEE CONTINUED WORKING RELATIONSHIPS WITH OUR STATE LEGISLATIVE OFFICES IN PALM BEACH COUNTY AND IN TALLAHASSEE FROM APRIL 14-15, 2023. DURING THEIR TIME IN TALLAHASSEE, THE JUNIOR LEAGUE REPRESENTATIVES MET WITH 7 LEGISLATIVE OFFICES ADVOCATING FOR THREE BILLS IDENTIFIED BY THE JUNIOR LEAGUES OF FLORIDA AS PRIORITY ISSUES AND ARE IN LINE WITH JLPB'S FOCUS. ALL THREE BILLS DID NOT PASS IN LAST YEAR'S LEGISLATIVE SESSION. AT THE MEETINGS IN TALLAHASSEE, JLPB ALSO HIGHLIGHTED OUR PERIOD SUPPLY BANK.

FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENTS

EYE AND EAR ALERT PROGRAM. EYE AND EAR ALERT PROGRAM. SINCE 1968, MORE THAN 1,300 CHILDREN HAVE PARTICIPATED IN JLPB'S EYE AND EAR ALERT PROGRAM.

Name of the organization

Employer identification number

JUNIOR LEAGUE OF THE PALM

59-6138209

THIS YEAR 300 CHILDREN WERE SCREENED AT 8 DIFFERENT LOCATIONS IN PALM BEACH COUNTY. THE EYE AND EAR ALERT PROGRAM PROVIDES FREE VISION AND HEARING SCREENINGS TO PRESCHOOLERS AND YOUNG CHILDREN TO DETECT POSSIBLE CONCERNS FOR EFFECTIVE CORRECTION.

JLPB DAY OF IMPACT WAS STARTED IN 2021 TO COMMEMORATE AND CELEBRATE 80 YEARS OF VOLUNTEERISM IN PALM BEACH COUNTY. THIS ANNUAL TRADITION CONTINUES WHEN JLPB MEMBERS GO OUT INTO THE COMMUNITY AND ASSIST LOCAL ORGANIZATIONS IN VARIOUS ACTIVITIES THROUGHOUT THE DAY. IN ITS 3RD YEAR, ON MARCH 11, 2023 JLPB DEPLOYED OVER 130 VOLUNTEERS INTO THE COMMUNITY TO ASSIST 8 DIFFERENT PALM BEACH COUNTY ORGANIZATIONS. IN ONE DAY OUR MEMBERS VOLUNTEERED FOR OVER 300 COMBINED HOURS INCLUDING SUPPORTING THE JLPB PERIOD POVERTY SUPPLY BANK.

THE JLPB MENTORSHIP COMMITTEE HELPS BUILD SELF-ESTEEM AND CONFIDENCE IN YOUNG PEOPLE AGES 12 TO 22 BY PROVIDING ADULT INTERACTION, TEACHING LIFE SKILLS, INSTILLING HOPE, AND EMPOWERING THE YOUNG IN AN EFFORT TO DECREASE THE INCIDENCE OF ADULT DETENTION. CURRENT COMMUNITY PARTNERS INCLUDE LUTHERAN HOMES, VITA NOVA, AND FLORENCE DE GEORGE BOYS & GIRLS CLUB, AS WELL AS BRINGING BACK GEMS (GIRLS EMPOWERMENT MENTORING SESSIONS). IN ADDITION TO THE ABOVE, THE COMMITTEE ALSO KEPT THEIR PRESENCE AT VITA NOVA (A DORMITORY STYLE LIVING FACILITY IN WEST PALM BEACH FOR BOYS AND GIRLS, AGES 18-25, WHO HAVE AGED OUT OF THE FOSTER CARE SYSTEM AND WOULD BE HOMELESS WITHOUT THIS PROGRAM'S HELP) DURING THE HOLIDAY SEASON BY DONATING CHRISTMAS TREES AND OTHER HOLIDAY DECOR.

FORM 990, PART VI, LINE 7A - ELECTION OF MEMBERS AND THEIR RIGHTS

Name of the organization

Employer identification number

JUNIOR LEAGUE OF THE PALM

59-6138209

VOTING MEMBERS HAVE THE ABILITY TO VOTE FOR THE ELECTED DIRECTORS OF THE BOARD.

FORM 990, PART VI, LINE 7B - DECISIONS SUBJECT TO APPROVAL OF MEMBERS CHANGES TO MEMBER POLICIES

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 THE ORGANIZATION'S BOARD DESIGNATES ITS TREASURER AND TREASURER-ELECT TO REVIEW AND APPROVE THE FORM 990. AFTER APPROVAL, A COPY OF THE 990 IS DISTRIBUTED TO THE BOARD OF DIRECTORS FOR FINAL APPROVAL.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION NO DOCUMENTS AVAILABLE TO THE PUBLIC

Depreciation and Amortization (Including Information on Listed Property)

Department of the Treasury Internal Revenue Service

Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.

Name(s) shown on return JUNIOR LEAGUE OF THE PALM BEACHES, INC. Identifying number 59-6138209

Business or activity to which this form relates

INDIRECT DEPRECIATION

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

Table with 5 main rows for Part I. Line 1: 1,080,000; Line 2: Total cost; Line 3: 2,700,000; Line 4: Reduction; Line 5: Dollar limitation; Line 6-7: Description and cost of property; Line 8: Total elected cost; Line 9: Tentative deduction; Line 10: Carryover; Line 11: Business income limitation; Line 12: Section 179 expense deduction; Line 13: Carryover to 2023.

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

Table with 3 rows for Part II. Line 14: Special depreciation allowance; Line 15: Property subject to election; Line 16: Other depreciation (9,488).

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

Table with 2 rows for Section A. Line 17: MACRS deductions (878); Line 18: Grouping election checkbox.

Section B—Assets Placed in Service During 2022 Tax Year Using the General Depreciation System

Table with 7 columns: (a) Classification, (b) Month/year, (c) Basis, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction. Rows 19a-i list property types and their depreciation details.

Section C—Assets Placed in Service During 2022 Tax Year Using the Alternative Depreciation System

Table with 7 columns: (a) Class life, (b) 12-year, (c) 30-year, (d) 40-year, (e) Recovery period, (f) Convention, (g) Method. Rows 20a-d list class lives and their depreciation details.

Part IV Summary (See instructions.)

Table with 3 rows for Part IV. Line 21: Listed property; Line 22: Total (10,366); Line 23: Portion of basis attributable to section 263A costs.

For Paperwork Reduction Act Notice, see separate instructions.

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
Prior MACRS:									
51	WINDOWS AND DOORS	5/31/08	34,252			34,252	39 MMS/L	12,331	878
52	KITCHEN APPLIANCES	5/31/08	4,000		X	2,000	5 HY 200DB	4,000	0
53	KITCHEN CABINETS	5/31/08	7,600		X	3,800	5 HY 200DB	7,600	0
54	TILE FLOOR AND SHELVING	5/31/08	12,575		X	6,287	5 HY 200DB	12,575	0
55	CARPET	5/31/08	10,493		X	5,246	5 HY 200DB	10,493	0
56	WALLPAPER	5/31/08	13,140		X	6,570	5 HY 200DB	13,140	0
57	WINDOW TREATMENTS	5/31/08	10,366		X	5,183	5 HY 200DB	10,366	0
58	CEILING FANS	5/31/08	986		X	493	5 HY 200DB	986	0
59	EMERGENCY SIGN UPGRADES	5/31/08	1,581		X	790	5 HY 200DB	1,581	0
60	FURNITURE	5/31/08	38,760		X	19,380	5 HY 200DB	38,760	0
61	BRONZE STATUE	5/31/09	4,476		X	2,238	5 HY 200DB	4,476	0
62	GLASS TABLE	5/31/09	1,285		X	642	5 HY 200DB	1,285	0
63	TV AND DVD	2/25/10	428		X	214	5 HY 200DB	428	0
65	COMPUTER FOR HQ	5/31/12	609		X	304	3 HY 200DB	558	0
			140,551			87,399		118,579	878
Other Depreciation:									
1	BUILDING	2/09/91	283,659			283,659	40 MO S/L	222,205	7,092
2	LAND	2/09/91	31,518			31,518	0 -- Land	0	0
3	CABINETS	2/01/91	875			875	12 MO S/L	875	0
4	MIRRORS/GLASS BATHROOMS	2/01/91	200			200	12 MO S/L	200	0
5	ENGLISH CHAIRS	2/01/91	1,500			1,500	12 MO S/L	1,500	0
6	CHEST & MIRROR	2/01/91	1,600			1,600	12 MO S/L	1,600	0
7	QUEEN ANNE DESK	2/01/91	1,390			1,390	12 MO S/L	1,390	0
8	ALTER TABLE	2/01/99	1,650			1,650	12 MO S/L	1,650	0
9	TWIST LAMP	2/01/91	100			100	12 MO S/L	100	0
10	2 LOUNGE CHAIRS	2/01/99	929			929	12 MO S/L	929	0
11	ARM CHAIRS (13)	2/01/91	5,989			5,989	12 MO S/L	5,989	0
12	CONFERENCE CHAIRS	2/01/91	3,789			3,789	12 MO S/L	3,789	0
13	PRESIDENT'S CHAIR	2/01/91	473			473	12 MO S/L	473	0
14	FRAMING PRINTS	2/01/91	476			476	12 MO S/L	476	0
15	POTS (2)	2/01/91	116			116	12 MO S/L	116	0
16	AUDOBON PRINTS	2/01/91	350			350	12 MO S/L	350	0
17	BOARD AND CONFERENCE TABLE	2/01/91	7,038			7,038	12 MO S/L	7,038	0
18	BRASS PLAQUE	3/21/91	750			750	12 MO S/L	750	0
19	PRESIDENT'S PLAQUE	3/21/91	600			600	12 MO S/L	600	0
20	ECCLECTIC PICTURE	3/21/91	624			624	12 MO S/L	624	0
21	WING CHAIRS 2	3/21/91	1,221			1,221	12 MO S/L	1,221	0
22	LATERAL FILES (2)	3/21/91	2,250			2,250	12 MO S/L	2,250	0
23	ROUND END TABLE	3/21/91	281			281	12 MO S/L	281	0
24	GLASS DESK TOP	5/19/91	650			650	12 MO S/L	650	0
25	DESK	5/21/91	634			634	12 MO S/L	634	0
26	PRINTS	5/21/91	194			194	12 MO S/L	194	0
27	PINE MIRROR	5/21/91	250			250	12 MO S/L	250	0
28	BUFFET AND IRON MIRROR	5/27/91	1,160			1,160	12 MO S/L	1,160	0
29	CABINET	9/02/91	3,400			3,400	12 MO S/L	3,400	0
30	FURNITURE	9/19/91	1,495			1,495	12 MO S/L	1,495	0
31	CABINETS	11/29/91	3,400			3,400	12 MO S/L	3,400	0
32	TABLE PADS	12/15/91	502			502	12 MO S/L	502	0
33	TEA SERVICE	12/15/91	330			330	12 MO S/L	330	0
34	PRINTS	5/10/92	875			875	12 MO S/L	875	0
35	SHOP TABLE	6/22/92	370			370	12 MO S/L	370	0
36	TABLECLOTH	7/03/92	186			186	12 MO S/L	186	0
37	TABLECLOTH	9/03/92	194			194	12 MO S/L	194	0
38	SOFTWARE	9/22/92	375			375	5 MO S/L	375	0
39	E&E - EQUIPMENT	1/01/99	2,398			2,398	12 MO S/L	2,398	0
40	E&E - VASC MACHINES (2)	1/01/99	1,196			1,196	12 MO S/L	1,196	0
41	E&E - IMPEDENCE MACHINE	1/01/99	2,787			2,787	5 MO S/L	2,787	0
42	E&E - IMPEDENCE MACHINE	1/01/99	2,768			2,768	5 MO S/L	2,768	0
43	E&E - EQUIPMENT	1/01/99	493			493	12 MO S/L	493	0
44	E&E - TEL ACOUSTIC EQUIPMENT	1/01/99	3,870			3,870	12 MO S/L	3,870	0
45	HISTORICAL RECORD FILM	1/01/99	15,425			15,425	12 MO S/L	15,425	0
46	DIGITAL CAMERA	1/15/02	551			551	5 MO S/L	551	0
47	E&E - AUTO TEMP	1/12/04	2,367			2,367	12 MO S/L	2,367	0
48	E&E - AUDIOMETERS	5/21/04	7,249			7,249	12 MO S/L	7,249	0
49	AIR CONDITIONER FOR HQ	7/13/06	8,627			8,627	12 MO S/L	8,627	0
50	PROJECTOR, CASE AND BULB	9/21/06	1,498			1,498	12 MO S/L	1,498	0
64	BOARD ROOM AIR CONDITIONER	4/20/11	3,434			3,434	12 MO S/L	3,171	263

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
66	E&E - TYMPANOMETER	5/08/12	2,382			2,382	12 MO S/L	2,004	198
67	2 TYMPANOMETERS	5/31/13	4,518			4,518	12 MO S/L	3,390	376
68	EYE CARE CURE	5/31/13	373			373	12 MO S/L	280	31
69	PODIUM FOR CONFERENCE ROOM	10/13/14	380			380	12 MO S/L	243	31
70	PORTABLE AUDIOMETER	4/10/15	3,340			3,340	12 MO S/L	1,994	279
71	EYE EQUIPMENT	4/17/15	3,614			3,614	12 MO S/L	2,133	301
72	A/C UNIT	2/03/16	5,500			5,500	12 MO S/L	2,903	458
73	A/C UNIT	4/28/16	2,200			2,200	12 MO S/L	1,115	184
74	SOFTWARE - DIGITAL CHEETAH	5/18/16	47,387			47,387	3 MO S/L	47,387	0
75	furniture	6/01/17	738			738	24 MO S/L	154	31
76	A/C Unit	3/10/20	2,920			2,920	12 MO S/L	547	244
Total Other Depreciation			<u>487,408</u>			<u>487,408</u>		<u>382,971</u>	<u>9,488</u>
Total ACRS and Other Depreciation			<u>487,408</u>			<u>487,408</u>		<u>382,971</u>	<u>9,488</u>
Grand Totals			627,959			574,807		501,550	10,366
Less: Dispositions and Transfers			0			0		0	0
Less: Start-up/Org Expense			0			0		0	0
Net Grand Totals			<u>627,959</u>			<u>574,807</u>		<u>501,550</u>	<u>10,366</u>

AMT Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
Prior MACRS:									
51	WINDOWS AND DOORS	5/31/08	34,252			34,252	39 MMS/L	12,332	878
53	KITCHEN CABINETS	5/31/08	7,600		X	3,800	5 HY 200DB	7,600	0
54	TILE FLOOR AND SHELVING	5/31/08	12,575		X	6,287	5 HY 200DB	12,575	0
55	CARPET	5/31/08	10,493		X	5,246	5 HY 200DB	10,493	0
56	WALLPAPER	5/31/08	13,140		X	6,570	5 HY 200DB	13,140	0
57	WINDOW TREATMENTS	5/31/08	10,366		X	5,183	5 HY 200DB	10,366	0
58	CEILING FANS	5/31/08	986		X	493	5 HY 200DB	986	0
59	EMERGENCY SIGN UPGRADES	5/31/08	1,581		X	790	5 HY 200DB	1,581	0
60	FURNITURE	5/31/08	38,760		X	19,380	5 HY 200DB	38,760	0
61	BRONZE STATUE	5/31/09	4,476		X	2,238	5 HY 200DB	4,476	0
62	GLASS TABLE	5/31/09	1,285		X	642	5 HY 200DB	1,285	0
63	TV AND DVD	2/25/10	428		X	214	5 HY 200DB	428	0
65	COMPUTER FOR HQ	5/31/12	609		X	304	3 HY 200DB	609	0
75	furniture	6/01/17	738		X	369	10 MQ200DB	614	24
			137,289			85,768		115,245	902
Other Depreciation:									
1	BUILDING	2/09/91	0			0	0 HY	0	0
2	LAND	2/09/91	0			0	0 HY	0	0
3	CABINETS	2/01/91	0			0	0 HY	0	0
4	MIRRORS/GLASS BATHROOMS	2/01/91	0			0	0 HY	0	0
5	ENGLISH CHAIRS	2/01/91	0			0	0 HY	0	0
6	CHEST & MIRROR	2/01/91	0			0	0 HY	0	0
7	QUEEN ANNE DESK	2/01/91	0			0	0 HY	0	0
8	ALTER TABLE	2/01/99	0			0	0 HY	0	0
9	TWIST LAMP	2/01/91	0			0	0 HY	0	0
10	2 LOUNGE CHAIRS	2/01/99	0			0	0 HY	0	0
11	ARM CHAIRS (13)	2/01/91	0			0	0 HY	0	0
12	CONFERENCE CHAIRS	2/01/91	0			0	0 HY	0	0
13	PRESIDENT'S CHAIR	2/01/91	0			0	0 HY	0	0
14	FRAMING PRINTS	2/01/91	0			0	0 HY	0	0
15	POTS (2)	2/01/91	0			0	0 HY	0	0
16	AUDOBOON PRINTS	2/01/91	0			0	0 HY	0	0
17	BOARD AND CONFERENCE TABLE	2/01/91	0			0	0 HY	0	0
18	BRASS PLAQUE	3/21/91	0			0	0 HY	0	0
19	PRESIDENT'S PLAQUE	3/21/91	0			0	0 HY	0	0
20	ECLECTIC PICTURE	3/21/91	0			0	0 HY	0	0
21	WING CHAIRS 2	3/21/91	0			0	0 HY	0	0
22	LATERAL FILES (2)	3/21/91	0			0	0 HY	0	0
23	ROUND END TABLE	3/21/91	0			0	0 HY	0	0
24	GLASS DESK TOP	5/19/91	0			0	0 HY	0	0
25	DESK	5/21/91	0			0	0 HY	0	0
26	PRINTS	5/21/91	0			0	0 HY	0	0
27	PINE MIRROR	5/21/91	0			0	0 HY	0	0
28	BUFFET AND IRON MIRROR	5/27/91	0			0	0 HY	0	0
29	CABINET	9/02/91	0			0	0 HY	0	0
30	FURNITURE	9/19/91	0			0	0 HY	0	0
31	CABINETS	11/29/91	0			0	0 HY	0	0
32	TABLE PADS	12/15/91	0			0	0 HY	0	0
33	TEA SERVICE	12/15/91	0			0	0 HY	0	0
34	PRINTS	5/10/92	0			0	0 HY	0	0
35	SHOP TABLE	6/22/92	0			0	0 HY	0	0
36	TABLECLOTH	7/03/92	0			0	0 HY	0	0
37	TABLECLOTH	9/03/92	0			0	0 HY	0	0
38	SOFTWARE	9/22/92	0			0	0 HY	0	0
39	E&E - EQUIPMENT	1/01/99	0			0	0 HY	0	0
40	E&E - VASC MACHINES (2)	1/01/99	0			0	0 HY	0	0
41	E&E - IMPEDENCE MACHINE	1/01/99	0			0	0 HY	0	0
42	E&E - IMPEDENCE MACHINE	1/01/99	0			0	0 HY	0	0
43	E&E - EQUIPMENT	1/01/99	0			0	0 HY	0	0
44	E&E - TEL ACOUSTIC EQUIPMENT	1/01/99	0			0	0 HY	0	0
45	HISTORICAL RECORD FILM	1/01/99	0			0	0 HY	0	0
46	DIGITAL CAMERA	1/15/02	0			0	0 HY	0	0
47	E&E - AUTO TEMP	1/12/04	0			0	0 HY	0	0
48	E&E - AUDIOMETERS	5/21/04	0			0	0 HY	0	0
49	AIR CONDITIONER FOR HQ	7/13/06	0			0	0 HY	0	0
50	PROJECTOR, CASE AND BULB	9/21/06	0			0	0 HY	0	0
52	KITCHEN APPLIANCES	5/31/08	0			0	0 HY	0	0

AMT Asset Report

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Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
64	BOARD ROOM AIR CONDITIONER	4/20/11	0			0	0 HY	0	0
66	E&E - TYMPANOMETER	5/08/12	0			0	0 HY	0	0
67	2 TYMPANOMETERS	5/31/13	0			0	0 HY	0	0
68	EYE CARE CURE	5/31/13	0			0	0 HY	0	0
69	PODIUM FOR CONFERENCE ROOM	10/13/14	0			0	0 HY	0	0
70	PORTABLE AUDIOMETER	4/10/15	0			0	0 HY	0	0
71	EYE EQUIPMENT	4/17/15	0			0	0 HY	0	0
72	A/C UNIT	2/03/16	0			0	0 HY	0	0
73	A/C UNIT	4/28/16	0			0	0 HY	0	0
74	SOFTWARE - DIGITAL CHEETAH	5/18/16	0			0	0 HY	0	0
76	A/C Unit	3/10/20	0			0	0 HY	0	0
	Total Other Depreciation		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
	Grand Totals		137,289			85,768		115,245	902
	Less: Dispositions and Transfers		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
	Net Grand Totals		<u>137,289</u>			<u>85,768</u>		<u>115,245</u>	<u>902</u>

Bonus Depreciation Report

Form 990, Page 1

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
52	KITCHEN APPLIANCES	5/31/08	4,000		0	0	2,000	2,000
53	KITCHEN CABINETS	5/31/08	7,600		0	0	3,800	3,800
54	TILE FLOOR AND SHELVING	5/31/08	12,575		0	0	6,288	6,287
55	CARPET	5/31/08	10,493		0	0	5,247	5,246
56	WALLPAPER	5/31/08	13,140		0	0	6,570	6,570
57	WINDOW TREATMENTS	5/31/08	10,366		0	0	5,183	5,183
58	CEILING FANS	5/31/08	986		0	0	493	493
59	EMERGENCY SIGN UPGRADES	5/31/08	1,581		0	0	791	790
60	FURNITURE	5/31/08	38,760		0	0	19,380	19,380
61	BRONZE STATUE	5/31/09	4,476		0	0	2,238	2,238
62	GLASS TABLE	5/31/09	1,285		0	0	643	642
63	TV AND DVD	2/25/10	428		0	0	214	214
65	COMPUTER FOR HQ	5/31/12	609		0	0	305	304
Grand Total			<u>106,299</u>		<u>0</u>	<u>0</u>	<u>53,152</u>	<u>53,147</u>

Depreciation Adjustment Report

All Business Activities

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
<u>MACRS Adjustments:</u>						
Page 1	1	51	WINDOWS AND DOORS	878	878	0
Page 1	1	53	KITCHEN CABINETS	0	0	0
Page 1	1	54	TILE FLOOR AND SHELVING	0	0	0
Page 1	1	55	CARPET	0	0	0
Page 1	1	56	WALLPAPER	0	0	0
Page 1	1	57	WINDOW TREATMENTS	0	0	0
Page 1	1	58	CEILING FANS	0	0	0
Page 1	1	59	EMERGENCY SIGN UPGRADES	0	0	0
Page 1	1	60	FURNITURE	0	0	0
Page 1	1	61	BRONZE STATUE	0	0	0
Page 1	1	62	GLASS TABLE	0	0	0
Page 1	1	63	TV AND DVD	0	0	0
Page 1	1	65	COMPUTER FOR HQ	0	0	0
				878	878	0
				878	878	0

Future Depreciation Report FYE: 5/31/24

Form 990, Page 1

Asset	Description	Date In Service	Cost	Tax	AMT
Prior MACRS:					
51	WINDOWS AND DOORS	5/31/08	34,252	878	879
52	KITCHEN APPLIANCES	5/31/08	4,000	0	0
53	KITCHEN CABINETS	5/31/08	7,600	0	0
54	TILE FLOOR AND SHELVING	5/31/08	12,575	0	0
55	CARPET	5/31/08	10,493	0	0
56	WALLPAPER	5/31/08	13,140	0	0
57	WINDOW TREATMENTS	5/31/08	10,366	0	0
58	CEILING FANS	5/31/08	986	0	0
59	EMERGENCY SIGN UPGRADES	5/31/08	1,581	0	0
60	FURNITURE	5/31/08	38,760	0	0
61	BRONZE STATUE	5/31/09	4,476	0	0
62	GLASS TABLE	5/31/09	1,285	0	0
63	TV AND DVD	2/25/10	428	0	0
65	COMPUTER FOR HQ	5/31/12	609	0	0
			140,551	878	879

Other Depreciation:

1	BUILDING	2/09/91	283,659	7,091	0
2	LAND	2/09/91	31,518	0	0
3	CABINETS	2/01/91	875	0	0
4	MIRRORS/GLASS BATHROOMS	2/01/91	200	0	0
5	ENGLISH CHAIRS	2/01/91	1,500	0	0
6	CHEST & MIRROR	2/01/91	1,600	0	0
7	QUEEN ANNE DESK	2/01/91	1,390	0	0
8	ALTER TABLE	2/01/99	1,650	0	0
9	TWIST LAMP	2/01/91	100	0	0
10	2 LOUNGE CHAIRS	2/01/99	929	0	0
11	ARM CHAIRS (13)	2/01/91	5,989	0	0
12	CONFERENCE CHAIRS	2/01/91	3,789	0	0
13	PRESIDENT'S CHAIR	2/01/91	473	0	0
14	FRAMING PRINTS	2/01/91	476	0	0
15	POTS (2)	2/01/91	116	0	0
16	AUDOBON PRINTS	2/01/91	350	0	0
17	BOARD AND CONFERENCE TABLE	2/01/91	7,038	0	0
18	BRASS PLAQUE	3/21/91	750	0	0
19	PRESIDENT'S PLAQUE	3/21/91	600	0	0
20	ECLECTIC PICTURE	3/21/91	624	0	0
21	WING CHAIRS 2	3/21/91	1,221	0	0
22	LATERAL FILES (2)	3/21/91	2,250	0	0
23	ROUND END TABLE	3/21/91	281	0	0
24	GLASS DESK TOP	5/19/91	650	0	0
25	DESK	5/21/91	634	0	0
26	PRINTS	5/21/91	194	0	0
27	PINE MIRROR	5/21/91	250	0	0
28	BUFFET AND IRON MIRROR	5/27/91	1,160	0	0
29	CABINET	9/02/91	3,400	0	0
30	FURNITURE	9/19/91	1,495	0	0
31	CABINETS	11/29/91	3,400	0	0
32	TABLE PADS	12/15/91	502	0	0
33	TEA SERVICE	12/15/91	330	0	0
34	PRINTS	5/10/92	875	0	0
35	SHOP TABLE	6/22/92	370	0	0
36	TABLECLOTH	7/03/92	186	0	0
37	TABLECLOTH	9/03/92	194	0	0
38	SOFTWARE	9/22/92	375	0	0
39	E&E - EQUIPMENT	1/01/99	2,398	0	0
40	E&E - VASC MACHINES (2)	1/01/99	1,196	0	0
41	E&E - IMPEDENCE MACHINE	1/01/99	2,787	0	0
42	E&E - IMPEDENCE MACHINE	1/01/99	2,768	0	0
43	E&E - EQUIPMENT	1/01/99	493	0	0
44	E&E - TEL ACOUSTIC EQUIPMENT	1/01/99	3,870	0	0
45	HISTORICAL RECORD FILM	1/01/99	15,425	0	0
46	DIGITAL CAMERA	1/15/02	551	0	0
47	E&E - AUTO TEMP	1/12/04	2,367	0	0
48	E&E - AUDIOMETERS	5/21/04	7,249	0	0
49	AIR CONDITIONER FOR HQ	7/13/06	8,627	0	0

Future Depreciation Report FYE: 5/31/24

Form 990, Page 1

Asset	Description	Date In Service	Cost	Tax	AMT
50	PROJECTOR, CASE AND BULB	9/21/06	1,498	0	0
64	BOARD ROOM AIR CONDITIONER	4/20/11	3,434	0	0
66	E&E - TYMPANOMETER	5/08/12	2,382	180	0
67	2 TYMPANOMETERS	5/31/13	4,518	377	0
68	EYE CARE CURE	5/31/13	373	31	0
69	PODIUM FOR CONFERENCE ROOM	10/13/14	380	32	0
70	PORTABLE AUDIOMETER	4/10/15	3,340	278	0
71	EYE EQUIPMENT	4/17/15	3,614	302	0
72	A/C UNIT	2/03/16	5,500	458	0
73	A/C UNIT	4/28/16	2,200	183	0
74	SOFTWARE - DIGITAL CHEETAH	5/18/16	47,387	0	0
75	furniture	6/01/17	738	30	25
76	A/C Unit	3/10/20	2,920	243	0
Total Other Depreciation			<u>487,408</u>	<u>9,205</u>	<u>25</u>
Total ACRS and Other Depreciation			<u>487,408</u>	<u>9,205</u>	<u>25</u>
Grand Totals			<u>627,959</u>	<u>10,083</u>	<u>904</u>

Form **990****Two Year Comparison Report****2021 & 2022**For calendar year 2022, or tax year beginning **06/01/22**, ending **05/31/23**

Name

Taxpayer Identification Number

**JUNIOR LEAGUE OF THE PALM
BEACHES, INC.****59-6138209**

		2021	2022	Differences
Revenue	1. Contributions, gifts, grants	1. 48,644	37,944	-10,700
	2. Membership dues and assessments	2. 95,490	99,811	4,321
	3. Government contributions and grants	3.		
	4. Program service revenue	4.		
	5. Investment income	5. 29,547	23,750	-5,797
	6. Proceeds from tax exempt bonds	6.		
	7. Net gain or (loss) from sale of assets other than inventory	7.		
	8. Net income or (loss) from fundraising events	8. 89,004	66,429	-22,575
	9. Net income or (loss) from gaming	9.		
	10. Net gain or (loss) on sales of inventory	10.		
	11. Other revenue	11. 17,549	2,625	-14,924
	12. Total revenue. Add lines 1 through 11	12. 280,234	230,559	-49,675
Expenses	13. Grants and similar amounts paid	13.		
	14. Benefits paid to or for members	14.		
	15. Compensation of officers, directors, trustees, etc.	15.		
	16. Salaries, other compensation, and employee benefits	16. 188		-188
	17. Professional fundraising fees	17.		
	18. Other professional fees	18. 8,000	6,900	-1,100
	19. Occupancy, rent, utilities, and maintenance	19. 13,900	9,890	-4,010
	20. Depreciation and Depletion	20. 10,475	10,408	-67
	21. Other expenses	21. 198,212	228,278	30,066
	22. Total expenses. Add lines 13 through 21	22. 230,775	255,476	24,701
	23. Excess or (Deficit). Subtract line 22 from line 12	23. 49,459	-24,917	-74,376
Other Information	24. Total exempt revenue	24. 280,234	230,559	-49,675
	25. Total unrelated revenue	25.		
	26. Total excludable revenue	26. 47,096	26,375	-20,721
	27. Total assets	27. 1,713,618	1,637,572	-76,046
	28. Total liabilities	28. 92,978	106,787	13,809
	29. Retained earnings	29. 1,620,640	1,530,785	-89,855
	30. Number of voting members of governing body	30. 11	10	
	31. Number of independent voting members of governing body	31. 11	10	
	32. Number of employees	32. 0	0	
	33. Number of volunteers	33.		

Form **990****Tax Return History****2022**Name **JUNIOR LEAGUE OF THE PALM
BEACHES, INC.**Employer Identification Number
59-6138209

	2018	2019	2020	2021	2022	2023
Contributions, gifts, grants	184,395	65,854	88,871	48,644	37,944	
Membership dues	143,294	105,320	97,082	95,490	99,811	
Program service revenue						
Capital gain or loss						
Investment income	13,821	15,446	12,029	29,547	23,750	
Fundraising revenue (income/loss)	285,977	266,889	105,446	89,004	66,429	
Gaming revenue (income/loss)						
Other revenue	44,500	7,800	28,728	17,549	2,625	
Total revenue	671,987	461,309	332,156	280,234	230,559	
Grants and similar amounts paid	15,000					
Benefits paid to or for members						
Compensation of officers, etc.						
Other compensation	22,315	13,577	2,018	188		
Professional fees	4,750	3,650	7,950	8,000	6,900	
Occupancy costs	607	1,378	38,522	13,900	9,890	
Depreciation and depletion	26,041	10,249	10,432	10,475	10,408	
Other expenses	489,050	374,289	168,064	198,212	228,278	
Total expenses	557,763	403,143	226,986	230,775	255,476	
Excess or (Deficit)	114,224	58,166	105,170	49,459	-24,917	
Total exempt revenue	671,987	461,309	332,156	280,234	230,559	
Total unrelated revenue						
Total excludable revenue	58,321	23,246	40,757	47,096	26,375	
Total Assets	1,405,682	1,438,142	1,773,984	1,713,618	1,637,572	
Total Liabilities	100,940	81,469	90,339	92,978	106,787	
Net Fund Balances	1,304,742	1,356,673	1,683,645	1,620,640	1,530,785	

Taxable Interest on Investments

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
	\$ 23,750					
TOTAL	<u>\$ 23,750</u>					

Federal Statements

Form 990, Part IX, Line 24e - All Other Expenses

Description	Total Expenses	Program Service	Management & General	Fund Raising
TELEPHONE	\$ 2,719	\$	\$ 2,719	\$
BLDG MAINTENANCE	2,290		2,290	
UTILITIES	1,942		1,942	
LICENSING AND FILING FEES	664	664		
MISCELLANEOUS	23		23	
TOTAL	<u>\$ 7,638</u>	<u>\$ 664</u>	<u>\$ 6,974</u>	<u>\$ 0</u>

Federal Statements**Schedule A, Part III, Line 1(e)**

Description	Amount
	\$ 99,811
	37,944
TOTAL	\$ <u>137,755</u>

Schedule A, Part III, Line 2(e)

Description	Amount
	\$ 23,750
OTHER INCOME	2,625
FUNDRAISING	66,429
INVENTORY	
TOTAL	\$ <u>92,804</u>