

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.

2023
Open to Public Inspection

Department of the Treasury
 Internal Revenue Service

A For the 2023 calendar year, or tax year beginning 06/01/23, and ending 05/31/24

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization JUNIOR LEAGUE OF THE PALM BEACHES, INC.		D Employer identification number 59-6138209
	Doing business as		E Telephone number 561-689-7590
	Number and street (or P.O. box if mail is not delivered to street address) 470 COLUMBIA DRIVE, BLDG. F		
	City or town, state or province, country, and ZIP or foreign postal code WEST PALM BEACH FL 33409		G Gross receipts\$ 314,500
F Name and address of principal officer: MARIA PUMAREJO 470 COLUMBIA DR BLDG F WEST PALM BEACH FL 33409			H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: JLPB.ORG H(c) Group exemption number			
K Form of organization: <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input checked="" type="checkbox"/> Association <input type="checkbox"/> 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 2023 (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
	b 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)	137,755	127,969
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	23,750	27,780
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	69,054	92,621
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	230,559	248,370
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	
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)		0
16a		Professional fundraising fees (Part IX, column (A), line 11e)		0
		b Total fundraising expenses (Part IX, column (D), line 25)	8,783	
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	255,476	212,171
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	255,476	212,171	
19	Revenue less expenses. Subtract line 18 from line 12	-24,917	36,199	
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)	1,637,572	1,787,554
	22	Net assets or fund balances. Subtract line 21 from line 20	106,787	94,887
		1,530,785	1,692,667	

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		3/12/25	
	Signature of officer	Date	
	MARIA PUMAREJO	PRESIDENT ELECT	
	Type or print name and title		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date
	CONSTANCE BROOKS, CPA	CONSTANCE BROOKS, CPA	03/03/25
	Firm's name	Firm's EIN	PTIN
	HAFER LLC	33-1122194	
	Firm's address	Phone no.	
	251 ROYAL PALM WAY STE 350 PALM BEACH, FL 33480	561-655-8700	