Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047
2024
Open to Public Inspection

A For the 2024 calendar year, or tax year beginning 06/01/24 , and ending 05/31/25

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/ terminated
☐ Amended return
☐ Application pending

C Name of organization: **JUNIOR LEAGUE OF THE PALM BEACHES, INC.**

Doing business as:

Number and street (or P.O. box if mail is not delivered to street address): **470 COLUMBIA DRIVE, BLDG. F**

Room/suite:

City or town, state or province, country, and ZIP or foreign postal code: **WEST PALM BEACH FL 33409**

D Employer identification number: **59-6138209**

E Telephone number: **561-689-7590**

G Gross receipts$ **363,414**

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? ☐ 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

1 Briefly describe the organization's mission or most significant activities:
SEE SCHEDULE O

2 Check this box ☐ 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	11
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	11
5	Total number of individuals employed in calendar year 2024 (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

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	127,969	183,799
9	Program service revenue (Part VIII, line 2g)		0
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	27,780	34,828
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	92,621	99,373
12	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	248,370	318,000
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)		0
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	Total fundraising expenses (Part IX, column (D), line 25) **30,967**		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	212,171	266,127
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	212,171	266,127
19	Revenue less expenses. Subtract line 18 from line 12	36,199	51,873

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	1,787,554	1,907,179
21	Total liabilities (Part X, line 26)	94,887	95,592
22	Net assets or fund balances. Subtract line 21 from line 20	1,692,667	1,811,587

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

KATHERINE STAMM **PRESIDENT ELECT**
Type or print name and title

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
CONSTANCE BROOKS, CPA	CONSTANCE BROOKS, CPA	03/04/26		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**

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.
DAA

Form **990** (2024)