## Form **990-EZ**

Department of the Treasury Internal Revenue Service

# Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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/Form990EZ for instructions and the latest information.

Open to Public Inspection

A F	or the	2022 calendar year, or tax year beginning 06/01/2022 and ending 09	5/31/2023
<b>B</b> c	heck if ap	oplicable: C Name of organization D Emp	oloyer identification number
] A	Address c	change JUNIOR LEAGUE OF MONTEREY CO INC	94-6080038
ן ר	Name cha	Number and street (or P.O. box if mail is not delivered to street address)  Room/suite  E Tele	phone number
=	nitial retu	I 484 WASHINGSTON ST SUITE B BOX 316	661-319-3336
=	-ınaı retur Amended	City or town, state or province, country, and ZIP or foreign postal code	oup Exemption
=			mber
			if the organization is <b>not</b>
			d to attach Schedule B
		npt status (check only one) — ☑ 501(c)(3) ☐ 501(c) ( ) (insert no.) ☐ 4947(a)(1) or ☐ 527 (Form 9)	
		organization: Corporation Trust Association Other:	
		s 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets	
		umn (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ	\$ 90,543
	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instru	
		Check if the organization used Schedule O to respond to any question in this Part I	•
_	1	Contributions, gifts, grants, and similar amounts received	1 30,909
	2	Program service revenue including government fees and contracts	2 56,315
	3	Membership dues and assessments	-
	4		
	_		-
	5a	•	<b>⊣</b>
	b	Less: cost or other basis and sales expenses	<del>1 _ 1</del>
	с 6	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) Gaming and fundraising events:	5c 0
ne	а	Gross income from gaming (attach Schedule G if greater than \$15,000)	
Revenue	b	Gross income from fundraising events (not including \$ 5,882 of contributions	1
Re		from fundraising events reported on line 1) (attach Schedule G if the	
_		sum of such gross income and contributions exceeds \$15,000)   6b   680	)
	С	Less: direct expenses from gaming and fundraising events 6c 2,075	5 <b>1</b>
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract	1
		line 6c)	6d -1,395
	7a	Gross sales of inventory, less returns and allowances	
	b	Less: cost of goods sold	<b>⊣</b>
	С	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)	7c 0
	8	Other revenue (describe in Schedule O) . See Schedule O, Statement 1	8 2,637
	9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9 88,468
	10	Grants and similar amounts paid (list in Schedule O)	10 11,244
	11	Benefits paid to or for members	11 0
s	12	Salaries, other compensation, and employee benefits	12 8,124
Expenses	13	Professional fees and other payments to independent contractors	13 7,210
e	14	Occupancy, rent, utilities, and maintenance	1
X	15	Printing, publications, postage, and shipping	
_			
	16	Other expenses (describe in Schedule O) See Schedule O, Statement 2	16 40,282
	17	Total expenses. Add lines 10 through 16	17 83,179
şt	18	Excess or (deficit) for the year (subtract line 17 from line 9)	18 5,289
SSE	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with	40
Ä	00	end-of-year figure reported on prior year's return)	19 265,353
Net Assets	20	Other changes in net assets or fund balances (explain in Schedule O)	20 0
	21	Net assets or fund balances at end of year, Combine lines 18 through 20	21 270.642

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Pai	Balance Sheets (see the instructions t	,				
	Check if the organization used Schedule	O to respond to ar	ny question in this	Part II		
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			78,777	22	77,917
23	Land and buildings			0	23	0
24	Other assets (describe in Schedule O) See.Sche	edule O, Statement 3.		258,199	24	212,740
25	Total assets			336,976	25	290,657
26	Total liabilities (describe in Schedule O) See So	hedule O, Statement.	4	71,623		20,015
27	Net assets or fund balances (line 27 of column			265,353	27	270,642
Par	Statement of Program Service Accom	plishments (see th	e instructions for F			•
	Check if the organization used Schedule	- `		•		Expenses
What	is the organization's primary exempt purpose?	See Schedule O, Sta	•		, ,	uired for section
Desc as m	ribe the organization's program service accompli- easured by expenses. In a clear and concise mons benefited, and other relevant information for ea	anner, describe the			,	c)(3) and 501(c)(4) nizations; optional for rs.)
28	OLD WHALING STATION: THE LEAGUE MAINTAINS	AND DOCENTS FOR	THE OLD WHALING	STATION,		
	AN HISTORICAL BUILDING OWNED BY THE STATE	OF CALIFORNIA.				
	(Grants \$ 11,244) If this amount	includes foreign gra	nts, check here .		28a	27,620
29	TRAINING AND EDUCATION: ONE OF THE EXEMPT	PURPOSES OF THE	LEAGUE IS TO TRAII	V		
	MEMBERS TO BECOME ACTIVE AND EFFECTIVE V	OLUNTEERS AND LE	ADERS IN THE COM	MUNITY -		
	APPROXIMATELY 150 MEMBERS BENEFITED.					
	(Grants \$ 0) If this amount	includes foreign gra	nts, check here .	🗆	29a	8,943
30	COMMUNITY PROJECTS: VARIOUS PROJECTS INC	LUDING DISTRIBUTIO	N OF SCHOLARSHI	PS,		
	HARVESTING CROPS, GIVING CHRISTMAS GIFTS T	O FAMILIES IN NEED	, TEACHING FOSTER	ξ		
	(Continued on Schedule O, Statement 6)					
	(Grants \$ 0) If this amount	includes foreign gra	nts, check here .		30a	6,593
31	Other program services (describe in Schedule O)					·
		includes foreign gra			31a	1,687
32	Total program service expenses (add lines 28a				32	44,843
Part					nstruc	
	Check if the organization used Schedule					
	(a) Name and title		(c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-)	(d) Health benefits	0	Estimated amount of ther compensation
RFN	EE PENALVER	2.00	0		0	0
	SIDENT		·			
	AH PAYNE	2.00	0		0	0
	RETARY	2.00	·		Ĭ	· ·
	SICA MCKILLIP	2.00	0		0	0
	ASURER	2.00	•		١	· ·
	REL LEE-ALEXANDER	2.00	0		0	0
	BERSHIP DIRECTOR	2.00	U		١	U
	DEY ALLRED	2.00	0		0	0
		2.00	U		١	U
	INATING & PLACEMENT DIRECTOR	2.00	•			
	LETON MOWELL	2.00	0		0	0
303	TAINING DIRECTOR				_	
		-				
		-				
					_	
		-				
		1		I.	- 1	
		-				

Part	Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V.) Check if the organization used Schedule O to respond to any question in this			
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	5 ган	Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		162	
04	·	33		~
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34		~
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business	-		
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		~
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,			
	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		~
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions 0			
b	Did the organization file Form 1120-POL for this year?	37b		~
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; <b>or</b> were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	00-		
b	If "Yes," complete Schedule L, Part II, and enter the total amount involved   38b	38a		~
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9			
b 40a	Gross receipts, included on line 9, for public use of club facilities			
<del>1</del> 0a	section 4911: 0; section 4912: 0; section 4955: 0			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year			
	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		~
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		~
41	List the states with which a copy of this return is filed: CA			
42a	The organization's books are in care of: EASY OFFICE DBA JITASA Telephone no.	208-28	7-477	7
	Located at: 1120 S RACKHAM WAY SUITE 300, MERIDIAN, ID 83642 ZIP + 4	83	542	
b	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)? If "Yes," enter the name of the foreign country:	42b	Yes	No 🗸
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country:	42c		~
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here and enter the amount of tax-exempt interest received or accrued during the tax year			
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		~
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		~
С	Did the organization receive any payments for indoor tanning services during the year?	44c		1
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			
	explanation in Schedule O	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		~
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	45h		<b>V</b>

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									Yes	No
46		ne organization engage, directly or i								
		ndidates for public office? If "Yes,"		, Part I			<u> </u>	46		<b>'</b>
Part		Section 501(c)(3) Organization			1.50			1.1.1.		
		All section 501(c)(3) organization	is must answer que	stions 47–49b ai	nd 52, an	d comp	lete the	tables	for lin	es
		50 and 51.	h - d. l. O t		a dela Da	//				_
		Check if the organization used Sc	nedule O to respond	to any question	in this Par	t VI .	<u> </u>			<u> </u>
47	Did +	he organization engage in lobbying	activities or have a	soction 501(b) alor	otion in of	foot duri	na tha t	ov T	Yes	No
41		rie organization engage in lobbying rif "Yes," complete Schedule C, Pai		Section 50 I(II) elec		iect dun	ng me ta			
40	•					 		47	-	V
48 49a		organization a school as described in organization make any transfers t						49a		V
+3a b		es," was the related organization a se	· · · · · · · · · · · · · · · · · · ·	_				49b	+	+
50		olete this table for the organization's								⊥ nd ke
		oyees) who each received more than								
	•	•	(b) Average	(c) Reportable		Health bene				
	(a)	Name and title of each employee	hours per week	compensation (Forms W-2/1099-MI		utions to er plans, and		(e) Estimat other cor		
			devoted to position	1099-NEC)		ompensatio		Other Cor	препъс	LIOIT
None										
			<b>.</b>							
		number of other employees paid ov								
51		olete this table for the organization ,000 of compensation from the orga			ent contra	ctors wr	io each	received	more	e tha
	ψ100	,000 of compensation from the orga	THEATION. IT THEFE IS NO	Tie, enter None.						
	(a)	Name and business address of each independent	dent contractor	(b) Type of	service		(c) (	Compensat	ion	
None										
				1						
				1						
	<del>-</del>			<b>M</b> 100 000						
		number of other independent contra	=		•					
52		the organization complete Schedoleted Schedoleted Schedole A	ule A? <b>Note:</b> All se	ection 501(c)(3) o	rganizatio	ns must	attach			NI.
								✓ Ye:		No
		of perjury, I declare that I have examined this d complete. Declaration of preparer (other tha					of my kno	wledge an	d belief	, it is
		Renee Penalver				04/12/2	024			
Sign		Signature of officer				Date				
Here		RENEE PENALVER, PRESIDENT								
		Type or print name and title								
D-:-'		Print/Type preparer's name	Preparer's signature		Date		hook D	PTIN		
Paid	oro	JEREMY CORK		ork	04/13/20:	24 I	heck 📖 i elf-employe	if P(	15448	50
Prep		Firm's name EASY OFFICE DBA	JITASA		ı	Firm's E	IN .	26-21		
Use	Office		VAY SUITE 300, MERID	IAN, ID 83642		Phone n		208-287		-
May th	ne IRS	discuss this return with the prepare	· · · · · · · · · · · · · · · · · · ·					✓ Ye		Nο

## SCHEDULE A (Form 990)

Public Charity Status and Public Support

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

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

Name of the organization

JUNIOR LEAGUE OF MONTEREY CO INC

94-6080038

Par	t I Reason for Public Char	ity Status. (All	l organizations mus	t comple	ete this p	oart.) See instructi	ons.	
The c	organization is not a private founda		,		-	•		
1	A church, convention of church					0(b)(1)(A)(i).		
2	A school described in <b>section</b>							
3	A hospital or a cooperative hos		•			, , , ,	(:::\	4 a 4 la a
4	A medical research organization hospital's name, city, and state	): 						
5	An organization operated for t section 170(b)(1)(A)(iv). (Comp		college or university	owned c	r operate	ed by a government	al unit	described in
6 7	<ul> <li>A federal, state, or local govern</li> <li>✓ An organization that normally described in section 170(b)(1)</li> </ul>	receives a subs	tantial part of its sup				n the g	eneral public
8	☐ A community trust described in	section 170(b)	(1)(A)(vi). (Complete I	Part II.)				
9	An agricultural research organi or university or a non-land-gran university:	nt college of agr	iculture (see instruction	ons). Ente	er the nan	ne, city, and state of	the co	ollege or
10	An organization that normally receipts from activities related support from gross investment acquired by the organization at	to its exempt fur income and uni	nctions, subject to ce related business taxal	rtain exc ole incom	eptions; a ne (less se	and (2) no more than ection 511 tax) from	33 <sup>1</sup> /3 <sup>9</sup> /	% of its
11	☐ An organization organized and		•		•	,		
12	☐ An organization organized and o							
	one or more publicly supported the box on lines 12a through 12							
а	☐ <b>Type I.</b> A supporting organi	ization operated	, supervised, or contr	olled by	its suppo	rted organization(s),	typical	lly by giving
	the supported organization supporting organization. You	(s) the power to	regularly appoint or e	lect a ma	ajority of t			
b	_ ;,							
	control or management of to organization(s). You must on	complete Part I	V, Sections A and C		•			
С	Type III functionally integring its supported organization(s						ally inte	egrated with,
d	Type III non-functionally in that is not functionally integ requirement (see instruction	rated. The orga	nization generally mu	st satisfy	a distribu	ution requirement an		
е	<ul> <li>Check this box if the organ functionally integrated, or T</li> </ul>						e II, Typ	oe III
f								
g	Provide the following information	about the supp	orted organization(s).	1		1		
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	organization ur governing ment?	(v) Amount of monetary support (see instructions)	other	Amount of support (see structions)
				Yes	No			
(A)								
(B)								
(C)								
(D)								
(E)								
Total	1							

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

Secti	on A. Public Support	4		, p-			
Calen	dar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	<b>(e)</b> 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	75,441	87,139	67,296	32,969	30,909	293,754
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	75,441	87,139	67,296	32,969	30,909	293,754
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						17,027
6	Public support. Subtract line 5 from line 4						276,727
	on B. Total Support					1	
	dar year (or fiscal year beginning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	75,441	87,139	67,296	32,969	30,909	293,754
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources		341	21	25	2	389
9	Net income from unrelated business activities, whether or not the business is regularly carried on		2,048	666			2,714
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)				50	2,637	2,687
11	Total support. Add lines 7 through 10						299,544
12	Gross receipts from related activities, etc.	(see instructio	ns)			12	172,458
13	First 5 years. If the Form 990 is for the		first, second,	third, fourth,	or fifth tax ye	ar as a sectio	n 501(c)(3)
	organization, check this box and stop her						
Secti	on C. Computation of Public Suppor						
14	Public support percentage for 2022 (line 6					14	92.38 %
15	Public support percentage from 2021 Sch 33 <sup>1</sup> / <sub>3</sub> % support test – 2022. If the organization					15	84.38 %
16a	box and <b>stop here</b> . The organization qual						
b	33 <sup>1</sup> / <sub>3</sub> % support test—2021. If the organization	=		_			
-	this box and <b>stop here</b> . The organization						
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization m Part VI how the organization meets the organization	D22. If the orga eets the facts- facts-and-circu	nization did no and-circumsta ımstances tes	ot check a box ances test, che t. The organiza	on line 13, 16 eck this box a ation qualifies	Sa, or 16b, and stop here. as a publicly	l line 14 is Explain in supported
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization in Part VI how the organization meets the organization	n meets the facts-and-circ	cts-and-circun cumstances te	nstances test, st. The organiz	check this boz zation qualifies	x and <b>stop her</b> as a publicly	<b>re</b> . Explain supported
18	<b>Private foundation.</b> If the organization of instructions						

Schedule A (Form 990) 2022 Page **3** 

#### 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.)

Secti	on A. Public Support			•			
Calen	dar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
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						
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	<b>Total.</b> Add lines 1 through 5						
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						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
<u> </u>	line 6.)						
	on B. Total Support	( ) 0040	#1.0040	( ) 0000	/ I) 0004	( ) 0000	(O.T.)
	dar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents,						
	royalties, and income from similar sources.						
b	Unrelated business taxable income (less						
D	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
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,						
4.4	and 12.)			thind facult	or fifth tower	00.00.00.00.00.00.00.00.00.00.00.00.00.	n F01/c\/0\
14	organization, check this box and <b>stop he</b>	_			-	ear as a secuo	
Secti	on C. Computation of Public Suppor						<u> </u>
15	Public support percentage for 2022 (line			13. column (f))		15	%
16	Public support percentage from 2021 Scl		•			16	<del>%</del>
	on D. Computation of Investment In				<u> </u>	1 1	,,
17	Investment income percentage for 2022 (			by line 13, colu	ımn (f))	17	%
18	Investment income percentage from 202			-			%
19a	331/3% support tests-2022. If the organ						
	17 is not more than 331/3%, check this box						
b	331/3% support tests-2021. If the organize	zation did not c	heck a box on	line 14 or line	19a, and line 16	is more than 3	
	line 18 is not more than 331/3%, check this	box and <b>stop h</b>	ere. The organ	ization qualifies	s as a publicly s	upported organ	nization .
20	Private foundation. If the organization di	id not check a	box on line 14	19a or 19h	check this hox	and see instru	ctions

Schedule A (Form 990) 2022 Page 4

#### **Supporting Organizations** Part IV

(Complete only if you checked a box on line 12 of 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.)

#### Se

Secti	on A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.	3a		
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)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	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)? If "Yes," explain in <b>Part VI</b> 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.	4c		
5а	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in <b>Part VI</b> , 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).	5a		
b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5с		
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	6		
	with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).	8		
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))? If "Yes," provide detail in <b>Part VI</b> .	9a		
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? If "Yes," provide detail in <b>Part VI</b> .	9b		
С	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? If "Yes," provide detail in Part VI.	9с		
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)? If "Yes," answer line 10b below.	10a		

b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

determine whether the organization had excess business holdings.)

10b

Schedule A (Form 990) 2022 Page 5 Part IV **Supporting Organizations** (continued) Yes No 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? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI. 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? 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. 1 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? 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. 2 Section C. Type II Supporting Organizations Yes No 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)? 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). 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 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? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). 2 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? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. 3 Section E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). The organization satisfied the Activities Test. Complete **line 2** below. The organization is the parent of each of its supported organizations. *Complete line 3 below.* С The organization supported a governmental entity. Describe in **Part VI** how you supported a governmental entity (see instructions). 2 Activities Test. Answer lines 2a and 2b below. Yes No 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? 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. 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? 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. 2b Parent of Supported Organizations. Answer lines 3a and 3b below. 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? If "Yes" or "No," provide details in Part VI. 3a

Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard.

3b

Schedule A (Form 990) 2022

	Tune III New Functionally Integrated 500(a)(2) Supporting Ora		inations	rage <b>C</b>
Part				
1	Check here if the organization satisfied the Integral Part Test as a qualifying			
Sect	instructions. All other Type III non-functionally integrated supporting organion A—Adjusted Net Income	IIZal	(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		(Optional)
_ <u>.</u>	Recoveries of prior-year distributions	2		
_ <del>_</del> _	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
<u>.</u>	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		
Sect	ion 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors (explain in detail in Part VI):			
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		
Sect	ion 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	Check here if the current year is the organization's first as a non-functional (see instructions)	ally i	integrated Type III suppor	ting organization

Schedule A (Form 990) 2022 Page 7

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Part V Section D-Distributions **Current Year** 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 4 Amounts paid to acquire exempt-use assets 4 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 5 Other distributions (describe in Part VI). See instructions. 6 6 7 Total annual distributions. Add lines 1 through 6. 7 Distributions to attentive supported organizations to which the organization is responsive 8 (provide details in Part VI). See instructions. 8 Distributable amount for 2022 from Section C, line 6 9 9 10 10 Line 8 amount divided by line 9 amount (ii) (iii) Section E—Distribution Allocations (see instructions) **Underdistributions Distributable Excess Distributions** Pre-2022 Amount for 2022 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. Excess distributions carryover, if any, to 2022 a From 2017 . . . . . From 2018 **c** From 2019 **d** From 2020 . . . . . **e** From 2021 . . . . Total of lines 3a through 3e Applied to underdistributions of prior years Applied to 2022 distributable amount Carryover from 2017 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. Distributions for 2022 from Section D, line 7: Applied to underdistributions of prior years Applied to 2022 distributable amount Remainder. Subtract lines 4a and 4b from line 4. Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result 5 greater than zero, explain in Part VI. See instructions. Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2023. Add lines 3j and 4c. Breakdown of line 7: Excess from 2018 . . . Excess from 2019 . . . Excess from 2020 . . . Excess from 2021 . . . Excess from 2022 . . .

Schedule A (Form 990) 2022 Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part Part VI III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.) Schedule A, Part II, Line 10 - MISCELLANEOUS REVENUE

### **SCHEDULE 0** (Form 990)

#### 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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name of the organization	Employer identification number
JUNIOR LEAGUE OF MONTEREY CO INC	94-6080038
JOINION LEAGUE OF WICHTENET CO INC	74-0000030

#### JUNIOR LEAGUE OF MONTEREY CO INC

Form: Form 990-EZ (2022) EIN: 94-6080038

Page: **1** 

Part I, Line 8

Other	Revenue	Structured	Explanation
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Description	Amount
MISCELLANEOUS REVENUE	2,637
Total:	2,637

#### JUNIOR LEAGUE OF MONTEREY CO INC

Part I, Line 16

Form: **Form 990-EZ (2022)** EIN: **94-6080038** 

Page: 1

#### Other Expenses Structured Explanation

Description	Amount
OFFICE EXPENSES	15,225
PROGRAM EXPENSES	11,887
INSURANCE	7,895
TRAVEL AND MEETING EXPENSES	2,648
INFORMATION TECHNOLOGY	2,127
ADVERTISING	500
Total:	40,282

#### JUNIOR LEAGUE OF MONTEREY CO INC

Part II, Line 24

Form: Form 990-EZ (2022) EIN: **94-6080038** 

Page: **2** 

Other Assets Structured Explanation		
Description	EOY Amount	
INVESTMENTS	194,577	
ACCOUNTS RECEIVABLE	18,163	
Total:	212,740	

#### JUNIOR LEAGUE OF MONTEREY CO INC

Form: Form 990-EZ (2022) EIN: **94-6080038** Page: **2** 

Other Liabilities Structured Explanation

Part II, Line 26

Other Elabilities of detailed Explanation		
Description	EOY Amount	
DEFERRED REVENUE	16,221	
ACCOUNTS PAYABLE	3,794	
Total:	20,015	

JUNIOR LEAGUE OF MONTEREY CO INC

Form: **Form 990-EZ (2022)** EIN: **94-6080038** 

Page: 2 Part III

#### **Primary Exempt Purpose**

#### **Primary Exempt Purpose**

TO PROMOTE VOLUNTARISM, DEVELOP THE POTENTIAL OF WOMEN AND IMPROVE THE COMMUNITY THROUGH THE EFFECTIVE ACTION AND LEADERSHIP OF TRAINED VOLUNTEERS.

#### JUNIOR LEAGUE OF MONTEREY CO INC

Form: Form 990-EZ (2022) EIN: 94-6080038
Page: 2 Part III, Line 30

Third Program Service Accomplishments Description

#### Description

CHILDREN LIFE SKILLS, AND OTHER PROJECTS, INCLUDING 11 COMMUNITY GARDENS THAT SERVE OVER 400 STUDENTS.

#### JUNIOR LEAGUE OF MONTEREY CO INC

Form: **Form 990-EZ (2022)** EIN: **94-6080038** 

Page: 2

Part III, Line 31

Other Program Service Accomplishments
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	rum eer riee 7 teeemphemmente		
Description	Grants And	Includes	Program
	Allocations	Foreign	Service
		Grants	Expenses
OTHER PROJECTS	0		1,687

Total: 1,687