

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

2022Open to Public
Inspection

A For the 2022 calendar year, or tax year beginning 07/01/22, and ending 06/30/23

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 THE PARENTING CONNECTION OF MONTEREY CO.		D Employer identification number 41-2132550
	Doing business as		E Telephone number 831-601-8285
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite PO BOX 1052		
	City or town, state or province, country, and ZIP or foreign postal code MARINA CA 93933		G Gross receipts \$ 342,090
	F Name and address of principal officer: STEPHANIE MCMURTRIE 137 PINE CANYON ROAD SALINAS, CA. 9398		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	H(c) Group exemption number
J Website: N/A	L Year of formation:
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other	M State of legal domicile:

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SUPPORT PARENTS ABILITY TO NURTURE YOUNG CHILDREN		
	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)	8	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	8	
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	14	
Revenue	6 Total number of volunteers (estimate if necessary)	0	
	7a Total unrelated business revenue from Part VIII, column (A), line 7	0	
	b Net unrelated business taxable income from Form 990-T, Part I, line 11	0	
	8 Contributions and grants (Part VIII, line 1h)	114,319	
	9 Program service revenue (Part VIII, line 2g)	4,050	
	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)	0	
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	118,369	
	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)		0	
16a Professional fundraising fees (Part IX, column (A), line 11e)		0	
b Total fundraising expenses (Part IX, column (D), line 25)		0	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		121,180	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		121,180	
19 Revenue less expenses. Subtract line 18 from line 12		-2,811	
Net Assets or Fund Balances		20 Total assets (Part X, line 16)	31,151
		21 Total liabilities (Part X, line 26)	0
	22 Net assets or fund balances. Subtract line 21 from line 20	31,151	

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 STEPHANIE MCMURTRIE-ADAMS	Date 1/18/24
	Type or print name and title PRESIDENT	
Paid Preparer Use Only	Print/Type preparer's name JOHN E. LAORATO	Preparer's signature JOHN E. LAORATO
	Firm's name LAORATO & DARLING, INC.	Firm's EIN 94-255708
	Firm's address 246 CAPITOL ST SALINAS, CA 93901-2625	Phone no. 831-422-90

May the IRS discuss this return with the preparer shown above? See instructions

☒ Yes ☐ NoFor Paperwork Reduction Act Notice, see the separate instructions.
DAAForm **990**