

**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](http://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 **6/01**, 2023, and ending **5/31**, 2024

<b>B</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	<b>C</b> Neptunian Womans Club of Manhattan PO Box 3291 Manhattan Beach, CA 90266	<b>D</b> Employer identification number 95-1887800 <b>E</b> Telephone number (310) 374-9473 <b>G</b> Gross receipts \$ <b>233,896.</b>
<b>F</b> Name and address of principal officer: <b>Paula Davern</b> Same As C Above		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> 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: **www.neptunians.org**    **H(c)** Group exemption number

**K** Form of organization:  Corporation     Trust     Association     Other    **L** Year of formation: **1943**    **M** State of legal domicile: **CA**

**Part I Summary**

	<b>1</b> Briefly describe the organization's mission or most significant activities: <u>Organization provides grants to community based not for profit organizations and scholarships to local high school and college students</u>		
<b>Activities &amp; Governance</b>	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) .....	<b>3</b>	14
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) .....	<b>4</b>	14
	<b>5</b> Total number of individuals employed in calendar year 2023 (Part V, line 2a) .....	<b>5</b>	0
	<b>6</b> Total number of volunteers (estimate if necessary) .....	<b>6</b>	200
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 .....	<b>7a</b>	0.
	<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11 .....	<b>7b</b>	0.
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h) .....	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g) .....	64,916.	75,104.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....	19,126.	23,553.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....	48.	1,240.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....	69,571.	61,595.
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) .....	153,661.	161,492.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) .....		
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) .....		
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) .....		
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) .....		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) .....	114,148.	164,637.
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) .....	114,148.	164,637.
<b>Net Assets or Fund Balances</b>	<b>19</b> Revenue less expenses. Subtract line 18 from line 12 .....	39,513.	-3,145.
	<b>20</b> Total assets (Part X, line 16) .....	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26) .....	1,534,076.	1,518,585.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20 .....	406,506.	394,160.
		1,127,570.	1,124,425.

**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.

<b>Sign Here</b>	Signature of officer <b>Paula Davern</b>	Date	
	Type or print name and title	<b>Treasurer</b>	
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>Keith Yang CPA</b>	Preparer's signature <b>Keith Yang CPA</b>	Date <b>11/14/24</b>
	Firm's name <b>Realm Business and Tax Advisory</b>	Check <input type="checkbox"/> if self-employed	PTIN <b>P00741487</b>
	Firm's address <b>1097 Aviation Blvd. Hermosa Beach, CA 90254</b>	Firm's EIN <b>95-3553868</b>	Phone no. <b>310-376-0455</b>
	May the IRS discuss this return with the preparer shown above? See instructions .....		

**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:

Organization provides grants to community based not for profit organizations and  
scholarships to local high school and college students

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 \$ 125,623. including grants of \$ ) (Revenue \$ )

To provide community service and philanthropy in the South Bay area

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

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

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

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

4e Total program service expenses 125,623.