

Return of Organization Exempt From Income Tax

Form 990

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2023

Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A For the 2023 calendar year, or tax year beginning JUL 1, 2023 and ending JUN 30, 2024

B Check if applicable: C Name of organization: YWCA GREENWICH, CONNECTICUT, INC. D Employer identification number: 06-0646992 E Telephone number: (203) 869-6501 G Gross receipts \$: 21,601,096. H(a) Is this a group return for subordinates? H(b) Are all subordinates included? I Tax-exempt status: J Website: WWW.YWCAGREENWICH.ORG K Form of organization: L Year of formation: 1919 M State of legal domicile: CT

Part I Summary table with columns for Revenue, Expenses, and Net Assets or Fund Balances. Rows include mission statement, governance metrics, revenue breakdown, expenses, and net assets.

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.

Signature and preparer information fields including officer name (MARY LEE KIERNAN), preparer name (GARRETT M. HIGGINS), and firm information (PKF O'CONNOR DAVIES ADVISORY, LLC).

May the IRS discuss this return with the preparer shown above? See instructions [X] Yes [] No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: TO EMPOWER WOMEN AND GIRLS AND PROMOTE INCLUSION AND DIGNITY FOR ALL IN OUR COMMUNITY. THROUGH LEADERSHIP, INNOVATIVE PROGRAMS, SERVICES AND EDUCATIONAL OPPORTUNITIES, YWCA GREENWICH IS A DRIVING FORCE FOR A HEALTHIER, SAFER AND MORE EQUITABLE COMMUNITY.

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 [X] 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? [X] 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 \$ 2,604,451. including grants of \$ 198,889.) (Revenue \$ 1,932,794.) CHILDHOOD EDUCATION: YWCA GREENWICH CHILDHOOD EDUCATION PROGRAMS PROVIDE CHILDREN AGED 15 MONTHS TO PRETEEN WITH HIGH QUALITY PRESCHOOL, AFTERSCHOOL, SCHOOL VACATION AND SUMMER CAMP PROGRAMS AND FINANCIAL AID IS AVAILABLE. THE PRESCHOOL AND AFTERSCHOOL PROGRAMS ARE LICENSED BY THE CT OFFICE OF EARLY CHILDHOOD. THE PRESCHOOL IS ACCREDITED BY THE NATIONAL ASSOCIATION FOR THE EDUCATION OF YOUNG CHILDREN, AND THE SUMMER CAMP IS ACCREDITED BY THE AMERICAN CAMP ASSOCIATION. THESE PROGRAMS BUILD ACADEMIC KNOWLEDGE, ENCOURAGE SOCIAL AND EMOTIONAL GROWTH, AND SUPPORT PHYSICAL VITALITY. STUDENTS UTILIZE A MODERN STEAM CLASSROOM AND RECEIVE INSTRUCTION IN SWIMMING, GYMNASTICS, SPANISH, YOGA AND MUSIC.

4b (Code:) (Expenses \$ 1,412,239. including grants of \$ 2,180.) (Revenue \$ 936,222.) AQUATICS PROGRAMS: YWCA GREENWICH AQUATICS PROGRAMS ARE FOR ALL AGES, FROM BABIES THROUGH SENIORS, AND PROVIDE THE HIGHEST QUALITY INSTRUCTION IN WATER SAFETY, SKILL DEVELOPMENT, TECHNIQUE AND COORDINATION, WHILE IMPROVING PHYSICAL FITNESS. THERAPEUTIC CLASSES INCREASE RANGE OF MOTION AND RESTORE STRENGTH. BI-LINGUAL CLASSES PROMOTE WATER SAFETY AND SKILL BUILDING FOR THOSE LEARNING ENGLISH. YWCA GREENWICH RUNS THE HIGHLY COMPETITIVE DOLPHINS SWIM TEAM, DESIGNATED BY USA SWIMMING AS EITHER A SILVER OR BRONZE LEVEL CLUB FOR FOUR OUT OF THE LAST FIVE YEARS. THIS NATIONAL RECOGNITION IS AWARDED TO ONLY THE TOP 100 CLUBS IN THE USA, AND THE DOLPHINS ARE THE ONLY LOCAL TEAM WITH THIS DESIGNATION.

4c (Code:) (Expenses \$ 1,271,420. including grants of \$ 127,363.) (Revenue \$ 522.) HARMONY PROJECT: YWCA GREENWICH IS THE ONLY PROVIDER OF BOTH DOMESTIC AND SEXUAL VIOLENCE SERVICES IN GREENWICH DESIGNATED AND ACCREDITED BY THE CONNECTICUT COALITION AGAINST DOMESTIC VIOLENCE AND AFFILIATED WITH THE RAPE, ABUSE, INCEST NATIONAL NETWORK, WITH STAFF LICENSED TO PROVIDE A VARIETY OF VICTIM SERVICES. YWCA GREENWICH IMPLEMENTED SEXUAL VIOLENCE SERVICES THIS FISCAL YEAR. DOMESTIC VIOLENCE IS THE NUMBER ONE VIOLENT CRIME AND SECOND MOST INVESTIGATED CRIME LOCALLY. YWCA GREENWICH PROVIDES ALL SERVICES FREE OF CHARGE. SERVICES INCLUDE 24/7 HOTLINES, CRISIS INTERVENTION, GROUP AND INDIVIDUAL COUNSELING, EMERGENCY SHELTER, CIVIL AND CRIMINAL COURT ADVOCACY, CHILD COUNSELING AND HOUSING SERVICES. COMMUNITY EDUCATION, TRAININGS AND PREVENTION PROGRAMS ARE ALSO CRITICAL COMPONENTS OF OUR PROGRAM.

4d Other program services (Describe on Schedule O.) (Expenses \$ 1,272,976. including grants of \$ 6,405.) (Revenue \$ 1,136,116.)

4e Total program service expenses 6,561,086.

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Yes, No. Rows 1-21 with various questions and 'X' marks in the Yes/No columns.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question number, Yes, No. Rows 22-38 detailing various organizational requirements and reporting obligations.

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

Table with 3 columns: Question number, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Form 990-2023-Part V table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and various organizational requirements.

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

| | 1a | 1b | Yes | No |
|---|----|----|-----|----|
| 1a Enter the number of voting members of the governing body at the end of the tax year | 30 | | | |
| If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. | | | | |
| b Enter the number of voting members included on line 1a, above, who are independent | | 30 | | |
| 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | | | | X |
| 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? | | | | X |
| 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | | | | X |
| 5 Did the organization become aware during the year of a significant diversion of the organization's assets? | | | | X |
| 6 Did the organization have members or stockholders? | | | X | |
| 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | | | X | |
| b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | | | X | |
| 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | | |
| a The governing body? | | | X | |
| b Each committee with authority to act on behalf of the governing body? | | | X | |
| 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O. | | | | X |

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

| | Yes | No |
|--|-----|----|
| 10a Did the organization have local chapters, branches, or affiliates? | | X |
| b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | | |
| 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | | X |
| b Describe on Schedule O the process, if any, used by the organization to review this Form 990. | | |
| 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 | X | |
| b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | X | |
| c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done | X | |
| 13 Did the organization have a written whistleblower policy? | X | |
| 14 Did the organization have a written document retention and destruction policy? | X | |
| 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | |
| a The organization's CEO, Executive Director, or top management official | X | |
| b Other officers or key employees of the organization | X | |
| If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. | | |
| 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | | X |
| b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? | | |

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NONE
- 18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records
BETH DEXTER - (203) 869-6501
259 EAST PUTNAM AVENUE, GREENWICH, CT 06830

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|---|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) MARY LEE KIERNAN PRESIDENT AND CEO | 40.00 | | | X | | | | 315,096. | 0. | 32,956. |
| (2) BETH DEXTER CHIEF FINANCIAL OFFICER | 40.00 | | | X | | | | 186,952. | 0. | 14,525. |
| (3) KATHLEEN SEIDEN CHIEF ADVANCEMENT OFFICER | 40.00 | | | X | | | | 175,481. | 0. | 25,975. |
| (4) GERI SMILES, DIRECTOR EARLY CHILDHOOD EDUCATION | 40.00 | | | | | X | | 129,370. | 0. | 11,047. |
| (5) NICHOLAS CAVATARO HEAD COACH, SWIM TEAM | 40.00 | | | | | X | | 108,020. | 0. | 7,421. |
| (6) JANE BATKIN CHAIR | 1.00 | X | | X | | | | 0. | 0. | 0. |
| (7) LAUREN WALSH VICE CHAIR | 1.00 | X | | X | | | | 0. | 0. | 0. |
| (8) DAWN ISRAEL TREASURER | 1.00 | X | | X | | | | 0. | 0. | 0. |
| (9) MARIA MERRILL SECRETARY | 1.00 | X | | X | | | | 0. | 0. | 0. |
| (10) TOLAND SHERRIFF V.C., DEVELOPMENT | 1.00 | X | | X | | | | 0. | 0. | 0. |
| (11) LOUISA WINTHROP V.C., HARMONY PROJECT | 1.00 | X | | X | | | | 0. | 0. | 0. |
| (12) EMILIE POWERS CHAIR, GOVERNANCE (THRU JAN 2024) | 1.00 | X | | X | | | | 0. | 0. | 0. |
| (13) STEPHANIE KRUSE CHAIR, GOVERNANCE/DIRECTOR (THRU JAN | 1.00 | X | | X | | | | 0. | 0. | 0. |
| (14) MICHELE WOLFRAM V.C., PROGRAMS AND MEMBERSHIP | 1.00 | X | | X | | | | 0. | 0. | 0. |
| (15) CELESTE BALDWIN DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (16) STEPHANIE FRANKEL DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (17) MELISSA GRAHAM DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|---|---|-----------------------|---------|--------------|------------------------------|----------|---|--|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (18) TRACY GUARNERA DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| (19) BRI HART DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| (20) DEBORAH HODYS DIRECTOR (THRU FEB 2024) | 1.00 | X | | | | | 0. | 0. | 0. | |
| (21) LAUREN JONES DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| (22) JENNIFER KAALUND DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| (23) ALLISON KINGSLEY DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| (24) KASHA KONOPKA DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| (25) CECILIA LIEBERMAN DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| (26) JENNIFER LINARDOS DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| 1b Subtotal | | | | | | | 914,919. | 0. | 91,924. | |
| c Total from continuation sheets to Part VII, Section A | | | | | | | 0. | 0. | 0. | |
| d Total (add lines 1b and 1c) | | | | | | | 914,919. | 0. | 91,924. | |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 5

| | Yes | No |
|--|-----|----|
| 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual | | X |
| 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual | X | |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person | | X |

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

| (A) Name and business address | (B) Description of services | (C) Compensation |
|---|--------------------------------|---------------------|
| SERVICE MANAGEMENT GROUP 25 CONTROLS DRIVE, SHELTON, CT 06484 | CLEANING SERVICES | 351,161. |
| COASTAL MECHANICAL SERVICES, INC. 40 HATHAWAY DRIVE, STRATFORD, CT 06615 | HVAC MAINTENANCE SERVICES | 343,336. |
| RS GRANOFF ARCHITECTS, PC 330 RAILROAD AVENUE, GREENWICH, CT 06830 | ARCHITECTURAL SERVICES | 153,951. |
| LAN & PC SERVICES, INC., 100 MELROSE AVENUE, SUITE 206, GREENWICH, CT 06830 | IT SERVICES | 128,764. |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 4

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

| | | | | (A) | (B) | (C) | (D) | |
|--|---|--|----|----------------------|------------------------------------|----------------------------|--|--|
| | | | | Total revenue | Related or exempt function revenue | Unrelated business revenue | Revenue excluded from tax under sections 512 - 514 | |
| Contributions, Gifts, Grants and Other Similar Amounts | 1 a | Federated campaigns | 1a | 50,000. | | | | |
| | b | Membership dues | 1b | | | | | |
| | c | Fundraising events | 1c | 1,369,025. | | | | |
| | d | Related organizations | 1d | | | | | |
| | e | Government grants (contributions) | 1e | 1,036,970. | | | | |
| | f | All other contributions, gifts, grants, and similar amounts not included above ... | 1f | 910,774. | | | | |
| | g | Noncash contributions included in lines 1a-1f | 1g | \$ 95,062. | | | | |
| | h Total. Add lines 1a-1f | | | | 3,366,769. | | | |
| Program Service Revenue | | | | Business Code | | | | |
| | 2 a | PROGRAM SERVICE FEES | | 624100 | 4,005,654. | 4,005,654. | | |
| | b | | | | | | | |
| | c | | | | | | | |
| | d | | | | | | | |
| | e | | | | | | | |
| | f | All other program service revenue | | | | | | |
| g Total. Add lines 2a-2f | | | | 4,005,654. | | | | |
| Other Revenue | 3 | Investment income (including dividends, interest, and other similar amounts) | | | 275,555. | | 275,555. | |
| | 4 | Income from investment of tax-exempt bond proceeds | | | | | | |
| | 5 | Royalties | | | | | | |
| | 6 a | Gross rents | 6a | (i) Real | (ii) Personal | | | |
| | | | | | | | | |
| | | | | | | | | |
| | b | Less: rental expenses ... | 6b | | | | | |
| | c | Rental income or (loss) | 6c | | | | | |
| | d | Net rental income or (loss) | | | | | | |
| | 7 a | Gross amount from sales of assets other than inventory | 7a | (i) Securities | (ii) Other | | | |
| | | | | | | | | |
| | | | | | | | | |
| | b | Less: cost or other basis and sales expenses | 7b | 12,149,271. | | | | |
| | c | Gain or (loss) | 7c | 1,602,129. | | | | |
| | d | Net gain or (loss) | | | 1,602,129. | | 1602129. | |
| 8 a | Gross income from fundraising events (not including \$ 1,369,025. of contributions reported on line 1c). See Part IV, line 18 | 8a | | | 175,480. | | | |
| | | | | | 396,847. | | | |
| | | | | | | | | |
| b | Less: direct expenses | 8b | | | | | | |
| c | Net income or (loss) from fundraising events | | | | -221,367. | | -221,367. | |
| 9 a | Gross income from gaming activities. See Part IV, line 19 | 9a | | | 24,790. | | | |
| | | | | | 5,734. | | | |
| | | | | | | | | |
| b | Less: direct expenses | 9b | | | | | | |
| c | Net income or (loss) from gaming activities | | | | 19,056. | | 19,056. | |
| 10 a | Gross sales of inventory, less returns and allowances | 10a | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| b | Less: cost of goods sold | 10b | | | | | | |
| c | Net income or (loss) from sales of inventory | | | | | | | |
| Miscellaneous Revenue | | | | Business Code | | | | |
| | 11 a | MISCELLANEOUS | | 900099 | 1,448. | | 1,448. | |
| | b | | | | | | | |
| | c | | | | | | | |
| | d | All other revenue | | | | | | |
| e Total. Add lines 11a-11d | | | | 1,448. | | | | |
| 12 Total revenue. See instructions | | | | 9,049,244. | 4,005,654. | 0. | 1676821. | |

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ... | | | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | 334,837. | 334,837. | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | | | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 757,357. | 164,878. | 428,939. | 163,540. |
| 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | |
| 7 Other salaries and wages | 3,646,734. | 3,243,464. | 252,027. | 151,243. |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 110,235. | 89,818. | 19,280. | 1,137. |
| 9 Other employee benefits | 174,893. | 141,829. | 28,364. | 4,700. |
| 10 Payroll taxes | 358,665. | 254,730. | 81,620. | 22,315. |
| 11 Fees for services (nonemployees): | | | | |
| a Management | | | | |
| b Legal | 46,228. | | 46,228. | |
| c Accounting | 40,000. | | 40,000. | |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | 142,641. | | | 142,641. |
| f Investment management fees | 52,633. | | 52,633. | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) | 451,382. | 342,330. | 84,929. | 24,123. |
| 12 Advertising and promotion | 42,716. | 6,813. | 9,829. | 26,074. |
| 13 Office expenses | 299,347. | 192,143. | 59,143. | 48,061. |
| 14 Information technology | | | | |
| 15 Royalties | | | | |
| 16 Occupancy | 935,641. | 888,153. | 34,940. | 12,548. |
| 17 Travel | 105,329. | 72,202. | 5,038. | 28,089. |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials ... | | | | |
| 19 Conferences, conventions, and meetings | 26,062. | 17,865. | 1,247. | 6,950. |
| 20 Interest | | | | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 413,702. | 365,661. | 17,220. | 30,821. |
| 23 Insurance | 134,242. | 111,838. | 12,206. | 10,198. |
| 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) | | | | |
| a SUPPLIES | 363,594. | 296,227. | 29,627. | 37,740. |
| b FOOD & BEVERAGE | 40,073. | 33,177. | 6,896. | |
| c STAFF TRAINING | 17,020. | 5,121. | 10,712. | 1,187. |
| d _____ | | | | |
| e All other expenses _____ | | | | |
| 25 Total functional expenses. Add lines 1 through 24e | 8,493,331. | 6,561,086. | 1,220,878. | 711,367. |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) | | | | |

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

| | | (A) Beginning of year | | (B) End of year | |
|-----------------------------|---|---|-----------------|--------------------|-------------|
| Assets | 1 | Cash - non-interest-bearing | 459,676. | 1 | 396,589. |
| | 2 | Savings and temporary cash investments | 260,297. | 2 | 1,045,366. |
| | 3 | Pledges and grants receivable, net | 1,168,015. | 3 | 743,282. |
| | 4 | Accounts receivable, net | 222,518. | 4 | 57,913. |
| | 5 | Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 5 | |
| | 6 | Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) | | 6 | |
| | 7 | Notes and loans receivable, net | | 7 | |
| | 8 | Inventories for sale or use | | 8 | |
| | 9 | Prepaid expenses and deferred charges | 125,002. | 9 | 125,118. |
| | 10a | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 13,383,929. | | |
| | b | Less: accumulated depreciation | 10b 6,721,357. | 10c | 6,662,572. |
| | 11 | Investments - publicly traded securities | 11,602,491. | 11 | 10,926,886. |
| | 12 | Investments - other securities. See Part IV, line 11 | | 12 | |
| | 13 | Investments - program-related. See Part IV, line 11 | | 13 | |
| | 14 | Intangible assets | | 14 | |
| | 15 | Other assets. See Part IV, line 11 | 145,847. | 15 | 115,409. |
| 16 | Total assets. Add lines 1 through 15 (must equal line 33) | 19,930,321. | 16 | 20,073,135. | |
| Liabilities | 17 | Accounts payable and accrued expenses | 561,853. | 17 | 454,941. |
| | 18 | Grants payable | | 18 | |
| | 19 | Deferred revenue | 858,272. | 19 | 957,486. |
| | 20 | Tax-exempt bond liabilities | | 20 | |
| | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| | 22 | Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 22 | |
| | 23 | Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D | 145,847. | 25 | 113,003. |
| | 26 | Total liabilities. Add lines 17 through 25 | 1,565,972. | 26 | 1,525,430. |
| Net Assets or Fund Balances | Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33. | | | | |
| | 27 | Net assets without donor restrictions | 16,610,702. | 27 | 16,781,607. |
| | 28 | Net assets with donor restrictions | 1,753,647. | 28 | 1,766,098. |
| | Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33. | | | | |
| | 29 | Capital stock or trust principal, or current funds | | 29 | |
| | 30 | Paid-in or capital surplus, or land, building, or equipment fund | | 30 | |
| | 31 | Retained earnings, endowment, accumulated income, or other funds | | 31 | |
| | 32 | Total net assets or fund balances | 18,364,349. | 32 | 18,547,705. |
| 33 | Total liabilities and net assets/fund balances | 19,930,321. | 33 | 20,073,135. | |

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

| | | | |
|----|--|----|-------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 9,049,244. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 8,493,331. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 555,913. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 18,364,349. |
| 5 | Net unrealized gains (losses) on investments | 5 | -372,557. |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | 9 | 0. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | 10 | 18,547,705. |

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

| | | Yes | No |
|----|---|-----|----|
| 1 | Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | | X |
| 2b | Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | X | |
| 2c | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. | X | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____ | | X |
| 3b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____ | | |

Form 990 (2023)

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

Table with 7 columns: (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 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); 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities, whether or not the business is regularly carried on; 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 11 Total support. Add lines 7 through 10.

12 Gross receipts from related activities, etc. (see instructions) 12
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) 14 %
15 Public support percentage from 2022 Schedule A, Part II, line 14 15 %
16a 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization
b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization
17a 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization
b 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 3547757. | 7791371. | 4776760. | 2904265. | 3366769. | 22386922. |
| 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 | 2620674. | 2078420. | 3442564. | 3948213. | 4005654. | 16095525. |
| 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 Total. Add lines 1 through 5 | 6168431. | 9869791. | 8219324. | 6852478. | 7372423. | 38482447. |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | 286,995. | 1297488. | 487,711. | 195,867. | 193,514. | 2461575. |
| 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 | | | | | | 0. |
| c Add lines 7a and 7b | 286,995. | 1297488. | 487,711. | 195,867. | 193,514. | 2461575. |
| 8 Public support. (Subtract line 7c from line 6.) | | | | | | 36020872. |

Section B. Total Support

| Calendar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
|--|----------|-----------|----------|----------|----------|-----------|
| 9 Amounts from line 6 | 6168431. | 9869791. | 8219324. | 6852478. | 7372423. | 38482447. |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 222,656. | 180,857. | 226,654. | 392,033. | 275,555. | 1297755. |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | 222,656. | 180,857. | 226,654. | 392,033. | 275,555. | 1297755. |
| 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.) | 87,566. | 52,006. | 45,793. | 816. | 1,448. | 187,629. |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | 6478653. | 10102654. | 8491771. | 7245327. | 7649426. | 39967831. |
| 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/> | | | | | | |

Section C. Computation of Public Support Percentage

| | | |
|--|----|---------|
| 15 Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) | 15 | 90.12 % |
| 16 Public support percentage from 2022 Schedule A, Part III, line 15 | 16 | 89.86 % |

Section D. Computation of Investment Income Percentage

| | | |
|---|----|--------|
| 17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)) | 17 | 3.25 % |
| 18 Investment income percentage from 2022 Schedule A, Part III, line 17 | 18 | 3.14 % |

19a **33 1/3% support tests - 2023.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b **33 1/3% support tests - 2022.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(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.)

Section A. All Supporting Organizations

| | Yes | No |
|---|-----|----|
| 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i> | | |
| 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i> | | |
| 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i> | | |
| 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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i> | | |
| c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i> | | |
| 4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i> | | |
| b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i> | | |
| c 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)? <i>If "Yes," explain in Part VI 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.</i> | | |
| 5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, 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).</i> | | |
| b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? | | |
| c Substitutions only. Was the substitution the result of an event beyond the organization's control? | | |
| 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 with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i> | | |
| 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i> | | |
| 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))? <i>If "Yes," provide detail in Part VI.</i> | | |
| 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? <i>If "Yes," provide detail in Part VI.</i> | | |
| c 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? <i>If "Yes," provide detail in Part VI.</i> | | |
| 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)? <i>If "Yes," answer line 10b below.</i> | | |
| b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i> | | |

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 2: 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?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: 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)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 2: 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? Row 3: 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?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). See instructions.
 All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

| Section A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
|---------------------------------|--|----------------|-----------------------------|
| 1 | Net short-term capital gain | 1 | |
| 2 | Recoveries of prior-year distributions | 2 | |
| 3 | Other gross income (see instructions) | 3 | |
| 4 | Add lines 1 through 3. | 4 | |
| 5 | 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 | |

| Section 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): | | |
| a | Average monthly value of securities | 1a | |
| b | Average monthly cash balances | 1b | |
| c | Fair market value of other non-exempt-use assets | 1c | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | |
| e | Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>): | | |
| 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 | |

| Section 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 | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). | | |

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

| Section D - Distributions | Current Year |
|---|--------------|
| 1 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 | 3 |
| 4 Amounts paid to acquire exempt-use assets | 4 |
| 5 Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>) | 5 |
| 6 Other distributions (<i>describe in Part VI</i>). See instructions. | 6 |
| 7 Total annual distributions. Add lines 1 through 6. | 7 |
| 8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions. | 8 |
| 9 Distributable amount for 2023 from Section C, line 6 | 9 |
| 10 Line 8 amount divided by line 9 amount | 10 |

| Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2023 | (iii) Distributable Amount for 2023 |
|---|-----------------------------|--|---|
| 1 Distributable amount for 2023 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2023 (reasonable cause required - <i>explain in Part VI</i>). See instructions. | | | |
| 3 Excess distributions carryover, if any, to 2023 | | | |
| a From 2018 | | | |
| b From 2019 | | | |
| c From 2020 | | | |
| d From 2021 | | | |
| e From 2022 | | | |
| f Total of lines 3a through 3e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2023 distributable amount | | | |
| i Carryover from 2018 not applied (see instructions) | | | |
| j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | |
| 4 Distributions for 2023 from Section D, line 7: \$ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2023 distributable amount | | | |
| c Remainder. Subtract lines 4a and 4b from line 4. | | | |
| 5 Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions. | | | |
| 6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions. | | | |
| 7 Excess distributions carryover to 2024. Add lines 3j and 4c. | | | |
| 8 Breakdown of line 7: | | | |
| a Excess from 2019 | | | |
| b Excess from 2020 | | | |
| c Excess from 2021 | | | |
| d Excess from 2022 | | | |
| e Excess from 2023 | | | |

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part 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.)

Multiple horizontal lines for supplemental information.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization: YWCA GREENWICH, CONNECTICUT, INC. Employer identification number: 06-0646992

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-9 regarding conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1a-1b regarding art and historical treasures.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | 11,617,326. | 10,593,699. | 12,343,408. | 850,000. | 850,000. |
| b Contributions | | | | 9,276,672. | |
| c Net investment earnings, gains, and losses | 1,451,012. | 1,035,700. | -1,660,967. | 2,280,893. | 22,847. |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | 1,196,028. | 12,073. | 23,093. | | 16,887. |
| f Administrative expenses | | | 65,649. | 64,157. | 5,960. |
| g End of year balance | 11,872,310. | 11,617,326. | 10,593,699. | 12,343,408. | 850,000. |

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 88.4000 %
 - b Permanent endowment 11.6000 %
 - c Term endowment _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|-----|----|
| (i) Unrelated organizations? | | X |
| (ii) Related organizations? | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|---|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | 418,982. | | 418,982. |
| b Buildings | | 11,643,995. | 6,415,086. | 5,228,909. |
| c Leasehold improvements | | | | |
| d Equipment | | 560,096. | 306,271. | 253,825. |
| e Other | | 760,856. | | 760,856. |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)) | | | | 6,662,572. |

Part VII Investments - Other Securities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|--|----------------|---|
| (1) Financial derivatives | | |
| (2) Closely held equity interests | | |
| (3) Other | | |
| (A) | | |
| (B) | | |
| (C) | | |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B)) | | |

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|--|----------------|---|
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) | | |

Part IX Other Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

| (a) Description | (b) Book value |
|--|----------------|
| (1) | |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, line 15, col. (B)) | |

Part X Other Liabilities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

| 1. (a) Description of liability | (b) Book value |
|--|----------------|
| (1) Federal income taxes | |
| (2) OPERATING LEASE LIABILITY | 113,003. |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)) | |

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

| | | | | |
|---|---|----|------------|------------|
| 1 | Total revenue, gains, and other support per audited financial statements | | 1 | 8,416,580. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | |
| a | Net unrealized gains (losses) on investments | 2a | -372,557. | |
| b | Donated services and use of facilities | 2b | | |
| c | Recoveries of prior year grants | 2c | | |
| d | Other (Describe in Part XIII.) | 2d | | |
| e | Add lines 2a through 2d | 2e | -372,557. | |
| 3 | Subtract line 2e from line 1 | 3 | 8,789,137. | |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | 52,633. | |
| b | Other (Describe in Part XIII.) | 4b | 207,474. | |
| c | Add lines 4a and 4b | 4c | 260,107. | |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | 5 | 9,049,244. | |

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

| | | | | |
|---|--|----|------------|------------|
| 1 | Total expenses and losses per audited financial statements | | 1 | 8,233,224. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | |
| a | Donated services and use of facilities | 2a | | |
| b | Prior year adjustments | 2b | | |
| c | Other losses | 2c | | |
| d | Other (Describe in Part XIII.) | 2d | | |
| e | Add lines 2a through 2d | 2e | 0. | |
| 3 | Subtract line 2e from line 1 | 3 | 8,233,224. | |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | 52,633. | |
| b | Other (Describe in Part XIII.) | 4b | 207,474. | |
| c | Add lines 4a and 4b | 4c | 260,107. | |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | 5 | 8,493,331. | |

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4:

YWCA'S ENDOWMENT CONSISTS OF FIVE INDIVIDUAL FUNDS ESTABLISHED FOR A VARIETY OF PURPOSES. THE INCOME FROM THESE ASSETS CAN BE USED TO SUPPORT RACIAL JUSTICE, WOMEN'S ECONOMIC ADVANCEMENT, DOMESTIC ABUSE SERVICES AND MAKING THE BUILDING HANDICAPPED ACCESSIBLE. THE BOARD OF DIRECTORS OF YWCA HAS DESIGNATED THE REST OF THESE ASSETS TO BE INVESTED AS A QUASI-ENDOWMENT. YWCA HAS ADOPTED INVESTMENT AND SPENDING POLICIES REGARDING ITS ENDOWMENT FUND THAT ATTEMPT TO PROVIDE A PREDICTABLE STREAM OF FUNDING TO PROGRAMS AND OTHER PROJECTS SUPPORTED BY ITS INVESTMENT ASSETS WHILE SEEKING TO MAINTAIN THE PURCHASING POWER OF THE INVESTMENT ASSETS.

Part XIII Supplemental Information (continued)

PART X, LINE 2:

YWCA RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY IF THOSE POSITIONS ARE MORE LIKELY THAN NOT TO BE SUSTAINED. MANAGEMENT HAS DETERMINED THAT YWCA HAD NO UNCERTAIN TAX POSITIONS THAT WOULD REQUIRE FINANCIAL STATEMENT RECOGNITION OR DISCLOSURE. YWCA IS NO LONGER SUBJECT TO EXAMINATIONS BY THE APPLICABLE TAXING JURISDICTIONS FOR PERIODS PRIOR TO 2021.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

FINANCIAL AID NETTED AGAINST REVENUE 207,474.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

FINANCIAL AID NETTED AGAINST REVENUE 207,474.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

| | | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events (add col. (a) through col. (c)) | |
|-----------------|----|--|-------------------|------------------|--|------------|
| | | OLD BAG LUNCHEON | THE FALL PARTY | 3 | | |
| | | (event type) | (event type) | (total number) | | |
| Revenue | 1 | Gross receipts | 808,887. | 294,445. | 441,173. | 1,544,505. |
| | 2 | Less: Contributions | 754,107. | 253,245. | 361,673. | 1,369,025. |
| | 3 | Gross income (line 1 minus line 2) | 54,780. | 41,200. | 79,500. | 175,480. |
| Direct Expenses | 4 | Cash prizes | | | | |
| | 5 | Noncash prizes | | | | |
| | 6 | Rent/facility costs | | 39,532. | | 39,532. |
| | 7 | Food and beverages | 38,171. | 35,750. | 81,512. | 155,433. |
| | 8 | Entertainment | | 15,000. | | 15,000. |
| | 9 | Other direct expenses | 140,293. | 12,216. | 34,373. | 186,882. |
| | 10 | Direct expense summary. Add lines 4 through 9 in column (d) | | | | 396,847. |
| | 11 | Net income summary. Subtract line 10 from line 3, column (d) | | | | -221,367. |

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

| | | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col. (a) through col. (c)) | |
|-----------------|--|-----------------------|---|---|--|------|
| | | 1 | Gross revenue | | | |
| Direct Expenses | 2 | Cash prizes | | 5,400. | 5,400. | |
| | 3 | Noncash prizes | | | | |
| | 4 | Rent/facility costs | | | | |
| | 5 | Other direct expenses | | | 334. | 334. |
| | 6 | Volunteer labor | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes .00 % <input checked="" type="checkbox"/> No | |
| 7 | Direct expense summary. Add lines 2 through 5 in column (d) | | | | 5,734. | |
| 8 | Net gaming income summary. Subtract line 7 from line 1, column (d) | | | | 19,056. | |

9 Enter the state(s) in which the organization conducts gaming activities: CT

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

| | | |
|-------------------------------|-----|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name BETH DEXTER

Address 259 EAST PUTNAM AVE - GREENWICH, CT 06830

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____

c If "Yes," enter name and address of the third party:

Name _____

Address _____

- 16 Gaming manager information:

Name KATHY SEIDEN

Gaming manager compensation \$ 0.

Description of services provided OVERSIGHT OF RAFFLE

Director/officer Employee Independent contractor

- 17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: COMMUNITY COUNSELING SERVICE CO., LLC

(I) ADDRESS OF FUNDRAISER: _____

527 MADISON AVENUE, 5TH FLOOR, NEW YORK, NY 10022

(I) NAME OF FUNDRAISER: SHAKTI WRITING SERVICES, INC.

(I) ADDRESS OF FUNDRAISER: 169 SOUTH MAIN STREET, #358, NEW YORK, NY 10956

Part IV Supplemental Information (continued)

PART I, LINE 2B, COLUMN (V):

THE ORGANIZATION PAYS COMMUNITY COUNSELLING SERVICE CO. (CCS) A \$25,000 FEE FOR EVERY FOUR-WEEK PERIOD DURING THE FEASIBILITY STUDY PHASE, AND \$28,500 FOR EVERY FOUR-WEEK PERIOD DURING THE CAPITAL CAMPAIGN PHASE. THE ORGANIZATION ALSO PAYS CCS'S REIMBURSABLE EXPENDITURES ACTUALLY AND REASONABLY INCURRED IN THE PERFORMANCE OF SERVICES. ANY ADDITIONAL SERVICES WILL BE BILLED AT A DAILY RATE OF \$1,500.

THE ORGANIZATION IS SEEKING TO FUND A BUILDING ADDITION AND RENOVATION PROJECT.

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---|--------------------------|--------------------------|-----------------------------------|---|---------------------------------------|
| FINANCIAL AID | 155 | 207,474. | 0. | | |
| DOMESTIC ABUSE AND SEXUAL VIOLENCE SERVICES ASSISTANCE TO INDIVIDUALS | 359 | 90,564. | 36,799. | FAIR MARKET VALUE | SHELTER, FOOD, CLOTHING |
| | | | | | |
| | | | | | |

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

THE ORGANIZATION OFFERS FINANCIAL ASSISTANCE BASED ON FINANCIAL NEED AS DOCUMENTED IN AN APPLICATION WITH SUPPORTING DOCUMENTATION. THIS INCLUDES FINANCIAL AID ON PROGRAM FEES AS WELL AS EMERGENCY SHELTER COSTS AND SUPPLIES FOR VICTIMS OF DOMESTIC AND SEXUAL VIOLENCE.

YWCA GREENWICH ALSO OFFERS FREE PROGRAMMING AND USE OF ITS FACILITY TO MEMBERS OF THE COMMUNITY WHO MIGHT NOT OTHERWISE HAVE ACCESS DUE TO FINANCIAL CONSTRAINTS, INCLUDING AQUATICS AND AFTERSCHOOL ACTIVITIES.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2023

**Open to Public
Inspection**

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization

YWCA GREENWICH, CONNECTICUT, INC.

Employer identification number

06-0646992

Part I Questions Regarding Compensation

- 1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.
- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

| | Yes | No |
|-----------|-----|----|
| 1b | | |
| 2 | | |
| 4a | | X |
| 4b | | X |
| 4c | | X |
| 5a | | X |
| 5b | | X |
| 6a | | X |
| 6b | | X |
| 7 | X | |
| 8 | | X |
| 9 | | |

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2023

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 7:

THE ORGANIZATION AWARDED DISCRETIONARY BONUSES BASED ON PERFORMANCE TO CERTAIN INDIVIDUALS REPORTED IN PART VII AND SCHEDULE J. THESE BONUSES ARE APPROVED BY THE BOARD OF DIRECTORS.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
Attach to Form 990.

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

Name of the organization **YWCA GREENWICH, CONNECTICUT, INC.** Employer identification number **06-0646992**

Part I Types of Property

| | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d) Method of determining noncash contribution amounts |
|--|-------------------------------|---|--|--|
| 1 Art - Works of art | | | | |
| 2 Art - Historical treasures | | | | |
| 3 Art - Fractional interests | | | | |
| 4 Books and publications | | | | |
| 5 Clothing and household goods | X | | 274. | COST |
| 6 Cars and other vehicles | | | | |
| 7 Boats and planes | | | | |
| 8 Intellectual property | | | | |
| 9 Securities - Publicly traded | | | | |
| 10 Securities - Closely held stock | | | | |
| 11 Securities - Partnership, LLC, or trust interests | | | | |
| 12 Securities - Miscellaneous | | | | |
| 13 Qualified conservation contribution - Historic structures | | | | |
| 14 Qualified conservation contribution - Other | | | | |
| 15 Real estate - Residential | | | | |
| 16 Real estate - Commercial | | | | |
| 17 Real estate - Other | | | | |
| 18 Collectibles | | | | |
| 19 Food inventory | | | | |
| 20 Drugs and medical supplies | | | | |
| 21 Taxidermy | | | | |
| 22 Historical artifacts | | | | |
| 23 Scientific specimens | | | | |
| 24 Archeological artifacts | | | | |
| 25 Other (LADIES BAGS) | X | 124 | 93,600. | COST |
| 26 Other (JEWELRY) | X | 1 | 513. | COST |
| 27 Other (FOOD AND BEVERA) | X | 2 | 425. | COST |
| 28 Other (GIFT CARD) | X | 1 | 250. | COST |

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29** **0**

| | Yes | No |
|---|-----|----|
| 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? | | X |
| b If "Yes," describe the arrangement in Part II. | | |
| 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? | X | |
| 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? | | X |
| b If "Yes," describe in Part II. | | |
| 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II. | | |

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2023

Part I **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTIONS IN PART I, COLUMN (B).

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

YWCA GREENWICH, CONNECTICUT, INC.

Employer identification number

06-0646992

FORM 990, PART III, LINE 3, CHANGES IN PROGRAM SERVICES:

IN 2023, THE DOMESTIC ABUSE PROGRAM WAS RENAMED "THE HARMONY PROJECT."

**IN ADDITION TO THE NAME CHANGE, THE PROGRAM NOW INCLUDES SEXUAL
VIOLENCE SERVICES.**

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

**HEALTH AND FITNESS: YWCA'S FITNESS PROGRAMS PROMOTE LIFE LONG HEALTH
AND WELLNESS THROUGH GROUP EXERCISE CLASSES, PERSONAL TRAINING, A
VARIETY OF YOUTH AND ADULT PROGRAMS SUCH AS BASEBALL, GYMNASTICS,
DANCE, PICKLEBALL, BASKETBALL AND BADMINTON.**

EXPENSES \$974,235. INCLUDING GRANTS OF \$6,405. REVENUE \$1,134,116.

**CENTER FOR EQUITY AND JUSTICE: SIMILAR TO OTHER YWCAS AROUND THE
COUNTRY, THE CENTER FOR EQUITY AND JUSTICE PROMOTES GENDER AND RACIAL
EQUITY WITH COMMUNITY EDUCATION; ORGANIZATIONAL AND INDIVIDUAL
TRAININGS; POLICY ADVOCACY; AND SYSTEMS CHANGE INITIATIVES. COMMUNITY
EDUCATION FEATURES A SERIES OF PANEL DISCUSSIONS ON CONTEMPORARY TOPICS
THAT ILLUMINATE GENDER OR RACIAL DISPARITIES AND EXPLORE SOLUTIONS. OUR
TRAINING AND CONSULTING WORK BUILDS UNDERSTANDING AND CAPACITY TO
PROMOTE ANTIRACISM AND GENDER JUSTICE. OUR POLICY ADVOCACY PROMOTES
COLLABORATION AND POLICY CHANGES WITHIN IRS LIMITS FOR 501(C)(3)
ORGANIZATIONS, AND OUR SYSTEMS CHANGE WORK SEEKS TO ADDRESS SYSTEMS AND
STRUCTURES THAT CREATE CHRONIC DISPARITIES FOR CERTAIN POPULATIONS AND
GENDERS.**

EXPENSES \$298,741. INCLUDING GRANTS OF \$0. REVENUE \$2,000

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) 2023

LHA 332211 11-14-23

Name of the organization

YWCA GREENWICH, CONNECTICUT, INC.

Employer identification number

06-0646992

EXPENSES \$ 1,272,976. INCLUDING GRANTS OF \$ 6,405. REVENUE \$ 1,136,116.

FORM 990, PART VI, SECTION A, LINE 6:

THE ASSOCIATION HAS ONE CLASS OF MEMBERS. ANY PERSON AGED 15 OR OLDER WHO SUBSCRIBES TO AND UPHOLDS THE MISSION MAY JOIN THE ASSOCIATION AS A VOTING MEMBER. THE BYLAWS WERE AMENDED DURING THE YEAR TO REMOVE ANY GENDER IDENTITY REQUIREMENTS FOR VOTING MEMBERS AND MEMBERS OF THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION A, LINE 7A:

ANNUALLY, ALL YWCA MEMBERS RECEIVE BALLOTS WITH THE NAMES OF THE PEOPLE WHO HAVE BEEN NOMINATED TO BE YWCA BOARD MEMBERS BY THE YWCA GOVERNANCE COMMITTEE. THOSE WHO ARE NOMINATED FOR A SECOND YWCA BOARD TERM AND THOSE WHO HAVE BEEN NOMINATED TO JOIN THE YWCA GOVERNANCE COMMITTEE ALSO ARE INCLUDED ON THE BALLOT. VOTING RESULTS ARE ANNOUNCED AT THE ANNUAL MEMBERSHIP MEETING.

FORM 990, PART VI, SECTION A, LINE 7B:

MEMBERSHIP MUST APPROVE AMENDMENTS TO BYLAWS THAT MIGHT IMPACT AFFILIATION WITH YWCA USA, AMENDMENTS TO THE ARTICLES OF INCORPORATION, THE MERGER OR DISSOLUTION OF THE ENTITY, AND ANY REORGANIZATION THAT MIGHT IMPACT AFFILIATION WITH YWCA USA.

FORM 990, PART VI, SECTION B, LINE 11B:

THE MEMBERS OF THE AUDIT COMMITTEE WILL RECEIVE A COPY, REVIEW, AND APPROVE THE COMPLETE FORM 990 WITHOUT SCHEDULE B - SCHEDULE OF CONTRIBUTORS, AND ANY CALCULATIONS THAT RELY ON SCHEDULE B DATA. THE FORM 990, EXCEPT FOR SCHEDULE B, IS PROVIDED TO THE FULL BOARD OF DIRECTORS. SCHEDULE B OF THE

Name of the organization

YWCA GREENWICH, CONNECTICUT, INC.

Employer identification number

06-0646992

FORM 990 HAS NOT BEEN SHARED WITH ANY OF THE COMMITTEES OF THE BOARD NOR THE FULL BOARD TO PROTECT DONOR ANONYMITY. SCHEDULE B IS REVIEWED BY SENIOR MANAGEMENT AND THE CHAIR OF THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 12C:

THE YWCA REQUIRES THAT BOARD MEMBERS AND KEY STAFF DISCLOSE ANNUALLY THE NAMES OF ORGANIZATIONS ON WHOSE BOARDS THEY SERVE, ALL KNOWN POTENTIAL CONFLICTS OF INTEREST, AND ANY ACTIVITY OR OUTSIDE INTEREST THAT MAY APPEAR TO CONFLICT WITH THE BEST INTEREST OF YWCA GREENWICH, INCLUDING INVOLVEMENT WITH A CURRENT OR POTENTIAL YWCA VENDOR, GRANTEE OR COMPETING ORGANIZATION. CONFLICTS ARE DETERMINED AND REVIEWED BY THE BOARD OF DIRECTORS. THE PERSON WITH THE POTENTIAL OR ACTUAL CONFLICT MUST ABSTAIN FROM VOTING ON THE MATTER.

FORM 990, PART VI, SECTION B, LINE 15:

LINE 15A: THE PRESIDENT AND CEO'S COMPENSATION REVIEW WAS PERFORMED BY THE CHAIR AND THE VICE CHAIR OF THE BOARD OF DIRECTORS AND APPROVED BY THE BOARD OF DIRECTORS. THE PROCESS INCLUDED THE USE OF DATA FROM A CEO COMPENSATION STUDY CONDUCTED IN 2021 BY AN INDEPENDENT COMPENSATION CONSULTANT USING THE FORM 990'S OF OTHER ORGANIZATIONS, COMPENSATION STUDIES, SURVEYS, AND OTHER MARKET COMPARABLE DATA. THE CEO'S COMPENSATION REVIEW WAS LAST PERFORMED IN JUNE 2024 AND WAS CONTEMPORANEOUSLY DOCUMENTED.

LINE 15B: THE PRESIDENT AND CEO REVIEWS THE CHIEF FINANCIAL OFFICER'S AND CHIEF ADVANCEMENT OFFICER'S COMPENSATION ANNUALLY. AN INDEPENDENT COMPENSATION CONSULTANT CONDUCTED A COMPENSATION STUDY FOR SENIOR MANAGEMENT AND KEY EMPLOYEES IN 2021. COMPENSATION REVIEWS FOR THE CHIEF

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| Name of the organization YWCA GREENWICH, CONNECTICUT, INC. | Employer identification number 06-0646992 |
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FINANCIAL OFFICER AND CHIEF ADVANCEMENT OFFICER WERE LAST CONDUCTED IN JUNE 2024.

FORM 990, PART VI, SECTION C, LINE 19:

THE YWCA MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST. THE FINANCIAL STATEMENTS AND FORM 990 ARE ALSO AVAILABLE ON THE ORGANIZATION'S WEBSITE.

FORM 990, PART XII, LINE 2C:

THE ORGANIZATION HAS AN AUDIT COMMITTEE WHICH IS RESPONSIBLE FOR OVERSIGHT OF THE AUDIT AND SELECTION OF THE INDEPENDENT ACCOUNTANT. THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.